

NEVADA STATE BOARD OF PHARMACY

BOARD MEETING

January 17-18, 2024

Zoom

<https://zoom.us/j/5886256671>

Meeting ID: 5886256671

Please do not remove the book from the meeting room.



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: January 3, 2024

AGENDA

◆ PUBLIC NOTICE ◆

The Nevada State Board of Pharmacy will conduct a meeting beginning Wednesday, January 17, 2024, at 9:00 am. The meeting will continue Thursday, January 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:

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

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 December 6-7, 2023, 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. Darah Medical Equipment and Supplies, LLC – Maumee, OH
 - B. Providence Home Medical LP – McMurray, PA
- 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))
 - C. Almac Pharma Services, LLC – Audubon, PA
 - D. Civica, Inc – Petersburg, VA
 - E. Exelead Inc – Indianapolis, IN
 - F. Medtronic USA, Inc – Memphis, TN
 - G. Meitheal Pharmaceuticals, Inc – Chicago, IL
 - H. MicroSurgical Technology, Inc – Redmond, WA
 - I. Radius Health, Inc – Boston, MA
 - J. Slayback Pharma, LLC – Princeton, NJ
 - K. Sumitomo Pharma America, Inc – Marlborough, MA
 - L. Valinor Pharma, LLC – Bedminster, NJ
- 4.2.3 Publicly Traded (NAC 639.593(7)(a))
 - M. Pfizer Inc – Pleasant Prairie, WI
- 4.2.4 VAWD-Accredited (NAC 639.593(7)(c))
 - N. Pharma Logistics, LLC – Libertyville, IL

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))

- O. Eyenovia – Redwood City, CA
- P. Karuna Therapeutics, Inc – Boston, MA
- Q. Spectrum Pharmaceuticals, Inc – Irving, CA

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

4.2.8 Background checks completed in compliance with NRS 639.500.

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

- R. Axelara, Inc – San Antonio, TX
- S. Crane Worldwide Logistics, LLC – Houston, TX
- T. Veterinary Service, Inc – Visalla, CA

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

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

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

- U. Apostrophe Pharmacy LLC – Gilbert, AZ
- V. Musely Compounding Pharmacy East LLC – Suwanee, GA
- W. The Transplant Pharmacy – Flowood, MS
- X. Vital Choice Specialty Pharmacy – Mesa, AZ

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

- Y. BioPlus Specialty Pharmacy Services, LLC – Denver, CO
- Z. Healthcare Evolution, LLC – Royersford, PA
- AA. Heartland Veterinary Pharmacy – Hastings, NE
- BB. HomeFree Pharmacy Services – Indianapolis, IN
- CC. Kroger Health Connect – Blue Ash, OH
- DD. Omro Meds – Omro, WI

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)**

EE. Maribeth Moran

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

FF. Cynthia Hewlett
GG. Jesse James Bradberry
HH. Gabrielle Townsley

◆ REGULAR AGENDA ◆

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

A.	CVS Pharmacy #8794	(19-134-PH-S)
B.	CVS Pharmacy #8798	(19-267-PH-S)
C.	Joy Suarez Cabrera, RPH	(19-267-RPH-S)
D.	Carrie Lambert, DVM	(22-484-DV-N)
E.	CVS Pharmacy #8819	(19-060-PH-S)
F.	Thuytrang Huynh, RPH	(19-060-RPH-A-S)
G.	Michael Willson, RPH	(19-060-RPH-B-S)
H.	CVS Pharmacy #2989	(20-011-PH-S)
I.	Anqi Liu	(20-011-RPH-S)
J.	Sheryl Cipollini	(22-437-CS-S)
K.	Plus One Pharmacy	(21-189-PH-S)
L.	Care Direct Rx, LLC	(22-165-PH-O)
M.	Efrain Armenta, RPH	(23-187-RPH-S)
N.	Juliana Izevbigie, RPH	(23-193-RPH-S)
O.	Odette Erian, RPH	(23-196-RPH-S)
P.	Poncia Reed, APRN	(20-157-CS-S)
Q.	CVS Pharmacy #8821	(23-126-PH-S)
R.	Eugene Bondoc Naval	(23-126-RPH-S)
S.	Ajumobi Agu	(22-535-CS-S)
T.	Matthew Okeke	(19-013-CS-S)
U.	Monivirin Son, MD	(23-046-CS-S)

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

A. Angeles Medical Supplies LLC – Las Vegas, NV
B. Eclipse Durable Supplies, LLC – Las Vegas, NV
C. Kynetic Medical Group, Inc – Las Vegas, NV

- D. LifePro Medical Supplies – Las Vegas, NV
- 7. Application for Nevada Ambulatory Surgery Center License (NAC 639.4992) – Appearance **(FOR POSSIBLE ACTION)**
 - A. Pearl Surgery Center – North Las Vegas, NV
- 8. Application for Nevada Pharmacy License (NRS 639.230) – Appearance **(FOR POSSIBLE ACTION)**
 - A. Credo Pharmacy, LLC – Las Vegas, NV
 - B. Lyfe Pharmacy – Las Vegas, NV
 - C. Vegas Youn Pharmacy – Las Vegas, NV
- 9. Application for Out-of-State Compounding Pharmacy License (NRS 639.230) – Appearance – **(FOR POSSIBLE ACTION)**
 - A. Allaymeds Inc – San Antonio, TX
 - B. Civic Center Pharmacy – Scottsdale, AZ
 - C. Precision Equine LLC – Bakersfield, CA
- 10. Application for Out-of-State Wholesaler License (NRS 639.233) – Appearance – **(FOR POSSIBLE ACTION)**
 - A. LifeScience Logistics, LLC – Durham, NC
 - B. Pharma Source Direct, Inc – Englewood, CO
 - C. Strides Pharma, Inc – Chesnut Ridge, NY
- 11. Application for Pharmacist Registration Renewal (NRS 453.226) – Appearance **(FOR POSSIBLE ACTION)**
 - A. Hai Duong Ngo
 - B. Roland Israel
 - C. Tony Hieu La
- 12. Application for Dispensing Practitioner Registration (NRS 453.226) – Appearance **(FOR POSSIBLE ACTION)**
 - A. David Lanzkowsky
- 13. Application for Controlled Substance Registration (NRS 453.226) – Appearance **(FOR POSSIBLE ACTION)**
 - A. Chasity Beene
 - B. Jacob Hedden
- 14. Approval of the Narcotics Treatment Program Application **(FOR POSSIBLE ACTION)**

15. Request for a waiver from the Managing Pharmacist Pursuant to NRS 639.220 (3) – Appearance **(FOR POSSIBLE ACTION)**
 - A. J.T. Simonsen, B.S., Pharm.D
16. Approval of the CRNA Controlled Substance Application **(FOR POSSIBLE ACTION)**
17. Review and Approval of Continuity of Service Incentives to be added to the Policy Manual **(FOR POSSIBLE ACTION)**

◆ WORKSHOP ◆

Thursday, January 18, 2024 – 9:00 am

18. 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 ensures proper and adequate safeguards for registered nurses who participate in certain public health programs or certain mental health services.
 - B. 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.
19. 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).
20. 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. Security of a Pharmacy
21. Date and Location of Next Scheduled Board Meeting:

March 6-7, 2024 – Las Vegas, NV

22. 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)

23. 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 Shirley Hunting at (775) 850-1440, as soon as possible.

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

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

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

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

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

Email: pharmacy@pharmacy.nv.gov • Web Page: bop.nv.gov

MINUTES

December 6-7, 2023

BOARD MEETING

The Nevada State Board of Pharmacy will conduct a meeting beginning Wednesday, December 6, 2023, at 9:00 am. The meeting will continue, Thursday, December 7, 2023, 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
Rolf Zakariassen	Richard Tomasso	Gener Tejero	

Board Staff Present:

Dave Wuest	Yenh Long	Shirley Hunting	Gus Vanderdonck
Brett Kandt	Gregory Zunino	Darlene Nases	Joe Dodge
Darla Zarley	Leo Basch	Kenneth Scheuber	Dena McClish
Rosalie Bordelove			

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.

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

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

2. Public Comment December 6, 2023, 9:00 AM

There was no public comment.

◆ 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 October 11-12, 2023, Board Meeting Minutes (**FOR POSSIBLE ACTION**)

Board discussion ensued.

Board Action:

Motion: Jade Jacobo moved to approve October 11-12, 2023, Board Meeting minutes.

Second: Wayne Mitchell

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. Next Science, LLC – Jacksonville, FL
- B. Synapse Health, Inc. – Skokie, IL
- C. Wellstart Medical, LLC – Mesa, AZ
- D. Wellstart Medical, LLC – Port St. Lucie, 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))

- E. Amring Pharmaceuticals Inc. – Berwyn, PA

- F. AVEO Pharmaceuticals, Inc – Boston, MA
- G. Beaver-Visitec International, Inc. – Waltham, MA
- H. Catalent Pharma Solutions, LLC – San Diego, CA
- I. Coloplast Corp. – Ontario, CA
- J. Creekwood Pharmaceuticals LLC – Parsippany, NJ
- K. Dechra Veterinary Products, LLC – Overland Park, KS
- L. DJO, LLC – Fort Worth, TX
- M. Elanco Clinton Laboratories – Clinton, IN
- N. Elevar Therapeutics, Inc. – Fort Lee, NJ
- O. Geodis Logistics, LLC – Edwardsville, IL
- P. InvaGen Pharmaceuticals, Inc. – Fall River, MA
- Q. IVERIC Bio, Inc – Cranbury, NJ
- R. Ivy Animal Health, Inc – Lenexa, KS
- S. Linde, Inc – Glendale, AZ
- T. Linde, Inc. – Magna, UT
- U. Linde, Inc. – Wilmington, CA
- V. Linde, Inc. – Pittsburg, CA
- W. Mindray North America – Mahwah, NJ
- X. Nordent Manufacturing, Inc. – Elk Grove Village, IL
- Y. Salter Labs – El Paso, TX
- Z. Strand Health Group, LLC – Las Vegas, NV
- AA. Vygon USA – Lansdale, PA

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

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

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))

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

4.2.6 Background checks completed in compliance with NRS 639.500.

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

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

- BB. Kuehne + Nagel, Inc. – DFW Airport, TX
- CC. Kuehne + Nagel, Inc – Durham, NC
- DD. Medline Industries, LP – Hammond, LA
- EE. Septodont Inc. – Lancaster, PA

4.3.2 Background checks completed in compliance with NRS 639.500.

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

- FF. Northern Nevada HOPES – Reno, NV
- GG. PAM Health Rehabilitation Hospital of Henderson – Henderson, NV
- HH. 986 Pharmacy #8021 – Las Vegas, NV

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

- II. Cure 4 The Kids Foundation – Las Vegas, NV
- JJ. OrthoPro of Carson City, Inc – Carson City, NV
- KK. Pure Medical Equipment – Las Vegas, NV

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

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

- LL. Angel's Pharmacy – Titusville, FL
- MM. BioPlus Specialty Pharmacy Services, LLC – Chandler, AZ
- NN. Scripts Rx Pharmacy, LLC – Houston, TX
- OO. Zeal SP, LLC – Pittsburgh, PA

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

- PP. Affinity Surgery Center, LLC – Las Vegas, NV

4.9 Request to Engage In The Practice Of Pharmacy At A Site Other Than A Licensed Pharmacy – Non-appearance **(FOR POSSIBLE ACTION)**

- QQ. Raquel Lynn Whitworth
- RR. Melanie S. Riggs
- SS. Ana Franceska Ordanez
- TT. Joanne M. Dominguez
- UU. Kurt Kaleb
- VV. Diana Beth Quach
- WW. Kathryn Dao
- XX. Deanna Marie Damiano
- YY. Emily J. Hightower
- ZZ. Tanya Marie Stone
- AAA. Jason Sean Yee

4.10 Recommended Denial of Registration/Licensure Due To Material Omissions On Application – Non-Appearance **(For Possible Action)**

BBB. Patrick Sather
 CCC. Devyn Hagarty
 DDD. Kenva Calloway

Krystal Freitas disclosed that she knows the pharmacists representing Agenda Item 4QQ and Agenda Item 4JJ but can participate in these matters fairly and without bias.

President Park disclosed that she knows several pharmacists in Agenda Item 4.9 but can participate in these matters fairly and without bias.

Board discussion ensued.

Board Action:

Motion: Jade Jacobo moved to approve December Consent Agenda.

Second: Krystal Freitas

Action: Passed unanimously.

◆ REGULAR AGENDA ◆

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

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

This matter was continued to a future Board Meeting.

C. Smith's Pharmacy #348 (20-217-PH-S)

D. D. Mahender Nath (20-217-RPH-S)

Lisa Hamel, Pharmacy Practice Coordinator for Smith's Pharmacy, appeared and was sworn in by President Park prior to answering questions and offering testimony.

Laura Lucero appeared as counsel on behalf of D. Mahender Nath.

Gregory Zunino, Senior General Counsel for the Nevada Board of Pharmacy, prosecuted the case alleging that fraudulent controlled substance prescriptions were filled at Smith's Pharmacy #348 while Mr. Nath was the managing pharmacist.

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

The proposed stipulated penalties for Mr. Nath Certificate of Registration No. 09133 are the following: 1) pay a fine of \$1,000 for the violations; and 2) pay \$500 to partially reimburse the Board for recoverable attorney's fees and costs incurred in investigating and prosecuting this matter.

The proposed stipulated penalties for Smith's Pharmacy License No. PH01097 are the following: 1) pay a fine of \$2,000 for the violations; and 2) pay \$500 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's for D. Mahender Nath and Smith's Pharmacy #348 as presented by Mr. Zunino.

Second: Wayne Mitchell

Action: Passed unanimously.

G. Joanna Reyes (22-447-CS-S)

Joanna Reyes appeared and was sworn in by President Park prior to answering questions and offering testimony.

Mr. Zunino prosecuted the case against Ms. Reyes' based upon a Stipulated Settlement and Disciplinary Order related to the prescribing of controlled substances in California, with a recommendation that the Board impose reciprocal discipline.

Mr. Zunino commented that Ms. Reyes Advance Practice Registered Nurse License is currently on inactive status in Nevada.

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

The proposed stipulated penalties for Ms. Reyes are as follows: Certificate of Registration No. CS29711 shall be revoked; however, the revocation shall be stayed pending her successful completion of probation in Nevada ending March 31, 2026. To successfully complete her Nevada probation, Respondent must: 1) successfully complete her California probation; 2) place her Nevada nursing license on active status before engaging in the practice of advanced nursing in Nevada; 3) petition the Board to place her Certificate of Registration No. CS29711 on active status before prescribing any dangerous drugs or controlled substances in Nevada; and 4) Respondent shall pay \$500 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: Krystal Freitas moved to approve the Stipulation and Order for Joanna Reyes as presented by Mr. Zunino.

Second: Rolf Zakariassen

Action: Passed unanimously.

H.	CVS Pharmacy #5811	(19-046-PH-S)
I.	Heidi Wickham	(19-046-RPH-A-S)
J.	Adalberto Garza	(19-046-RPH-B-S)

Rolf Zakariassen and Jade Jacobo recused themselves due to their employment with CVS.

Brian Convery (CVS Representative), Heidi Wickham (Managing Pharmacist), and Adalberto Garza (Pharmacist) 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 the pharmacist failed to provide medication counseling to a patient and failed to confer with the prescriber on duplication of therapy for a patient.

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

The proposed stipulated penalties for Heidi Wickham Certificate of Registration No. 16474 are the following: 1) pay a fine of \$1,000 for the violations; and 2) pay \$500 to partially reimburse the Board for recoverable attorney's fees and costs incurred in investigating and prosecuting this matter.

The proposed stipulated penalties for Adalberto Garza Certificate of Registration No. 18029 are the following: 1) pay a fine of \$1,000 for the violations; and 2) pay \$500 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 #5811 License No. PH01912 are the following: 1) pay a fine of \$3,000 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.

Mr. Convery and Ms. Wickham commented on changes at CVS to ensure that this error will not happen again.

Board discussion ensued.

Board Action:

Motion: Krystal Freitas moved to approve the Stipulation and Order's for Heidi Wickham, Adalberto Garza, and CVS Pharmacy #5811 as presented by Mr. Kandt.

Second: President Park

Action: Passed unanimously (Jacobobo and Zakariassen recused).

O. Kristin Hestdalen (19-228-CS-S)

Brett Kandt reported that Dr. Hestdalen has come into compliance with her Order and has paid her fine of \$5,000 and \$900 in attorney's fees and costs, so no further action is needed on the Order to Show Cause.

Her Nevada Certificate of Registration No. CS11061 is non-renewed and forfeited pursuant to NRS 639.180(6).

M. CVS Pharmacy #5113 (19-132-PH-S)
N. Arash Khosh (19-132-RPH-S)

Rolf Zakariassen and Jade Jacobo recused themselves due to their employment with CVS.

Arash Khosh appeared and was sworn in by President Park prior to answering questions and offering testimony.

Brian Convery, Representative on behalf of CVS, is still sworn in from previous matters.

Brett Kandt prosecuted the case alleging Mr. Khosh engaged in unprofessional conduct when he informed a patient that medication in stock was limited and refused to fill a prescription, and then falsely represented to the Board investigator that there was a shortage of Norco 7.5/325 mg in the pharmacy stock on July 12, 2019.

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

The proposed stipulated penalties for Arash Khosh are a stayed suspension of Certificate of Registration No. 20020 with probation for a period of one year subject to the following conditions: 1) a fine of \$2,000 for the violations; and 2) \$1,000 to partially reimburse the Board for recoverable attorney's fees and costs incurred in investigating and prosecuting this matter. The stipulated penalties for CVS Pharmacy #5113, License No. PH01951, are a fine of \$2,000.00 for the violations; and \$1,000.00 to partially reimburse the Board for recoverable attorney's fees and investigative costs.

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

Mr. Khosh provided a statement to the Board on the errors that occurred.

Board discussion ensued.

Board Action:

Motion: Krystal Freitas moved to approve the Stipulation and Order's for CVS Pharmacy #5113 and Arash Khosh as presented by Mr. Kandt.

Second: Wayne Mitchell

Action: Passed unanimously (Jacobco and Zakariassen recused).

F. Sharron Thompson (21-183-S)

Neither Sharron Thompson nor a representative was present for the hearing.

Gregory Zunino prosecuted the case against Ms. Thompson alleging that she possessed pre-signed prescription blanks, assisted and abetted unlicensed practice of pharmacy, improperly stored dangerous drugs and/or controlled substances, and failed to label compounded drug products.

Mr. Zunino requested a default against Ms. Thompson due to her failure to appear and several attempts of service.

Mr. Zunino requested Declaration of Shirley Hunting and Exhibits 1-2 be entered into the record.

President Park admitted Exhibits 1-2.

Mr. Zunino recommends the proposed discipline as follows: 1) revoke her Certificate of Registration No. CS31142 with the condition that she cannot reapply for reinstatement for a period of at least one year; 2) pay a fine of \$2,500 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.

Mr. Zunino requested the Board adopt paragraphs 1-24 as the Findings of Fact and paragraphs 25-52 as the Conclusions of Law.

Board discussion ensued.

Board Action:

Motion: President Park moved to find that respondent was properly served and noticed of the hearing.

Second: Jade Jacobo

Action: Passed unanimously.

Board Action:

Motion: Jade Jacobo moved to make Findings of Fact consistent with paragraphs 1-24 of the Notice of Intended Action and Accusation.

Second: Krystal Freitas

Action: Passed unanimously.

Board Action:

Motion: Jade Jacobo moved to make Conclusions of Law consistent with paragraphs 25-52 of the Notice of Intended Action and Accusation.

Second: Krystal Freitas

Action: Passed unanimously.

Board Action:

Motion: Jade Jacobo moved to impose the following discipline upon Sharron Thompson: 1) Revoke Certificate of Registration No. CS31142 with the condition that she cannot petition for reinstatement for a period of at least one year from the date of this Order; 2) pay a fine of \$2,500 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.

Second: Krystal Freitas

Action: Passed unanimously.

B. Eric Tingley (22-465-RPH-S)

No representative was present on behalf of Eric Tingley.

Brett Kandt prosecuted the case against Eric Tingley based upon his pleading guilty in U.S. District Court Case for the District of Connecticut to possession with intent to distribute oxycodone and alprazolam, a felony.

Mr. Kandt requested pages 1824-1839 of the Board Book be entered into the record.

Mr. Kandt called Shirley Hunting, Board Coordinator of the Nevada Board of Pharmacy, as a witness.

Ms. Hunting was sworn in and testified as to service of the Notice of Intended Action and Accusation on Mr. Tingley at his address of record.

Mr. Kandt requested admission of Exhibit 1 in the record, documenting service of the Notice of Intended Action and Accusation on Mr. Tingley.

President Park admitted Exhibit 1 into the record.

Mr. Kandt called Darlene Nases, Assistant Board Coordinator for the Nevada Board of Pharmacy, as a witness.

Ms. Nases was sworn and testified as to service of the 21-day Notice of the Hearing on Mr. Tingley at his last address of record.

Mr. Kandt requested admission of Exhibit 2 in the record, documenting service of the 21-day Notice of the Hearing on Mr. Tingley.

President Park admitted Exhibit 2 into the record.

Mr. Kandt requested the Board make Findings of Fact consistent with paragraphs 1-3 of the Notice of Intended and Accusation and make an additional finding of fact that respondent was properly served and notified of the hearing to the last address of record consistent with Nevada law.

Board Action:

Motion: Jade Jacobo moved to make Findings of Fact consistent with paragraphs 1-3 of the Notice of Intended and Accusation and found that respondent was properly served and notified of the hearing in accordance with Nevada law.

Second: Krystal Freitas

Action: Passed unanimously.

President Park admitted pages 1824-1839 of the Board Book into the record.

Mr. Kandt requested the Board make Conclusions of Law consistent with paragraphs 4-11 of the Notice of Intended Action and Accusation and make an additional conclusion of law that Board staff gave sufficient legal notice of the hearing.

Board Action:

Motion: Jade Jacobo moved to make Conclusions of Law consistent with paragraphs 4-11 of the Notice of Intended Action and Accusation and made an additional conclusion of law that Board staff gave sufficient legal notice of the hearing.

Second: Krystal Freitas

Action: Passed unanimously.

Mr. Kandt requested the Board revoke the certificate of registration of Respondent Eric Tingley, RPH, Certificate of Registration No. 14697, pursuant to NRS 639.255(1)(d) effective immediately and that respondent may not petition for reinstatement of his certificate of registration for a period of ten (10) years.

Board Action:

Motion: Jade Jacobo moved to revoke the certificate of registration of Respondent Eric Tingley, RPH, Certificate of Registration No. 14697, pursuant to NRS 639.255(1)(d) effective immediately and that respondent may not petition for reinstatement of his certificate of registration for a period of ten (10) years.

Second: Krystal Freitas

Action: Passed unanimously.

L. Morgan Towler (23-424-PTT-S)

No representative was present on behalf of Morgan Towler.

Gus Vanderdonck, Assistant General Counsel for the Nevada Board of Pharmacy, prosecuted the case regarding Ms. Towler diverting a high number of controlled substances from Walgreens #3844.

Mr. Vanderdonck requested a default be made against Ms. Towler and requested two witnesses be called to demonstrate a default against Ms. Towler.

Mr. Vanderdonck called Shirley Hunting, Board Coordinator for the Nevada Board of Pharmacy, and Darlene Nases, Assistant Board Coordinator for the Nevada Board of Pharmacy, be called as witnesses.

President Park commented that Ms. Hunting and Ms. Nases are still sworn in from a previous matter.

Ms. Hunting testified as to service of the Notice of Intended Action and Accusation against Ms. Towler.

Ms. Nases testified as to service of the 21-day Notice of the Hearing for Ms. Towler.

Mr. Vanderdonck requested that Exhibit 1, the serving of the Accusation, and Exhibit 2, the 21-day Notice of Hearing, be entered into the record.

President Park admitted as Exhibits 1-2.

Board Action:

Motion: President Park moved to find that respondent was properly served and noticed of the hearing.

Second: Rolf Zakariassen

Action: Passed unanimously.

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

Board Action:

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

Second: Rolf Zakarissen

Action: Passed unanimously.

Mr. Vanderdonck requested the Board make Conclusions of Law consistent with paragraphs 13-20 of the Notice of Intended Action and Accusation.

Board Action:

Motion: Jade Jacobo moved to make Conclusions of Law consistent with paragraphs 13-20 of the Notice of Intended Action and Accusation.

Second: Rolf Zakaraissen

Action: Passed unanimously.

Mr. Vanderdonck requested the Board make the following discipline for Morgan Towler: 1) Revoke Certificate of Registration No. PT23168 effective immediately and that respondent may not reapply for a period of ten years.

Board Action:

Motion: Jade Jacobo moved to revoke Morgan Towler's Certificate of Registration No. PT23168 effective immediately and that respondent may not reapply for a period of ten years.

Second: Rolf Zakaraissen

Action: Passed unanimously.

E. Maninder Singh Herr

(21-147-CS-S)

No representative was present on behalf of Maninder Singh Herr.

Gregory Zunino prosecuted the case alleging unprofessional conduct by a practitioner and violations of State Law related to the practice of pharmacy.

Mr. Zunino would like to proceed with the hearing as Mr. Herr has agreed with a Stipulation and Order that has been reviewed and approved by his Attorney Tony Abbatangelo, Esq.

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

The proposed stipulated penalties for Maninder Herr Certificate of Registration No. CS26975 and DV00698 are the following: 1) both certificates are revoked as of the effective date of this Order. Respondent shall not be eligible to apply to the Board for reinstatement of either certificate of registration for a period of one year after the effective date of this Order; 2) pay a fine of \$2,500 for the violations; 3) pay \$1,000 to partially reimburse the Board for recoverable attorney's fees and costs incurred in investigating and prosecuting this matter.

Mr. Zunino commented that on page 3 of the Stipulation and Proposed Order, the due date for the payment of the fine, attorney's fees and costs is erroneously stated as December 31, 2024, when in fact it should be February 1, 2024.

Board discussion ensued.

Board Action:

Motion: Jade Jacobo moved to approve the Stipulation and Order for Maninder Herr with amendments to paragraph 12 and paragraph 13 to amend the payment due date from December 31, 2024, to February 1, 2024, contingent upon Mr. Herr's signed consent to the amendments.

Second: Gener Tejero

Action: Passed unanimously.

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

This matter was continued to a future Board Meeting.

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

This matter was continued to a future Board Meeting.

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

This matter was continued to a future Board Meeting.

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

A. Tooraj Bereliani

Tooraj Bereliani appeared and was sworn in by President Park prior to answering questions and offering testimony.

Dave Wuest provided the background to the disclosure and requested more clarification on the events that occurred.

Mr. Bereliani explained to the Board the background to his disclosure.

B. Morris Ghadishah

Morris Ghadishah appeared and was sworn in by President Park prior to answering questions and offering testimony.

Dave Wuest provided the background to the disclosure and requested more clarification on the events that occurred.

Mr. Ghadishah explained to the Board the background to his disclosure.

C. Melanie Joe

Melanie Joe appeared and was sworn in by President Park prior to answering questions and offering testimony.

Dave Wuest provided the background to the disclosure and requested more clarification on the events that occurred.

Ms. Joe explained to the Board the background to her disclosure.

D. Bahram Samouha

Bahram Samouha appeared and was sworn in by President Park prior to answering questions and offering testimony.

Dave Wuest provided the background to the disclosure and requested more clarification on the events that occurred.

Mr. Samouha explained to the Board the background to his disclosure.

E. Pasang Sherpa

Pasang Sherpa appeared and was sworn in by President Park prior to answering questions and offering testimony.

Dave Wuest provided the background to the disclosure and requested more clarification on the events that occurred.

Mr. Sherpa explained to the Board the background to his disclosure.

22. 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. State Opioid Meeting

Dave Wuest, Executive Secretary for the Nevada Board of Pharmacy, presented the Executive Secretary Report to the Board's satisfaction.

Board discussion ensued.

18. Discussion on Audit by Casey Neilon Pursuant to NRS 218G.400 for Fiscal Year Ending June 30, 2022 – **(FOR POSSIBLE ACTION)**

Dave Wuest presented background to the audit to the Board's satisfaction.

Board discussion ensued.

21. 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).

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

22. Executive Secretary Report:

Dave Wuest presented more information on his Executive Secretary Report to the Board's satisfaction.

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

- A. CPAP LV – Las Vegas, NV

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

Gus Vanderdonck presented background on the application and questioned Ms. Mersha on the business model and how she intends to get business.

The Board questioned the consultant that she works with and how she got into this business.

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

Board discussion ensued.

Board Action:

Motion: Jade Jacobo moved to approve the Nevada Medical, Devices, Equipment and Gases license for CPAP LV.

Second: Rolf Zakariasen

Action: Passed unanimously.

B. Southwest DME, Inc. – Las Vegas, NV

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

Gus Vanderdonck presented background on the application and questioned the business model and what she learned in her mentor's DME's business.

The Board questioned the work that she's been doing at Southwest DME, who is currently working there, and the products that she intends to supply.

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

Yenh Long, Deputy Secretary for the Nevada Board of Pharmacy, questioned if Southwest DME currently has any current equipment stored at the facility.

Ms. Ramos commented that she does have the current equipment stored: commodes, walkers, and canes.

Board discussion ensued.

Board Action:

Motion: Jade Jacobo moved to approve the Nevada Medical, Devices, Equipment and Gases license for Southwest DME, Inc.

Second: Krystal Freitas

Action: Passed unanimously.

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

A. Capital Care Pharmacy, LLC – Las Vegas, NV

Mark Kristoffer Yu, Owner, and Zorah Bernabe, Managing Pharmacist, appeared and were sworn in by President Park prior to answering questions and offering testimony.

Dave Wuest presented background on the application, and he commented that the location address and the managing pharmacist has changed.

The new managing pharmacist is Zorah Bernabe Certificate of Registration No. 15265, and the new location for the pharmacy is 5693 S. Jones Boulevard #119 Las Vegas, NV 89118.

Mr. Yu provided his background as he is not a pharmacist but was a business manager of another pharmacy called Trinity Pharmacy. He has branched off and is now opening his own pharmacy.

The Board questioned Ms. Bernabe on how she knows Mr. Yu and her experience as a pharmacist.

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

Board discussion ensued.

Board Action:

Motion: Jade Jacobo moved to approve the Nevada pharmacy license for Capital Care Pharmacy, LLC pending updated pharmacy application.

Second: Krystal Freitas

Action: Passed unanimously.

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

A. David Espinosa

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

Dave Wuest presented background on the application and the disclosure regarding Mr. Espinosa writing a controlled substance prescription for himself under another practitioner's signature.

Mr. Espinosa explained the events that occurred with his disclosure in Texas.

Mr. Espinosa currently has a Dispensing Vet registration and has no current restrictions with the Nevada Board of Pharmacy.

Board discussion ensued.

Board Action:

Motion: Jade Jacobo moved to approve the Controlled Substance Registration for David Espinosa.

Second: Rolf Zakariassen

Action: Passed unanimously.

Public Comment December 6, 2023, 3:00 PM

There was no public comment.

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

Board Members Present:

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

Board Staff Present:

Dave Wuest	Yenh Long	Shirley Hunting	Gus Vanderdonck
Brett Kandt	Gregory Zunino	Darlene Nases	Joe Dodge
Darla Zarley	Kenneth Scheuber	Leo Basch	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 follows 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 December 7, 2023, 9:00 AM

There was no public comment.

◆ Public Hearing ◆

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

- D. Amendment of Nevada Administrative Code (NAC) 639.XXX: Assembly Bill No. 156 (2023) – An Act Relating to Substance Use Disorders.** This law requires the Board to adopt regulations related to: (a) The requirements to register with the Board to engage in the activity authorized by this section; and (b) Establishing a protocol for the actions authorized by the bill. (LCB File R059-23)

Dave Wuest presented background on the public hearing item which includes an amendment to NAC 639.408(1).

President Park opened the floor to public comment.

Assemblymen David Orentlicher appreciates the Board in considering this regulation as it will help Nevadans by allowing registered pharmacists to prescribe medications to treat opioid use disorders.

Lea Case from the Nevada Psychiatric Association commented that a letter was submitted with recommendations in regard to this regulation. She suggested the following changes to the proposed regulation: 1) a collaborative practice agreement between a pharmacist and practitioner when the pharmacist is prescribing medications to treat opioid use disorders; 2) continuing education credits for pharmacist; and 3) mirroring similar prescribing authority of pharmacists in other states.

Ken Kunke from the Nevada Pharmacy Alliance thanks the Board for answering the questions on whether Registered Pharmacist can do this practice outside of a licensed pharmacy. He commented that the Nevada Psychiatric Association recommending collaborative practice agreements is not the intentions of the statute. The intention was to remove barriers and open the service to more people. Ken Kunke also commented that continuing education of 30 hours is already required for a pharmacist every two years in Nevada. In addition, this service requires pharmacists to get a DEA number which requires 8 hours of training; therefore, the Nevada Pharmacy Alliance feels that additional continuing education requirements will create barriers to this service.

Krystal Riccio stated that the regulation is a move in the right direction and answers concerns regarding current access to patient care barriers in Nevada. She stated that Roseman University's current curriculum addresses several concerns of the Nevada Psychiatric Association. Ms. Riccio expressed concern that the proposed regulation does not allow the pharmacist to administer long-acting injectables used in the treatment for OUD outside of a pharmacy.

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

Kelly Morgan, Emergency Physician & EMS Medical Director and oversees Las Vegas Fire & Rescue and Las Vegas Fire, stated that she supports the proposed regulation. She requested that the Board consider when patients receive buprenorphine treatment from a pharmacist, and how documentation of treatment including patient follow-up services are documented in the patient's medical record.

Board discussion ensued.

Board Action:

Motion: Jade Jacobo moved to adopt the proposed regulation LCB File R059-23 as presented by Mr. Wuest.

Second: Wayne Mitchell

Action: Passed unanimously.

- A. **Amendment to the Nevada Administrative Code (“NAC”) 453.** The proposed amendments concern the process by which persons apply to the Board to obtain a certificate of registration to dispense controlled substances, pursuant to NRS 453.226, and provide other matters properly relating thereto. (LCB File R197-22)

Brett Kandt presented background on the 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 the proposed regulation LCB File R197-22 as presented by Mr. Kandt.

Second: Rolf Zakariassen

Action: Passed unanimously.

- B. **Amendment of Nevada Administrative Code (NAC) 639. Administrative Fine in Lieu of Disciplinary Action.**

The proposed amendment clarifies the circumstances when the Board may assess an administrative fine pursuant to NRS 639.2895 in lieu of taking formal

disciplinary action against a holder of a certificate, certification, license, or permit issued by the Board. With respect to minor violations, the proposed amendment further limits the amount of the fine that could otherwise be imposed pursuant to NRS 639.2895. (LCB File No. R057-23)

Gregory Zunino presented background on the public hearing item.

President Park opened the floor to public comment.

Liz McMenamin from the Retail Association of Nevada commented that the Board should consider a matrix for the fines. If there is no harm, a letter would be better as opposed to being fined. She thinks helping pharmacists learn from their mistakes rather than going after them with a fine would help them become better pharmacists. She is in favor of the proposed regulation but hopes the Board will consider other alternatives than a fine.

Board discussion ensued.

Board Action:

Motion: Jade Jacobo moved to adopt the proposed regulation LCB File No. R057-23 as presented by Mr. Zunino.

Second: President Park

Action: Passed unanimously.

- C. **Amendment of Nevada Administrative Code (NAC) 639.694: Administrator required.** The proposed amendment to NAC 639.694 will allow for an inventory of certain durable medical equipment to be stored at a licensed hospital and provided to patients upon discharge from the hospital. (LCB File R058-23)

Dave Wuest presented background on public hearing item.

President Park opened the floor to public comment.

Mr. Wuest commented that written public comment was provided which was presented to the Board.

There was no other public comment.

Board Action:

Motion: Jade Jacobo moved to adopt the proposed regulation LCB File No. R058-23 as presented by Mr. Wuest.

Second: Wayne Mitchell

Action: Passed unanimously.

◆ Workshop ◆

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

- A. **Amendment to Nevada Administrative Code (NAC) 453. The proposed amendment adds Zuranolone to the schedule IV controlled substances list.**

Darla Zarley, Grant and Project Analyst for the Nevada Board of Pharmacy, presented background on the 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 regulation for Amendment to Nevada Administrative Code (NAC) 453. The proposed amendment adds Zuranolone to the schedule IV controlled substances list.

Second: Krystal Freitas

Action: Passed unanimously.

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

- A. Quality Compounding Rx of America – Las Vegas, NV

Jade Jacobo disclosed that she knows the Managing Pharmacist Jubdatul Arefin but can participate fairly and without bias.

Jubdatul Arefin (Managing Pharmacist), RJ Fernando (Pharmaceutical Technician), Sky Countryman (Chief Executive Officer), and Gevork Nordanyan (Chief Financial Officer) appeared and were sworn in by President Park prior to answering questions and offering testimony.

Joe Dodge, Board Inspector for the Nevada Board of Pharmacy, presented background on the application and questioned the pharmacy's representatives on why they decided to open in Nevada, the staff's experience and the business processes with sterile compounding, and Mr. Arefin's citation and fine issued by the Board.

Mr. Arefin and Mr. Countryman answered questions to the Board's satisfaction.

Mr. Dodge feels comfortable with going forward with the application and recommends an inspection prior to the approval of the pharmacy license.

Board discussion ensued.

Board Action:

Motion: President Park moved to approve the Nevada compounding pharmacy license for Quality Compounding Rx of America.

Second: Jade Jacobo

Action: Passed unanimously.

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

A. Seven Hills Pharmacy, LLC – Sharonville, OH

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

Dave Wuest presented background on the application and questioned their business model, the ownership, and their discipline history.

Mr. Spitzer answered Mr. Wuest questions and commented that Truepill is their parent company and is not really familiar with all the discipline history. In addition, their business model is that they are mail order/fulfillment center in filling prescriptions for people who have contracts or subscriptions with their company.

Mr. Wuest is concerned with their business model since it may not be allowed by current Nevada law.

Board discussion ensued.

President Park asked if Seven Hills Pharmacy would like to table their application so that he can get more information on their discipline and check with Board staff on the business model.

Mr. Spitzer confirmed.

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

15. Application for Pharmacist Registration Reinstatement – Appearance **(FOR POSSIBLE ACTION)**

A. Aurora Bejto

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

Brett Kandt presented background on the application and the disclosure regarding Ms. Bejto having her pharmacist registration revoked back in 2021 due to diversion.

Ms. Bejto provided background to her disclosure, and the steps that she has taken since her revocation with the Board. The steps included receiving her Washington pharmacist license and doing remote MTM services, entering a recovery program, and starting an e-commerce business.

Mr. Wuest commented that her current Order does not allow her to practice pharmacy with any entity licensed with the Board. He wanted to confirm if Ms. Bejto has been physically located in Nevada and provided MTM services to patients.

Ms. Bejto confirmed.

Board discussion ensued.

Board Action:

Motion: Jade Jacobo moved to approve the application for pharmacist registration reinstatement for Aurora Bejto with the following conditions: 1) She must continue her PRN or equivalent program for a period of five years and must submit quarterly reports to Board; 2) She may not be a managing pharmacist for a period of two years; 3) She may not work in the pharmacy for more than 40 hours per week; and 4) She must notify employers of her diversion history.

Second: Gener Tejero

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

Nay: Mitchell

Action: Motion carries.

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

A. Covetrus North America, LLC – Phoenix, AZ

Kelly Ann Barnes, Senior of Regulatory and Compliance, and Natalie Salese, Managing Pharmacist, appeared and were sworn in by President Park prior to answering questions and offering testimony.

Joe Dodge presented background on the application for a change of ownership, a name change, and to add the service of sterile compounding.

Mr. Dodge questioned their ownership change, changes to their business and processes, their sterile compounding processes, Ms. Salese's experience with sterile compounding, and their Arizona Board of Pharmacy inspection in 2022.

Ms. Barnes and Ms. Salese answered questions to the Board's satisfaction.

Board discussion ensued.

Board Action:

Motion: Krystal Freitas moved to approve the out-of-state compounding pharmacy license for Covetrus North America, LLC.

Second: Rolf Zakariassen

Action: Passed unanimously.

B. Strive Pharmacy – Gilbert, AZ

Alexander Snyder (Attorney for Quarles and Brady – not licensed in Nevada), Chase Weston (Director of Pharmacy and Development), and Matthew Montes De Oca (Managing Pharmacist) appeared and were sworn in by President Park prior to answering questions and offering testimony.

Joe Dodge presented background on the application and questioned Strive Pharmacy on their sterile compounding processes, their Arizona Board of Pharmacy Inspection, and their discipline disclosures in Arizona, Utah, California, and Idaho relating to compounding.

Mr. Montes De Oca and Mr. Weston answered questions to the Board's satisfaction.

Board discussion ensued.

Board Action:

Motion: Jade Jacobo moved to approve the out-of-state compounding pharmacy license pending Arizona's Consent Order and any other outstanding discipline documents from California and Idaho.

Second: President Park

Action: Passed unanimously.

C. Wickliffe Veterinary Pharmacy – Lexington, KY

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

Joe Dodge presented background on the application regarding a change of ownership and questioned if there were any business changes, their sterile compounding processes, and their Kentucky Board of Pharmacy inspection.

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

President Park requested a Letter of Authorization for Mr. Kirkpatrick to speak on behalf of the company.

Richard Tomasso was excused from the Board meeting at 11:42 AM.

Board discussion ensued.

Board Action:

Motion: President Park moved to approve the out-of-state compounding pharmacy license for Wickliffe Veterinary Pharmacy.

Second: Krystal Freitas

Action: Passed unanimously (Tomasso excused).

11. Application For Out Of State Wholesaler License (NRS 639.233) – Appearance –
(FOR POSSIBLE ACTION)

A. Eclipse Meds, LLC – Fort Worth, T

Joe Jimenez Jr., Designated Representative, appeared and was sworn in by President Park prior to answering questions and offering testimony.

Yenh Long presented background on the application and questioned his discipline disclosure regarding a DUI.

Richard Tomasso returned to the Board meeting at 11:44 AM.

Mr. Jimenez answered questions to the Boards satisfaction.

Board discussion ensued.

Board Action:

Motion: Jade Jacobo moved to approve the out-of-state wholesaler license for Eclipse Meds, LLC.

Second: Krystal Freitas

Action: Passed unanimously.

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

A. LifePro Medical Supplies – Las Vegas, NV

Andrea Aguilar, Designated Representative, appeared and was sworn in by President Park prior to answering questions and offering testimony.

Jade Jacobo and Krystal Freitas were excused from the Board meeting at 11:49 AM.

Yenh Long presented background on the application and questioned their business model and how they intend to get clients.

Jade Jacobo and Krystal Freitas returned to the Board meeting at 11:51 AM.

Ms. Aguilar answered questions.

Ms. Long commented that her business model may need a Medical, Device, and Equipment and Gases (MDEG) application.

Board discussion ensued.

President Park asked if LifePro Medical Supplies would like to table their application so that she can work with Board staff to confirm business model and application needed.

Ms. Aguilar confirmed.

President Park tabled application at Ms. Aguilar's request.

13. Application for Nevada Warehouse License – Appearance **(FOR POSSIBLE ACTION)**

A. Metro Logistics, Inc. – North Las Vegas, NV

Monte Massongill (Vice President), Samuel Potts (Chief Financial Officer), Thomas Mattingly (President), Kevin Yarbrough (General Manager for Las Vegas), Alisa Wilson (Senior Policy Director) appeared and were sworn in by President Park prior to answering questions and offering testimony.

Yenh Long presented background on the application.

Dave Wuest commented if Metro Logistics, Inc. would like to go into closed session due to their business.

Mr. Massongill requested a closed session.

Board Action:

Motion: President Park moved to go into closed session.

Second: Jade Jacobo

Action: Passed unanimously.

Board Action:

Motion: President Park moved to go into open session.

Second: Jade Jacobo

Action: Passed unanimously.

Board discussion ensued.

Board Action:

Motion: Krystal Freitas moved to approve Nevada warehouse license for Metro Logistics, Inc.

Second: Jade Jacobo

Action: Passed unanimously.

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

A. Brian Stanley Bogdanowicz

Brian Bogdanowicz appeared and was sworn in by President Park prior to answering questions and offering testimony.

Dave Wuest presented background on the application and the disclosure regarding a DUI.

Mr. Bogdanowicz provided clarification on his disclosure.

Board discussion ensued.

Board Action:

Motion: Rolf Zakariassen moved to approve the application for pharmacist registration by reciprocity for Brian Bogdanowicz.

Second: Jade Jacobo

Action: Passed unanimously.

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

B. Camilo Murillo

Camilo Murillo appeared and was sworn in by President Park prior to answering questions and offering testimony.

Dave Wuest presented background on the application and the disclosure regarding selling of cannabis, disorderly intoxication, criminal mischief, and reckless driving.

Ms. Murillo provided background to her disclosures.

Board discussion ensued.

Board Action:

Motion: Jade Jacobo moved to approve the application for controlled substance registration for Camilo Murillo.

Second: Krystal Freitas

Action: Passed unanimously.

24. Public Comment December 7, 2023, 1:51PM

There was no public comment.

23. Date and Location of Next Scheduled Board Meeting:

January 17-18, 2024 – Las Vegas, NV

25. Adjournment

4

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
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: M _____	☐ 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*		☒ Sole Owner (complete sections 1, 2, 3, 4, 8, 9)	

Section 1: General Information	
Facility Name: <u>Darah Medical Equipment and Supplies LLC</u>	
MDEG Physical Address: <u>6465 Wheatstone Ct Ste A</u>	
City: <u>Maumee</u>	State: <u>OH</u> Zip: <u>43537</u>
Mailing Address (If different from physical address): _____	
City: _____	State: _____ Zip: _____
Telephone: <u>844-552-7867</u>	Website: <u>www.darahdmeequipment.com</u>
Email: <u>orders@darahmedical.com</u>	
Name of MDEG Administrator (NAC 639.694): <u>Jeffrey L Darah</u>	
Entities the MDEG will Serve	Type of MDEG products that will be sold (check all applicable)
☒ Patients by prescriptions ☐ Pharmacies ^a ☐ Practitioners ^a ☐ Hospitals/Clinics ^a ☐ Clinics ^a ☐ Wholesalers ^a ☐ Other business entities (specify)*: _____	☐ Medical Gases** ☐ Respiratory Equipment** ☐ Life-sustaining equipment** ☐ Parenteral and Enteral Equipment** ☐ Assistive Equipment ☐ Diabetic Supplies ☒ Orthotics and Prosthetics ☒ Others: <u>DME</u>
This application is ONLY required if MDEG products will be sold to patients by prescription. *If MDEG products will ALSO be sold to the Entities with an (*) above, then a Wholesaler license will ALSO be required. Find the Wholesaler Application here: Businesses (nv.gov)	**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): Name: _____ Telephone: _____

Check the Days the Business will be Opened and provide the Hours of Operation

☒ Mon: 8a - 5p	☒ Tue: 8a - 5p	☒ Wed: 8a - 5p	☒ Thurs: 8a - 5p	☒ Fri: 8a - 12p
☐ 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))
Medicare: 5772900003
Medicaid: OH-2705595 MI-4982531 VA-1578882718 KY-7100013180 MA-110169884A GA-003139319A WI-100033833
LA-2620339 IA-1578882718 PA-103449823 001 IN-200871190A WV-3810019970

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: <u>None</u>	Credentials: <u>N/A</u>	%: <u>N/A</u>
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 practicing health professional; or
- 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: _____
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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: Jeffrey L Darah

Business Name: Darah Medical Equipment and Supplies LLC

Business Address: 6465 Wheatstone Ct Ste A

City: Maumee State: OH Zip: 43537

Telephone: 844-552-7867 Email: jeff.darah@darahmedical.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	Partnership	Sole Owner
• List of <u>all</u> Officers and Directors.	✓	✓		
• List of <u>all</u> 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.

Jeffrey L Darah

Print Name of Authorized Person Submitting Application

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

Date

10/23/25

Board Use Only	Date Received: 11/21/23	Amount: \$500-check 3698
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NEVADA STATE BOARD OF PHARMACY

0048

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 Darah Medical Equipment and Supplies LLC
 Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable) N/A
 Physical Address 6465 Wheatstone Ct Ste A
 City Maumee State OH Zip 43537
 Mailing Address (if different from physical address) _____
 City _____ State _____ Zip _____
 Telephone 844-552-7867 Website www.darahmedicalequipment.com
 Licensing Company Email orders@darahmedical.com

Section 2: Personal Information

First Jeffrey Middle Louis Last Darah
 Alias(es, nicknames, name changes, etc.) _____
 Date of Birth _____ SSN or ITIN _____ Sex ☒ M ☐ F ☐ X
 Mailing Address 6465 Wheatstone Ct Ste A
 City Maumee State OH Zip 43537
 Telephone 844-552-7867 Email jeff.darah@darahmedical.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 University of Toledo		From - To (MM/YY - MM/YY)	
Address 2801 W Bancroft St.	City Toledo	State OH	Zip 43606
Diploma/Degree obtained, if any Bachelors of Business			
School Name Rogers High School		From - To (MM/YY - MM/YY)	
Address 222 McTigue Dr	City Toledo	State OH	Zip 43615
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) 2018-present	Address [REDACTED] Honeysuckle Ln	City Maumee	State OH	Zip 43537
From - To (MM/YY - MM/YY) 2001-2018	Address [REDACTED] Silverstone Dr	City Maumee	State OH	Zip 43506
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	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		Darah Medical Equipment and Supplies LLC		From - To (MM/YY - MM/YY)	
Business Address		City	State	Zip	
0465 Wheatstone Ct Ste A		Maumee	OH	43537	
Phone	Title				
644-552-7067	CEO				
Description of Duties					
Administrative duties / Chief Executive Officer duties - long range and short range planning					

Business Name		From - To (MM/YY - MM/YY)	
Business Address		City	State 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			

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

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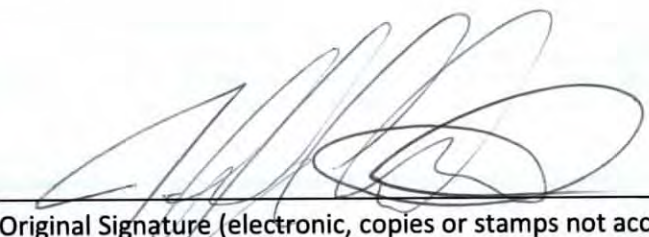
Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event?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

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)

11/20/2023
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.

Jeffrey Darah

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

Date

11/21/2023

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

State of OHIO, ss. County of LOCA

I, JEFFREY L. DARAH, 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

11/21/2023

Subscribed and Sworn to before me this 21st day of NOVEMBER 2023

Notary Public Signature



KRYSTAL MONROE
Notary Public
State of Ohio
My Comm. Expires
September 18, 2027

(Seal)

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 Darah Medical Equipment and Supplies LLC MDEG License # (if applicable) _____
 Physical Address 6465 Wheatstone Ct Ste A
 City Maumee State OH Zip 43537
 Mailing Address (if different from physical address) _____
 City _____ State _____ Zip _____
 Telephone 844-552-7867 Website www.darahdmeequipment.com
 Licensing Company Email orders@darahmedical.com

Section 2: Personal Information

First Jeffrey Middle Louis Last Darah
 Alias(es, nicknames, name changes, etc.) _____
 Date of Birth SSN or ITIN Sex ☒ M ☐ F ☐ X
 Mailing Address 6465 Wheatstone Ct Ste A
 City Maumee State OH Zip 43537
 Telephone 844-552-7867 Email jeff.darah@darahmedical.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 Toledo		From - To (MM/YY - MM/YY) 1992-1996	
Address 2801 W Bancroft St	City Toledo	State OH	Zip 43606
Diploma/Degree obtained, if any Bachelors of Business			
School Name Rogers High School		From - To (MM/YY - MM/YY) 1975-1979	
Address 222 McTigue Dr	City Toledo	State OH	Zip 43615
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) 2018 - present	Address Honeysuckle Ln	City Maumee	State OH	Zip 43537
From - To (MM/YY - MM/YY) 2001 - 2018	Address Silverstone Dr	City Maumee	State OH	Zip 43566
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	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 Darah Medical Equipment and Supplies LLC		From - To (MM/YY - MM/YY) 07-05-2006 - present	
Business Address 6465 Wheatstone Ct Ste A		City Maumee	State OH
Phone 844-552-7867	Title CEO	Number of Employed Hours 1500+	
Description of Duties Administrative duties/ Chief Executive Officer duties - long range and short range planning			

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

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

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

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

Continue on next page if additional space is needed.

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

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

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

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

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

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

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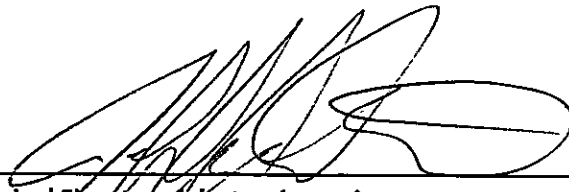
Section 8: Personal and Professional History		Yes	No
1.	Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓
2.	Have you been charged, arrested or convicted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

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

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

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

Provide explanation below:


 Original Signature (electronic, copies or stamps not accepted)

10/23/23
 Date

I, Jeffrey L Darah, certify that as the MDEG Administrator for
Darah Medical Equipment and Supplies LLC

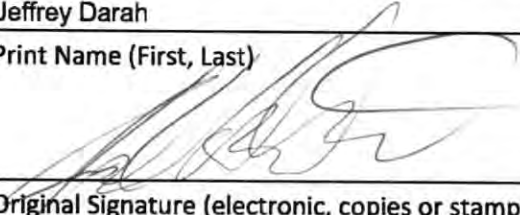
that I (initial that you have read and meet the following requirements):

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

Jeffrey Darah

Print Name (First, Last)


 Original Signature (electronic, copies or stamps not accepted)

10/23/23
 Date

Board Use Only

Date Received: 11/4/23



License Look Up

9/8/2022 10:57 AM

Darah Medical Equipment and Supplies LLC

Status	Active
Sub-Status	
Board	Board of Pharmacy
License Type	Home Medical Equipment Facility Registration
License Number	HMER.23595
License Issue Date	11/22/2017
License Expiration Date	06/30/2024
License Effective Date	07/01/2022
Street Address	6465 Wheatstone Ct Ste A
City	Maumee
State	OH
Zipcode	43537-8615
Country	United States
Board Action	No

Supervised By:

Supervisor Name	Supervisor License	Status	Start Date	End Date
		Active		

Current date & time: 9/8/2022 10:57 AM



CERTIFICATE OF LIABILITY INSURANCE

 DATE (MM/DD/YYYY)
 5/3/2023

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 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 Maman Dr. Waterloo IA 50701	CONTACT NAME: Becca Lyman PHONE (A/C, No, Ext): (319) 274-8622 FAX (A/C, No): E-MAIL ADDRESS: Becca.Lyman@vgm.com INSURER(S) AFFORDING COVERAGE <table style="width: 100%;"> <tr> <td style="width: 80%;">INSURER A: BENCHMARK INSURANCE COMPANY</td> <td style="width: 20%;">NAIC # 41394</td> </tr> <tr> <td>INSURER B: BENCHMARK INSURANCE COMPANY</td> <td>41394</td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table>	INSURER A: BENCHMARK INSURANCE COMPANY	NAIC # 41394	INSURER B: BENCHMARK INSURANCE COMPANY	41394	INSURER C:		INSURER D:		INSURER E:		INSURER F:	
INSURER A: BENCHMARK INSURANCE COMPANY	NAIC # 41394												
INSURER B: BENCHMARK INSURANCE COMPANY	41394												
INSURER C:													
INSURER D:													
INSURER E:													
INSURER F:													
INSURED Darah Medical Equipment and Supplies LLC 6465 Wheatstone Ct Bldg. A Maumee OH 43537													

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 SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	☒ COMMERCIAL GENERAL LIABILITY ☒ CLAIMS-MADE ☒ OCCUR ☒ Professional Liability GEN'L AGGREGATE LIMIT APPLIES PER: ☒ POLICY ☐ PROJECT ☐ LOC OTHER:		D1022 G3676-14	05/9/2023	05/9/2024	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000
	AUTOMOBILE LIABILITY ☐ ANY AUTO ☐ ALL OWNED AUTOS ☐ SCHEDULED AUTOS ☐ HIRED AUTOS ☐ NON-OWNED AUTOS					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? ☐ Y ☒ N (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 \$
B	Cyber Liability		D1022 G3676-14	05/9/2023	05/9/2024	Aggregate 100,000

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

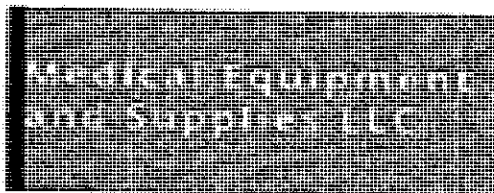
CERTIFICATE HOLDER
CANCELLATION

 Novitas Solutions East
 2020 Technology Pkwy Ste 100
 Mechanicsburg PA 17050

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

© 1988-2014 ACORD CORPORATION. All rights reserved.

Darah

6465 Wheatstone Ct Ste A, Maumee OH 43537

Phone: 844-552-7867 Fax: 855-570-8782

www.darahmedicalequipment.com

The following is provided:

- Screening by CMS

The most recent visit from CMS was in 2019 due to the Public Health Emergency of COVID-19. The state of Ohio's Medicaid program does not visit our service location. They have not since we've been established.

Site Visit Acknowledgement

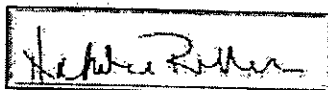
The National Supplier Clearinghouse (NSC) is charged with the responsibility of protecting the Medicare Trust Fund by ensuring that all suppliers of Part B covered items are in full compliance with the Centers for Medicare and Medicaid Services (CMS) Medicare DMEPOS supplier standards. The site visit is used to gather information necessary to verify compliance with the Medicare Supplier Standards. The individual conducting the site visit is responsible for gathering the required information but is not in a position to validate compliance with all of the supplier standards. The NSC and/or CMS make all final determinations regarding issuance, revocation or reinstatement of a Medicare supplier billing number.

By signing this statement, I acknowledge the following:

1. A site inspection of this facility was conducted today 2019-07-02, at the physical address listed below, by personnel from the NSC or one of its subcontractors.
2. I am an employee, owner or legal representative of the company at which this site visit has been conducted.
3. I have been provided with a copy of the disclosure statement and/or the abridged Medicare Supplier Standards. (These standards, in their entirety, are listed in 42 C.F.R. pt. 424, sec. 424.57(c)).
4. The item(s) checked below were requested by the representative and should be faxed to: (803) 870-9249 within 2 business days, to the attention of DOUG WARNER.
5. I have been told that the supplier's failure to provide the requested information could result in the denial or revocation of a Medicare supplier billing number.

Signing this statement only indicates receipt of this information.

Signature of employee, Owner
or legal Representative of the
Supplier



Telephone
Number

(844) 552-7867

Name/Title (printed)

Nicole Roiler (Manager)

Address of Supplier

6465 WHEATSTONE CT

Supplier Number

5772900003

MAUMEE, OH 43537

Supplier Name/ Company
Name

DARAH MEDICAL EQUIPMENT
AND SUPPLIES LLC

Name (Printed) of Inspector

DOUG WARNER

Supplier Checklist

- ☐ Required licenses, including zoning (per 42 CFR § 424.57(c) 1, 7)
- ☐ Credit agreement(s) or invoices (per 42 CFR § 424.57(c) 4)
- ☐ Capped rental/inexpensive or routinely purchase option agreement (per 42 CFR § 424.57(c) 5)
- ☐ Proof of warranty coverage (per 42 CFR § 424.57(c))
- ☐ Accessibility to physical site (42 CFR § 424.57(c) 1, 7)
- ☐ Hours of operation (42 CFR § 424.57(c) 7)
- ☐ Comprehensive liability insurance policy and/or the Certificate of Insurance showing NSC as the certificate holder with PO Box 100142 Columbia, SC 29202 (per 42 CFR § 424.57(c) 10)
- ☐ Other:

- ☐ Documentation for written instruction/information on beneficiary use/maintenance of supply (per 42 CFR § 424.57(c) 12)
- ☐ Beneficiary copy of supplier standards found in 42 CFR § 424.57 (per 42 CFR § 424.57(c) 16)
- ☐ Listing of all Management/Owners, including name and title (per 42 CFR § 424.57(c) 17)
- ☐ Complaint resolution protocol (per 42 CFR § 424.57(c))
- ☐ Complaint log (per 42 CFR § 424.57(c) 20)
- ☐ Surety bond agreement (per 42 CFR § 424.57(c) 26)
- ☐ License of oxygen supplier/distributor/wholesaler (per 42 CFR § 424.57(c) 27)

Please Note

Examples of forms can be located at <https://www.palmettoqba.com/nsccomplianceforms>.
If there are any questions, please call the National Supplier Clearinghouse customer service line at (866) 238-9652.
For timely updates, subscribe to the NSC listserv at <https://www.palmettoqba.com/nscc>.

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 DARA MEDICAL EQUIPMENT & SUPPLIES, LLC, an Ohio Limited Liability Company, Registration Number 1638677, was organized in the State of Ohio on July 31, 2006, is currently in FULL FORCE AND EFFECT upon the records of this office.



Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 20th day of November, A.D. 2023.

A handwritten signature in cursive script, appearing to read "Frank LaRose".

Ohio Secretary of State

Validation Number: 202332402664

4B

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
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: M _____	☐ 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*		☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9)	

Section 1: General Information	
Facility Name: <u>Providence Home Medical, LP</u>	
MDEG Physical Address: <u>451 Valley Brook Road Suite 204</u>	
City: <u>McMurray</u>	State: <u>PA</u> Zip: <u>15317</u>
Mailing Address (if different from physical address): _____	
City: _____	State: _____ Zip: _____
Telephone: <u>866-854-7436</u>	Website: <u>providencehomemedical.com</u>
Email: <u>nschiffbauer@phmlp.com</u>	
Name of MDEG Administrator (NAC 639.694): <u>Melissa Nopwaskey</u>	
Entities the MDEG will Serve	Type of MDEG products that will be sold (check all applicable)
☒ Patients by prescriptions ☐ Pharmacies ^a ☐ Practitioners ^a ☐ Hospitals/Clinics ^a ☐ Clinics ^a ☐ Wholesalers ^a ☐ Other business entities (specify) ^a : _____	☐ Medical Gases** ☐ Respiratory Equipment** ☐ Life-sustaining equipment** ☐ Parenteral and Enteral Equipment** ☐ Assistive Equipment ☐ Diabetic Supplies ☐ Orthotics and Prosthetics ☒ Others: <u>Ostomy, Urological and Surgical Dressings</u>
This application is ONLY required if MDEG products will be sold to patients by prescription. ^aIf MDEG products will ALSO be sold to the Entities with an (") above, then a Wholesaler license will ALSO be required. Find the Wholesaler Application here: Businesses (nv.gov)	
**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): Name: <u>The patients contact their doctor that ordered the</u> Telephone: <u>supplies.</u>	

Check the Days the Business will be Opened and provide the Hours of Operation				
☒ Mon: 9-5 EST	☒ Tue: 5 EST	☒ Wed: 5 EST	☒ Thurs: 5 EST	☐ Fri: 5 EST
☐ 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))
6689370001 Medicare
See attached List for Medicaid

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: _____	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 practicing health professional; or
- 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: Pennsylvania Department of State Corporation Bureau

Parent Company (if any): Providence Home Medical Management, INC

Corporation/Organization Name: Providence Home Medical, LP

Mailing Address: 451 Valley Brook Road Suite 204

City: McMurray State: PA Zip: 15317

Telephone: 866-854-7436 Email: nschiffbauer@phmlp.com

Contact Person Name: Niki Schiffbauer

Section 7: Partnership

Partnership Name: Providence Home Medical Management

Mailing Address: 211 Snowberry Circle

City: Venetia State: PA Zip: 15367

Telephone: 866-854-7436 x 301 Email: dpettigrew@providencehomemedical.com

Contact Person Name: Daniel Pettigrew

Section 8: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

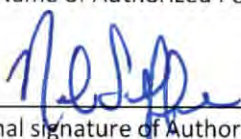
Telephone: _____ Email: _____

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	Partnership	Sole Owner
• <u>List of all Officers and Directors.</u>	✓	✓		
• List of all general and limited partner names and their percent ownership (NAC 639.6942). <i>need specific form? sent email 9-13</i>			✓	
✓ • 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/ <i>Sent to Dan 9-13</i>		✓	✓	✓
• MDEG Administrator Application (NAC 639.694). Find form at http://bop.nv.gov/Services/newapps/Business/ <i>Sent to Melissa 9-12</i>	✓	✓	✓	✓
• "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.

Niki Schiffbauer

Print Name of Authorized Person Submitting Application


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

09/12/2023

Date

Board Use Only

Date Received: 10/30/23

Amount: \$500-TC

Board of Directors	Providence Home Medical, LP
Compliance Officer	Daniel Pettigrew
President	Daniel Pettigrew
Operations Manager	Daniel Pettigrew
Practice Management Coordinator	Melissa Nopwaskey
Office Administrator	Niki Schiffbauer
	Niki Schiffbauer

Traditional State Medicaid (Enrolled)	Provider ID	Original Start Date
Alaska Medicaid	Provider ID# 1608959	7/15/2013
Arizona Medicaid	Provider ID# 719302	4/15/2013
California Medicaid (secondary)	Pin# 4204840	12/23/2013
Colorado Medicaid	54180856 Trading Partner ID 152597	11/19/2014
Delaware Medicaid	Pin 8587 ID2506966008	4/7/2015
Florida Medicaid	Provider ID# 108078900	10/12/2020
Georgia Medicaid (secondary)	Provider ID# 003149876A	7/1/2014
Iowa Medicaid	Provider ID# 704682	5/2/2014
Idaho Medicaid	Provider ID# 1376829697	6/13/2014
Illinois Medicaid	Provider ID# 453008587001	10/12/2014
Indiana Medicaid (secondary)	Provider ID# 201248280A	2/10/2014
Kansas Medicaid	KMAP # 201288300A, Provider ID: 30004696830001	8/22/2020
Kentucky Medicaid	Provider ID# 7100214370	8/1/2014
Louisiana Medicaid	Provider ID# 2338480	11/5/2014
Maine Medicaid	Enrolled, but no specific Provider ID#	2/1/2015
Maryland Medicaid	Provider ID# 551189500	5/15/2020
Michigan Medicaid	Provider ID# 1376829697	4/1/2020
Montana Medicaid	Provider ID# 0000328081	3/13/2015
Nebraska Medicaid	Provider ID# 10026228601	9/29/2020
New Mexico Medicaid	Provider ID# 34757058	5/1/2015
North Carolina (secondary)		6/1/2020
Ohio Medicaid	Provider ID# 0060954	4/16/2014
Pennsylvania Medicaid	Provider ID# 102736139-0001	6/15/2013
Rhode Island Medicaid (secondary)	Enrolled, but no specific Provider ID#	5/19/2015
South Carolina Medicaid (secondary)	Provider ID# DM1450	7/19/2015
Texas	TPI # 4137556	9/22/2020
Vermont Medicaid	Provider ID# 1023530	9/1/2015
Virginia Medicaid	Provider ID# 2019084819	4/22/2014
Washington Medicaid	Domain - 2017572	9/18/2014
West Virginia Medicaid	Trad Partner WVTPID002760	9/22/2013
Wyoming Medicaid	ID#133655000	8/16/2014

Pennsylvania Department of State
Bureau of Corporations and Charitable Organizations
PO Box 8722 | Harrisburg, PA 17105-8722
T: 717-787-1057
dos.pa.gov/BusinessCharities

Regarding: Providence Home Medical, L.P.
Request Type: Subsistence Certificate **Issuance Date:** September 13, 2023
Request No.: 022114421 **File No.:** 0004048930
Receipt No.: 000685903
Filing Type: Domestic Limited Partnership
(LP/LLLP)
Filing Subtype: Limited Partnership
Initial Filing Date: August 10, 2011
Status: Active

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT

Providence Home Medical, L.P.

is currently subsisting on the records of the Department of State as of the issuance date herein.

I DO FURTHER CERTIFY THAT this Subsistence Certificate shall not imply that all fees, taxes and penalties owed to the Commonwealth of Pennsylvania are paid.



IN TESTIMONY WHEREOF, I have
hereunto set my hand and caused the seal
of my office to be affixed, the day and year
above written

Albert Schmidt
Secretary of the Commonwealth

Verify this certificate online at www.file.dos.pa.gov

CERTIFICATE *of* ACCREDITATION

ACCREDITATION COMMISSION FOR HEALTH CARE CERTIFIES THAT:

Providence Home Medical, L.P.

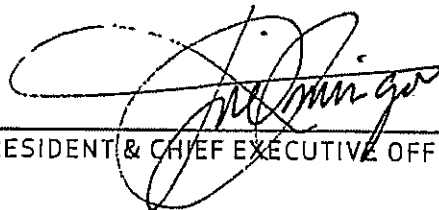
MCMURRAY, PENNSYLVANIA

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

Medical Supply Provider Services

FROM *April 26, 2021* THROUGH *April 25, 2024*



PRESIDENT & CHIEF EXECUTIVE OFFICER



CHAIRMAN OF THE BOARD OF COMMISSIONERS





Certificate of Registration

Certificate No. 6000007962

(A certificate starting with a number 4, 5 or 6 does not permit the possession or sale of controlled substances or prescription drugs.)

Category:

Devices

PROVIDENCE HOME MEDICAL, L.P.
451 VALLEY BROOK ROAD
SUITE 204
MCMURRAY, PA 15317

Drug & Device Registration

555 WALNUT ST-FORUM PLACE
SUITE 701
HARRISBURG, PA 17101
(717) 787-4779

The above business is registered in the required category to conduct and maintain a facility in accordance with the provisions of the Controlled Substance, Drug, Device and Cosmetic Act #64, approved September 9, 1972.

Issuance Date: November 01, 2011

Expiration Date: The Last Day of **November, 2023**

Susan Coble
Acting Deputy Secretary for Quality Assurance



Denise A. Johnson, MD, FACOG, FACHE
Acting Secretary of Health

NOTE: THIS CERTIFICATE MUST BE POSTED IN A CONSPICUOUS PLACE ON THE PREMISES.



Erie Insurance Exchange

Ultrapack Plus Policy Declarations

Renewal Certificate

Mailing Name and Address for Insured:

PROVIDENCE HOME MEDICAL &
PROVIDENCE HOME MEDICAL
451 VALLEY BROOK RD STE 204
MCMURRAY PA 15317-3375



312023370
AA5420

Other Interest:

As Listed Below

Named Insured's Full Name:

PROVIDENCE HOME MEDICAL & PROVIDENCE HOME MEDICAL MANAGEMENT INC ATIMA

Agent:

AA5629 DOMBROWSKI INSURANCE AGY LLC

Policy Period:

10/26/2022 to 10/26/2023

Policy Number:

Q970086194

Agent Address and Phone

DOMBROWSKI INSURANCE AGY LLC
3093 WASHINGTON PIKE
BRIDGEVILLE PA 15017
412-257-2151

Policy begins at 12:01 A.M. standard time on the effective date and ends at 12:01 A.M. standard time on the expiration date. Standard time is determined at the stated address of the named insured.

The insurance applies to those premises described below. This is subject to all applicable terms of the policy and attached forms and endorsements.

PARTICIPATING-DIVIDENDS ARE NOT GUARANTEED AND MAY BE DECLARED BY THE BOARD OF DIRECTORS IN ITS SOLE DISCRETION.

Premium Summary

Pay Plan Discount Applies

Total Annual Policy Premium:**\$449.00**

(This is not a bill. Your invoice will follow in a separate mailing.)

Property Protection - As Per Attached Supplemental Declarations
Deductible (Property Protection Only) \$500

Insured Name: PROVIDENCE HOME MEDICAL & PROVIDENCE HOME MEDI
 Policy Number: Q970086194
 Policy Period: 10/26/2022 to 10/26/2023

Page 2 of 9

Policy-Level Coverages

Liability Protection	Limits of Insurance
Commercial General Liability Limits of Insurance	
Each Occurrence Limit	\$1,000,000
Damage to Premises Rented to You	\$1,000,000 Any One Premises
Medical Expense limit	\$5,000 Any One Person
Personal & Advertising Injury Limit	\$1,000,000 Any One Person or Organization
General Aggregate Limit	\$3,000,000
Products/Completed Operations Aggregate Limit	\$3,000,000

Optional Coverages

Deductible

Amount of Insurance

Policy-Level Optional Coverages:

Property and Inland Marine - Optional Coverages:

Additional Limits for Employee Dishonesty

\$40,000

Number of Employees: 9

Terrorism

Included

General Liability - Optional Coverages:

Additional Insured-Designated Person/Organization (CG2026)

Insured Name: PROVIDENCE HOME MEDICAL & PROVIDENCE HOME MEDI
 Policy Number: Q970086194
 Policy Period: 10/26/2022 to 10/26/2023

Page 3 of 9

Supplemental Declarations

Location 1 / Building 1

Address:
 451 VALLEY BROOK RD STE 204
 MCMURRAY PA 15317-3375
County: Washington

Occupancy/Operations:
 Medical Information

Interest of Named Insured In Such Premises: Tenant/Partial

Coverage	Deductible	Amount of Insurance
Property Protection		
1. Buildings		NIL
2. Business Personal Property and Personal Property of Others	Property Deductible	\$115,000
Replacement Cost		
Theft Exclusion Applies: No		
3. Income Protection & Extra Expense		Actual Loss Sustained 12 Months
Protective Safeguard Condition: Central Station Fire Alarm System		
Protective Safeguard Condition: Central Station Burglar Alarm System		
Automatic Adjustment of Business Personal Property and Personal Property of Others Coverage - 3%		

Policy-Level Additional Interests

Additional Insured - Designated Person or Organization

Arizona Health Care Cost Containment System
 700 E JEFFERSON ST # MD5700
 PHOENIX AZ 85034-2201
 RE: CG2404

Schedule of Static Forms

Form Number	Edition Date	Description
UPP	01/10	ULTRAPACK PLUS POLICY
PK0001	05/20	ULTRAPACK PLUS COMMERCIAL PROPERTY COVERAGE PART
PKAX	01/10	PRODUCTION OR PROCESS MACHINERY - DEDUCTIBLE
PKLD	01/10	EMPLOYEE DISHONESTY - INCREASED COVERAGE
CL0209	11/10	IMPORTANT NOTICE - LEAD LIABILITY EXCLUSION
CL0212	11/10 *	IMPORTANT NOTICE - POLICY SERVICE FEES
CL0217	11/10 *	IMPORTANT NOTICE - NO FLOOD COVERAGE
PKGP	01/10	AMENDMENT OF MOBILE EQUIPMENT DEFINITION
PKGT	01/10	AMENDMENT OF OCCURENCE DEFINITION FOR SUBCONTRACTED WORK
PKRG	01/10	PENNSYLVANIA AMENDATORY ENDORSEMENT - LOSS PAYMENT CONDITION
PKRH	01/10	PENNSYLVANIA AMENDATORY ENDORSEMENT - CONDITIONS
PK0003	05/20	ULTRAPACK PLUS EXTRA LIABILITY COVERAGES
CG0001	04/13	COMMERCIAL GENERAL LIABILITY COVERAGE FORM
CG0099	11/85	CHANGES IN GENERAL LIABILITY FORMS FOR COMMERCIAL PACKAGE POLICIES
CG2026	04/13	ADDITIONAL INSURED - DESIGNATED PERSON OR ORGANIZATION

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 Providence Home Medical, LP
 Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable) _____
 Physical Address 451 Valley Brook Road Suite 204
 City McMurray State PA Zip 15317
 Mailing Address (if different from physical address) _____
 City _____ State _____ Zip _____
 Telephone _____ Website _____
 Licensing Company Email _____

Section 2: Personal Information

First Daniel Middle Stewart Last Pettigrew
 Alias(es, nicknames, name changes, etc.) _____
 Date of Birth [REDACTED] SSN or ITIN [REDACTED] Sex ☒ M ☐ F ☐ X
 Mailing Address [REDACTED] Strawberry Circle
 City Venetia State PA Zip 15367
 Telephone 866-854-7436 x301 Email dpettigrew@providencehomemedical.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 Naperville North High School		From - To (MM/YY - MM/YY) 9/80-6/84	
Address 899 North Mill Street	City Naperville	State IL	Zip 60563
Diploma/Degree obtained, if any High School Diploma			
School Name Princeton University		From - To (MM/YY - MM/YY) 09/84-6/88	
Address 1 Nassau Street	City Princeton	State NJ	Zip 08542
Diploma/Degree obtained, if any Bachelor of Science in Chemical 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) 8/1/11 - 9/13/23	Address [REDACTED] Snowberry Circle	City Venetia	State PA	Zip 15367
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	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 Providence Home Medical, LP		From - To (MM/YY - MM/YY) 02/11/2011 - Current	
Business Address 451 Valley Brook Road Suite 204	City McMurray	State PA	Zip 15317
Phone 866-854-7436 x301	Title President, Owner, Board of Directors, Compliance Officer		
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			

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

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

DANIEL PETTIGREW

Print Name (First, Last)

[Signature]

Original Signature (electronic, copies or stamps not accepted)

9/13/23

Date

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

State of Pennsylvania, ss. County of Washington

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

[Signature]

Original Signature

9/13/23

Date

Subscribed and Sworn to before me this 13 day of September, 2023

[Signature]

Notary Public Signature

Commonwealth of Pennsylvania - Notary Seal
Kayla M. Hillen, Notary Public
Washington County
My commission expires May 20, 2025
Commission number 1276815
Member, Pennsylvania Association of Notaries

(Seal)

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 Melissa Nopwaskey MDEG License # (if applicable) _____
 Physical Address 451 Valley Brook Road Suite 204
 City McMurray State PA Zip 15317
 Mailing Address (if different from physical address) _____
 City _____ State _____ Zip _____
 Telephone 866-854-7436 x311 Website _____
 Licensing Company Email mnopwaskey@phmlp.com

Section 2: Personal Information

First Melissa Middle _____ Last Nopwaskey
 Alias(es, nicknames, name changes, etc.) _____
 Date of Birth SSN or ITIN Sex ☐ M ☒ F ☐ X
 Mailing Address Marble Drive
 City McMurray State PA Zip 15317
 Telephone Email mnopwaskey@phmlp.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 Canisus College		From - To (MM/YY – MM/YY) 09/1998-06/2002	
Address 2001 Main Street	City Buffalo	State NY	Zip 14208
Diploma/Degree obtained, if any Bachelor of Science/Business Management			
School Name Silver Creek Central School		From - To (MM/YY – MM/YY) 09/1985-06/1998	
Address 1 Dickinson Street	City Silver Creek	State NY	Zip 14136
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) 05/2013-09/2023	Address [REDACTED] Marble Drive	City McMurray	State PA	Zip 15317
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	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 Providence Home Medical,LP		From - To (MM/YY – MM/YY) 10/16/2018 -current	
Business Address 451Valley Brook Road Suite 204		City McMurray	State PA
Phone 866-854-7436 x311	Title Manager	Zip 15317	
Number of Employed Hours 40/week			
Description of Duties			
Business Name		From - To (MM/YY – MM/YY)	
Business Address		City	State
Phone	Title	Zip	
Number of Employed Hours			
Description of Duties			
Business Name		From - To (MM/YY – MM/YY)	
Business Address		City	State
Phone	Title	Zip	
Number of Employed Hours			
Description of Duties			
Business Name		From - To (MM/YY – MM/YY)	
Business Address		City	State
Phone	Title	Zip	
Number of Employed Hours			
Description of Duties			
Business Name		From - To (MM/YY – MM/YY)	
Business Address		City	State
Phone	Title	Zip	
Number of Employed Hours			
Description of Duties			

Continue on next page if additional space is needed.

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

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

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

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

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

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

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

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

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

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

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

Date

I, Melissa Nopwaskey, certify that as the MDEG Administrator for
Providence Home Medical, LP

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

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

Melissa Nopwaskey

Print Name (First, Last)

Melissa Nopwaskey
 Original Signature (electronic, copies or stamps not accepted)

9/14/23
 Date

Board Use Only	Date Received: <u>10/30/23</u>
----------------	--------------------------------

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 _____	☐ 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: <u>Almac Pharma Services LLC</u>		
Physical Address: <u>2661 Audubon Road</u>		
City: <u>Audubon</u> State: <u>PA</u> Zip: <u>19403</u>		
Mailing Address (if different from physical address): <u>2661 Audubon Road</u>		
City: <u>Audubon</u> State: <u>PA</u> Zip: <u>19403</u>		
Telephone: <u>610-666-9500</u> Website: <u>www.almacgroup.com</u>		
Name of Designated Representative (DR): <u>Joseph Venglik</u>		
Licensing Company Email: <u>AlmacPharmaUSAgent@almacgroup</u> DR Email: <u>joseph.venglik@almacgroup.com</u>		
Entities the Wholesaler will Serve (✓ all applicable)	Products to be Handled or Wholesaled (✓ all applicable)	Type of Wholesaling (✓ all applicable)
☒ Pharmacies ☒ Practitioners ☒ Hospitals ☒ Wholesalers ☐ Veterinarians ☒ Others: Specialty Pharmacies, Specialty Distributors	☒ Dangerous Drugs ☒ Controlled Substances ☒ *Medical devices, equipment, supplies, gases ☐ Others:	☒ Manufacturer ☐ Repacker ☐ Reverse Distributor ☐ Warehouse ☐ Retail pharmacy wholesale distributor ☒ 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)?		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 5: Other Products (If you sell, dispense or distribute other products, please provide the following information for each product.)

Name: No products sold, dispensed or distributed within the past year.

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

Name: _____

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

Name: _____

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

Name: _____

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

Section 6: 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 7: Other Publicly Traded Corporation or Company

State of Incorporation/Organization: DE

Parent Company (if any): Almac Group Incorporated

Corporation/Organization Name: Almac Pharma Services LLC

Mailing Address: 2661 Audubon Road

City: Audubon State: PA Zip: 19403

Telephone: 215-660-8500 Email: AlmacPharmaUSAgent@almacgroup.com

Contact Person Name: Alan Armstrong

Section 8: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 9: 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 <u>all</u> Officers and Directors.	✓	✓		
• List the <u>top four</u> corporation shareholders and their percent ownership.	✓			
• List of <u>all</u> corporation shareholders and their percent ownership.		✓		
• List of <u>all</u> partners and their percent ownership.			✓	
• Certificate of Corporate Status or Certificate of Good Standing obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last 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 Pharma Services LLC

Facility Name

Gareth Weir

Print Name of Authorized Person Submitting Application



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

10/16/2023

Date

Board Use Only

Date Received: 11/1/23

Amount: \$1000 - check 62



Description of Operations

Almac Pharma Services ("Almac") is a Third-Party Logistics Provider of prescription drugs & devices, and controlled substances. Almac's facility is in the state of Pennsylvania. At no time does Almac own any of their client's finished goods; nor does Almac invoice or sell products on behalf of their manufacturing clients. Almac Pharma Services is also licensed in your state as a Contract Manufacturer as they also serve as a final packaging CMO.

Almac Pharma Services has 150 employees working on site during normal business hours.

Almac Pharma's hours of operation are 8:00 am – 5:00pm Monday through Friday.

/ [Drug Establishments Current Registration Site \(default.cfm\)](#)

Drug Establishments Current Registration Site

[New Search \(default.cfm\)](#)

Search Results for **Almac Pharma Services**

[CSVExcel](#)

Filter:

Firm Name	FDA Establishment Identifier	DUNS	Business Operations	Address	Expiration Date
Almac Pharma Services LLC	3000214934	078607239	ANALYSIS; LABEL; MANUFACTURE; PACK; RELABEL; REPACK;	2661 Audubon Road, Audubon, Pennsylvania (PA) 19403-2413, United States (USA)	12/31/2023

Showing 1 to 1 of 1 entries (filtered from 4 total entries)

[Previous](#)[Next](#)

Data Current through: Sunday, Oct 29, 2023

[Return to Drug Firm Annual Registration Status Home Page \(default.cfm\)](#)

✓ verified
M.H. 11/15/23



Ownership Information

Almac Pharma Services LLC is 100% owned by Almac Group Incorporated.

Parent Company Info:

Almac Group Incorporated
25 Fretz Road
Souderton, PA 18964
Tax ID: 26-1549369

Corporate Officers – Almac Pharma Services LLC

Chris Diamond - Secretary

Business Address: Almac House, 20 Seagoe Industrial Estate, Craigavon, Northern Ireland, UK BT63 5QD

John Charles McQuaid - President

Business Address: 2661 Audubon Road Audubon, PA. 19403

Alan Armstrong - Chief Executive Officer

Business Address: Almac House, 20 Seagoe Industrial Estate, Craigavon, Northern Ireland, UK BT63 5QD

Gareth Mark Weir - Vice President Finance US Almac Group

Business Address: 2661 Audubon Road, Audubon, PA 19403

Graeme McBurney - Chief Operating Officer

Business Address: Almac House, 20 Seagoe Industrial Estate, Craigavon, Northern Ireland, UK BT63 5QD

Niall Harkin - Treasurer

Business Address: Almac House, 20 Seagoe Industrial Estate, Craigavon, Northern Ireland, UK BT63 5QD

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ALMAC PHARMA 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 FIFTEENTH DAY OF SEPTEMBER, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ALMAC PHARMA SERVICES LLC" WAS FORMED ON THE TWENTY-EIGHTH DAY OF OCTOBER, A.D. 2010.

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



4890861 8300

SR# 20233500934

You may verify this certificate online at corp.delaware.gov/authver.shtmlA handwritten signature in black ink, appearing to read "JB", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Jeffrey W. Bullock, Secretary of State

Authentication: 204170689

Date: 09-15-23

Pennsylvania Department of Health
Drug, Device and Cosmetic Program
Public Lookup

Enter the 10-digit Certificate Number or Registrant's Name (or first few letters).

Lookup

Description of Certificate Categories

You may contact our office at (717) 787-4779 if the Certificate Number/Registrant you are researching is not found.

- **Almac Pharma Services** 2661 Audubon Road; Audubon, PA 19403
Certificate(s): **1000003459** issued: 5/30/2012 expires: 9/30/2024; **8000002421** issued: 6/5/2012 expires: 9/30/2024

[Back to DD&C Home](#)

[Home](#) : [Press Releases](#) : [Office of the Secretary](#)
[Bureau of Community Program Licensure and Certification](#) : [Drug, Device and Cosmetic Program](#) : [Quality Assurance](#)

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Assembly
Version
4.0.18274.4
Database
Version Could
not retrieve
database
version. Check
that the
database is
registered as a
Data-tier
Application.

Date: 10/13/2023To: _____ Licensing or Registering Board or Agency:
(Name of State or Agency)Name of Facility: Almac Pharma ServicesFacility Address: 2661 Audubon Road Audubon, PA 19403PA. Facility License, Registration, or Record number: 1000003459*The information below is to be completed only by a Pennsylvania state Licensing or Registering Agency. Must have State seal to be valid.*
www.health.pa.gov
www.health.state.pa.us/ddc
Drug Device and Cosmetic (DDC) Program

2525 N. 7th Street, Suite 210D

Harrisburg, PA 17110

Ph: 717-787-4779 Email: ra-ddc@pa.gov

Current Status: Active ☒ Yes ☐ NoLocation: ☒ In state ☐ Out of State/Nonresident*

Type of Facility:

Wholesale Distributor / manufacturer

Issue Date:

5/30/2012

Expiration Date:

9/30/2024
☒ The above facility is in good standing and has not had any formal disciplinary action under the above registration/license/record number administered or issued by the Commonwealth of Pennsylvania Department of Health DDC Program.

☐ The above facility has had any formal disciplinary action under the above registration/license record number administered or issued by the Commonwealth of Pennsylvania Department of Health DDC Program. Please explain:

 Jessica Waller-Administrative Assistant
 DDC Program Staff- Name

Jessica Waller
 Signature

STATE SEAL:

*Interested parties are encouraged to verify status/standing with entity's home state or FDA if applicable.

Date: 10/13/2023To: _____ Licensing or Registering Board or Agency:
(Name of State or Agency)Name of Facility: Almac Pharma ServicesFacility Address: 21661 Audubon Road Audubon, PA 19403PA. Facility License, Registration, or Record number: 8000002421*The information below is to be completed only by a Pennsylvania state Licensing or Registering Agency. Must have State seal to be valid.*

www.health.pa.gov
www.health.state.pa.us/ddc

Drug Device and Cosmetic (DDC) Program

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Ph: 717-787-4779 Email: ra-ddc@pa.gov

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6/5/2012

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☐ The above facility has had any formal disciplinary action under the above registration/license record number administered or issued by the Commonwealth of Pennsylvania Department of Health DDC Program. Please explain:

Jessica Waller-Administrative Assistant
 DDC Program Staff- Name

Jessica Waller
 Signature

STATE SEAL:

*Interested parties are encouraged to verify status/standing with entity's home state or FDA if applicable.

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
RA0432598	06-30-2024	\$3699

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	MANUFACTURER	06-05-2023

ALMAC PHARMA SERVICES
2661 AUDUBON RD
AUDUBON, PA 194032413

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.

Form DEA-223 (9/2016)

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

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
RA0432598	06-30-2024	\$3699

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	MANUFACTURER	06-05-2023

ALMAC PHARMA SERVICES
2661 AUDUBON RD
AUDUBON, PA 194032413

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DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
RA0432598	06-30-2024	\$3699
SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	MANUFACTURER	06-05-2023
ALMAC PHARMA SERVICES 2661 AUDUBON RD AUDUBON, PA 194032413		

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 deaddiversion.usdoj.gov - or
2. call our customer Service Center at 1-(800) 882-9539 - or
3. submit your change(s) in writing to:

**Drug Enforcement Administration
P.O. Box 2639
Springfield, VA 22152-2639**

See Title 21 Code of Federal Regulations, Section 1301.51
for complete instructions.

----- You have been registered to handle the following chemical/drug codes: -----

Drug Codes

1100 4000 9143 9150 9780 9801

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
RA0432601	06-30-2024	\$1850

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	DISTRIBUTOR	06-05-2023

ALMAC PHARMA SERVICES 2661 AUDUBON RD AUDUBON, PA 194032413

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
RA0432601	06-30-2024	\$1850

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	DISTRIBUTOR	06-05-2023

ALMAC PHARMA SERVICES
2661 AUDUBON RD
AUDUBON, PA 194032413

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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DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
RA0432601	06-30-2024	\$1850
SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	DISTRIBUTOR	06-05-2023
ALMAC PHARMA SERVICES 2661 AUDUBON RD AUDUBON, PA 194032413		

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

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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: -----



2nd October 2023

TO WHOM IT MAY CONCERN

Insured: Almac Pharma Services LLC

As at the date of this letter, we act as insurance brokers to the above Insured and in this capacity can provide brief details of the Insured's **current Products Liability insurance:-**

Policy Type:	Products Liability
Insurer:	Chubb
Policy Number:	IELSCA09345
Period:	30 th September 2023 to 29 th September 2024
Limit of Indemnity	\$2,000,000 per occurrence and in the aggregate

This letter is provided for information only and the confirmation given in respect of the insurance policies noted in this letter is given solely as at the date of this letter. Cover is subject to Insurer's policy terms, conditions, limitations and exclusions, and may also be subject to cancellation provisions and warranties.

The issuance of this letter does not make the person or organisation to whom it has been issued an additional insured and confers no rights upon the recipient, nor does it modify in any manner the contract of insurance between the Insured and Insurers.

Without prejudice to the foregoing no assurance is given by us to the adequacy or otherwise of the sums insured /limit of liability/indemnity (as the case may be) under the insurance policies. Nor do we express any view or assume any liability as to the solvency or future ability to pay of any of the insurance companies with whom the insurance policies have been placed. In each case you must rely upon your own assessment of such matters. We cannot comment as to whether the Insured has done or omitted to do anything which has rendered or may render any policy of insurance (including the insurance policies noted in this letter) taken out by it or by any other person in relation to any of the Insured's assets or liabilities void or voidable and you must similarly rely upon your own enquiries in this respect. Where more than one insurer is involved in the placement of cover, not all such insurers may have the same credit rating and the credit ratings of each of such insurers may differ.

LOCKTON COMPANIES LLP

8th Floor, The Clarence West Building, 2 Clarence Street West, Belfast, BT2 7GP

Tel: 028 9024 8989/ FAX: 028 9023 3902

www.lockton.com

A limited liability partnership registered in England & Wales at The St Botolph Building, 138 Houndsditch, London EC3A 7AG. Company number: OC353198

Authorised and regulated by the Financial Conduct Authority and a Lloyd's Broker

A list of the designated members and individual members of Lockton Companies LLP is available for inspection at the registered office



Lockton does not accept any liability or responsibility to any third party (including, but not limited to, any person to whom this letter is addressed) in respect of the information provided nor does Lockton have any obligation to advise any changes to or cancellation of the insurances described.

This letter shall be governed by and shall be construed in accordance with English law and the courts of England and Wales shall have exclusive jurisdiction.

We trust that this information is sufficient for your purposes however, should you require additional detail this can be provided upon agreement from the Insured.

A handwritten signature in dark ink, appearing to read "Sean Dobson".

SIGNED:
NAME: SEAN DOBSON ACII
POSITION: Senior Vice President
DATED: 2nd October 2023
For and on behalf of Lockton Companies LLP

A handwritten signature in dark ink, appearing to read "J O'Doherty".

SIGNED:
NAME: Jayne O'Doherty ACII
POSITION: Assistant Vice President- Corporate Unit Leader
DATED: 2nd October 2023
For and on behalf of Lockton Companies LLP

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206

Reno, NV 89521

(775) 850-1440

Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BONDBond No. 0836834

Application/License No. _____

Almac Pharma Services LLC, doing or intending to do business as a

Applicant/Principal

pharmaceutical wholesaler, whose address for purposes of service is

2661 Audubon Road, Audubon, PA 19403, as

Address of Applicant/Principal

PRINCIPAL, and Harco National Insurance Company, a

Surety Company

corporation organized under the laws of the state of Illinois

State of Incorporation

and authorized to transact a general surety business in the State of

Nevada, whose address for purposes of service is

1701 Golf Road, Suite 1-600, Rolling Meadows, IL 60008 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 September 19, 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 19th day of September, 2023.

APPLICANT/PRINCIPAL

SURETY

COMPANY

Harco National Insurance Company

[Signature]
Authorized Representative

[Signature]
Surety Company's Representative

Robyn Rost, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

SIGNED and SEALED in the presence of:

[Signature]
Witness

[Signature]
Witness Karla Luongo

[Signature]
Witness

[Signature]
Witness Alexis Miranti

Countersigned by:

Nevada Resident Agent

POWER OF ATTORNEYBond # 0836834**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



STATE OF NEW JERSEY
County of Essex

Kenneth Chapman
Executive Vice President, Harco National Insurance Company
and International Fidelity Insurance Company

STATE OF ILLINOIS
County of Cook



On this 31st day of December, 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.



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 19, 2023

Irene Medina, 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	<u>\$1,370,736,999</u>

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	<u>\$633,861,592</u>
 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	<u>\$1,370,736,999</u>

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

SIGNED AND SWORN to before me on this 21st day of March, 20 23.

NOTARY PUBLIC, STATE OF North Carolina



JOSEPH PAUL VENGLIK

Philadelphia, PA 19148
joseph.venglik@almacgroup.com

[610.666.9500](tel:610.666.9500)

MANUFACTURING MANAGEMENT PROFESSIONAL

Leading manufacturing manager focusing on efficiency, safety and quality

Engaging and collaborative professional with strong leadership and communication skills in production and warehouse management and operational excellence. Proven record of global and cross-functional project management, significantly reducing operating costs.

Broad range of experience in Lean Manufacturing and root cause analysis in a cGMP environment to help identify unproductive processes and take actions to deliver better value in quality, supply chain, safety and capacity. Demonstrates creative thinking, technical expertise and strong people management.

**Process Improvement | Value Stream Mapping (VSM) | Production Management | FDA
 Project Management | Lean Six Sigma | Validation | Automation | cGMP**

PROFESSIONAL EXPERIENCE

ALMAC PHARMA SERVICES, 2661 Audubon Road, Audubon, PA 19403

2020 to Present

Production Manager

Managed a team of 100 direct and indirect employees encompassing production, warehouse and production support staff for a CDMO packaging firm. Oversee the performance of all distribution center operation, including all employee management, inventory, and equipment. Composed deviations, customer complaints, CAPA, Change Requests and Risk Assessments/ FMEA. Defined and captured metrics to measure productivity and efficiency projects for daily output and changeover times. Key participant in regulatory audits including FDA, DEA and ANVISA. Mentored and developed personnel through organizational change management initiatives.

- Drove production support team to eliminate 12-month CAPA action backlog in three months.
- Improved document Right First Time from 30% monthly average to >90%
- Reduced use of production cleaning consumables saving over \$50k annually.
- Developed training program and operational growth structure to supplement procedural instructions.
- Develop and implement distribution strategies to achieve high service levels.
- Mentored the production support team in packaging component waste reduction initiatives saving 50k dollars over 12 months.

COLORCON, 275 Ruth Road, Harleysville, PA 19438

2015 to 2020

Global Operational Excellence Manager

Facilitated global continuous improvement team, performing site level value stream mapping analysis, and highlighting inefficiencies in order-to-ship process. Leveraged best practices and guided teams on lean manufacturing initiatives. Managed 4 global technology transformation projects, coordinating quality, supply chain and manufacturing groups to automate or eliminate non-value-add activities.

- Generated direct cost savings +\$500K annually by utilizing local value stream maps to drive best practices for dispersion plants.

- Boosted capacity of sugar spheres production in Stoughton, WI by +50% through process mapping, constraint analysis and leading multiple Kaizen events to develop standard work.
- Eliminated 20 site-specific product label reports to single global report, reducing label printing costs 50K per year and IT maintenance costs +80%.
- Saved 4K man-hours per year by automating multiple batch creation steps for seven manufacturing sites.

COLORCON, 415 Moyer Blvd, West Point, PA 19486

Production Manager, Lake and PVAP

2008 to 2015

Oversaw daily operations of 2 process manufacturing plants operating 24/7, with combined headcount of 30 employees. Performed customer and certification audits (ISO, SQF, FDA), wrote / maintained Standard Operating Procedures/ Work Instructions, performed investigations for Out of Specification events. Drove continuous improvement projects and 5S implementation to increase capacity and first-time quality, reducing operating expenses. Championed significant safety programs for Personal Protective Equipment and peer coaching leading to reduction in safety incidents.

- Increased capacity in Lake Plant from 500 to 750 metric tons through debottlenecking of key process steps and instituting reliable automation.
- Improved first time quality 15% using data analytics from additional automation to monitor and control critical processing parameters.
- Cultivated a self-sustaining safety culture, decreasing year over year incident rates 100% in both plants.
- Performed root cause analysis to lower PVAP product OOS + 90% in less than 2 years.

ADDITIONAL POSITIONS:

Capacity Plant Engineer, COLORCON

Managed multi-disciplinary projects improving quality and capacity including major equipment installations, upgrading warehouse floors, control systems for pre-treatment and manufacturing plants as well as running three major plant shutdowns. Wrote and executed Factory Acceptance Tests and IQ / OQ / PQ / CQ validation protocols. Completed over 150 projects worth over \$500K of capital assets annually. Strengthened reliability of Lake Plant Crossflow filtration system, boosting capacity by 50MT.

Previous Roles Include: Technical Development Manager, Quality Control Analyst and LIMS Administrator and Process Development

EDUCATION

Bachelor of Science (BS), Chemistry, University of Delaware, Newark, DE (1995 – 1999)
210 South College Ave., Newark, DE 19716

General Diploma, Vestavia Hills High School, Vestavia Hills, AL 35216 (1991 – 1995)
2235 Lime Rock Rd, Vestavia Hills, AL 35216

CERTIFICATIONS

Lean Six Sigma Black Belt, Villanova University, Villanova, PA
Six Sigma Green Belt Certification, Villanova University, Villanova, PA

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)

Name of MDEG Almac Pharma Services LLC MDEG License # (if applicable) Pending
 Physical Address 2661 Audubon Road
 City Audubon State PA Zip 19403
 Mailing Address (if different from physical address) 2661 Audubon Road
 City Audubon State PA Zip 19403
 Telephone 610-666-9500 Website www.almacgroup.com
 Licensing Company Email AlmacPharmaUSAgent@almacgroup.com

First Joseph Middle _____ Last Venglik
 Alias(es, nicknames, name changes, etc.) _____
 Date of Birth SSN or ITIN Sex ☒ M ☐ F ☐ X
 Mailing Address 2661 Audubon Road
 City Audubon State PA Zip 19403
 Telephone 610-666-9500 Email AlmacPharmaUSAgent@almacgroup.com
 Are you a citizen of the United States? ☒ Yes ☐ No

	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

	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

School Name University of Delaware		From - To (MM/YY - MM/YY) 1995-1999	
Address 210 South College Ave	City Newark	State DE	Zip 19716
Diploma/Degree obtained, if any Bachelor of Science (BS)			
School Name Vestavia Hills High School		From - To (MM/YY - MM/YY) 1991-1995	
Address 2235 Lime Rock Rd	City Vestavia Hills	State AL	Zip 35216
Diploma/Degree obtained, if any General 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			

From - To (MM/YY - MM/YY)	Address	City	State	Zip
01/01/2 Current		Philadelphia	PA	19148
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip

Business Name Almac Pharma Services		From - To (MM/YY – MM/YY) 2020 - Present	
Business Address 2661 Audubon Road	City Audubon	State PA	Zip 19403
Phone 610-666-9500	Title Production Manager	Number of Employed Hours 6000+	
Description of Duties See attached Resume			
Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			
Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			
Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			
Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

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)	
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Description 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. **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)

16 OCT 2023
 Date

I, Joseph Venglik, certify that as the MDEG Administrator for
Almac Pharma Services LLC

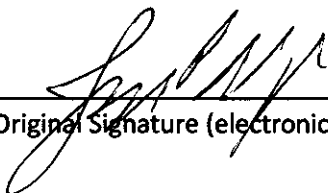
that I (initial that you have read and meet the following requirements):

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.

Joseph Venglik

Print Name (First, Last)


 Original Signature (electronic, copies or stamps not accepted)

16 Oct 2023

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)

Name of Pharmacy/Wholesaler Almac Pharma Services LLC

Pharmacy/Wholesaler License # (if applicable) N/A

Physical Address 2661 Audubon Road

City Audubon State PA Zip 19403

Mailing Address (if different from physical address) 2661 Audubon Road

City Audubon State PA Zip 19403

Telephone 610-666-9500 Website www.almacgroup.com

Licensing Company Email AlmacPharmaUSAgent@almacgroup.com

First Joseph Middle _____ Last Venglik

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

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

Mailing Address 2661 Audubon Road

City Audubon State PA Zip 19403

Telephone 610-666-9500 Email joseph.venglik@almacgroup.com

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

Question	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

Question	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	

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Address 210 South College Ave	City Newark	State DE	Zip 19716
Diploma/Degree obtained, if any Bachelor of Science (BS)			
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Address 2235 Lime Rock Rd,	City Vestavia Hills	State AL	Zip 35216
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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			

From - To (MM/YY - MM/YY) 01/11	Address [REDACTED]	City [REDACTED]	State PA	Zip 19148
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
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Business Name Almac Pharma Services				From - To (MM/YY – MM/YY) 2020 - Present	
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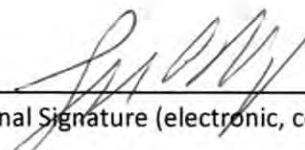
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		X
2. If you answered "yes" 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)

16 OCT 2023
Date

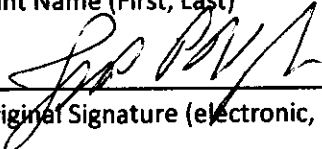
I, Joseph Venglik, certify that as the designated representative for
Almac Pharma Services LLC

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. JPV I am at least 21 years of age;
3. JPV 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. JPV I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. JPV I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. JPV 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. JPV I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Joseph Venglik

Print Name (First, Last)


 Original Signature (electronic, copies or stamps not accepted)

1605T 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.

Joseph Venglik

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

Date

16 OCT 2023

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

State of Pennsylvania, ss. County of Montgomery

I, JOSEPH VENGLIK, 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 16 day of October 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
Member, Pennsylvania Association of Notaries

(Seal)



Partnering to Advance Human Health

Almac Pharma Services
2661 Audubon Road
Audubon
PA 19403
USA

T +1 (610) 666 9500
F +1 (610) 666 8551

E pharmaservices@almacgroup.com
almacgroup.com

Employee List Pharma Services - Audubon 30Oct2023

Harry Lindenmuth	David Breitmayer	Jose Cruz	Paul Traore
Nancy Tribuno	Ewddy Caceres	Denise Pegrem	Govannis Diaz
Mary Fearon	Kristin Reed	Racky Limbauan	Monzer Abdelbaki
Sean Brown	Joseph Venglik	Joseph Shields	Bernyah Bowens
Irin Parvin	Seble Ejigu	Michael Ogden	Tharwat Khoshit
Hetvi Patel	Katina Jackson	Joey Fajardo	Maged Awad
Anand Menon	Isabella Rotta	James Hollinger	Brenda Beto
Krista Diaz	Andrew Cady	Shitalben Ray	Masuma Khanam
Christopher Klauder	Cheryl Harrell	Clarence McCrea	Christian Woods
Sheena Ramseur	William Lehman	Dante Saunders	Rasheen Chandler
Gregory Lee	Kenneth Jorden	Rosaida Del Rosario Acosta	Nicholas Buono
Kevin McDowell	Uta Noller	Michael Diehl	Irianna Clark-Howard
Anthony Smith	Lisa Mulford	Anis Zaman	Irielle Clark
Brendon Lee	Alicia McGhee	Marianne Brandt	Roman Steinman
Caroline Todd	Zena Sam	Daniel J Jordan	Christian Hernandez
Stefani Scoblick	Raymond Martinez	Gita Kwong	Gloria Guzman
Nicholas Wancio	Judith Del Rosario	Jon Cunningham	Bernard Warts-Vieney
Griffin Walawender	Nmadi Mamoud	Sanjaykumar Patel	Jonathan B Hamilton
Sophie Jungkurth	Eric Stubbs	Louis Palumbo	Shareef Mohammed
Alvin Jose	Moses Elliott	Linda McGough	Sasha Simon
Julius Roman	Kia McNeill	Mary Yakoub	Jonathan Fetter
Marc Alderfer	Anthony Quinn	Mohammad Shoyab	Shaana Ramseur
Cameron Berry	Sara Tessarvich	Kamelia Khendriche	Bindu Gopinath
Bekzod Makhmudov	Omarr Sharpe	William Turney	Elizabeth Miguel
Barry Davis	Jack Barnes	Eva Wissa	Brian Yoon
Steven Wiegel	Judy Prince	Enas Wissa	William Godfrey
Frederick Reinhart	Madelynne Bennett	Jithu Das	Anthony Ceritano
Robert Gauger	Tyler Frankenfield	Rajesh Patel	Muthulingam Arunagiri
Lee McDermott	Grace Albert	Maria Denno	Kevin Lebet
Anthony Cooper	Jacob Emswiler	Wanda Lainez	Kellianne Dalton
Brandon Rause	Dorray Carpentier	Mitchell Arra	Robert Justin Marshall
Dawn Zebraski	Yerania Sanchez Zavaleta	Traci Brightbill	Karina Malpica-Gonzalez
Simon Gracey	Akancha Sengar	Brandon Hornung	Khang Vu
Mary Hines	Vidya Aery	Shawn Weaver	Hector Martinez

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: <u>Civica, Inc.</u>		
Physical Address: <u>1 Civica Way</u>		
City: <u>Petersburg</u> State: <u>VA</u> Zip: <u>23805</u>		
Mailing Address (if different from physical address): <u>2912 W Executive Parkway, Ste. 325</u>		
City: <u>Lehi</u> State: <u>UT</u> Zip: <u>84043</u>		
Telephone: <u>1-888-233-1130</u> Website: <u>www.civicarx.org</u>		
Name of Designated Representative (DR): <u>Matthew Giordano</u>		
Licensing Company Email: <u>licensing@civicarx.org</u> DR Email: <u>Matthew.Giordano@civicarx.org</u>		
Entities the Wholesaler will Serve (✓ all applicable)	Products to be Handled or Wholesaled (✓ all applicable)	Type of Wholesaling (✓ all applicable)
☐ Pharmacies ☐ Practitioners ☐ Hospitals ☒ Wholesalers ☐ Veterinarians ☒ Others: Hospital Pharmacies	☒ Dangerous Drugs ☒ Controlled Substances ☐ *Medical devices, equipment, supplies, gases ☐ Others:	☒ Manufacturer ☐ Repacker ☐ Reverse Distributor ☐ Warehouse ☐ Retail pharmacy wholesale distributor ☐ 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 1: Suppliers			
Name: <u>No suppliers sold, dispensed, or distributed within the last year</u>			
Address: _____	City: _____	State: _____	Zip: _____
Name: _____			
Address: _____	City: _____	State: _____	Zip: _____
Name: _____			
Address: _____	City: _____	State: _____	Zip: _____
Name: _____			
Address: _____	City: _____	State: _____	Zip: _____

Section 2: Company Information		
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 3: Company Information		
State of Incorporation/Organization: <u>DE</u>		
Parent Company (if any): <u>N/A see cover letter 501(c)(4)</u>		
Corporation/Organization Name: <u>Civica, Inc.</u>		
Mailing Address: <u>2912 W Executive Parkway, Ste. 325</u>		
City: <u>Lehi</u>	State: <u>UT</u>	Zip: <u>84043</u>
Telephone: <u>614-586-3835</u>	Email: <u>Jennifer.Spalding@Civicarx.org</u>	
Contact Person Name: <u>Jennifer M. Spalding</u>		

Section 4: Partnership Information		
Partnership Name: _____		
Mailing Address: _____		
City: _____	State: _____	Zip: _____
Telephone: _____	Email: _____	
Contact Person Name: _____		

Section 5: 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 <u>all</u> Officers and Directors.	✓	✓		
• List the <u>top four</u> corporation shareholders and their percent ownership.	✓			
• List of <u>all</u> corporation shareholders and their percent ownership.		✓		
• List of <u>all</u> partners and their percent ownership.			✓	
• Certificate of Corporate Status or Certificate of Good Standing obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last 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.

Civica, Inc.

Facility Name

Jennifer Spalding

Print Name of Authorized Person Submitting Application

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

21 SEPT 2023

Date

Board Use Only

Date Received:

11/1/23

Amount:

\$1000 - check 223

[Drug Databases \(https://www.fda.gov/Drugs/InformationOnDrugs/default.htm\)](https://www.fda.gov/Drugs/InformationOnDrugs/default.htm)

Drug Establishments Current Registration Site

[New Search \(default.cfm\)](#)

Search Results for **civica**

[CSVExcel](#)

Filter:

Firm Name	FDA Establishment Identifier	DUNS	Business Operations	Address	Expiration Date
Civica, Inc.	3027455060	118838178	ANALYSIS; LABEL; MANUFACTURE; PACK; STERILIZE;	1 Civica Way, Petersburg, Virginia (VA) 23805, United States (USA)	12/31/2023

Showing 1 to 1 of 1 entries

[Previous](#)[Next](#)

Data Current through: Tuesday, Jun 27, 2023

[Return to Drug Firm Annual Registration Status Home Page \(default.cfm\)](#)

✓ Verified
11/15/23

Ephedrine Sulfate	72572-150-10	50 mg/mL	INJECTION INTRAVENOUS	ANDA209784	Civica, Inc.	72572-150	Ephedrine Sulfate	EPHEDRINE SULFATE	HUMAN PRESCRIPTION DRUG	03/29/2021	N/A
-------------------	--------------	----------	-----------------------	------------	--------------	-----------	-------------------	-------------------	-------------------------	------------	-----

Package Description 10 VIAL, SINGLE-DOSE in 1 CARTON (72572-150-10) / 1 mL in 1 VIAL, SINGLE-DOSE (72572-150-01)

Pharm Class Adrenergic alpha-Agonists [MoA], Adrenergic beta-Agonists [MoA], Increased Norepinephrine Activity [PE], Norepinephrine Releasing Agent [EPC], alpha-Adrenergic Agonist [EPC], beta-Adrenergic Agonist [EPC]

DEA N/A

Sample Package No

Listing Record Certified Through: 12/31/2024

Ephedrine Sulfate	72572-151-10	50 mg/mL	INJECTION INTRAVENOUS	ANDA212932	Civica, Inc.	72572-151	Ephedrine Sulfate	EPHEDRINE SULFATE	HUMAN PRESCRIPTION DRUG	08/23/2021	N/A
-------------------	--------------	----------	-----------------------	------------	--------------	-----------	-------------------	-------------------	-------------------------	------------	-----

Package Description 1 VIAL, SINGLE-DOSE in 1 CARTON (72572-151-10) / 1 mL in 1 VIAL, SINGLE-DOSE (72572-151-01)

Pharm Class Adrenergic alpha-Agonists [MoA], Adrenergic beta-Agonists [MoA], Increased Norepinephrine Activity [PE], Norepinephrine Releasing Agent [EPC], alpha-Adrenergic Agonist [EPC], beta-Adrenergic Agonist [EPC]

DEA N/A

Sample Package No

Listing Record Certified Through: 12/31/2023

OWNERSHIP

Civica, Inc. ("Civica") is manufacturer of prescription drug products and controlled substances. Civica has no owners. Civica was formed as a Delaware nonprofit nonstock corporation, which has no capital stock. As a nonprofit nonstock corporation, Civica's net profit cannot benefit any private stockholder or member. Civica is tax exempt as a social welfare organization under section 501(c)(4), with the stated corporate purpose of promoting social welfare by making essential generic drugs available to individuals served by its member hospitals and health systems, including but not limited to high-needs populations, with the vision to be a model generic drug company that provides high-quality Food and Drug Administration-approved products at affordable prices. Civica, Inc. is registered as a manufacturer with the FDA.

COMPANY INFORMATION

1 Civica Way
Petersburg, VA 23805
Phone: 1-888-233-1130
Tax ID: 83-1246927
FEI#: 3027455060

CORPORATE OFFICERS

Ned McCoy, Chief Executive Officer

Business Address: 2912 W Executive Parkway, Ste. 325 Lehi, UT 84043

Eamon Fitzmaurice, Chief Financial Officer

Business Address: 2912 W Executive Parkway, Ste. 325 Lehi, UT 84043

Jennifer Spalding, General Counsel, Chief Commercial Officer, & Chief Compliance Officer

Business Address: 2912 W Executive Parkway, Ste. 325 Lehi, UT 84043

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CIVICA, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-SEVENTH DAY OF MARCH, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID CORPORATION IS AN EXEMPT 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 "CIVICA, INC." WAS INCORPORATED ON THE TWENTY-THIRD DAY OF MAY, A.D. 2018.



6898584 8300C

SR# 20231168866

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

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

Jeffrey W. Bullock, Secretary of State

Authentication: 203015792

Date: 03-27-23

CAREFULLY DETACH CARD HERE



COMMONWEALTH OF VIRGINIA
DEPARTMENT OF HEALTH PROFESSIONS

Non-restricted Manufacturer

Number 0208008215

Civica, Inc.

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.

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 renewal.

FOLD, CREASE AND TEAR ALONG PERFORATION

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

Non-restricted Manufacturer Permit

Civica, Inc.

1 Civica Way
Petersburg VA 23805

Number
0208008215

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.



Virginia Department of Health Professions License Lookup

Current as of 10/30/2023 11:39

License Information

License Number	0208008215
Occupation	Non-restricted Manufacturer
Name	Civica, Inc.
Address	Petersburg, VA 23805
Initial License Date	01/20/2023
Expire Date	02/29/2024
License Status	Current Active
Additional Public Information*	No

[Back to License Lookup Result](#)

This serves as primary source verification of the credential issued by the Commonwealth of Virginia and meets the requirements of the Joint Commission.

* "Yes" means that there is information the Department must make available to the public pursuant to §54.1-2400.2.H of the Code of Virginia; please note that this may also include proceedings in which a finding of "no violation" was made. For additional information click on the "Yes" link above. "No" means no documents are available.

[Back to License Lookup](#)

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF HEALTH PROFESSIONS

Business CSR

Number 0220002641

Civica, Inc.

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.

Renewal instructions will be furnished via email approximately 60 days in advance of expiration. Please refer to the Regulations for standards of practice.

0144

To verify the current status and expiration date of this registration, visit our website at www.dhp.virginia.gov.

PLEASE NOTE: This copy of your registration 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 registration at renewal.

LISTING OF SECURITY FEATURES ON REVERSE SIDE

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF HEALTH PROFESSIONS

Arne W. Owens, Director

Caroline D. Juran
Executive Director
(800) 553-4456

BOARD OF PHARMACY
Controlled Substances Registration

Civica, Inc.

Matthew Giordano
1 Civica Way
Petersburg VA 23805

9960 Mayland Drive, Suite 300
Henrico, VA 23233-1463
www.dhp.virginia.gov/pharmacy

Controlled Substances Schedules
II, III, IV, V, VI
Manufacturer

Number
0220002641

To verify the status of this registration, 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: 1-800-553-1560.



Virginia Department of Health Professions License Lookup

Current as of 10/30/2023 11:39

License Information

License Number	0220002641
Occupation	Business CSR
Name	Civica, Inc.
Address	Matthew Giordano 1 Civica Way Petersburg, VA 23805
Initial License Date	01/20/2023
Expire Date	02/29/2024
License Status	Current Active
Additional Public Information*	No

[Back to License Lookup Result](#)

This serves as primary source verification of the credential issued by the Commonwealth of Virginia and meets the requirements of the Joint Commission.

* "Yes" means that there is information the Department must make available to the public pursuant to §54.1-2400.2.H of the Code of Virginia; please note that this may also include proceedings in which a finding of "no violation" was made. For additional information click on the "Yes" link above. "No" means no documents are available.

[Back to License Lookup](#)

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
RC0649179	08-31-2024	\$3699

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,3,3N, 4,5,L1	MANUFACTURER	07-05-2023

CIVICA, INC.
1 CIVICA WAY
PETERSBURG, VA 238059398

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
RC0649179	08-31-2024	\$3699

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,3,3N, 4,5,L1	MANUFACTURER	07-05-2023

CIVICA, INC.
1 CIVICA WAY
PETERSBURG, VA 238059398

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

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

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
RC0649179	08-31-2024	\$3699
SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,3,3N, 4,5,L1	MANUFACTURER	07-05-2023
CIVICA, INC. 1 CIVICA WAY PETERSBURG, VA 238059398		

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

7285 8113 9150 9300 9801

NV Suppliers

N/A

Civica Inc does not currently have any customers identified in Nevada. A list of suppliers will be provided once customers have been established in your state.

DESCRIPTION OF OPERATIONS

Civica, Inc. ("Civica") is a manufacturer of private labeled prescription drug products and controlled substances. Civica has no owners. Civica was formed as a Delaware nonprofit nonstock corporation, which has no capital stock. As a nonprofit nonstock corporation, Civica's net profit cannot benefit any private stockholder or member. Civica is tax exempt as a social welfare organization under section 501(c)(4), with the stated corporate purpose of promoting social welfare by making essential generic drugs available to individuals served by its member hospitals and health systems, including but not limited to high-needs populations, with the vision to be a model generic drug company that provides high-quality Food and Drug Administration-approved products at affordable prices. Civica, Inc. VA establishment is registered with the FDA as a manufacturer, FEI# 3027455060.

Civica's hours of operations are 8:00 a.m. – 5:00 p.m. (EST), Monday through Friday.

THIRD-PARTY LOGISTICS

Civica's products are manufactured at this VA Facility and distributed to customers by their third-party logistics provider ("3PL"), Cardinal Health, Specialty Pharmaceutical Services ("SPS"). Civica utilizes the following SPS location for distribution of product:

Cardinal Health DBA Specialty Pharmaceutical Services (SPS)
15 Ingram Blvd.
La Vergne, TN 37086

PRODUCTS

Labeler Code: 72572

Ephedrine Sulfate Injection (controlled substance – list 1 chemical)



CARDINAL HEALTH
15 INGRAM BLVD
LA VERGNE, TN 37086-3630



DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
RC0229965	05-31-2024	\$1850
SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N, 3,3N,4,5	DISTRIBUTOR	05-15-2023
CARDINAL HEALTH DBA SPECIALTY PHARMACEUTICAL SERVICES 15 INGRAM BLVD LA VERGNE, TN 37086-3630		

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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CARDINAL HEALTH DBA SPECIALTY PHARMACEUTICAL SERVICES 15 INGRAM BLVD LA VERGNE, TN 37086-3630		

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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.

CHANGE RIDER

To be attached to and form a part of Bond No. 107251581
 in the amount of \$ 25,000 issued by Travelers Casualty and Surety Company of America
 on behalf of Civica, Inc.

in favor of Nevada State Board of Pharmacy

It is understood and agreed that the bond described above is hereby modified so as to

Add the following location to be covered under the bond:

1 Civica Way, Petersburg, VA 23805

It is further expressly understood and agreed that the aggregate liability of the _____
Travelers Casualty and Surety Company of America under said bond to the obligee
 herein mentioned shall not exceed the amount stated above.

Nothing herein contained shall be held to vary, alter, waive, or extend any of the terms,
 agreements, conditions or limitations of the above-mentioned bond, other than as above stated.

Signed, sealed and dated this 17th day of November, 2023.

Civica, Inc.

BY: Kimberly Clay

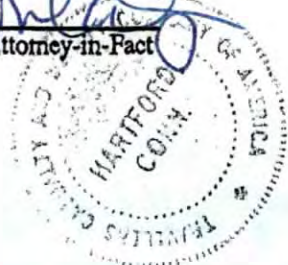


Travelers Casualty and Surety Company of America

BY: Windy D Lovelady

Windy D Lovelady

Attorney-in-Fact





Travelers Casualty and Surety Company of America
Travelers Casualty and Surety Company
St. Paul Fire and Marine Insurance Company

POWER OF ATTORNEY

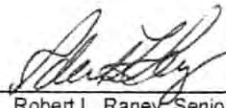
KNOW ALL MEN BY THESE PRESENTS: That Travelers Casualty and Surety Company of America, Travelers Casualty and Surety Company, and St. Paul Fire and Marine Insurance Company are corporations duly organized under the laws of the State of Connecticut (herein collectively called the "Companies"), and that the Companies do hereby make, constitute and appoint **Windy D Lovelady** of **GREENSBORO, North Carolina**, 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.

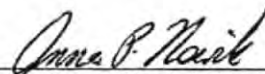
By: 
 Robert L. Raney, Senior Vice President

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

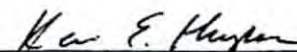
FURTHER RESOLVED, that any bond, recognizance, contract of indemnity, or writing obligatory in the nature of a bond, recognizance, or conditional undertaking shall be valid and binding upon the Company when (a) signed by the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President, 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 **17th** day of **November**, 2023




 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.



INCREASE CERTIFICATE

Principal: **CIVICA, INC.**
2915 W EXECUTIVE PKWY STE 325
LEHI, UT 84043-4622

Bond No. **107251581**
 License No.
 Amount of Bond: **\$25,000.00**
 Hereby increased to: **\$100,000.00**

Obligee: **Nevada State Board of Pharmacy**
985 Damonte Ranch Pkwy, Suite 206
RENO, NV 89521

As of November 17, 2023, the amount of the above described bond is increased from the sum of \$25,000.00 to the sum of \$100,000.00, but the liability of the Surety for any acts or defaults occurring before the effective date hereof shall in no event exceed the total sum of \$25,000.00, and the aggregate liability of the Surety for any acts or defaults, whenever committed, shall in no event exceed the total sum of \$100,000.00, it being the intent hereof to preclude cumulative liability. This certificate, when signed by the Principal shall become a part of the said bond.

Signed, sealed and dated November 17, 2023

Travelers Casualty and Surety Company of America

By Windy D Lovelady
 Windy D Lovelady
 Attorney-in-Fact



I hereby consent to the above increase.

Witness my hand and seal this 27 day of November 2023

CIVICA, INC.

Kimberly Clary (Seal)
 Principal

INSTRUCTIONS TO AGENTS - IMPORTANT

Do not deliver this certificate to the Obligee until it has been dated and signed by the Principal. One signed copy must be returned to the Surety.



Travelers Casualty and Surety Company of America
Travelers Casualty and Surety Company
St. Paul Fire and Marine Insurance Company

POWER OF ATTORNEY

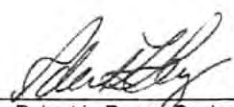
KNOW ALL MEN BY THESE PRESENTS: That Travelers Casualty and Surety Company of America, Travelers Casualty and Surety Company, and St. Paul Fire and Marine Insurance Company are corporations duly organized under the laws of the State of Connecticut (herein collectively called the "Companies"), and that the Companies do hereby make, constitute and appoint **Windy D Lovelady** of **GREENSBORO**, **North Carolina**, 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.

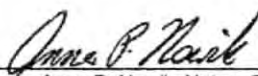
By: 
 Robert L. Raney, Senior Vice President

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

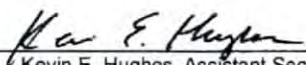
FURTHER RESOLVED, that any bond, recognizance, contract of indemnity, or writing obligatory in the nature of a bond, recognizance, or conditional undertaking shall be valid and binding upon the Company when (a) signed by the President, any Vice Chairman, any Executive Vice President, any Senior Vice 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 **17th** day of **November**, **2023**




 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.

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. 107251581

Application/License No. _____

Civica, Inc., doing or intending to do business as a

Applicant/Principal

pharmaceutical wholesaler, whose address for purposes of service is

2915 W. Executive Parkway, Suite 325, Lehi, UT 84043

, 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 06183-6014

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 September 25, 2020.

Effective Date

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

THIS BOND is subject to the following conditions:

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

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

In witness whereof, each party to this bond has caused it to be executed on this 25th day of September, 2020.

APPLICANT/PRINCIPAL

SURETY

COMPANY


Authorized Representative


Surety Company's Representative

Sherry J. Pace, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

Witness

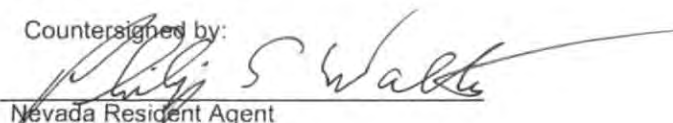

Witness

SIGNED and SEALED in the presence of:

Witness


Witness

Countersigned by:


Nevada Resident Agent



**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 **Sherry J Pace** of **SALT LAKE CITY, Utah**, their true and lawful Attorney-in-Fact to sign, execute, seal and acknowledge any and all bonds, recognizances, conditional undertakings and other writings obligatory in the nature thereof on behalf of the Companies in their business of guaranteeing the fidelity of persons, guaranteeing the performance of contracts and executing or guaranteeing bonds and undertakings required or permitted in any actions or proceedings allowed by law.

IN WITNESS WHEREOF, the Companies have caused this instrument to be signed, and their corporate seals to be hereto affixed, this 17th day of January, 2019.



State of Connecticut

City of Hartford ss.

By: _____

Robert L. Raney
Robert L. Raney, Senior Vice President

On this the 17th day of January, 2019, before me personally appeared **Robert L. Raney**, who acknowledged himself to be the Senior Vice President of Travelers Casualty and Surety Company of America, Travelers Casualty and Surety Company, and St. Paul Fire and Marine Insurance Company, and that he, as such, being authorized so to do, executed the foregoing instrument for the purposes therein contained by signing on behalf of said Companies by himself as a duly authorized officer.

IN WITNESS WHEREOF, I hereunto set my hand and official seal.

My Commission expires the 30th day of June, 2021



Anna P. Nowik
Anna P. Nowik, Notary Public

This Power of Attorney is granted under and by the authority of the following resolutions adopted by the Boards of Directors of Travelers Casualty and Surety Company of America, Travelers Casualty and Surety Company, and St. Paul Fire and Marine Insurance Company, which resolutions are now in full force and effect, reading as follows:

RESOLVED, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President, any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary may appoint Attorneys-in-Fact and Agents to act for and on behalf of the Company and may give such appointee such authority as his or her certificate of authority may prescribe to sign with the Company's name and seal with the Company's seal bonds, recognizances, contracts of indemnity, and other writings obligatory in the nature of a bond, recognizance, or conditional undertaking, and any of said officers or the Board of Directors at any time may remove any such appointee and revoke the power given him or her; and it is

FURTHER RESOLVED, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President may delegate all or any part of the foregoing authority to one or more officers or employees of this Company, provided that each such delegation is in writing and a copy thereof is filed in the office of the Secretary; and it is

FURTHER RESOLVED, that any bond, recognizance, contract of indemnity, or writing obligatory in the nature of a bond, recognizance, or conditional undertaking shall be valid and binding upon the Company when (a) signed by the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary and duly attested and sealed with the Company's seal by a Secretary or Assistant Secretary; or (b) duly executed (under seal, if required) by one or more Attorneys-in-Fact and Agents pursuant to the power prescribed in his or her certificate or their certificates of authority or by one or more Company officers pursuant to a written delegation of authority; and it is

FURTHER RESOLVED, that the signature of each of the following officers: President, any Executive Vice President, any Senior Vice President, any Vice President, any Assistant Vice President, any Secretary, any Assistant Secretary, and the seal of the Company may be affixed by facsimile to any Power of Attorney or to any certificate relating thereto appointing Resident Vice Presidents, Resident Assistant Secretaries or Attorneys-in-Fact for purposes only of executing and attesting bonds and undertakings and other writings obligatory in the nature thereof, and any such Power of Attorney or certificate bearing such facsimile signature or facsimile seal shall be valid and binding upon the Company and any such power so executed and certified by such facsimile signature and facsimile seal shall be valid and binding on the Company in the future with respect to any bond or understanding to which it is attached.

I, **Kevin E. Hughes**, the undersigned, Assistant Secretary of Travelers Casualty and Surety Company of America, Travelers Casualty and Surety Company, and St. Paul Fire and Marine Insurance Company, do hereby certify that the above and foregoing is a true and correct copy of the Power of Attorney executed by said Companies, which remains in full force and effect.

Dated this 25th day of September, 2020



Kevin E. Hughes
Kevin E. Hughes, Assistant Secretary

**To verify the authenticity of this Power of Attorney, please call us at 1-800-421-3880.
Please refer to the above-named Attorney-in-Fact and the details of the bond to which this Power of Attorney is attached.**

Matthew Giordano

EXPERIENCE:

April 2023- Present

HEAD OF DEA OPERATIONS

Civica Inc., Petersburg, VA

- Establishes and maintains the development and application of DEA regulatory policies and procedures for quota requests, operational controls, storage, and transport of controlled substances within Civica's operation
- Ensures operations are carried out in full compliance of DEA regulations for the processing of controlled substances and other applicable FDA regulations.
- Oversees controlled substance shipments to ensure compliance with DEA and cGMP requirements, standard operating procedures, guidelines, and policies.
- Manages Civica Site security procedures including hardware and software security components, such as cameras/monitors, alarms, motion sensors, limited access list. Will have responsibility with site Human Resources to maintain employee screening status. This will also include maintaining overall relationship with security services for the campus. Manages DEA programs, i.e., inspections, registrations, procurement quotas, ARCOS reporting, year-end reporting, biennial inventory, and responds to DEA and other agency requests for information and reports.
- Collaborates with other facility colleagues to ensure understanding and alignment to 21 CFR Part 1300 – and requirements are adequately documented and adhered to
- Coordinates and submits Controlled Substance Quota Applications for Civica's Petersburg manufacturing site.
- Coordinates the Annual and Biennial inventory efforts at the site as required by 21 CFR Part 1300 – and/or company policy.
- Maintains written documentation of DEA approvals and agreements.
- Serves as the Subject Matter Expert for operational issues regarding the collection and documentation of controlled substance (CS) data for production reconciliation activity and inventory systems. Review critical calculations as they relate to controlled substance accountability. Perform investigations of deviations of controlled substance accountability issues.
- Ensures compliance to all regulatory (DEA, FDA, state and local regulations) procedures and policies for the processing of controlled substance materials and products while maintaining high alert to diversion and theft possibilities.
- Provides an independent (third party) verification of accountability for the handling of controlled substances at crucial process points.
- Provides oversight in the production, distribution and testing of controlled substance products.
- Oversees controlled drug reconciliation at active pharmaceutical ingredient storage, staging, compounding, filling, packaging, laboratory Samples, finished product, and controlled drug waste disposal.
- Completes documentation to verify independent observations at critical process points.
- Prepares DEA correspondence and informational packages.
- Interacts with various cross-functional teams to provide support and ensure timely completion of tasks in alignment with company mission.

Matthew Giordano

- Assures compliance with federal, state, and local regulations as well as all site safety requirements.
- Supports the development, implementation, and management of company ERP system as it pertains to controlled substances management, production planning, material planning, warehousing, logistics, and inventory control.
- Creates a culture of continuous improvement.
- Completes controlled substance thorough root cause investigations and corrective actions for any deviations in a timely manner.
- Maintain all state and federal licenses.

Sept. 2014- April 2023 **MANAGER, CONTROLLED SUBSTANCES**

Norwich Pharmaceuticals, Norwich, NY

- Conduct internal audits to ensure compliance with DEA and state regulations pertaining to manufacturing, storage, handling and shipments of controlled substances.
- Lead of Continuous Improvement Team for controlled substances.
- Take the lead in all DEA on site audits.
- Conduct site inspections of customers for DEA compliance.
- Advise senior management on DEA related issues.
- Management and team building of DEA Compliance Department.
- Keep management team current on changes in DEA regulations.
- Seek information and clarity on security and compliance issues in order to exceed DEA requirements and expectations.
- Training of employees on controlled substance regulations and procedures.
- Write and revise DEA related SOPs as needed.
- Issue, track and complete DEA Form 222s.
- Meet with R&D and Planning to obtain quota needs for CII projects.
- Prepare and submit quota to DEA via online quota system.
- Submit quota applications for all new projects on an ongoing basis.
- Coordinate all imports and exports of controlled substances.
- Oversee all tracking of quota usage for CII material.
- Oversee facility wide physical inventories of controlled substances.
- Maintain controlled substance accountability/reconciliations utilizing ERP system (SAP) and product specific spreadsheets.
- Facilitate destruction of controlled substance waste and rejected material.
- Prepare and submit monthly Federal and State ARCOS reports where applicable.
- Prepare and submit Year End Reports.
- Assist with site security; (alarms, combinations, motion detection and surveillance cameras).
- Maintain all state and federal licenses.
- Oversee site SOM program.

Matthew Giordano

June 2013-August 2014 MANAGER, DEA COMPLIANCE, Tris Pharma, Monmouth Junction, New Jersey
June 2012 – June 2013 CONTROLLED SUBSTANCE MANAGER, CorePharma, Middlesex, New Jersey

- Renew, apply and maintain Federal and State controlled substance licensing program.
- Verification of customer licensing.
- Conduct internal DEA style accountability audits of manufacturing and R & D departments.
- Take the lead in all DEA on site audits.
- Conduct Site inspections of customers for DEA compliance.
- Advise senior management on DEA related issues.
- Management and team building of DEA Compliance Department.
- Keep the Controlled Substance Services department current on changes in DEA regulations.
- Seek information and clarity on security and compliance issues in order to exceed DEA requirements and expectations.
- Training of employees on controlled substance regulations and procedures.
- Write and revise DEA related SOPs as needed.
- Issue, track and complete DEA Form 222s.
- Meet with R&D, Planning and Supply Chain to obtain quota needs for CII projects.
- Prepare quota requirements to calculate amount of quota needed for each project.
- Prepare and submit quota to DEA via online quota system.
- Submit quota applications for all new projects on an ongoing basis.
- Coordinate all imports and exports of controlled substances.
- Oversee all tracking of quota usage for CII material.
- Track all movements (transfers) of CII material
- Oversee facility wide physical inventories of controlled substances taken by the Controlled Substance Services Department.
- Facilitate destruction of controlled substance manufacturing waste and rejected material.
- Prepare and submit monthly Federal and State ARCOS reports where applicable.
- Prepare and submit Year End Reports.

2009-June 2012

DEA SPECIALIST / DEA COMPLIANCE GROUP LEADER

Ohm Laboratories, Inc., New Brunswick, New Jersey

- Advise senior management on DEA related issues.
- Management and team building of DEA Compliance Department.
- Meet with R&D, Planning, Supply Chain and Forecasting to obtain quota needs for CII and List I Chemical projects.
- Prepare quota requirement spreadsheet to calculate amount of quota needed for each project.
- Prepare quota application letters for submission and/or submit quota to DEA via online quota system.

Matthew Giordano

- Submit quota applications for all new projects on an ongoing basis.
- Coordinate all imports and exports of controlled substances.
- Write and revise DEA related SOPs as needed.
- Training of employees on controlled substance regulations and procedures.
- Keep the compliance department current on changes in DEA regulations.
- Seek information and clarity on security and compliance issues in order to exceed DEA requirements and expectations.
- Conduct internal DEA style accountability audits of manufacturing and R & D departments.
- Take the lead in all DEA on site audits.
- Oversee all tracking of quota usage for CII and List I Chemicals.
- Track all movements (transfers) of CII and List I Chemicals.
- Oversee facility wide physical inventories of controlled substances and List I Chemicals taken by the DEA Compliance Department.
- Maintain "perpetual" inventory for controlled substances and List I Chemicals.
- Facilitate destruction of controlled substance manufacturing waste and rejected material.
- Renew, apply and maintain Federal and State controlled substance licenses.
- Prepare and submit monthly Federal and State ARCOS reports where applicable.
- Facilitate quarterly testing of security systems in place for the facility and all controlled substance areas.

2003-2009

DEA REGULATORY / QA ASSISTANT / ASSOCIATE

LTS Lohmann Therapy Systems Corp., West Caldwell, New Jersey

- Researched, designed and instituted the licensing program for the distribution of controlled substances nationwide.
- Complete ARCOS and other DEA required documentation.
- Complete DEA Form 222s for the distribution of controlled substances.
- Created the Controlled Substance Training Program.
- Conduct training for all DEA/Regulatory personnel.
- Conduct internal DEA/ QA and GMP audits.
- Preparing DEA Form 41s.
- Coordinate and witness the destruction of controlled substances.
- Maintain the State and Federal licensing for the manufacturing of controlled substances.
- Updated the "Perpetual Inventory Log" ensuring greater accountability of "in-process" controlled substance materials.
- Assisted in filing ANDAs with the FDA.
- Assist with FDA documentation as needed.
- Write and revise Standard Operating Procedures for the Regulatory Department.
- Maintain the Document Change Control program.
- Perform Machine Releases for the production line.
- Perform QA Inspections of material on the production line.

Matthew Giordano

1989-2004**PHARMACY TECHNICIAN**

Newton Memorial Hospital, Newton, NJ

- Compounded IV solutions
- Filled inpatient medication carts
- Submitted the orders for the pharmacy
- Delivered medication carts and IV solutions.

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 Civica, Inc.
 Pharmacy/Wholesaler License # (if applicable) _____
 Physical Address 1 Civica Way
 City Petersburg State VA Zip 23805
 Mailing Address (if different from physical address) 2912 W Executive Parkway, Ste. 325
 City Lehi State UT Zip 84043
 Telephone 1-888-233-1130 Website www.civicarx.org
 Licensing Company Email licensing@civicarx.org

Section 2: Personal Information

First Matthew Middle Edward Last Giordano
 Alias(es, nicknames, name changes, etc.) _____
 Date of Birth [REDACTED] SSN or ITIN [REDACTED] Sex ☒ M ☐ F ☐ X
 Mailing Address 1 Civica Way
 City Petersburg State VA Zip 23805
 Telephone 1-888-233-1130 Email Matthew.Giordano@civicarx.org
 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 Sussex County Community College		From - To (MM/YY - MM/YY) 2000-2001	
Address 1 College Hill Road	City Newton	State NJ	Zip 07860
Diploma/Degree obtained, if any No Diploma Obtained			
School Name High Point Regional High School		From - To (MM/YY - MM/YY) 09/1986-06/1990	
Address 299 Pidgeon Hill Road	City Sussex	State NJ	Zip 07461
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) 05/23-current	Address [REDACTED]	City Midlothian	State VA	Zip 23112
From - To (MM/YY - MM/YY) 07/15-05/23	Address [REDACTED]	City Norwich	State NY	Zip 13815
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	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 Civica, Inc.		From - To (MM/YY - MM/YY) 04/23 - present	
Business Address 1 Civica Way	City Petersburg	State VA	Zip 23805
Phone 1-888-233-1130	Title Head of DEA Operations	Number of Employed Hours 40/wk	
Description of Duties See Resume			
Business Name Norwich Pharmaceuticals Co		From - To (MM/YY - MM/YY) 09/14-04/23	
Business Address 6826 NY-12	City Norwich	State NY	Zip 13815
Phone (607) 335-3000	Title Manager, Controlled Substances	Number of Employed Hours 40/wk	
Description of Duties See Resume			
Business Name Tris Pharma Inc.		From - To (MM/YY - MM/YY) 06/13-08/14	
Business Address 2031 US-130	City Monmouth Junction	State NJ	Zip 08852
Phone (732) 940-2800	Title Manager, DEA Compliance	Number of Employed Hours 40/wk	
Description of Duties See 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			

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			

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

Make copies of this page OR use a separate piece of paper if additional space is needed.			
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Section 8: Arrests, Detentions, Litigations, Arbitrations.		Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)			X
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?			NA
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 # 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)

1 Sept. 2023
 Date

I, Matthew Giordano, certify that as the designated representative for
Civica, Inc.

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. MG I am at least 21 years of age;
3. MG 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. MG I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. MG I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. MG 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. MG I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Matthew Giordano

Print Name (First, Last)

Matthew Giordano

Original Signature (electronic, copies or stamps not accepted)

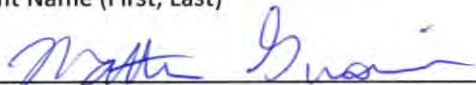
1 Sept 2023

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Civica, Inc.

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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.

Matthew Giordano
 Print Name (First, Last)

 Original Signature (electronic, copies or stamps not accepted)

1 Sept 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.

Matthew Giordano

Print Name (First, Last)

Matthew Giordano

Original Signature (electronic, copies or stamps not accepted)

07 Sept. 2023

Date

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

State of Virginia, ss. County of Dinwiddie

I, Matthew Giordano, 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.

Matthew Giordano

Original Signature

07 Sept. 2023

Date

Subscribed and Sworn to before me this 07 day of Sept 2023.

Faye Branch

Notary Public Signature



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 Giordano

Print Name (First, Last)

Matthew Giordano

Original Signature (electronic, copies or stamps not accepted)

07 Sept. 2023

Date

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State of Virginia, ss. County of Dinwiddie

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Matthew Giordano

Original Signature

07 Sept. 2023

Date

Subscribed and Sworn to before me this 07 day of Sept 2023.

Faye Branch

Notary Public Signature



CNICA INC

(PETERSBURG, VA LOCATION)

0173

EMPLOYEE LIST

First	Last
Adam	McCulley
Alex	Borre
Alice	McClure
Alan	Lindner
Andrew	Comer
Angel	Colucci
Angel	Simbro
An'kha	Matthews
Azad	Mohammed
Benjamin	Jarvela
Ben	Spence
Betty	Cronk
Bill	Chase
Brandon	Chicalese
Brian	George
Bob	Lemons
Chris	Purvis
Clifton	McFarlin
Corey	Vu
Darren	Lacks
David	King
Diane	Jordan
Erica	Brown
Faye	Branch
Francisco	Maldonado
Frank	Sebera
Gabriel	Stant
Greg	Burns
Horace	Flanagan
James	Butler
James	Mitchell
Janae	Hill
Jason	Winfield
Jay	Benson
Jawara	King
Jaynie	Belic
Jeff	Nowacki
Jesus	Soto
John	Sinkankas
Jordan	Ingram
Joseph	Mayhugh
Joesph	Woosley
Justin	Tran
Kara	Murphy
Katherine	Mayes

Title
Head of Procurement
Associate Microbiologist
EHS Manager
Maintenance Technician
Associate Quality Engineer
Head of Operational Excellence
Accounting Assistant
Manufacturing Support Associate
Formulation Tech Transfer Manager
Manager, Site Communications & Public Affairs
Packaging Engineer
Quality Assurance Packaging Supervisor
Quality Systems Lead
Microbiologist
Manager, Packaging Engineering
Manufacturing Facilitator
Process Engineer
Controls Engineer
Aseptic Process Engineer
Manufacturing Technician II
Operational Excellence Manager
Technical Documentation Lead
Manufacturing Technician I
Manufacturing Technician II
Manufacturing Technician II
Systems Network Engineer
QA Associate
Assistant Corporate Controller
Manufacturing Technician II
Manufacturing Support Associate
Maintenance Facilitator
Quality Assurance Operations Supervisor
Site Director, Engineering
Chief Manufacturing & Supply Chain Officer
Project Manager, Engineering & Validation
Validation Technician
Manager, Quality Control
Manufacturing Technician
Data Architect
Packaging Process Engineer
Maintenance Technician
Data Analyst III/Tableau SME
Manufacturing Technician
Training Development & Document Control Associate
Quality Control Lab Analyst

Katrina	Cooke
Katrina	Jiggetts
Kelton	Smith
Kevin	Pettit-Pokora
Kevin	Salazar
Kim	Clay
Kylie	Morgan
Laura	Palombo
Laszlo	Nagy
Lisa	Schroeder
Marshall	Davis
MaryJo (MJ)	McCormick
Matthew	Giordano
Maxine	Coates
Megan	Koller
Michael	Pocius
Michael	Wilson
Michael	Tutini
Michelle	Beaudin
Melissa	Johnson
Monterri	Wilson
Neena	Kapoor
Nuhad	Bensouda
Paul	DiTomasso
Pierre	Wynn
Randy	Headley
Rebecca	MacLauchlan
Rich	Goglia
Richard	De La Cruz
Richard	Muttai
Robert	Burrus
Robert	LaGodney
Rosa	Lee
Satara	Saunders
Shawn	Baker
Shealor	Raikes
Sherry	Taylor
Sunil	Potdar
Suzette	Ellington
Ted	Palat
Tiffany	New
Tim	Sells
Timothy	Robinson
Tomeka	Fortune
Tracy	Gao

Executive Administrative Assistant
Katrina.jiggetts@civicarx.org
Manufacturing Supervisor
Manager, Quality Systems and Interim Manager of QA Eng.
Associate Microbiologist
Corporate Controller
Document Control and Training Administrator
Senior Accountant
Manager, Manufacturing, VA Site
Sample Managment Associate
Manufacturing Facilitator
Site Head of Quality & Compliance, VA site
Head of DEA Operations
Process Engineer
Process Engineer
Sr. Mgr, Quality Operations
Microsoft System Engineer
Tech Transfer Project Manager
Quality Control Lab Analyst
Manufacturing Technician
Quality Associate
Document Control and Training Administrator
Director of Finance & Site Controller (VA)
Procurement & Planning Lead
Manufacturing Technician III
Manager, Quality Engineering
Head of Program Management
Consultant, Quality Associate
Consultant, Quality Engineering
Director of Manufacturing
Maintenance Planner & Scheduler
Supply Chain Manager, ERP Systems
Manufacturing Technician
Consultant, Automation Support
QA Associate
Assistant Controller
Head of Pharmaceutical Product Development (VA)
Associate Microbiologist
Regulatory Affairs Manager
Principal Engineer
Manager, Automation & Process Engineering
Manufacturing Technician II
HR Business Partner
Computer Systems Validation/Data Integrity Engineer

Ty	Page
Tyler	Norris
Vaidra	Hodge
Victoria	Metzger
Vevlon	Collins
William	Hopkins
William	Loving
Zakarij	Martin

Manufacturing Technician
Manufacturing Facilitator
Associate Microbiologist
Veeva Systems Administrator
Manufacturing Technician I
Quality Systems Associate - INV & CAPA
Metrology Lead
Sr. Maintenance Manager

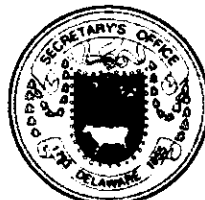
Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF INCORPORATION OF "CIVICA, INC.", FILED IN THIS OFFICE ON THE TWENTY-THIRD DAY OF MAY, A.D. 2018, AT 2:39 O'CLOCK P.M.

A FILED COPY OF THIS CERTIFICATE HAS BEEN FORWARDED TO THE NEW CASTLE COUNTY RECORDER OF DEEDS.



6898584 8100
SR# 20184227516

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

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

Authentication: 202757293
Date: 05-23-18

State of Delaware
Secretary of State
Division of Corporations
Delivered 02:39 PM 05/23/2018
FILED 02:39 PM 05/23/2018
SR 20184227516 - File Number 6898584

CERTIFICATE OF INCORPORATION

OF

CIVICA, INC.

I.

The name of this corporation is Civica, Inc. (the "Corporation").

II.

The address of the registered office of the Corporation in the State of Delaware is 251 Little Falls Drive, in the City of Wilmington, County of New Castle, Delaware 19808. The name of the registered agent of the Corporation at such address is Corporation Service Company.

III.

A. The Corporation is a nonprofit nonstock corporation and is not organized for the private gain of any person. The Corporation is organized and operated exclusively to promote social welfare within the meaning of section 501(c)(4) of the Internal Revenue Code of 1986, as amended, or the corresponding provision of any future United States internal revenue law (the "Code"), and in particular to ensure that essential generic drugs are available and affordable to everyone, with the vision to be a model generic drug company by providing high-quality Food and Drug Administration-approved products at affordable prices.

B. In furtherance of its purposes, the Corporation shall have all the general powers and privileges of a corporation granted by the General Corporation Law of the State of Delaware, as now in effect or as may hereafter be amended (the "DGCL").

IV.

The Corporation shall not have any capital stock. The membership of the Corporation and the directors of the Corporation shall be determined in the manner provided in the Corporation's bylaws, provided that no member shall have a "membership interest" in the Corporation within the meaning of section 114(d)(2) of the DGCL.

V.

The name and mailing address of the incorporator of the Corporation are Douglas Hammer, 36 South State Street, 22nd Floor, Salt Lake City, Utah 84111.

VI.

The property of the Corporation is irrevocably dedicated to social welfare purposes, and no part of the net income or assets of the Corporation shall ever inure to the benefit of any director or officer thereof or to the benefit of any private person. Upon the dissolution or winding up of the Corporation, its assets remaining after payment, or provision for payment, of all debts and liabilities of the Corporation shall be distributed to a nonprofit fund, foundation or corporation which is organized, operated and recognized as tax-exempt under section 501(a) of the Code as an organization described in section 501(c)(3) of the Code, subject to any further restrictions set forth in the bylaws of the Corporation.

VII.

A director of the Corporation shall not be liable to the Corporation or its members for monetary damages for breach of fiduciary duty as a director, except for liability: (a) for any breach of the director's duty of loyalty to the Corporation or its members, (b) for acts or omissions not in good faith or which involve intentional misconduct or a knowing violation of the law, or (c) for any transaction from which the director derived any improper personal benefit. If the DGCL is amended after adoption of this Article VIII to authorize Corporation action further eliminating or limiting the personal liability of directors, then the liability of a director of the Corporation shall be eliminated or limited to the fullest extent permitted by the DGCL, as so amended. Any repeal or modification of the foregoing provisions of this Article VII by the Board of Directors and the Governing Members of the Corporation pursuant to Article IX of this Certificate of Incorporation shall not adversely affect any right or protection of a director of the Corporation existing at the time, or increase the liability of any director of the Corporation with respect to any acts or omissions of such director occurring prior to such repeal or modification.

VIII.

The Corporation shall, to the maximum extent permitted from time to time under the law of the State of Delaware, indemnify and upon request shall advance expenses to any person who is or was a party or is threatened to be made a party to any threatened, pending or completed action, suit, proceeding or claim, whether civil, criminal, administrative or investigative, by reason of the fact that such person is or was or has agreed to be a director or officer of the Corporation, or while the person is or was serving at the request of the Corporation as a director, officer, partner, trustee, employee or agent of any corporation, limited liability company, partnership, joint venture, trust or other entity, against expenses (including reasonable attorneys' fees and expenses), judgments, fines, penalties and amounts paid in settlement incurred in connection with the investigation, preparation to defend, or defense of such action, suit, proceeding or claim; *provided however* that: (a) the foregoing shall not require the Corporation to indemnify, or advance expenses to, any director or officer in connection with any action, suit, proceeding or claim initiated by or on behalf of such director or officer, or any against the Corporation initiated by or on behalf of such director or officer; and (b) a director or officer seeking indemnification under this Article VIII shall execute a

written undertaking (reasonably acceptable to the Corporation) to repay the Corporation any expense or other amounts advanced and/or paid to such director or officer under this Article VIII in the event that it is ultimately determined that such director or officer is not entitled to be indemnified by the Corporation. Such indemnification shall not be exclusive of other indemnification rights arising under any bylaw, agreement, vote of directors or Governing Members or otherwise and shall inure to the benefit of the heirs and legal representatives of such person. Any person seeking such indemnification under this Article VIII shall be deemed to have met the standard of conduct required for such indemnification unless the contrary shall be established. Any repeal or modification of the foregoing provisions of this Article VIII shall not adversely affect any right or protection of a director or officer of the Corporation with respect to any acts or omissions of such director or officer occurring prior to such repeal or modification.

IX.

This Certificate of Incorporation shall not be amended, restated or repealed without the approval of two-thirds (2/3) of all of the members of the Board of Directors of the Corporation, and the approval of two-thirds (2/3) of all of the Governing Members; *provided, however*, that any (1) amendment or restatement that materially and adversely affects the rights of any Governing Member in a manner that is different from the other Governing Members, or (2) change Article VII (limited liability) or VIII (indemnification), will require the consent of the affected Governing Member. The Certificate of Incorporation shall not be amended or restated to (1) convert the Corporation from a nonprofit nonstock corporation to a stock corporation, (2) convert any membership interest into a "membership interest" within the meaning of section 114(d)(2) of the DGCL, or (3) convert any membership interest into stock, without the approval of two-thirds (2/3) of all members of the Board of Directors, and the approval of ninety percent (90%) of all Governing Members.

I, **The Undersigned**, for the purpose of forming a corporation under the laws of the State of Delaware, do make, file and record this Certificate, and do certify that the facts herein stated are true, and I have accordingly hereunto set my hand this 21st day of May, 2018.

/s/ Douglas Hammer

Douglas Hammer, Incorporator

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 02908	☐ 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: <u>Exelead Inc.</u>		
Physical Address: <u>6925 Guion Road</u>		
City: <u>Indianapolis</u> State: <u>IN</u> Zip: <u>46268</u>		
Mailing Address (if different from physical address): <u>c/o State License Servicing, 1751 State Route 17A, Suite 3</u>		
City: <u>Florida</u> State: <u>NY</u> Zip: <u>10921</u>		
Telephone: <u>(845) 544-2482</u> Website: <u>Exeleadbiopharma.com</u>		
Name of Designated Representative (DR): <u>Fernando Ivan Rieken</u>		
Licensing Company Email: <u>EXL@slny.com</u> DR Email: <u>fernando.rieken@milliporesigma.com</u>		
Entities the Wholesaler will Serve (✓ all applicable)	Products to be Handled or Wholesaled (✓ all applicable)	Type of Wholesaling (✓ all applicable)
☐ Pharmacies ☐ Practitioners ☐ Hospitals ☐ Wholesalers ☐ Veterinarians ☒ Others: <u>Manufacturers</u>	☒ Dangerous Drugs ☐ Controlled Substances ☐ ^a Medical devices, equipment, supplies, gases ☒ Others: <u>Biologics</u>	☒ Manufacturer ☐ Repacker ☐ Reverse Distributor ☐ Warehouse ☐ Retail pharmacy wholesale distributor ☐ 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 # 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:	Servier			
Address:	200 Pier Four Blvd	City:	Boston	State: MA Zip: 02210
Name:	Chiesi			
Address:	Via San Leonardo 96	City:	Parma	State: Italy Zip: 43112
Name:	Leadiant Biosciences, Inc.			
Address:	9841 Washington Blvd, Suite 500	City:	Gaithersburg	State: MD Zip: 20878
Name:	Horizon Pharmaceuticals			
Address:	971 W 15th St,	City:	Riviera Beach	State: FL Zip: 33404

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): EMD Holding Corp. (100%)

Corporation/Organization Name: Exelead 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: EXL@slny.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: FDA: 1000517970		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 <u>all</u> Officers and Directors.	✓	✓		
• List the <u>top four</u> corporation shareholders and their percent ownership.	✓			
• List of <u>all</u> corporation shareholders and their percent ownership.		✓		
• List of <u>all</u> partners and their percent ownership.			✓	
• Certificate of Corporate Status or Certificate of Good Standing obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last 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/bopnv.gov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf .		✓	✓	✓
• Copy of a bond in an amount of \$100,000 made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the Surety Bond form at: http://bop.nv.gov/Services/newapps/Business/ .		✓	✓	✓

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

Exelead Inc.

Facility Name

Dirk Tobias Lange

Print Name of Authorized Person Submitting Application



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

10/13/2023

Date

Board Use Only

Date Received: 11/2/23

Amount: \$1000 - check 5033 ✓

[New Search](#)Search Results for **Exelead**

CSV

Excel

Filter:

Firm Name	FDA Establishment Identifier	DUNS	Business Operations	Address	Expiration Date
Exelead, Inc.	1000051797	961822389	ANALYSIS; LABEL; MANUFACTURE; PACK; RELABEL; REPACK;	6925 Guion Road, Indianapolis, Indiana (IN) 46268, United States (USA)	12/31/2022

Showing 1 to 1 of 1 entries

Previous

1

Next

Data Current through: Monday, Jun 20, 2022

[Return to Drug Firm Annual Registration Status Home Page](#)

Exelead Inc.

0190



Corporate Address: 6925 Guion Road, Indianapolis, IN 46268 USA
FEIN: 27-1331690
Exeleadbiopharma.com

Drug Labeler Code: N/A
Incorporation State: DE
Incorporation Date: 11/02/2009

FACILITY INFORMATION

Code	Address	FDA	DEA	DUNS	VAWD	Phone	Fax
6925	6925 Guion Road Indianapolis, IN 46268 County: Marion	1000517970	N/A	961822389	No	(317) 612-2900	(317) 612-2922

FACILITY DESIGNATED REPRESENTATIVES

Name	Address	Title	Prescribing Authority	SSN	DOB	Driver's License
Fernando Ivan Rieken	[REDACTED]	Site Head		[REDACTED]		

OWNERSHIP

Name	Address	Title	Percent of Ownership	Prescribing Authority	FEIN/SSN	DOB	Driver's License
EMD Holding Corp.	One Technology Place Rockland, MA 02370	N/A	100%	N/A	61-1615493	N/A	N/A

LIST OF OFFICERS

Name	Address	Title	Prescribing Authority	SSN	DOB	Driver's License
David P. Hutchinson	[REDACTED]	Vice President, Secretary		[REDACTED]		
Dirk Tobias Lange	[REDACTED]	President		[REDACTED]		

REGISTERED AGENT IN ALL APPLICABLE STATES

Name	SSN	DOB	Driver's License
CSC			



Exelead

Complex Drug Product Formulations

Corporate Officers

David P. Hutchinson – Vice President, Secretary

Dirk Tobias Lange – President

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "EXELEAD 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 FIFTEENTH DAY OF AUGUST, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "EXELEAD INC."
WAS INCORPORATED ON THE SECOND DAY OF NOVEMBER, A.D. 2009.



4748764 8300

SR# 20233248862

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

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

Authentication: 203970334

Date: 08-15-23

Professional Licensing Agency
402 West Washington Street
Room W072
Indianapolis, Indiana 46204



Eric J. Holcomb
Governor of Indiana
Deborah J. Frye
IPLA Executive Director

August 14, 2020

This letter serves as written notice that the following company is not required to hold a Wholesale Drug Distributor (WDD) license in the State of Indiana in order to distribute legend drugs to licensed entities in the state as the company is an FDA approved manufacturer and therefore exempt from licensure requirements in Indiana:

Exelead, Inc.
Guion Road
Indianapolis, Indiana 46268

It is the Indiana Board of Pharmacy's (Board) understanding that the aforementioned company manufactures and distributes legend drugs within or into Indiana and that the company only distributes legend drugs that it manufactures, i.e. the company does not distribute legend drugs manufactured by a company other than itself.

Indiana Code 25-26-14-1 states, "(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." [emphasis added].

The Board therefore does not require licensure for entities that are FDA approved manufacturers who only distribute legend drugs the company itself manufactures.

If you have any questions, please feel free to contact the Board of Pharmacy.

Regards,

Jody Edens
Jody Edens
Assistant Board Director
Indiana Board of Pharmacy
Professional Licensing Agency

VERIFICATION OF BOND IN FORCE
Form SB-3

Type of Bond: License/Permit Bond

Name of Principal: EXELEAD, INC.

Obligee: STATE OF NEVADA AND NEVADA STATE BOARD OF PHARMACY

Carrier: LIBERTY MUTUAL INSURANCE COMPANY

Bond Number: 015215846

Effective Date: August 19, 2023

Limit: \$ 100,000.00

Premium: \$ 400.00

This Bond is continuous with no definite expiration date. Sufficient Premium has been paid to satisfy the requirements of the Carrier for this bond to August 19, 2024.

LIBERTY MUTUAL INSURANCE COMPANY

By: Babette Ward
Babette Ward Attorney in FactDate: September 21, 2023

Seal No. 5973



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: **8209496-019022**

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, Annmarie Breene; Babette Ward; Cathy H. Ho; Dana Donahue; Erin M. Dennison; George Gionis; Joanne C. Wagner; Kimberly G. Sherrod; Lori S. Shelton; Marisa Thielen; Patricia A. Rambo; Patricia Dorsaneo; Pedro Gonzalez, Jr.; Sara Owens; Wayne G. McVaugh

all of the city of Philadelphia 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 28th day of February, 2023.



Liberty Mutual Insurance Company
The Ohio Casualty Insurance Company
West American Insurance Company

By:

David M. Carey
David M. Carey, Assistant Secretary

State of PENNSYLVANIA ss
County of MONTGOMERY

On this 28th day of February, 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
Teresa Pastella, Notary Public

This Power of Attorney is made and executed pursuant to and by authority of the following By-laws and Authorizations of The Ohio Casualty Insurance Company, Liberty Mutual Insurance Company, and West American Insurance Company which resolutions are now in full force and effect reading as follows:

ARTICLE IV - OFFICERS: Section 12. Power of Attorney.

Any officer or other official of the Corporation authorized for that purpose in writing by the Chairman or the President, and subject to such limitation as the Chairman or the President may prescribe, shall appoint such attorneys-in-fact, as may be necessary to act in behalf of the Corporation to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations. Such attorneys-in-fact, subject to the limitations set forth in their respective powers of attorney, shall have full power to bind the Corporation by their signature and execution of any such instruments and to attach thereto the seal of the Corporation. When so executed, such instruments shall be as binding as if signed by the President and attested to by the Secretary. Any power or authority granted to any representative or attorney-in-fact under the provisions of this article may be revoked at any time by the Board, the Chairman, the President or by the officer or officers granting such power or authority.

ARTICLE XIII - Execution of Contracts: Section 5. Surety Bonds and Undertakings.

Any officer of the Company authorized for that purpose in writing by the chairman or the president, and subject to such limitations as the chairman or the president may prescribe, shall appoint such attorneys-in-fact, as may be necessary to act in behalf of the Company to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations. Such attorneys-in-fact subject to the limitations set forth in their respective powers of attorney, shall have full power to bind the Company by their signature and execution of any such instruments and to attach thereto the seal of the Company. When so executed such instruments shall be as binding as if signed by the president and attested by the secretary.

Certificate of Designation - The President of the Company, acting pursuant to the Bylaws of the Company, authorizes David M. Carey, Assistant Secretary to appoint such attorneys-in-fact as may be necessary to act on behalf of the Company to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations.

Authorization - By unanimous consent of the Company's Board of Directors, the Company consents that facsimile or mechanically reproduced signature of any assistant secretary of the Company, wherever appearing upon a certified copy of any power of attorney issued by the Company in connection with surety bonds, shall be valid and binding upon the Company with the same force and effect as though manually affixed.

I, Renee C. Llewellyn, the undersigned, Assistant Secretary, The Ohio Casualty Insurance Company, Liberty Mutual Insurance Company, and West American Insurance Company do hereby certify that the original power of attorney of which the foregoing is a full, true and correct copy of the Power of Attorney executed by said Companies, is in full force and effect and has not been revoked.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seals of said Companies this 21st day of September, 2023.



By:

Renee C. Llewellyn
Renee C. Llewellyn, Assistant Secretary

Not valid for mortgage, note, loan, letter of credit, currency rate, interest rate or residual value guarantees.

For bond and/or Power of Attorney (POA) verification inquiries, please call 610-832-8240 or email HOSUR@libertymutual.com.

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 Exelead Inc.

Pharmacy/Wholesaler License # (if applicable) WH02908

Physical Address 6925 Guion Road

City Indianapolis State IN Zip 46268

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 Exeleadbiopharma.com

Licensing Company Email EXL@slny.com

Section 2: Personal Information

First Fernando Middle Ivan Last Rieken

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

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

Mailing Address [REDACTED]

City Westfield State IN Zip 46074

Telephone [REDACTED] Email fernando.rieken@milliporesigma.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 Quantic School of Business & Technology		From - To (MM/YY - MM/YY) 03/20 - 07/21	
Address 3000 K St NW Suite 275	City Washington, DC	State	Zip 20007
Diploma/Degree obtained, if any Executive MBA			
School Name University of San Francisco		From - To (MM/YY - MM/YY) 05/11 - 06/13	
Address 2130 Fulton St	City San Francisco	State CA	Zip 94117
Diploma/Degree obtained, if any Bachelor of Science, Organizational Behavior			
School Name Apuchinco High School (California High School Equivalency test)		From - To (MM/YY - MM/YY) 09/1996 - 06/2000	
Address 1501 Magnolia Ave	City San Bruno	State CA	Zip 94066
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) 03/2023 - Present	Address [REDACTED]	City Westfield	State IN	Zip 46074
From - To (MM/YY - MM/YY) 01/2022 - 03/2023	[REDACTED]	City Raleigh	State NC	Zip 27607
From - To (MM/YY - MM/YY) 06/2020 - 01/2022	[REDACTED]	City Groningen, Netherlands	State	Zip
From - To (MM/YY - MM/YY) 11/2017 - 06/2020	[REDACTED]	City Groningen, Netherlands	State	Zip
From - To (MM/YY - MM/YY) 07/15 - 11/2017	[REDACTED]	City Singapore, 307645	State	Zip
From - To (MM/YY - MM/YY) 07/07 - 07/15	[REDACTED]	City DALO ALTO	State CA	Zip 94303
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	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 Exelead Inc.		From - To (MM/YY - MM/YY) 12/2022 - Present	
Business Address 6925 Guion Road		City Indianapolis	State IN
Phone (317) 612-2900	Title Site Head	Number of Employed Hours ~ 1,440 hrs	
Description of Duties Currently leading site integration and transformation post Exelead acquisition of an LNP drug substance formulation and drug product filling site with \$90 MM revenue and 300 headcounts. Drive compliance, production and innovation of site operations, overseeing manufacturing, Engineering, Process Development, Quality Assurance, Quality Control and EHS.			
Business Name Abzena		From - To (MM/YY - MM/YY) 01/2022 - 12/2022	
Business Address 6075 Enterprise Drive		City Sanford	State NC
Phone 919-616-5316	Title Head of Manufacturing Sr. Director	Number of Employed Hours ~ 1,903hrs	
Description of Duties Served as the Head of Manufacturing, overseeing the greenfield build out of a single use, multi-product mammalian cell culture facility. Facility was slated to launch operations in Q422, however; lack of private equity funding required a sale of the site prior to launch.			
Business Name Thermo Fisher Scientific		From - To (MM/YY - MM/YY) 09/2017- 12/2021	
Business Address Zuiderweg 72/2. 9727 DL		City Groningen, Netherlands	State
Phone +31 800 0227694	Title Director of Operations	Number of Employed Hours ~ 8,839hrs	
Description of Duties Led a team of 150 staff in a single use facility consisting of Upstream/Downstream, Media and Buffer Preparation, and MSAT with peak revenue of €120M. Ramped up Production 3-fold while reducing overall deviation rate by 30% and maintained a 95% batch success rate. Assumed the role of Interim Site Head and led the Site Leadership Team in developing quarterly business reviews for the Vice President and President of Drug Substance.			
Business Name		From - To (MM/YY - MM/YY)	
Business Address		City	State
Phone	Title	Number of Employed Hours	
Description of Duties			
Business Name		From - To (MM/YY - MM/YY)	
Business Address		City	State
Phone	Title	Number of Employed Hours	
Description of Duties			
Continue on next page if additional space is needed.			

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			

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, Fernando Ivan Rieken, certify that as the designated representative for
Exelead Inc.

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. FR I am at least 21 years of age;
3. FR 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. FR I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. FR I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. FR 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. FR I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Fernando Ivan Rieken

Print Name (First, Last)

FR

Original Signature (electronic, copies or stamps not accepted)

08 SEP 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.

Fernando Ivan Rieken

Print Name (First, Last)

[Handwritten Signature]

Original Signature (electronic, copies or stamps not accepted)

08 SEP 2023

Date

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

State of INDIANA, ss. County of MARIION

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

[Handwritten Signature]

Original Signature

Fernando Ivan Rieken

08 SEP 2023

Date

Subscribed and Sworn to before me this 08 day of SEP 2023.

[Handwritten Signature]

Notary Public Signature



(Seal)

Employee List - Exelead

Global First Name	Global Last Name	Employee Status
Anna	Du	Active
Richard	Fort	Active
Monica	Phillips	Active
Jeffrey	Gaerke	Active
Georges	Kore	Active
Bianca	Smith	Active
Courtney	Elkins	Active
Franklin	Porter	Active
Nathan	Sahy	Active
Abdullah	Baawad	Active
Jeffrey	Reeder	Active
Olger	Quiros Herrera	Active
Benjamin	King	Active
Kimberly	Mitchell	Active
Jessica	Heidegger	Active
Mahesh	Karwa	Active
Rhonda	Lent	Active
Karla	Aberle	Active
Charles	Bogdan	Active
David	Leonard	Active
Gregory	Littlejohn	Active
Peter	Ogundeko	Active
Kari	Jenkins	Active
Lleon	Tillman	Active
Rachel	Watson	Active
Zakia	Dola	Active
Nathan	Reiter	Active
Megan	Haddock	Active
Michael	Woodall	Active
Colin	Myers	Active
Zakima	Flonery	Active
Zachary	Wiltshire	Active
Leah	Coppinger	Active
Natalie	King	Active
Brian	Vaughan	Active
Diana	Corley	Active
Brandon	Miller	Active
Jordan	Muth	Active
Joshua	Copeland	Active
Samuel	Scheetz	Active
Michael	Ostendorf	Active
Robin	Brown	Active
Melissa	Brooks	Active
Anishabanu	Hotelwala	Active
Tariq	Qureshi	Active
Libby	Heacox	Active
Marcus	Miranda	Active
Andrew	Carter	Active
Brock	Harris	Active
Praneet	Sidhu	Active
Paula	Gillespie	Active
Hector	Turcios	Active

William	Smith	Active
LaGina	Patterson	Active
Fengfeng	Ren	Active
Tracey	Froggatt	Active
Brandi	Holt	Active
Gurinder	Kaur	Active
Dennis	Ni	Active
Jack	Adams	Active
Cade	Capps	Active
Pranav	Patel	Active
Patrick	Fortier	Active
Richard	Holt	Active
Anita	Gordon	Active
Melissa	Tanner	Active
Jennifer	Kayner	Active
Jacob	Gaines	Active
Akshay	Khopade	Active
Wassem	Khan	Active
Eileen	Wrinkle	Active
McKenzie	Winberg	Active
Abden	Fernando	Active
Joseph	Stout	Active
Alayna	Super	Active
Madeline	Lamb	Active
Sandeep	Araveti	Active
William	Jones	Active
Caleb	Sutton	Active
Nathan	Raines	Active
Micah	Carlson	Active
James	Propes	Active
Vivian	Owens	Active
Richard	Wright	Active
Tamian	Allen	Active
Trevor	Woodall	Active
Heather	May	Active
Michael	Prewitt	Active
Joshua	Stenger	Active
Robert	Tanner	Active
Grace	Enamorado	Active
Tahvo	Fulani	Active
Jacqueline	Barkley-Brown	Active
Brad	Moorman	Active
DeWayne	Smith	Active
Tyler	Mastin	Active
Roy	Watkins	Active
Mark	Needler	Active
Arthur	Gates	Active
Michael	Wittman	Active
Sonam	Dhore	Active
Jason	Cornell	Active
Jerald	Martin	Active
Damian	Finley	Active
Sara	Whitson	Active
Robert	Jones	Active

Stan	Le	Active
Scott	Moorman	Active
Jocelyne	Cherenfant	Active
Kimberly	Wade	Active
Zachariah	Mosier	Active
Corey	Cole	Active
Semaresh	Sau	Active
Elliott	Crabb	Active
Hongzhen	He	Active
Michelle	Blosser	Active
Susan	Ryva	Active
Joe Ann	Eubanks	Active
Rahul	Rajput	Active
Elizabeth	Hales	Active
Christopher	Gabrys	Active
John	Straw	Active
Mark	Crawford	Active
Rosalia	Ochoa	Active
Dishita	Patel	Active
Jeffrey	Elliott	Active
Scott	Willige	Active
Wendee	Rosenau	Active
Shanique	Bigelow	Active
David	Wilson	Active
Tatiana	Teague	Active
Benton	Stegemiller	Active
Halle	Choi	Active
Deondre	Williams	Active
Brett	Palencer	Active
Jalisa	Crockett	Active
Tequila	Hornback	Active
Olamilekan	Fagbemi	Active
Omolola	Filani	Active
Eric	Bellamy	Active
Keylee	Crowell	Active
Daughana	Curothers	Active
Starla	Johnson	Active
Mark	Wilson	Active
Alex	Dotson	Active
Karon	Greenberg	Active
Sadie	Jenkins	Active
Michael	Ingalls	Active
Narjis	Zaheer	Active
Elen	Antoniades	Active
Codie	Ford	Active
Eric	Michels	Active
Jennifer	Cook	Active
Marco	Padron	Active
Adam	Stinson	Active
Cephas	Adabe	Active
Christopher	Vaisvil	Active
Allen	Fennell	Active
Abdoulaye	Diallo	Active
Benjamin	Minor	Active

Dawn	Schneider	Active
Lucas	Keay	Active
Karl	Gimbel	Active
Zachary	Priestley	Active
Megan	Smith	Active
Kristopher	Jenkins	Active
Fernando	Rieken	Active
Hal	Yuan	Active
Jasmine	Richardson	Active
Michael	Miller	Active
Maharshi	Patel	Active
Jerome	Montgomery	Active
Ashley	Johnson	Active
Marquita	Griffin	Active
David	Glover	Active
Sarah	Elliott	Active
Ricardo	Aleman	Active
Yunsheng	Zheng	Active
Danielle	Christman	Active
Britni	Moorman	Active
Karl	Cook	Active
Brian	Charles	Active
Salim	Hotelwala	Active
Timothy	Hill	Active
Gang	Yuan	Active
Dayo	Osundele	Active
Allison	Breeden	Active
Aruna	Wijeratne	Active
Thomas	Baker	Active
Deshjohn	Williams	Active
Mariah	Murray	Active
Natalie	Gley	Active
Botuwaji	Akinwatimi	Active
Claudia	Hermeson	Active
Seth	Lee	Active
Michelle	McGrath	Active
Solena	Chatmon	Active
Ryan	Davis	Active
Allison	Carlson	Active
Emoefe	Oghenekparobo	Active
Bridget	Hopper	Active
Emily	Covert	Active
Savannah	Sexton-Wisely	Active
Jerry	Strawder	Active
Valentina	Badescu	Active
Olivia	Priestley	Active
Ashley	Godar	Active
Harvey	Lee	Active
Anthony	Barbee	Active
Liz	Martinez	Active
Paul	Morow	Active
Francisco	Colon	Active
David	Allen	Active
Montrel	Wilson	Active

Abigail	Adams	Active
Jacqueline	Adams	Active
Melinda	Golden	Active
Allen	Jones	Active
Evan	Elliott	Active
Anika	Santorelli	Active
Deborah	Hefling	Active
Anne	Leonard	Active
Katherine	Stepanski	Active
Richard	Korte	Active
Jose	Baptista	Active
Jacob	Bielawski	Active
Bruce	Smith	Active
Aaron	Craig	Active
Felicia	Hankerson	Active
Bhuvaneshwar	Vaidya	Active
Andrew	Andis	Active
John	Burns	Active
Scott	Johnson	Active
Zoe	Harves	Active
Robert	Richards	Active
Tenecla	Broaden	Active
Jin	Gao	Active
Dave	Glaze	Active
Alvin	Vazquez	Active
Robert	Young	Active
Krista	Fresenborg	Active
Calum	Finch	Active
Richard	Highbaugh	Active
Jennifer	Lane	Active
Carson	Yost	Active
John	Hubbard	Active
Damien	Inman	Active
Daniel	Laycock	Active
Anselme	Metoudou	Active
Sean	Magill	Active
Pierre	Lokombe	Active
Timothy	Owens	Active
Jordan	Knotts	Active
Maxwell	Richardson	Active
Edward	Rice	Active
Jason	Compton	Active
Woodrow	Cole	Active
Joleyn	Khoo	Active
Riley	Bottoms	Active
Michael	Swiezy	Active
Mary	Cooper	Active
Ronnie	Spann	Active
David	Coles	Active
Francis	Mallard	Active
Jeffrey	Green	Active

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: <u>Medtronic USA, Inc.</u>		
Physical Address: <u>5300 Airways Blvd, Suite 101</u>		
City: <u>Memphis</u> State: <u>TN</u> Zip: <u>38116</u>		
Mailing Address (if different from physical address): <u>Kay Knox, 243 Lynwood Lane</u>		
City: <u>Lancaster</u> State: <u>OH</u> Zip: <u>43130</u>		
Telephone: <u>614-489-5164</u> Website: <u>www.medtronic.com</u>		
Name of Designated Representative (DR): <u>Brandon Gentry</u>		
Licensing Company Email: <u>kay.knox@cevalogistics.com</u> DR Email: <u>brandon.r.gentry@medtronic.com</u>		
Entities the Wholesaler will Serve (✓ all applicable)	Products to be Handled or Wholesaled (✓ all applicable)	Type of Wholesaling (✓ all applicable)
☐ Pharmacies ☒ Practitioners ☒ Hospitals ☐ Wholesalers ☐ Veterinarians ☐ Others:	☐ Dangerous Drugs ☐ Controlled Substances ☒ *Medical devices, equipment, supplies, gases ☐ Others:	☒ Manufacturer ☒ Repacker ☐ Reverse Distributor ☐ Warehouse ☐ Retail pharmacy wholesale distributor ☐ 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 6/24/2017	Disposition Date 3/20/2018	State CO	City Parker	County Douglas County (Colorado)
Case # 2017-3679		Governing, licensing, Arresting Presiding Body/Agency/Court Colorado Board of Pharmacy		
Reason/Charge Failure to report change of designated representative within 30 days				
Plaintiff/Defendant/Claimant/Respondent Medtronic Logistics LLC			Lawsuit/Arbitration/Bankruptcy Fine and surcharge	
Name of Business/Industry/Entity Medtronic Logistics LLC				

Provide explanation below:

Medtronic Logistics LLC (CO License WHI 6007) was disciplined for failure to timely report a change of Designated Representative within the require 30 day time period.

Terms of discipline: A fine with surcharge \$1150. Medtronic Logistics LLC agreed to comply with Colorado regulations related to pharmacy businesses including timely reporting of Designated Representative changes with payment of associated fees forward.



Original Signature (electronic, copies or stamps not accepted)

8-9-23

Date

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 4/3/2018	Disposition Date 1/23/2019	State CO	City Parker	County Douglas County (Colorado)
Case # 19-L-0013	Governing, licensing, Arresting Presiding Body/Agency/Court Alabama State Board of Pharmacy			
Reason/Charge Failure to report Colorado disciplinary actions as required by Alabama regulations/rules				
Plaintiff/Defendant/Claimant/Respondent Medtronic Logistics LLC			Lawsuit/Arbitration/Bankruptcy Consent Order with administrative fine \$2000	
Name of Business/Industry/Entity Medtronic Logistics LLC				

Provide explanation below:

Count 1: (Alabama permit #194466)

Medtronic Logistics LLC, was disciplined for receiving Colorado Stipulation and Final Agency Order (2017-3679)

Count 2:

Medtronic Logistics LLC failed to report the Colorado Stipulation and Final Agency Order (2017-3679) on the Alabama 2019-2020 Renewal Application



Original Signature (electronic, copies or stamps not accepted)

8-9-23

Date

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 1/7/2021	Disposition Date 7/12/2021	State CO	City Parker	County Douglass County, (Colorado)
Case # 2021-PHA-17242		Governing, licensing, Arresting Presiding Body/Agency/Court Maine Board of Pharmacy		
Reason/Charge Failure to report disciplinary actions in CO and ME in timely manner				
Plaintiff/Defendant/Claimant/Respondent Medtronic Logistics LLC			Lawsuit/Arbitration/Bankruptcy Consent Agreement \$2000	
Name of Business/Industry/Entity Medtronic Logistics LLC				

Provide explanation below:

Medtronic Logistics LLC (Maine permit # WH70002083)

Issue 1

Medtronic Logistics LLC failed to report Colorado disciplinary action (2017-3679) to Maine within 10 days and did not reveal the same action at the time of renewal 12/12/2018. The Maine Board was not made aware of this action until 2/3/2020.

Issue 2

Medtronic Logistics LLC failed to report the Alabama disciplinary actions (19-L-0013) filed against the company within 10 days. The Maine Board of pharmacy was not made aware of this action until 7/18/2019.


Original Signature (electronic, copies or stamps not accepted)

8-9-23
Date

Name: Medtronic Puerto Rico Operations (MPRI)
Address: pO Box 6001 **City:** Villalba **State:** PR **Zip:** 00766
Name: Medtronic Ireland Manufacturing UC
Address: Parkmore Business Park West **City:** Galway **State:** Ireland **Zip:** IRE
Name: Medtronic Sophono
Address: 5744 Central Ave, Suite 100 **City:** Boulder **State:** CO **Zip:** 80301
Name: Medtronic Puerto Rico Operations CO
Address: RD 31 KM 24 HM 4 Ceiba N Indus **City:** Juncos **State:** PR **Zip:** 00777

Section 4: Publicly Traded Corporation
State of Incorporation: not applicable
Parent Company (if any): not applicable
Corporation Name: not applicable
Mailing Address: not applicable
City: not applicable **State:** NA **Zip:** not applicable
Telephone: not applicable **Email:** not applicable
Contact Person Name: not applicable
Date of SEC Registration: not applicable **SEC Registration Number:** not applicable **Stock Exchange Symbol:** NA

Section 5: Non-Publicly Traded Corporation or Company
State of Incorporation/Organization: Minnesota
Parent Company (if any): Medtronic US, Inc.
Corporation/Organization Name: Medtronic Logistics LLC
Mailing Address: 710 Medtronic Pkwy-LS245
City: Minneapolis **State:** MN **Zip:** 55432
Telephone: 508-261-6083 **Email:** rob.varner@medtronic.com
Contact Person Name: Robert Varner

Section 6: Partnership
Partnership Name: not applicable
Mailing Address: not applicable
City: not applicable **State:** NA **Zip:** not applicable
Telephone: not applicable **Email:** not applicable
Contact Person Name: not applicable

Section 7: Sole Owner
Owner's Name: not applicable
Business Name: not applicable
Business Address: not applicable
City: not applicable **State:** NA **Zip:** not applicable
Telephone: not applicable **Email:** not applicable

Section 2: 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 3: 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	Partnership	Sole Owner
• List of <u>all</u> Officers and Directors.	✓	✓		
• List the <u>top four</u> corporation shareholders and their percent ownership.	✓			
• List of <u>all</u> corporation shareholders and their percent ownership.		✓		
• List of <u>all</u> partners and their percent ownership.			✓	
• Certificate of Corporate Status or Certificate of Good Standing obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last 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).	✓	✓	✓	✓
MDEG Compliance (allow if your company is NOT accredited by NABP and/or FDA registered (see Section 2))				
• Submit Fingerprints following instructions found at: NOT APPLICABLE, FDA REGISTERED APPLICANT 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.

Medtronic Logistics LLC, 5300 Airways Blvd, Suite 101, Memphis TN 38116

Facility Name

Robert Varner

Print Name of Authorized Person Submitting Application



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

8-9-23

Date

Board Use Only

Date Received: 8/28/23

Amount: 1000-00

Medtronic Logistics LLC has experienced the below disciplinary actions:

- Case # 2017-3679 (Colorado) CLS Stipulation and fine (\$1150) , Medtronic Logistics LLC, Parker CO, Lic # WHI.0006007
 - Failure to report change of designated representative for 13 months when required to do so within 30 days.
- Case # 19-L-0013 (Alabama) Consent Order with administrative fine \$2000, Medtronic Logistics LLC, Parker CO, Lic # 194466
 - CO Case # 2017-3679 CLS Stipulation issued
 - Failure to disclose the Colorado case # 2017-3679 when renewing the 2019-2020 application.
- Case # 2021-PHA-17242 (Maine) Consent Agreement with reprimand and civil penalty \$2000 issued to Medtronic Logistics LLC, Parker CO, Lic # WH70002083
 - Failure to report the Colorado case # 2017-3679 within 10 days of final disposition.
 - Failure to report the Colorado case # 2017-3679 on the Maine 2019-2020 renewal application
 - Failure to report the Alabama Case # 19-L-0013 to Maine within 10 days as required by 10 MRS 8003-G(2)(C)

BEFORE THE STATE BOARD OF PHARMACY

STATE OF COLORADO

Case No. 2017-3679

STIPULATION AND FINAL AGENCY ORDER

IN THE MATTER OF DISCIPLINARY PROCEEDINGS REGARDING THE IN-STATE WHOLESALE REGISTRATION IN THE STATE OF COLORADO OF MEDTRONIC LOGISTICS, LLC, REGISTRATION NO. WHI 6007,

Respondent Outlet.

IT IS HEREBY STIPULATED AND AGREED by and between the Colorado State Board of Pharmacy ("Board") and Medtronic Logistics, LLC ("Respondent Outlet") to resolve all matters pertaining to Board Case Number 2017-3679, as follows:

FINDINGS AND CONCLUSIONS

1. The Board has jurisdiction over Respondent Outlet, its registration as an in-state 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. (2017).
2. Respondent Outlet was originally registered in the State of Colorado on or about December 7, 2006, being issued registration number WHI 6007, 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 18501 Plaza Dr., Parker, CO 80134.
4. Respondent Outlet admits these findings and hereby waives any further proof in this proceeding before the Board regarding the following facts.
5. Respondent Outlet failed to timely submit an application to the Board detailing a change in designated representative and fee. In this case, thirteen (13) months transpired between May 31, 2016, date the previous designated representative ceased the position, and June 27, 2017, the date the application and fee were received.
6. Respondent Outlet was required to report a change of designated representative to the Board within thirty (30) days of such change.

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;

(k) Has failed to meet generally accepted standards of pharmacy practice.

12-42.5-303. Wholesaler license requirements.

(5) The designated representative of an applicant for a wholesaler license shall:

(i) Update all of the information required in this part 3 whenever changes occur.

Pharmacy Board Rules and Regulations

15.01.11 Minimum required information for registration.

b. Changes in any information in section 15.01.11 shall be submitted to the Board within thirty calendar days thereof.

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 §12-42.5-124(5)(a)(I), C.R.S., Respondent Outlet shall pay a fine of One Thousand Dollars and No Cents (\$1,000.00). Respondent Outlet understands and acknowledges that, pursuant to §24-34-108, C.R.S., the Executive Director of the Department of Regulatory Agencies shall

impose an additional surcharge of 15% of this fine. Respondent Outlet shall therefore pay a total amount of One Thousand One Hundred Fifty Dollars and No Cents (\$1,150.00). The total amount shall be payable to the State of Colorado and shall be remitted in one (1) lump sum to be included when Respondent Outlet submits this signed Final Agency Order to the Board. Respondent Outlet shall write its registration number (WHI 6007) and the case number (2017-3679) on the check.

9. **Compliance.** Respondent Outlet shall submit all future applications and appropriate fees to the Board detailing changes in designated representative within the required time frame specified by Board rule or statute in effect at the time of such designated representative change.
10. **Other Requirements.** Respondent Outlet acknowledges and agrees that, as a condition of this Final Agency Order, Respondent Outlet shall:
 - a. promptly pay all Respondent Outlet's own fees and costs associated with this Final Agency Order;
 - b. comply fully with this Final Agency Order; and
 - c. comply fully with the Pharmacists, Pharmacy Businesses and Pharmaceuticals Act, all Board rules and regulations, and any other state and federal laws and regulations related to pharmacists and pharmaceuticals in the State of Colorado.
11. **Advisements and Waivers.** Through its undersigned Authorized Representative, Respondent Outlet enters into this Final Agency Order freely and voluntarily, after having the opportunity to consult with legal counsel and/or choosing not to do so. Respondent Outlet acknowledges its understanding that it has the following rights:
 - a. to have formal notice of hearing and charges served upon it;
 - b. to respond to said formal notice of charges.
 - c. to have a formal disciplinary hearing pursuant to §§12-42.5-123 and 12-42.5-124, C.R.S.; and
 - d. to appeal this Final Agency Order.

Respondent Outlet freely waives these rights, and acknowledges that such waiver is made voluntarily in consideration for the Board's limiting the action taken against Respondent Outlet to the sanctions imposed herein.

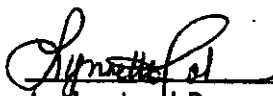
12. **Acknowledgments.** The undersigned Authorized Representative of Respondent Outlet has read this Final Agency Order in its entirety and acknowledges, after having the opportunity to consult with legal counsel and/or choosing not to do so, that Respondent Outlet understands the legal consequences and agrees that none

of the terms or conditions herein is unconscionable. Respondent Outlet is not relying on any statements, promises or representations from the Board other than as may be contained in this Final Agency Order. Respondent Outlet further acknowledges that it is not entering into this Final Agency Order under any duress.

13. **Violations.** Time is of the essence in this Final Agency Order. It is the responsibility of Respondent Outlet to take all appropriate steps to comply fully with this Final Agency Order. Respondent Outlet acknowledges and agrees that any violation of this Final Agency Order shall constitute a willful violation of a lawful Board order, may be sanctioned as provided under §12-42.5-124(4), C.R.S., and may be sufficient grounds for additional discipline, including but not limited to revocation of Respondent Outlet's registration. The pendency of any suspension or disciplinary action arising out of an alleged violation of this Final Agency Order shall not affect the obligation of Respondent Outlet to comply with all terms and conditions of this Final Agency Order.
14. **Completion of Terms.** Upon satisfactory completion of all terms and conditions set forth in this Final Agency Order, the Board shall release Respondent Outlet from the Final Agency Order, and Respondent Outlet's registration will be restored to active and unencumbered status.
15. **Integration and Severability.** Upon execution by all parties, this Final Agency Order shall represent the entire and final agreement of and between the parties. In the event any provision of this Final Agency Order is deemed invalid or unenforceable by a court of law, it shall be severed and the remaining provisions of this Final Agency Order shall be given full force and effect.
16. **Public Record.** Upon execution by all parties, this Final Agency Order shall be a public record, maintained in the custody of the Board.
17. **Board Order.** This Final Agency Order shall become an order of the Board when it is accepted and signed by the Program Director or authorized Board representative
18. **Effective Date.** This Final Agency Order shall become effective upon (a) mailing by first-class mail to Respondent Outlet at Respondent Outlet's address of record with the Board, or (b) service by electronic means on Respondent Outlet at Respondent Outlet's electronic address of record with the Board. Respondent Outlet hereby consents to service by electronic means if Respondent Outlet has an electronic address on file with the Board.

ACCEPTED AND AGREED BY

Respondent Outlet



Authorized Representative

Dated: 3/20/18

License Compliance Analyst

Name / Title

FINAL AGENCY ORDER

WHEREFORE, the within Stipulation and Final Agency Order is approved, accepted, and hereby made an Order of the Board.

Done and effective this 3rd day of April, 2018.

State Board of Pharmacy

BY: 

Wendy Anderson

Program Director

IN THE MATTER OF:) BEFORE THE ALABAMA STATE
)
 MEDTRONIC LOGISTICS LLC) BOARD OF PHARMACY
)
 Wholesale Distributor) CASE NO: 19-L-0013
 Permit No. 194466)
CONSENT ORDER

THIS MATTER comes before the Alabama State Board of Pharmacy (hereinafter referred to as the "Board") on a complaint against Medtronic Logistics LLC (hereinafter referred to as "Medtronic") 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."

Pursuant to Code of Alabama (1975) Section 41-22-12(f) the parties have agreed to informally resolve this matter by the entry of this Consent Order, the terms of which are as follows:

1 The Board finds that Medtronic violated the applicable provisions based upon the conduct set out in each and every Count of the Statement.

2 Medtronic shall pay to the Board an administrative fine in the amount of Two Thousand dollars (\$2,000.00) within thirty (30) days of the effective date of this Order which is the date it is executed on behalf of the Board. This obligation of payment to the Board shall not be dischargeable in bankruptcy and Medtronic shall not attempt to discharge the same in any bankruptcy proceeding.

3 That Medtronic 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. Medtronic 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, Medtronic 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. That Medtronic agrees that any further violation of the Alabama Pharmacy Practice Act, the rules and regulations of the Alabama State Board of Pharmacy or any other applicable laws may, upon proof and hearing thereof, result in further disciplinary sanctions against its license.

6. That Medtronic acknowledges, stipulates and agrees that it has read this Consent Order and that it fully understands the terms, conditions and contents of the same. Medtronic acknowledges, stipulates and agrees that it voluntarily and of its own free will accepts the terms and conditions set out in this Consent Order and is executing this Consent Order freely and voluntarily without coercion, duress, or threats or pursuant to any promises and had the right to seek advice of counsel before executing this Consent Order.

DONE this the 10th day of June 2019

Medtronic Logistics LLC

By *[Signature]*
Its *[Signature]*

DONE this the 19th day of June 2019

ALABAMA STATE BOARD OF PHARMACY

By *[Signature]*
Kenny Sanders R Ph President

By *[Signature]*
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
	)	
MEDTRONIC LOGISTICS LLC	)	BOARD OF PHARMACY
	)	
Wholesale Distributor	)	CASE NO: 19-L-0013
Permit No. 194466	)	

STATEMENT OF CHARGES AND NOTICE OF HEARING

TO: Medtronic Logistics LLC
18501 E Plaza Drive
Parker, Colorado 80134

Pursuant to the provisions of Code of Alabama (1975). § 34-23-32. § 34-23-32 1 § 34-23-34, § 34-23-92(11) and (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 July 15, 2019 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 Medtronic Logistics LLC (Medtronic) 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 Medtronic 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) Compliance with the requirements to maintain records required to be maintained.
- (c) The furnishing by the applicant of false or fraudulent material in any application made in connection with drug manufacturing or distribution.
- (d) 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 the entry of a Stipulation and Final Agency Order by the Colorado State Board of Pharmacy on April 3, 2018 attached hereto as Exhibit "A" and/or your failure to notify the Colorado Board of a change in your designated representative for thirteen (13) months when required to do so in thirty (30) days

COUNT TWO

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 failure to disclose when required to do so on your 2019-2020 Renewal Application the Colorado discipline referenced above

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 23rd day of January, 2019

ALABAMA STATE BOARD OF PHARMACY

By



Donna C. Yeatman
Executive Secretary

STATE OF MAINE
BOARD OF PHARMACY

IN RE:	)	
	)	
MEDTRONIC LOGISTICS LLC	)	CONSENT AGREEMENT
	)	
Case No. 2021-PHA-17242	)	

PARTIES

This document is a Consent Agreement regarding the pending application of Medtronic Logistics LLC, for the renewal of its pharmaceutical wholesaler license. The parties to this Consent Agreement are: Medtronic Logistics LLC ("Medtronic"), the Maine Board of Pharmacy ("the Board"), and the Office of the Maine Attorney General ("the Attorney General"). This Consent Agreement is entered into pursuant to 10 M.R.S. § 8003(5-A).

STATEMENT OF FACTS

1. Since February 27, 2013, Medtronic has been licensed in Maine as a pharmaceutical wholesaler with a registered location of 18501 Plaza Drive, Parker, Colorado (license number **WH70002083**).
2. On April 3, 2018, the Colorado State Board of Pharmacy imposed discipline against Medtronic's Colorado registration (WHI 6007) pursuant to a Stipulation and Final Agency Order in Case No. 2017-3679.
3. Medtronic failed to report the Colorado discipline to the Board within 10 days as required by 10 M.R.S. § 8003-G(2)(C).
4. On December 12, 2018, the Board received Medtronic's renewal application.

5. On that application, Medtronic responded “No” to the following question: “Since your last renewal, has any jurisdiction taken disciplinary action against any professional license you hold (except this license) or have held or denied your application for licensure?”

6. The Board accordingly renewed Medtronic’s pharmaceutical wholesaler license.

7. On June 19, 2019, the Alabama State Board of Pharmacy imposed discipline against Medtronic’s Alabama permit (194466) pursuant to a Consent Order in Case No.19-L-0013.

8. Medtronic failed to report the Alabama discipline to the Board within 10 days as required by 10 M.R.S. § 8003-G(2)(C).

9. On July 18, 2019, Medtronic reported to the Board for the first time that the Alabama State Board of Pharmacy had disciplined its permit.

10. On February 3, 2020, Medtronic reported to the Board for the first time that the Colorado State Board of Pharmacy had disciplined its registration.

11. Pursuant to 10 M.R.S. § 8003(5-A)(A)(11) and 10 M.R.S. § 8003-G(2)(C), the Board may deny, refuse to renew, suspend, or revoke a license and impose other discipline for failing to report a license disciplinary action to the Board within 10 days of that action.

12. At its meeting on January 7, 2021, the Board reviewed the above information and voted to preliminarily deny Medtronic’s application for renewal of its license to be a pharmaceutical wholesaler. In lieu of the denial, the Board also voted to offer Medtronic this Consent Agreement. Unless Medtronic either requests, in writing, a hearing regarding the appeal of the preliminary denial within thirty (30) days of receipt of the Notice of Preliminary Denial, or accepts this Consent Agreement by signing and dating it and returning it to Maine Board of Pharmacy, Compliance Division, Office of Professional and Occupational Regulation, 35 State House Station, Augusta, ME

04333-0035, by July 12, 2021, the preliminary denial of Medtronic's application for licensure as a pharmaceutical wholesaler will become final.

COVENANTS

13. Medtronic admits to the facts above and admits that such conduct constitutes grounds for denial of or refusal to renew its license and for the imposition of discipline as follows:

- a. Pursuant to 10 M.R.S. § 8003(5-A)(A)(11) and 10 M.R.S. § 8003-G(2)(C) for failing to report disciplinary action taken against a license in another jurisdiction within 10 days after the action was taken; and
- b. Pursuant to 10 M.R.S. § 8003(5-A)(A)(1), for making a misrepresentation to the Board on its December 12, 2018 application for renewal of licensure.

14. As discipline for the violation admitted to in paragraph 13 above, Medtronic agrees to accept the following DISCIPLINARY ACTION:

- a) A REPRIMAND; and
- b) A CIVIL PENALTY in the amount of two thousand dollars (\$2,000.00), which penalty is comprised of \$1,500.00 for misrepresentation on its application and \$500.00 for failing to report discipline within 10 days, payment of which shall be made payable to the "Treasurer, State of Maine" and delivered to Maine Board of Pharmacy, Compliance Division, Office of Professional and Occupational Regulation, 35 State House Station, Augusta, Maine 04333-0035, and must be submitted with the signed Consent Agreement.

15. Upon receipt of this signed Consent Agreement with the enclosed payment of the civil penalty from Medtronic, the Board will renew Medtronic's license contingent upon it meeting all other eligibility criteria.

16. Violation of any of the terms or conditions of this Consent Agreement by Medtronic shall constitute grounds for discipline, including but not limited to modification, suspension, or revocation of licensure or the denial of licensure or re-licensure.

17. The Board and Medtronic agree that no further agency action will be initiated against its license by the Board based upon the specific violations admitted to herein, except or unless Medtronic fails to comply with the terms and conditions of this Consent Agreement. The Board may however consider the conduct described above as evidence of a pattern of misconduct if other allegations are brought against Medtronic, and this Consent Agreement will be admitted into evidence in any future adjudicatory hearing involving Medtronic. The Board may also consider the fact that discipline was imposed by this Consent Agreement in determining appropriate discipline in any further complaints against Medtronic.

18. This Consent Agreement is not appealable and is effective until modified or terminated by the parties hereto.

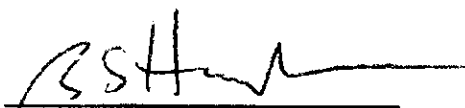
19. The Board and the Attorney General may communicate and cooperate regarding any matter related to this Consent Agreement.

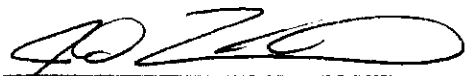
20. This Consent Agreement is a public record within the meaning of 1 M.R.S. § 402 and will be available for inspection and copying by the public pursuant to 1 M.R.S. § 408-A.

21. Nothing in this Consent Agreement shall be construed to affect any right or interest of any person not a party hereto.

22. Medtronic acknowledges by its duly authorized representative's signature hereto that it has had an opportunity to consult with an attorney before executing this Consent Agreement, that it executes this Consent Agreement voluntarily, and that it agrees to abide by all terms and conditions set forth herein.

DATED: 6/11/21 MEDTRONIC LOGISTICS LLC
By: 
Print Name: Philip J Albert
Title: Vice President

DATED: 7/8/21 
BRADLEY S. HAMILTON, R.Ph., PRESIDENT
Maine Board of Pharmacy

DATED: 7/9/21 
JOHN NICHOLS
Assistant Attorney General

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Establishment Registration & Device Listing

[FDA Home](#) [Medical Devices](#) [Databases](#)[New Search](#)[Back To Search Results](#)**Establishment:**

Medtronic Inc, -Swinnea
4340 Swinnea Rd MS SS-46
5300 Airway Blvd. Memphis, TN 38116
Memphis, TN 38118

Registration Number: 3009380063**FEI Number*:** 3009380063**Status:** Active**Date Of Registration Status:** 2023**Owner/Operator:**

Medtronic, Inc.
710 Medtronic Parkway
Minneapolis, MN US 55432
Owner/Operator Number: 2112641

Official Correspondent:

Robert Cassidy
Medtronic Operations Distribution Memphis
4340 Swinnea Road
Bldg. B
Memphis, TN 38118
Phone: 901-3992148

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

Medtronic Logistics LLC. Officer List

<u>Name</u>	<u>company title</u>	<u>Business Address</u>
Robert Varner	President	████ Swinnea Rd, █████ Memphis TN 38118
Dov Shenkman	Vice President	████ Orchard Ln. Glencoe IL 60022
Punit Menon	Vice President	████ N Wildwood Ave. Shorewood, WI 53211

August 24, 2023

Nevada State Board of Pharmacy

985 Damonte Ranch PKWY, Suite 206
Reno, NV 89521

Medtronic USA, Inc. maintains 100% ownership of Medtronic Logistics LLC:

Organizational Chart





75311 0287
TENNESSEE DEPARTMENT OF HEALTH
DIVISION OF HEALTH RELATED BOARDS

ID NUMBER: 0000009230

EXPIRATION DATE: 06/30/2025

This is to certify that all requirements of the State of Tennessee have been met.

PHARMACY BOARD
MANUFACTURER
MEDTRONIC LOGISTICS LLC

Debra
COMMISSIONER OF HEALTH

MEDTRONIC LOGISTICS LLC
5300 AIRWAYS BOULEVARD
SUITE 101
MEMPHIS TN 38116



73470328
33381
BOARD OF PHARMACY
MANUFACTURER
MEDTRONIC LOGISTICS LLC
5300 AIRWAYS BOULEVARD
SUITE 101
MEMPHIS TN 38116

*This is to certify that all requirements of the State of Tennessee
have been met.*

ID NUMBER: 0000009230

EXPIRATION DATE: 06/30/2025

Debra
COMMISSIONER OF HEALTH

ENTITY INFORMATION**ENTITY INFORMATION****Entity Name:**

MEDTRONIC USA, INC.

Entity Number:

C28994-1997

Entity Type:

Foreign Corporation (80)

Entity Status:

Active

Formation Date:

12/24/1997

NV Business ID:

NV19971357977

Termination Date:

Perpetual

Annual Report Due Date:

12/31/2023

Domicile Name:**Jurisdiction:**

Minnesota

REGISTERED AGENT INFORMATION

Name of Individual or Legal Entity:

CORPORATION SERVICE COMPANY*

Status:

Active

CRA Agent Entity Type:**Registered Agent Type:**

Commercial Registered Agent

NV Business ID:

NV20101844335

Office or Position:**Jurisdiction:**

DELAWARE

Street Address:

112 NORTH CURRY STREET, Carson City, NV, 89703, USA

Mailing Address:**Individual with Authority to Act:**

Not Available

Fictitious Website or Domain Name:**OFFICER INFORMATION**☐ **VIEW HISTORICAL DATA**

Title	Name	Address	Last Updated	Status
President	Jennifer Kirk	710 Medtronic Parkway, Minneapolis, MN, 55432, USA	11/30/2022	Active
Secretary	Martha Ha	710 Medtronic Parkway, Minneapolis, MN, 55432, USA	11/30/2022	Active
Treasurer	Jason M. Bristow	710 Medtronic Parkway, Minneapolis, MN, 55432, USA	11/30/2022	Active
Director	Tim Vorgert	710 Medtronic Parkway, Minneapolis, MN, 55432, USA	11/30/2022	Active
Director	Jason M. Bristow	710 Medtronic Parkway, Minneapolis, MN, 55432, USA	11/30/2022	Active

< Previous ... 1 **2** ... **Next >** Page 1 of 2, records 1 to 5 of 6 **Go to Page****CURRENT SHARES**

Class/Series	Type	Share Number	Value
	Authorized	1,000	0.100000000000

Page 1 of 1, records 1 to 1 of 1

Unlimited Foreign Entities Only

No Stock Foreign Entities Only

Number of No Par Value Shares:

0

Total Authorized Capital:

100[Filing History](#)[Name History](#)[Mergers/Conversions](#)[Return to Search](#)[Return to Results](#)



CERTIFICATE OF LIABILITY INSURANCE

0241

DATE (MM/DD/YYYY)
04/14/2022

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 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 Inc. 333 South 7th Street, Suite 1400 Minneapolis, MN 55402-2400	CONTACT NAME: Marsh U.S. Operations		
	PHONE (A/C, No, Ext): 866-966-4664	FAX (A/C, No): 212-948-5382	
	E-MAIL ADDRESS: Minneapolis.CertRequest@marsh.com		
INSURED Medtronic, Inc. and its subsidiaries 710 Medtronic Parkway LS370 Minneapolis, MN 55432	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A: ACE American Insurance Company		22667
	INSURER B: Indemnity Insurance Company of North America		43575
	INSURER C: ACE Fire Underwriters Insurance Company		20702
	INSURER D:		
	INSURER E:		
INSURER F:			

COVERAGES**CERTIFICATE NUMBER:**

CHI-009507606-19

REVISION NUMBER: 2

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	☒ COMMERCIAL GENERAL LIABILITY ☒ CLAIMS-MADE ☐ OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: ☒ POLICY ☐ PRO-JECT ☐ LOC OTHER:			SPL G24561288 007	05/01/2022	05/01/2024 *	EACH OCCURRENCE \$ 5,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 15,000,000 PRODUCTS - COMP/OP AGG \$ 15,000,000
A	☒ AUTOMOBILE LIABILITY ☒ ANY AUTO ☐ OWNED AUTOS ONLY ☐ HIRED AUTOS ONLY ☐ SCHEDULED AUTOS ☐ NON-OWNED AUTOS ONLY			ISAH25563517	05/01/2022	05/01/2023	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	☐ UMBRELLA LIAB ☐ EXCESS LIAB ☐ DED ☐ RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N ☒ N	N/A	WLRC688922641 (AOS) (Incl Stop Gap EL: MN,ND,OH,WA,WY,PR) WLRC68922768 (MO,NC,NE,OK) WLRC68922720 (MA)	05/01/2022 05/01/2022 05/01/2022	05/01/2023 05/01/2023 05/01/2023	☒ PER STATUTE ☐ OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
C	Workers Compensation continued			SCFC6892280A (WI)	05/01/2022	05/01/2023	Limit: See Above
A	Excess Workers Compensation			WCUC68922689 (AZ) excess of \$1M SIR	05/01/2022	05/01/2023	Limit: 1,000,000

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

CERTIFICATE HOLDER**CANCELLATION**

Medtronic, Inc. 710 Medtronic Parkway LS370 Minneapolis, MN 55432	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE <i>Marsh USA Inc.</i>

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AGENCY CUSTOMER ID: CN103154363

LOC #: Minneapolis



ADDITIONAL REMARKS SCHEDULE

Page 2 of 2

AGENCY Marsh USA Inc.		NAMED INSURED Medtronic, Inc. and its subsidiaries 710 Medtronic Parkway LS370 Minneapolis, MN 55432
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

Professional Health Care Liability:
Policy # SPL G24561288 007
05/01/2022 - 05/01/2024
Carrier: ACE American Insurance Company
\$2,000,000 Each Claim
\$15,000,000 Aggregate

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. 190054165

Application/License No. _____

Medtronic USA Inc., doing or intending to do business as a
Applicant/Principal

pharmaceutical wholesaler, whose address for purposes of service is

5300 Airways Blvd., Memphis, TN 38116, as
Address of Applicant/Principal

PRINCIPAL, and Liberty Mutual Insurance Company, a
Surety Company

corporation organized under the laws of the state of Massachusetts
State of Incorporation

and authorized to transact a general surety business in the State of

Nevada, whose address for purposes of service is

175 Berkeley Street, Boston, MA 02116 as
Address of Surety

SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of 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 5, 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

5th day of October, 2023.

APPLICANT/PRINCIPAL

Medtronic USA Inc

Eric J. Dooder, I
Authorized Representative

SURETY COMPANY

Liberty Mutual Insurance Company

Cynthia L. Choren
Surety Company's Representative

Cynthia L. Choren, Attorney-in-fact

print name

NV Non-Resident License No. 221080

SIGNED and SEALED in the presence of:

Witness

SIGNED and SEALED in the presence of:

Brittany D. Stuckel
Witness Brittany D. Stuckel

Witness

Heidi A. Notheisen
Witness Heidi A. Notheisen

Countersigned by:

N/A

Nevada Resident Agent



This Power of Attorney limits the acts of those named herein, and they have no authority to bind the Company except in the manner and to the extent herein stated.

Liberty Mutual Insurance Company
The Ohio Casualty Insurance Company
West American Insurance Company

Certificate No: 8204886

POWER OF ATTORNEY

KNOWN ALL PERSONS BY THESE PRESENTS: That The Ohio Casualty Insurance Company is a corporation duly organized under the laws of the State of New Hampshire, that Liberty Mutual Insurance Company is a corporation duly organized under the laws of the State of Massachusetts, and West American Insurance Company is a corporation duly organized under the laws of the State of Indiana (herein collectively called the "Companies"), pursuant to and by authority herein set forth, does hereby name, constitute and appoint, Cynthia L. Choren

all of the city of St. Louis state of Missouri each individually if there be more than one named, its true and lawful attorney-in-fact to make, execute, seal, acknowledge and deliver, for and on its behalf as surety and as its act and deed, any and all undertakings, bonds, recognizances and other surety obligations, in pursuance of these presents and shall be as binding upon the Companies as if they have been duly signed by the president and attested by the secretary of the Companies in their own proper persons.

IN WITNESS WHEREOF, this Power of Attorney has been subscribed by an authorized officer or official of the Companies and the corporate seals of the Companies have been affixed thereto this 15th day of February, 2021.

Liberty Mutual Insurance Company
The Ohio Casualty Insurance Company
West American Insurance Company



By: David M. Carey

David M. Carey, Assistant Secretary

STATE OF PENNSYLVANIA 85
COUNTY OF MONTGOMERY

On this 15th day of February, 2021, before me personally appeared David M. Carey, who acknowledged himself to be the Assistant Secretary of Liberty Mutual Insurance Company, The Ohio Casualty Company, and West American Insurance Company, and that he, as such, being authorized so to do, execute the foregoing instrument for the purposes therein contained by signing on behalf of the corporations by himself as a duly authorized officer.

IN WITNESS WHEREOF, I have hereunto subscribed my name and affixed my notarial seal at King of Prussia, Pennsylvania, on the day and year first above written.



Commonwealth of Pennsylvania - Notary Seal
Teresa Pastella, Notary Public
Montgomery County
My commission expires March 28, 2025
Commission number 1128044
Member, Pennsylvania Association of Notaries

By: Teresa Pastella
Teresa Pastella, Notary Public

This Power of Attorney is made and executed pursuant to and by authority of the following By-laws and Authorizations of The Ohio Casualty Insurance Company, Liberty Mutual Insurance Company, and West American Insurance Company which resolutions are now in full force and effect reading as follows:

ARTICLE IV - OFFICERS: Section 12. Power of Attorney.

Any officer or other official of the Corporation authorized for that purpose in writing by the Chairman or the President, and subject to such limitation as the Chairman or the President may prescribe, shall appoint such attorneys-in-fact, as may be necessary to act in behalf of the Corporation to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations. Such attorneys-in-fact, subject to the limitations set forth in their respective powers of attorney, shall have full power to bind the Corporation by their signature and execution of any such instruments and to attach thereto the seal of the Corporation. When so executed, such instruments shall be as binding as if signed by the President and attested to by the Secretary. Any power or authority granted to any representative or attorney-in-fact under the provisions of this article may be revoked at any time by the Board, the Chairman, the President or by the officer or officers granting such power or authority.

ARTICLE XIII - Execution of Contracts: Section 5. Surety Bonds and Undertakings.

Any officer of the Company authorized for that purpose in writing by the chairman or the president, and subject to such limitations as the chairman or the president may prescribe, shall appoint such attorneys-in-fact, as may be necessary to act in behalf of the Company to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations. Such attorneys-in-fact, subject to the limitations set forth in their respective powers of attorney, shall have full power to bind the Company by their signature and execution of any such instruments and to attach thereto the seal of the Company. When so executed such instruments shall be as binding as if signed by the president and attested by the secretary.

Certificate of Designation - The President of the Company, acting pursuant to the Bylaws of the Company, authorizes David M. Carey, Assistant Secretary to appoint such attorneys-in-fact as may be necessary to act on behalf of the Company to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations.

Authorization - By unanimous consent of the Company's Board of Directors, the Company consents that facsimile or mechanically reproduced signature of any assistant secretary of the Company, wherever appearing upon a certified copy of any power of attorney issued by the Company in connection with surety bonds, shall be valid and binding upon the Company with the same force and effect as though manually affixed.

I, Renee C. Llewellyn, the undersigned, Assistant Secretary, of Liberty Mutual Insurance Company, The Ohio Casualty Insurance Company, and West American Insurance Company do hereby certify that this power of attorney executed by said Companies is in full force and effect and has not been revoked.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seals of said Companies this 5th day of October 2023



By: Renee C. Llewellyn
Renee C. Llewellyn, Assistant Secretary

Not valid for mortgage, note, loan, letter of credit, currency rate, interest rate or residual value guarantees.

For bond and/or Power of Attorney (POA) verification inquiries, please call 610-832-8240 or email HOSUR@libertymutual.com.

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 Medtronic Logistics LLC MDEG License # (if applicable) Not applicable
Physical Address 5300 Airways Blvd, Suite 101
City Memphis State TN Zip 38116
Mailing Address (if different from physical address) Attn: Kay Knox, 243 Lynwood Lane
City Lancaster State OH Zip 43130
Telephone 614-489-5164 Website www.medtronic.com
Licensing Company Email kay.knox@cevalogistics.com

Section 2: Personal Information

First Brandon Middle Riley Last Gentry
Alias(es, nicknames, name changes, etc.) Not applicable
Date of Birth [REDACTED] SSN or ITIN [REDACTED] Sex ☒ M ☐ F ☐ X
Mailing Address [REDACTED]
City Collierville State TN Zip 38017 T
Telephone [REDACTED] Email brandon.r.gentry@medtronic.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?		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 University of Memphis		From - To (MM/YY - MM/YY) Aug 2000 to Aug 2005	
Address 3720 Alumni Ave	City Memphis	State TN	Zip 38152
Diploma/Degree obtained, if any Bachelor of Business Admin.			
School Name White Station High School		From - To (MM/YY - MM/YY)	
Address 514 S Perkins Rd	City Memphis	State TN	Zip 38117
Diploma/Degree obtained, if any HS Diploma			
School Name Not applicable		From - To (MM/YY - MM/YY) Not applicable	
Address Not applicable	City Not applicable	State NA	Zip NA
Diploma/Degree obtained, if any Not applicable			
School Name Not applicable		From - To (MM/YY - MM/YY) Not applicable	
Address Not applicable	City Not applicable	State NA	Zip NA
Diploma/Degree obtained, if any Not applicable			
School Name Not applicable		From - To (MM/YY - MM/YY) Not applicable	
Address Not applicable	City Not applicable	State NA	Zip NA
Diploma/Degree obtained, if any Not applicable			

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) May 2013 to present	Address [REDACTED]	City Collierville	State TN	Zip 38017
From - To (MM/YY - MM/YY) Not applicable	Address Not applicable	City Not applicable	State NA	Zip NA
From - To (MM/YY - MM/YY) Not applicable	Address Not applicable	City Not applicable	State NA	Zip NA
From - To (MM/YY - MM/YY) Not applicable	Address Not applicable	City Not applicable	State NA	Zip NA
From - To (MM/YY - MM/YY) Not applicable	Address Not applicable	City Not applicable	State NA	Zip NA
From - To (MM/YY - MM/YY) Not applicable	Address Not applicable	City Not applicable	State NA	Zip NA
From - To (MM/YY - MM/YY) Not applicable	Address Not applicable	City Not applicable	State NA	Zip NA
From - To (MM/YY - MM/YY) Not applicable	Address Not applicable	City Not applicable	State NA	Zip NA
From - To (MM/YY - MM/YY) Not applicable	Address Not applicable	City Not applicable	State NA	Zip NA
From - To (MM/YY - MM/YY) Not applicable	Address Not applicable	City Not applicable	State NA	Zip NA

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 Medtronic Logistics LLC		From - To (MM/YY - MM/YY) Sept 2003 to Aug 2023	
Business Address 4340 Swinnea Rd		City Memphis	State TN
Phone 901-344-0922	Title Director Distribution Operations		Zip 38118
Description of Duties Provides oversight of daily operations for distribution functions of the Memphis Distribution Center. This includes management of throughput of inbound receipts and outbound shipments domestic and international.			
Business Name Not applicable		From - To (MM/YY - MM/YY) Not applicable	
Business Address Not applicable		City Not applicable	State NA
Phone Not applicable	Title Not applicable		Zip NA
Description of Duties Not applicable		Number of Employed Hours Not applicable	
Business Name Not applicable		From - To (MM/YY - MM/YY) Not applicable	
Business Address Not applicable		City Not applicable	State NA
Phone Not applicable	Title Not applicable		Zip NA
Description of Duties Not applicable		Number of Employed Hours Not applicable	
Business Name Not applicable		From - To (MM/YY - MM/YY) Not applicable	
Business Address Not applicable		City Not applicable	State NA
Phone Not applicable	Title Not applicable		Zip NA
Description of Duties Not applicable		Number of Employed Hours Not applicable	
Business Name Not applicable		From - To (MM/YY - MM/YY) Not applicable	
Business Address Not applicable		City Not applicable	State NA
Phone Not applicable	Title Not applicable		Zip NA
Description of Duties Not applicable		Number of Employed Hours Not applicable	
Business Name Not applicable		From - To (MM/YY - MM/YY) Not applicable	
Business Address Not applicable		City Not applicable	State NA
Phone Not applicable	Title Not applicable		Zip NA
Description of Duties Not applicable		Number of Employed Hours Not applicable	

Continue on next page if additional space is needed.

Business Name		From - To (MM/YY - MM/YY)	
Not applicable		Not applicable	
Business Address		City	State Zip
Not applicable		Not applicable	NA NA
Phone	Title	Number of Employed Hours	
Not applicable	Not applicable	Not applicable	
Description of Duties			
Not applicable			

Business Name		From - To (MM/YY - MM/YY)	
Not applicable		Not applicable	
Business Address		City	State Zip
Not applicable		Not applicable	NA NA
Phone	Title	Number of Employed Hours	
Not applicable	Not applicable	Not applicable	
Description of Duties			
Not applicable			

Business Name		From - To (MM/YY - MM/YY)	
Not applicable		NA	
Business Address		City	State Zip
Not applicable		Not applicable	NA NA
Phone	Title	Number of Employed Hours	
Not applicable	Not applicable	Not applicable	
Description of Duties			
Not applicable			

Business Name		From - To (MM/YY - MM/YY)	
Not applicable		Not applicable	
Business Address		City	State Zip
Not applicable		Not applicable	NA NA
Phone	Title	Number of Employed Hours	
Not applicable	Not applicable	Not applicable	
Description of Duties			
Not applicable			

Business Name		From - To (MM/YY - MM/YY)	
Not applicable		Not applicable	
Business Address		City	State Zip
Not applicable		Not applicable	NA NA
Phone	Title	Number of Employed Hours	
Not applicable	Not applicable	Not applicable	
Description of Duties			
Not applicable			

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. 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
Not Applicable	Not Applicable	NA	Not Applicable	Not Applicable
Case #	Governing, licensing, Arresting Presiding Body/Agency/Court			
Not Applicable	Not Applicable			
Reason/Charge				
Not Applicable				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Not Applicable			Not Applicable	
Name of Business/Industry/Entity				
Not Applicable				

Provide explanation below:

Not Applicable
Original Signature (electronic, copies or stamps not accepted)

Not Applicable
Date

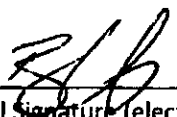
I, Brandon R Gentry, certify that as the MDEG Administrator for
Medtronic Logistics LLC

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.

Brandon Gentry
 Print Name (First, Last)


 Original Signature (electronic, copies or stamps not accepted)

7-12-2023
 Date

Board Use Only	Date Received: _____
----------------	----------------------



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

Filing Information

Name: **MEDTRONIC USA, INC.**

General Information

SOS Control #	000342643	Formation Locale:	MINNESOTA
Filing Type:	For-profit Corporation - Foreign	Date Formed:	06/15/1984
	12/23/1997 11:27 AM	Fiscal Year Close	4
Status:	Active		
Duration Term:	Perpetual		

Registered Agent Address
CORPORATION SERVICE COMPANY
2908 POSTON AVE
NASHVILLE, TN 37203-1312

Principal Address
710 MEDTRONIC PKWY
MINNEAPOLIS, MN 55432-5604

The following document(s) was/were filed in this office on the date(s) indicated below:

<u>Date Filed</u>	<u>Filing Description</u>	<u>Image #</u>
07/30/2023	2023 Annual Report	B1428-3527
07/28/2022	2022 Annual Report	B1255-0510
06/21/2021	2021 Annual Report	B1060-2087
07/28/2020	2020 Annual Report	B0898-0128
06/27/2019	2019 Annual Report	B0726-7904
05/17/2018	2018 Annual Report	B0548-4273
Principal Address 3 Changed From: LC355 To: ANDREA MITLYNG		
05/16/2018	Registered Agent Change (by Entity)	B0548-3196
Registered Agent Organization Name Changed From: C T CORPORATION SYSTEM To: CORPORATION SERVICE COMPANY		
Registered Agent Physical Address 1 Changed From: 300 MONTVUE RD To: 2908 POSTON AVE		
Registered Agent Physical City Changed From: KNOXVILLE To: NASHVILLE		
Registered Agent Physical County Changed From: KNOX COUNTY To: DAVIDSON COUNTY		
Registered Agent Physical Postal Code Changed From: 37919-5546 To: 37203-1312		
01/26/2018	Registered Agent Change (by Agent)	*B0478-4994
Registered Agent Physical Address 1 Changed From: 800 S GAY ST To: 300 MONTVUE RD		
Registered Agent Physical Address 2 Changed From: STE 2021 To: No Value		
Registered Agent Physical Postal Code Changed From: 37929-9710 To: 37919-5546		

Filing Information

Name: MEDTRONIC USA, INC.

05/31/2017	2017 Annual Report	B0400-0391
04/12/2016	2016 Annual Report	B0233-5743
05/18/2015	2015 Annual Report	B0102-0394
07/29/2014	2014 Annual Report	A0255-1000
05/22/2013	2013 Annual Report	A0177-1352
05/30/2012	2012 Annual Report	7055-2110
Principal Address 3 Changed From: No value To: LC355		
07/15/2011	2011 Annual Report	6915-1993
07/12/2010	2010 Annual Report	6743-2553
06/23/2009	2009 Annual Report	6557-1361
08/05/2008	2008 Annual Report	6359-1476
06/22/2007	2007 Annual Report	6078-1634
05/08/2006	2006 Annual Report	5786-0463
05/17/2005	2005 Annual Report	5459-0519
09/27/2004	Registered Agent Change (by Agent)	5243-0482
Registered Agent Physical Address Changed		
04/22/2004	2004 Annual Report	5119-0555
Principal Address Changed		
Mail Address Changed		
04/25/2003	2003 Annual Report	4801-0947
Principal Address Changed		
07/05/2002	2002 Annual Report	4543-0316
04/23/2001	2001 Annual Report	4184-1137
Principal Address Changed		
07/28/2000	2000 Annual Report	3963-0649
07/26/1999	CMS Annual Report Update	3719-0164
Principal Address Changed		
Fiscal Year Close Changed		
06/18/1999	Notice of Determination	ROLL 3699
12/23/1997	Initial Filing	3427-2701

Active Assumed Names (if any)

Date

Expires

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 Medtronic Logistics LLC
 Pharmacy/Wholesaler License # (if applicable) Not Assigned
 Physical Address 5300 Airways Blvd, Suite 102
 City Memphis State TN Zip 38116
 Mailing Address (if different from physical address) : Attn: Kay Knox 243 Lynwood Ln
 City Lancaster State OH Zip 43130
 Telephone 901-344-0922 Website medtronic.com
 Licensing Company Email brandon.r.gentry@medtronic.com Kay.Knox@cevalogistics.com

Section 2: Personal Information

First Brandon Middle Riley Last Gentry
 Alias(es, nicknames, name changes, etc.) N/A
 Date of Birth [REDACTED] SSN or ITIN [REDACTED] Sex ☒ M ☐ F ☐ X
 Mailing Address [REDACTED]
 City Collierville State TN Zip 38017
 Telephone [REDACTED] Email brandon.r.gentry@medtronic.com
 Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.320)	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 639.120)	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 University of Memphis		From - To (MM/YY - MM/YY) Aug 2000 to Aug 2005	
Address 3720 Alumni Ave	City Memphis	State TN	Zip 38152
Diploma/Degree obtained, if any Bachelor of Business Admin			
School Name White Station High School		From - To (MM/YY - MM/YY)	
Address 514 S Perkins Rd	City Memphis	State TN	Zip 38117
Diploma/Degree obtained, if any			
School Name NOT APPLICABLE		From - To (MM/YY - MM/YY) NA	
Address NOT APPLICABLE	City NA	State NA	Zip NA
Diploma/Degree obtained, if any NOT APPLICABLE			
School Name NOT APPLICABLE		From - To (MM/YY - MM/YY) NA	
Address NOT APPLICABLE	City NA	State NA	Zip NA
Diploma/Degree obtained, if any NOT APPLICABLE			
School Name NOT APPLICABLE		From - To (MM/YY - MM/YY) NA	
Address NOT APPLICABLE	City NA	State NA	Zip NA
Diploma/Degree obtained, if any NOT APPLICABLE			
School Name NOT APPLICABLE		From - To (MM/YY - MM/YY) NA	
Address NOT APPLICABLE	City NA	State NA	Zip NA
Diploma/Degree obtained, if any NOT APPLICABLE			

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) May 2013 to Current	Address [REDACTED]	City Collierville	State TN	Zip 38017
From - To (MM/YY - MM/YY) NA	Address NA	City NA	State NA	Zip NA
From - To (MM/YY - MM/YY) NA	Address NA	City NA	State NA	Zip NA
From - To (MM/YY - MM/YY) NA	Address NA	City NA	State NA	Zip NA
From - To (MM/YY - MM/YY) NA	Address NA	City NA	State NA	Zip NA
From - To (MM/YY - MM/YY) NA	Address NA	City NA	State NA	Zip NA
From - To (MM/YY - MM/YY) NA	Address NA	City NA	State NA	Zip NA
From - To (MM/YY - MM/YY) NA	Address NA	City NA	State NA	Zip NA
From - To (MM/YY - MM/YY) NA	Address NA	City NA	State NA	Zip NA
From - To (MM/YY - MM/YY) NA	Address NA	City NA	State NA	Zip NA

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 Medtronic Logistics LLC		From - To (MM/YY - MM/YY) Sep 2003- Aug 2023	
Business Address 4340 Swinnea Rd		City Memphis	State TN
Phone 901-344-0922	Title Director Distribution Operations		Number of Employed Hours - \$ 40,000+
Description of Duties Provide oversight of daily operations for disubution functions of the Memphis distribution center. This include mangement of throughput of inbound receipts and outbound shipments domestic and international.			
Business Name NOT APPLICABLE		From - To (MM/YY - MM/YY) NA	
Business Address NOT APPLICABLE		City NA	State NA
Phone NOT APPLICABLE	Title NOT APPLICABLE		Number of Employed Hours NA
Description of Duties NOT APPLICABLE			
Business Name NOT APPLICABLE		From - To (MM/YY - MM/YY) NA	
Business Address NOT APPLICABLE		City NA	State NA
Phone NOT APPLICABLE	Title NOT APPLICABLE		Number of Employed Hours NA
Description of Duties NOT APPLICABLE			
Business Name NOT APPLICABLE		From - To (MM/YY - MM/YY) NA	
Business Address NOT APPLICABLE		City NA	State NA
Phone NA	Title NA		Number of Employed Hours NA
Description of Duties NOT APPLICABLE			
Business Name NOT APPLICABLE		From - To (MM/YY - MM/YY) NA	
Business Address NOT APPLICABLE		City NA	State NA
Phone NA	Title NA		Number of Employed Hours NA
Description of Duties NOT APPLICABLE			

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 manufacture or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

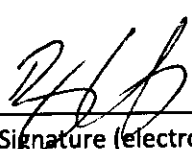
Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement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

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

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

Provide explanation below:

N
A


Original Signature (electronic, copies or stamps not accepted)

8-11-2023
Date

I, Brandon Gentry, certify that as the designated representative for
Medtronic Logistics LLC

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. Bb I am at least 21 years of age;
3. Bb 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. Bb I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. Bb I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. Bb 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. Bb I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Brandon Gentry
Print Name (First, Last)
Bb
Original Signature (electronic, copies or stamps not accepted)

8-11-2023
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.

Brandon Gentry
Print Name (First, Last)

[Signature]
Original Signature (electronic, copies or stamps not accepted)

8-11-2023
Date

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

State of Tennessee, ss. County of Shelby

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

[Signature]
Original Signature

8-11-2023
Date

Subscribed and Sworn to before me this 11 day of August, 2023

[Signature]
Notary Public Signature

My Commission Expires
August 16, 2026



Employee Preferred Name	Email - Primary Work	Job Title	Business Title
Brad Knurr (34570)	brad.w.knurr@medtronic.com	Sr Distribution Manager	Sr. Manager Sonoma Tiger Team
Tyrell Bradley (201698)	tyrell.n.bradley@medtronic.com	Distribution Group Lead IV	Distribution Group Lead IV - SME - 3PL
Keith Murphy (99205)	keith.p.murphy@medtronic.com	Sr BP PMO Manager	Senior Business Process Manager
Daniel Case (103533)	daniel.case@medtronic.com	Returned Goods Coord III	Returned Goods Coord III
Candice Moreland (136204)	candice.moreland@medtronic.com	Returned Goods Coord III	Returned Goods Coord III
Reggie Hooks (16889)	reggie.hooks@medtronic.com	Sr Distribution Supervisor	Sr Distribution Supervisor
Lloyd White (44539)	lloyd.white@medtronic.com	Distribution Group Lead IV	Distribution Group Lead IV
Phally Chan (56398)	phally.a.chan@medtronic.com	Returned Goods Coord III	Returned Goods Coord III
Keionna Bassett (56610)	keionna.bassett@medtronic.com	Returned Goods Coord II	Returned Goods Coord II
Sherronda Richardson (56763)	sherronda.richardson@medtronic.com	Distribution Group Lead IV	Distribution Group Lead IV
Logan Riley (On Leave) (57573)	logan.riley@medtronic.com	Returned Goods Coord II	Returned Goods Coord II
Brennan Miles (80931)	brennan.a.miles@medtronic.com	Field Logistics V	Field Logistics V
Blake Prather (85483)	blake.j.prather@medtronic.com	Sr Distribution Supervisor	Sr Distribution Supervisor
Quay Gardner (86106)	quay.p.gardner@medtronic.com	Sr Distribution Supervisor	Sr Distribution Supervisor
Devin Douglas (87403)	devin.i.douglas@medtronic.com	Ship/Rec/Stores Clerk III	Tissue Distribution Clerk III
DeAndrea Shaw (87963)	deandrea.i.shaw@medtronic.com	Returned Goods Coord III	Returned Goods Coord III
Chris Land (94929)	christopher.a.land@medtronic.com	Distribution Group Lead IV	Distribution Group Lead IV
Alex Pryor (99301)	alex.pryor@medtronic.com	Returned Goods Coord III	Returned Goods Coord III
David Frazier (151245)	david.frazier@medtronic.com	Distribution Group Lead IV	Distribution Group Lead IV - Internationa
Brian Oliver (201082)	brian.oliver@medtronic.com	Distribution Manager	Distribution Manager
Tamara Hatchel (152915)	tamara.hatchell@medtronic.com	Ship/Rec/Stores Clerk II	Ship/Rec/Stores Clerk II
Jeff Jackson (215809)	jeff.a.jackson@medtronic.com	Field Logistics III	Field Logistics III
Adrianna Gray (213108)	adrianna.m.gray@medtronic.com	Distribution Supervisor	Distribution Supervisor - 1st Shift
Justin Gist (206444)	justin.j.gist@medtronic.com	Distribution Group Lead IV	Distribution Group Lead IV - Receiving A Building
Molly Dorsey (212419)	schnatedra.z.dorsey@medtronic.com	Ship/Rec/Stores Clerk II	Ship/Rec/Stores Clerk II
Job Harris (151114)	job.harris@medtronic.com	Distribution Supervisor	Distribution Supervisor - 2nd Shift
Damon Harris (294967)	damon.d.harris@medtronic.com	Ship/Rec/Stores Clerk II	Ship/Rec/Stores Clerk II
Dinesha Mathis (201219)	dinesha.mathis@medtronic.com	Ship/Rec/Stores Clerk II	Ship/Rec/Stores Clerk II - Tissue
Rickey Marshall (281197)	rickey.d.marshall@medtronic.com	Returned Goods Coord III	Returned Goods Coord III
Deiona Carroll (281673)	deiona.i.carroll@medtronic.com	Ship/Rec/Stores Clerk II	Ship/Rec/Stores Clerk II
Latosha Crockett (219499)	latosha.r.crockett@medtronic.com	Returned Goods Coord III	Returned Goods Coord III
Michelle Coltharp (307218)	alicia.m.coltharp@medtronic.com	Ship/Rec/Stores Clerk II	Ship/Rec/Stores Clerk II
Channing Jamerson (385855)	channing.a.jamerson2@medtronic.com	Distribution Group Lead IV	Distribution Group Lead IV
Britne Carpenter (348166)	britne.r.carpenter@medtronic.com	Ship/Rec/Stores Clerk II	Ship/Rec/Stores Clerk II - Receiving
Dennis Good (324867)	dennis.j.good@medtronic.com	Returned Goods Coord II	Returned Goods Coord II
Quiana Sumler (308372)	quiana.r.sumler@medtronic.com	Ship/Rec/Stores Clerk II	Ship/Rec/Stores Clerk II - Tissue
Alexandria Jackson (On Leave) (386768)	alexandria.m.jackson@medtronic.com	Ship/Rec/Stores Clerk II	Ship/Rec/Stores Clerk II - Order Processor
BreAna Hodges (363868)	breana.d.hodges@medtronic.com	Ship/Rec/Stores Clerk II	Ship/Rec/Stores Clerk II - Order Processor
Sharonda Woods (430778)	sharonda.woods@medtronic.com	Ship/Rec/Stores Clerk II	Ship/Rec/Stores Clerk II - Receiving A
Jonathan Madlin (387798)	jonathan.a.madlin@medtronic.com	Ship/Rec/Stores Clerk II	Ship/Rec/Stores Clerk II - Receiving
Dean Thai (463641)	dean.thai@medtronic.com	Ship/Rec/Stores Clerk II	Ship/Rec/Stores Clerk II - 2nd Shift
Carla Moore (492610)	carla.moore@medtronic.com	Returned Goods Coord II	Returned Goods Coord II
Tony Sann (453304)	tony.sann@medtronic.com	Returned Goods Coord II	Returned Goods Coord II

Employee Preferred Name	Email - Primary Work	Job Title	Business Title
Eduvigis Sanchez Estrada (471860)	eduvigis.i.sanchezestrada@medtronic.com	Inventory Clerk III	Inventory Clerk III
Matt Stevens (494746)	matthew.stevens@medtronic.com	Distribution Group Lead IV	Distribution Group Lead IV
Ronald Sledge (504207)	ronald.sledge@medtronic.com	Ship/Rec/Stores Clerk II	Ship/Rec/Stores Clerk II
Stephen Tatum (223159)	stephen.k.tatum@medtronic.com	Ship/Rec/Stores Clerk II	Ship/Rec/Stores Clerk II
Otis Smith (506968)	otis.smith2@medtronic.com	Returned Goods Coord II	Returned Goods Coord II
Sydnee' Williams (520884)	sydnee.b.williams@medtronic.com	Returned Goods Coord II	Returned Goods Coord II-REPACK 2nd Shift
Benjamin Mason (513157)	benjamin.mason@medtronic.com	Returned Goods Coord II	Returned Goods Coord II REPACK - 2nd Shift
Alexandria DeMoss (203489)	alexandria.demoss@medtronic.com	Ship/Rec/Stores Clerk II	Ship/Rec/Stores Clerk II - International Order Processing
Maida Reynoso Pérez (514462)	maida.reynosoperez@medtronic.com	Ship/Rec/Stores Clerk II	Ship/Rec/Stores Clerk II
Neil Hancock (530474)	neil.a.hancock@medtronic.com	Distribution Supervisor	Distribution Supervisor
Yolanda Angarita (511299)	yolanda.angarita@medtronic.com	Ship/Rec/Stores Clerk II	Ship/Rec/Stores Clerk II
Jamila Roberts (539571)	jamila.roberts@medtronic.com	Ship/Rec/Stores Clerk II	Ship/Rec/Stores Clerk II - 2nd Shift
Vicki Jackson (549222)	vicki.jackson@medtronic.com	Ship/Rec/Stores Clerk II	Ship/Rec/Stores Clerk II - 2nd Shift
Naveen Chandra (579956)	naveen.chandra2@medtronic.com	Sr Supply Chain Program Mgr	Sr. Automation Program Manager
Meriweather Adams (580106)	meriweather.adams@medtronic.com	Sr Supply Chain Program Mgr	Sr Automation and Process Implementation Manager
Bennith Bailey (580313)	bennith.bailey@medtronic.com	Ship/Rec/Stores Clerk II	Ship/Rec/Stores Clerk II-BLDG A Receiving
Kamal Khan (571275)	kamal.khan@medtronic.com	Ship/Rec/Stores Clerk II	Ship/Rec/Stores Clerk II-BLDG A Receiving
Zack Roberts (588047)	zack.roberts@medtronic.com	Intern: Undergrad (Non-Tech)	Supply Management Summer Intern
Courtney Hampton (103154)	courtney.a.hampton@medtronic.com	Ship/Rec/Stores Clerk II	Ship/Rec/Stores Clerk II
Debbie Ratchford (107126)	debbie.k.ratchford@medtronic.com	Project Coordinator IV	Project Coordinator IV
Rodney Higdon (118947)	rodney.s.higdon@medtronic.com	Sr Logistics Manager	Senior Logistics Manager
Carolina Borgognoni (130199)	carolina.borgognoni@medtronic.com	Ship/Rec/Stores Clerk II	Ship/Rec/Stores Clerk II
Keith Hammond (24176)	keith.a.hammond@medtronic.com	Bus Proc Impvmt Consultant	Sr Principal Process Analyst - Inventory Transition
Darryl Frison (35600)	darryl.a.frison@medtronic.com	Ship/Rec/Stores Clerk II	Loaner Dist Clerk III
Erica Jones (46885)	erica.m.jones@medtronic.com	Import/Export Coord II	Import/Export Coord II - International
Jason Moody (55723)	jason.t.moody@medtronic.com	Ship/Rec/Stores Clerk III	Loaner Dist Clerk III
Helen Albert (56459)	helen.albert@medtronic.com	Ship/Rec/Stores Clerk III	Loaner Dist Clerk III
Stephanie Scott (On Leave) (56493)	stephanie.scott@medtronic.com	Ship/Rec/Stores Clerk III	Ship/Rec/Stores Clerk III (Set Build)
Karen Foster (56502)	karen.i.foster@medtronic.com	Ship/Rec/Stores Clerk III	Loaner Dist Clerk III
Sabrina Black (56558)	sabrina.black@medtronic.com	Ship/Rec/Stores Clerk III	Set Build Specialist
Jeremy Saulsberry (56643)	jeremy.saulsberry@medtronic.com	Ship/Rec/Stores Clerk III	Loaner Dist Clerk III
Elaine Becker (56646)	elaine.becker@medtronic.com	Ship/Rec/Stores Clerk III	Loaner Dist Clerk III
Thorn So (56672)	thorn.so@medtronic.com	Ship/Rec/Stores Clerk III	Loaner Dist Clerk III
Carolyn Bynum (56712)	carolyn.d.bynum@medtronic.com	Ship/Rec/Stores Clerk III	Loaner Dist Clerk III
Tomeka Bynum (56764)	tomeka.bynum@medtronic.com	Ship/Rec/Stores Clerk III	Set Build Specialist
Albunda Grant (56779)	al.grant@medtronic.com	Inventory Clerk V	Inventory Clerk V
Lisa Pye (56811)	lisa.pye@medtronic.com	Distribution Group Lead IV	Distribution Group Lead IV
Rob Varner (56872)	rob.varner@medtronic.com	VP Supp Chn Dist AMER	VP AMER Deliver Operations
Pam Summons (56912)	pam.summons@medtronic.com	Sr Distribution Manager	Sr Distribution Manager
Elizabeth Keen (56942)	elizabeth.keen@medtronic.com	Sr Inventory Analyst	Sr Inventory Analyst
Darryl Clark (57050)	darryl.clark@medtronic.com	Ship/Rec/Stores Clerk III	Repair/Repackaging Clerk III
Derek Akins (57069)	derek.akers@medtronic.com	Ship/Rec/Stores Clerk III	Loaner Dist Clerk III

Employee Preferred Name	Email - Primary Work	Job Title	Business Title
Deric Norton (57131)	deric.m.norton@medtronic.com	Ship/Rec/Stores Clerk III	Loaner Dist Clerk III
James Becker (58648)	james.m.becker@medtronic.com	Ship/Rec/Stores Clerk III	Loaner Clerk III
RaVaron Hazzle (77535)	ravaron.hazzle@medtronic.com	Ship/Rec/Stores Clerk III	Loaner Dist Clerk III
Rhenda Johnston (81431)	rhenda.k.johnston@medtronic.com	Ship/Rec/Stores Clerk III	Repair/Repackaging Clerk III
Chris Morrow (81647)	chris.morrow@medtronic.com	Distribution Manager	Distribution Manager
Tina Hebert (84733)	tina.m.hebert@medtronic.com	Returned Goods Coord II	Returned Goods Coord II - Days
Brandon Gentry (84918)	brandon.r.gentry@medtronic.com	Distribution Director	Director Distribution Operations
Christopher Szimanouss (90407)	christopher.m.szimanouss@medtronic.com	Sr Distribution Supervisor	Sr Distribution Supervisor
Carlos Soto (On Leave) (92310)	carlos.m.soto@medtronic.com	Ship/Rec/Stores Clerk III	Loaner Dist Clerk III
Nathan Tynan (94471)	nathan.w.tynan@medtronic.com	Prin IT Bus Systems Analyst	Prin IT Bus Systems Analyst
Laura Blount (94840)	laura.blount@medtronic.com	Sr BP Program Manager	Sr BP Program Manager
Randall Scruggs (96799)	randall.i.scruggs@medtronic.com	Distribution Group Lead IV	Distribution Group Lead IV
James Bruno (97041)	james.m.bruno@medtronic.com	Import/Export Coord III	Samples Coordinator III
Rosalind Smith (201350)	rosalind.smith@medtronic.com	Ship/Rec/Stores Clerk II	Ship/Rec/Stores Clerk II
Pamela Brooks Mckay (On Leave) (151885)	pamela.brooksmckay@medtronic.com	Ship/Rec/Stores Clerk II	Ship/Rec/Stores Clerk II
Eric Smrt (233543)	eric.c.smrt@medtronic.com	Sr Logistics Director	Sr Director US & Canada Deliver Operations
Jonathan Billings (271694)	jonathan.d.billings@medtronic.com	Distribution Group Lead IV	Distribution Group Lead IV - Days
Betty Arcia (151433)	betty.r.arcia@medtronic.com	Ship/Rec/Stores Clerk II	Ship/Rec/Stores Clerk II
Chuck Gault (321574)	chuck.gault@medtronic.com	Black Belt	Black Belt
Michel Grovogui (335320)	michel.grovogui@medtronic.com	Ship/Rec/Stores Clerk II	Ship/Rec/Stores Clerk II
Landry Werabe (368810)	landry.k.werabe@medtronic.com	Distribution Group Lead IV	Distribution Group Lead IV
Aaliyah Morgan (346749)	aaliyah.y.morgan@medtronic.com	Ship/Rec/Stores Clerk II	Ship/Rec/Stores Clerk II
Felix Jimenez (404955)	felix.a.jimenez@medtronic.com	Distribution Group Lead IV	Distribution Group Lead IV - 2nd Shift - Bldg B
Curtislene Bakerharris (404951)	curtislene.bakerharris@medtronic.com	Ship/Rec/Stores Clerk II	Shipping/Rec/Stores Clerk II - 1st Shift
Dantel Whitt (221875)	dantel.r.whitt@medtronic.com	Ship/Rec/Stores Clerk II	Distribution Group Lead IV (Evening Shift)
Quin or Q Prewitt (418206)	quinorq.prewitt@medtronic.com	Ship/Rec/Stores Clerk II	Ship/Rec/Stores Clerk II
Rod Simpson (440513)	rod.d.simpson@medtronic.com	Ship/Rec/Stores Clerk II	Ship/Rec/Stores Clerk II
Shelnika Brooks (416531)	shelnika.brooks@medtronic.com	Ship/Rec/Stores Clerk II	Ship/Rec/Stores Clerk II
Sheri Scott (419172)	sherri.scott@medtronic.com	Ship/Rec/Stores Clerk II	Ship/Rec/Stores Clerk II - 2nd shift
Jerry Lewis (466496)	jerry.a.lewis@medtronic.com	Distribution Supervisor	Distribution Supervisor - 2nd shift
Jennifer Bishop (473019)	jennifer.bishop@medtronic.com	Ship/Rec/Stores Clerk II	Ship/Rec/Stores Clerk II
Gerrell Turner (On Leave) (459961)	gerrell.turner@medtronic.com	Ship/Rec/Stores Clerk II	Ship/Rec/Stores Clerk II
Tyric Barney (493785)	tyric.barney@medtronic.com	Ship/Rec/Stores Clerk II	Ship/Rec/Stores Clerk II (2nd Shift)
Whitney Kilgore (509514)	whitney.kilgore@medtronic.com	Project Coordinator IV	Project Coordinator IV
Sandy Barnhart (516598)	sandy.m.barnhart@medtronic.com	Ship/Rec/Stores Clerk II	Ship/Rec/Stores Clerk II
Darren Pugh (517449)	darren.pugh@medtronic.com	Ship/Rec/Stores Clerk II	Ship/Rec/Stores Clerk II (Evening Shift)
Gena Pannell (509655)	gena.pannell@medtronic.com	Ship/Rec/Stores Clerk II	Ship/Rec/Stores Clerk II
Markeshia Tuggers (522781)	markeshia.s.tuggers@medtronic.com	Ship/Rec/Stores Clerk II	Ship/Rec/Stores Clerk II
Chandra Maxwell (524367)	chandra.n.maxwell@medtronic.com	Distribution Group Lead IV	Distribution Group Lead IV - 1st Shift
Linda Smith (524697)	linda.a.smith2@medtronic.com	Ship/Rec/Stores Clerk II	Ship/Rec/Stores Clerk II
Catherine Quinn (533105)	catherine.quinn2@medtronic.com	Ship/Rec/Stores Clerk II	Ship/Rec/Stores Clerk II - 2nd Shift
Maurice Johnson (532959)	johnsm143@medtronic.com	Ship/Rec/Stores Clerk II	Ship/Rec/Stores Clerk II - 2nd Shift

Employee Preferred Name	Email - Primary Work	Job Title	Business Title
Xzavier Omelas (529614)	xzavier.omelas@medtronic.com	Ship/Rec/Stores Clerk II	Ship/Rec/Stores Clerk II - 2nd Shift
Cameron Wagner (526993)	cameron.wagner@medtronic.com	Ship/Rec/Stores Clerk II	Ship/Rec/Stores Clerk II
Clytis Chalmers (523086)	clytis.chalmers@medtronic.com	Ship/Rec/Stores Clerk II	Ship/Rec/Stores Clerk II
Keishla Rosario Pena (536766)	keishla.rosariopena@medtronic.com	Ship/Rec/Stores Clerk II	Ship/Rec/Stores Clerk II
Jeffrey Higginbotham (570390)	jeffrey.a.higginbotham@medtronic.com	Assoc Inventory Analyst	Assoc Inventory Analyst
Dennis Becton (134251)	dennis.becton@medtronic.com	Distribution Group Lead IV	Group Lead IV - Control Tower (1st shift)
Jonathan Carlisle (135615)	jonathan.m.carlisle@medtronic.com	Inventory Clerk II	Inventory Clerk II
Michael Harris (44137)	michael.j.harris@medtronic.com	Inventory Clerk III	Inventory Clerk - SME
Marnita Holmes (56159)	marnita.holmes@medtronic.com	Sr Distribution Supervisor	Sr. Distribution Supervisor
Renita Coleman (56161)	renita.coleman@medtronic.com	Inventory Clerk V	Inventory Clerk V
Chad Baker (56443)	chad.m.baker@medtronic.com	Inventory Clerk V	Inventory Clerk V
Lorenzo Spencer (56505)	lorenzo.c.spencer@medtronic.com	Distribution Group Lead IV	Distribution Group Lead IV
Wesley Crockett (56836)	wesley.crockett@medtronic.com	Sr Distribution Supervisor	Sr Distribution Supervisor-SME
Sharon McGowan (56986)	sharon.mcgowan@medtronic.com	Sr Distribution Supervisor	Sr Distribution Supervisor
Jason Thompson (56994)	jason.thompson@medtronic.com	Sr Distribution Supervisor	Sr Distribution Supervisor
Dustin Gordon (87390)	dustin.i.gordon@medtronic.com	Sr Distribution Supervisor	Sr Distribution Supervisor
Luis Pulido (95411)	luis.a.pulido@medtronic.com	Ship/Rec/Stores Clerk III	Loaner Dist Clerk III
Pamela Seals (151495)	pamela.seals@medtronic.com	Ship/Rec/Stores Clerk II	Ship/Rec/Stores Clerk II
Telisa Wilson (152391)	telisa.r.wilson@medtronic.com	Ship/Rec/Stores Clerk III	Ship/Rec/Stores Clerk III
Sharmaarke Moussa (151619)	sharmaarke.moussa@medtronic.com	Distribution Group Lead IV	Group Lead IV - Control Tower (1st shift)
Angela Shelton (152025)	angela.j.shelton@medtronic.com	Ship/Rec/Stores Clerk III	Ship/Rec/Stores Clerk III
Anthony Huerta (272327)	anthony.d.huerta@medtronic.com	Import/Export Coord III	Import/Export Coord III
Angela Jefferson (294635)	angela.p.jefferson@medtronic.com	Ship/Rec/Stores Clerk IV	DC Coordinator - 1st Shift
Andre Taylor (321468)	andre.a.taylor@medtronic.com	Distribution Supervisor	Distribution Supervisor
Stephen Davis (291653)	stephen.h.davis@medtronic.com	Distribution Group Lead IV	Group Lead IV - Control Tower (1st shift)
Marcus Robinson (417343)	marcus.robinson@medtronic.com	Inventory Clerk III	Inventory Clerk III
Dominique Jones (434217)	dominique.jones@medtronic.com	Ship/Rec/Stores Clerk III	Ship/Rec/Stores Clerk III - International
Linda Johnson (458282)	linda.johnson2@medtronic.com	Distribution Group Lead IV	Group Lead IV - Control Tower (2nd shift)
Mariana Hernandez (447223)	mariana.hernandez@medtronic.com	Distribution Group Lead IV	Group Lead IV - Control Tower (1st shift)
Naksha Warr (448660)	naksha.warr@medtronic.com	Inventory Clerk II	Inventory Clerk II (Cycle Count): 1st Shift
Mylik Rucker (438468)	mylik.rucker@medtronic.com	Distribution Group Lead IV	Group Lead IV - Control Tower (2nd shift)
Williams Coffi (471865)	williams.coffi@medtronic.com	Ship/Rec/Stores Clerk II	Ship/Rec/Stores Clerk II - Driver
Dillon Johnson (479925)	dillon.johnson@medtronic.com	Ship/Rec/Stores Clerk II	Ship/Rec/Stores Clerk II - Days - International
Tonia Nolen (453121)	tonia.nolen@medtronic.com	Inventory Clerk II	Inventory Clerk II: 1st Shift
Claudia Ruiz Arias (477862)	claudia.ruizarias@medtronic.com	Ship/Rec/Stores Clerk II	Ship/Rec/Stores Clerk II
Emily Patterson (499826)	emily.patterson@medtronic.com	Ship/Rec/Stores Clerk II	Ship/Rec/Stores Clerk II - International
Ana Geteva (493024)	ana.geteva@medtronic.com	Inventory Clerk II	Inventory Clerk II
Yesica Pellot (567288)	yesica.pellot@medtronic.com	Ship/Rec/Stores Clerk II	Ship/Rec/Stores Clerk II

☐	Filing Date	Filing	Effective Date
☐	9/18/2012	Original Filing - Limited Liability Company (Domestic) (Business Name: Medtronic Logistics LLC)	
☐	9/16/2016	Registered Office and/or Agent - Limited Liability Company (Domestic)	
	1/1/2018	Conversion to 322C Due to Statute Mandate – Limited Liability Company (Domestic)	
☐	5/15/2018	Registered Office and/or Agent - Limited Liability Company (Domestic)	

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Business Record Details »

Minnesota Business Name
Medtronic Logistics LLC

Business Type
Limited Liability Company (Domestic)

MN Statute
322C

File Number
618784400037

Home Jurisdiction
Minnesota

Filing Date
9/18/2012

Status
Active / In Good Standing

Renewal Due Date
12/31/2023

Registered Office Address
2345 Rice Street
Suite 230
Roseville, MN 55113-5603
USA

Registered Agent(s)
Corporation Service Company

Manager
Greg Smith
710 Medtronic Parkway
Minneapolis, MN 55432
USA

Principal Executive Office Address
710 Medtronic Parkway
Minneapolis, MN 55432
United States

Filing History

Filing History

Select the item(s) you would like to order: Order Selected Copies



Tennessee
Secretary of State
Tre Hargett

Business Services Online > Find and Update a Business Record > Business Entity Detail

Business Entity Detail

Available
Entity
Actions



[File Annual Report \(after 04/01/2024\)](#)
[Certificate of Existence](#)
[More](#)

Entity details cannot be edited. This detail reflects the current state of the filing in the system.

Return to the [Business Information Search](#).

000703398: Limited Liability Company - Foreign

Printer Friendly Version

Name: Medtronic Logistics LLC

Foreign Name:

Status: Active

Initial Filing Date: 12/26/2012

Formed in: MINNESOTA

Delayed Effective Date:

Fiscal Year Close: April

AR Due Date: 08/01/2024

Term of Duration: Perpetual

Inactive Date:

Principal Office: 710 MEDTRONIC PKWY
MINNEAPOLIS, MN 55432-5603 USA

Mailing Address: 710 MEDTRONIC PKWY
MINNEAPOLIS, MN 55432-5603 USA

AR Exempt: No

Obligated Member Entity: No

Managed By: Member Managed

Number of Members: 1

[Assumed Names](#)

[History](#)

[Registered Agent](#)

No Assumed Names Found...



Secretary of State Tre Hargett

Tre Hargett was elected by the Tennessee General Assembly to serve as Tennessee's 37th secretary of state in 2009 and re-elected in 2013, 2017, and 2021. Secretary Hargett is the chief executive officer of the Department of State with oversight of more than 300 employees. He also serves on 16 boards and commissions, on two of which he is the presiding member. The services and oversight found in the Secretary of State's office reach every department and agency in state government.



About the Office

The Tennessee Secretary of State has oversight of the Department of State. The Secretary of State is one of three Constitutional Officers elected by the General Assembly, in joint session. The Secretary of State is elected to a four-year term. The constitution mandates that it is the secretary's duty to keep a register of the official acts and proceedings of the governor, and, when required, to "lay same, all papers, minutes and vouchers relative thereto, before the General Assembly."

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 <u>WH02637</u>	☐ 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: <u>Meitheal Pharmaceuticals, Inc.</u>		
Physical Address: <u>8700 W. Bryn Mawr Avenue, Suite 600S</u>		
City: <u>Chicago</u> State: <u>IL</u> Zip: <u>60631</u>		
Mailing Address (if different from physical address): <u>c/o State License Servicing, 1751 State Route 17A, Suite 3</u>		
City: <u>Florida</u> State: <u>NY</u> Zip: <u>10921</u>		
Telephone: <u>(845) 544-2482</u> Website: <u>www.meithealpharma.com</u>		
Name of Designated Representative (DR): <u>Gail L. Giambi</u>		
Licensing Company Email: <u>MPI@slny.com</u> DR Email: <u>ggiambi@meithealpharma.com</u>		
Entities the Wholesaler will Serve (✓ all applicable)	Products to be Handled or Wholesaled (✓ all applicable)	Type of Wholesaling (✓ all applicable)
☒ Pharmacies ☒ Practitioners ☒ Hospitals ☒ Wholesalers ☒ Veterinarians ☐ Others: Distributors	☒ Dangerous Drugs ☐ Controlled Substances ☐ *Medical devices, equipment, supplies, gases ☐ Others:	☐ Manufacturer ☐ Repacker ☐ Reverse Distributor ☐ Warehouse ☐ Retail pharmacy wholesale distributor ☒ 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: Nanjing KingFriend Biochemical Pharmaceutical Co LTD
 Address: No. 16 Xuefu Road City: Jiangsu State: China Zip: 210061
 Name: Kindos Pharmaceutical Co., Ltd.
 Address: No. 8-9 Kexin Road City: Chengdu State: China Zip: 611731
 Name: Jiangsu Hansoh Pharmaceutical Group
 Address: No. 5 Donglin RD City: Lianyungang State: China Zip: 222069
 Name: Gland Pharma Ltd., Unit II, Block C, Phase I
 Address: Visakhapatnam Special Economic Zone City: Visakhapatnam State: India Zip: 530049

N/A **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): Hong Kong King-Friend Industry, Co., Ltd. (99.97%)
 Corporation/Organization Name: Meitheal 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: MPI@slsny.com
 Contact Person Name: Christine Cannon

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:			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: 71288		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 <u>all</u> Officers and Directors.	✓	✓		
• List the <u>top four</u> corporation shareholders and their percent ownership.	✓			
• List of <u>all</u> corporation shareholders and their percent ownership.		✓		
• List of <u>all</u> partners and their percent ownership.			✓	
• Certificate of Corporate Status or Certificate of Good Standing obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last 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 N/A - Corporately owned stocks/shares. Access form at http://bop.nv.gov/Services/newapps/Business/ .		✓	✓	✓
• 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 . N/A		✓	✓	✓
• Copy of a bond in an amount of \$100,000 made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the Surety Bond form at: http://bop.nv.gov/Services/newapps/Business/ .		✓	✓	✓

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.

Meitheal Pharmaceuticals, Inc.

Facility Name

Victoria A. Wohlfeil

Print Name of Authorized Person Submitting Application

Victoria Wohlfeil

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

10/11/23

Date

Board Use Only

Date Received: *11/13/23*

Amount: *\$1000 - check 5630*

/ NDC (index.cfm)

National Drug Code Directory

Current through September 25, 2023

You have searched Finished drug products

Search Results: '71288'

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Verified
M.H. 11/16/23

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Display 50 records per page

Search for text in the table:

Proprietary Name	NDC Package Code	Strength	Dosage Form	Route	Appl. No.	Labeler Name	Product NDC	Nonproprietary Name	Substance Name	Product Type Name	Start Marketing Date	End Marketing Date	Market Category
+ Ampicillin and Sulbactam	71288-031-21	1 g/1, .5 g/1	INJECTION, POWDER, FOR SOLUTION	INTRAMUSCULAR; INTRAVENOUS	ANDA065222	Meitheal Pharmaceuticals Inc.	71288-031	Ampicillin sodium and Sulbactam sodium	AMPICILLIN SODIUM; SULBACTAM SODIUM	HUMAN PRESCRIPTION DRUG	11/29/2005	N/A	ANDA
+ Ampicillin and Sulbactam	71288-032-21	2 g/1, 1 g/1	INJECTION, POWDER, FOR SOLUTION	INTRAMUSCULAR; INTRAVENOUS	ANDA090579	Meitheal Pharmaceuticals Inc.	71288-032	Ampicillin sodium and Sulbactam sodium	AMPICILLIN SODIUM; SULBACTAM SODIUM	HUMAN PRESCRIPTION DRUG	11/29/2005	N/A	ANDA
+ Ampicillin and Sulbactam	71288-033-75	10 g/1, .5 g/1	INJECTION, POWDER, FOR SOLUTION	INTRAVENOUS	ANDA065314	Meitheal Pharmaceuticals Inc.	71288-033	Ampicillin Sodium and Sulbactam Sodium	AMPICILLIN SODIUM; SULBACTAM SODIUM	HUMAN PRESCRIPTION DRUG	11/27/2006	N/A	ANDA
+ Ampicillin and Sulbactam	71288-005-20	1 g/1, .5 g/1	INJECTION, POWDER, FOR SOLUTION	INTRAMUSCULAR; INTRAVENOUS	ANDA090579	Meitheal Pharmaceuticals Inc.	71288-005	Ampicillin sodium and Sulbactam sodium	AMPICILLIN SODIUM; SULBACTAM SODIUM	HUMAN PRESCRIPTION DRUG	01/17/2022	N/A	ANDA
+ Ampicillin and Sulbactam	71288-006-30	2 g/1, 1 g/1	INJECTION, POWDER, FOR SOLUTION	INTRAMUSCULAR; INTRAVENOUS	ANDA090579	Meitheal Pharmaceuticals Inc.	71288-006	Ampicillin sodium and Sulbactam sodium	AMPICILLIN SODIUM; SULBACTAM SODIUM	HUMAN PRESCRIPTION DRUG	01/17/2022	N/A	ANDA
+ Ampicillin and Sulbactam	71288-007-75	10 g/1, .5 g/1	INJECTION, POWDER, FOR SOLUTION	INTRAVENOUS	ANDA090578	Meitheal Pharmaceuticals Inc.	71288-007	Ampicillin Sodium and Sulbactam Sodium	AMPICILLIN SODIUM; SULBACTAM SODIUM	HUMAN PRESCRIPTION DRUG	12/17/2018	N/A	ANDA
+ Atracurium Besylate	71288-701-05	10 mg/mL	INJECTION, SOLUTION	INTRAVENOUS	ANDA091488	Meitheal Pharmaceuticals Inc.	71288-701	Atracurium Besylate	ATRACURIUM BESYLATE	HUMAN PRESCRIPTION DRUG	05/15/2018	N/A	ANDA
+ Atracurium Besylate	71288-702-10	10 mg/mL	INJECTION, SOLUTION	INTRAVENOUS	ANDA091489	Meitheal Pharmaceuticals Inc.	71288-702	Atracurium Besylate	ATRACURIUM BESYLATE	HUMAN PRESCRIPTION DRUG	05/15/2018	N/A	ANDA
+ Azacitidine	71288-153-95	100 mg/1	INJECTION, POWDER, LYOPHILIZED, FOR SOLUTION	INTRAVENOUS; SUBCUTANEOUS	ANDA212128	Meitheal Pharmaceuticals Inc.	71288-153	Azacitidine	AZACITIDINE	HUMAN PRESCRIPTION DRUG	11/02/2020	N/A	ANDA
+ Azacitidine	71288-115-30	100 mg/30mL	INJECTION, POWDER, LYOPHILIZED, FOR SOLUTION	INTRAVENOUS; SUBCUTANEOUS	ANDA212128	Meitheal Pharmaceuticals Inc.	71288-115	Azacitidine	AZACITIDINE	HUMAN PRESCRIPTION DRUG	11/02/2020	N/A	ANDA
+ Bendamustine	71288-102-10	25 mg/5mL	INJECTION, POWDER, LYOPHILIZED, FOR SOLUTION	INTRAVENOUS	ANDA211001	Meitheal Pharmaceuticals Inc.	71288-102	bendamustine HCl	BENDAMUSTINE HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG	06/05/2023	N/A	ANDA
+ Bendamustine	71288-103-20	100 mg/20mL	INJECTION, POWDER, LYOPHILIZED, FOR SOLUTION	INTRAVENOUS	ANDA211001	Meitheal Pharmaceuticals Inc.	71288-103	Bendamustine HCl	BENDAMUSTINE HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG	06/05/2023	N/A	ANDA
+ BIVALIRUDIN	71288-427-11	250 mg/5mL	INJECTION, POWDER, LYOPHILIZED, FOR SOLUTION	INTRAVENOUS	ANDA091602	Meitheal Pharmaceuticals Inc.	71288-427	BIVALIRUDIN	BIVALIRUDIN	HUMAN PRESCRIPTION DRUG	07/16/2018	N/A	ANDA
+ Bleomycin	71288-107-20	30 [USPU]/1	POWDER, FOR SOLUTION	INTRAMUSCULAR; INTRAPLEURAL; INTRAVENOUS; SUBCUTANEOUS	ANDA205030	Meitheal Pharmaceuticals Inc.	71288-107	Bleomycin Sulfate	BLEOMYCIN SULFATE	HUMAN PRESCRIPTION DRUG	08/31/2018	N/A	ANDA

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
+ Bleomycin	71288-106-10	15 [USP]/1	POWDER, FOR SOLUTION	INTRAMUSCULAR; INTRAPLEURAL; INTRAVENOUS; SUBCUTANEOUS	ANDA205030	Metheal Pharmaceuticals Inc.	71288-106	Bleomycin Sulfate	BLEOMYCIN SULFATE	HUMAN PRESCRIPTION DRUG	08/31/2018	N/A	ANDA
+ Bortezomib	71288-118-10	3.5 mg/1	INJECTION, POWDER, LYOPHILIZED, FOR SOLUTION	INTRAVENOUS; SUBCUTANEOUS	ANDA212958	Metheal Pharmaceuticals Inc.	71288-118	Bortezomib	BORTEZOMIB	HUMAN PRESCRIPTION DRUG	07/26/2022	N/A	ANDA
+ bupivacaine hydrochloride	71288-723-52	2.5 mg/mL	INJECTION, SOLUTION	INFILTRATION; PERINEURAL	ANDA216039	Metheal Pharmaceuticals Inc.	71288-723	bupivacaine hydrochloride	BUPIVACAINE HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG	06/23/2023	N/A	ANDA
+ bupivacaine hydrochloride	71288-726-52	5 mg/mL	INJECTION, SOLUTION	PERINEURAL	ANDA216039	Metheal Pharmaceuticals Inc.	71288-726	bupivacaine hydrochloride	BUPIVACAINE HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG	06/23/2023	N/A	ANDA
+ Busulfan	71288-158-96	6 mg/mL	INJECTION, SOLUTION	INTRAVENOUS	ANDA212127	Metheal Pharmaceuticals Inc.	71288-158	Busulfan	BUSULFAN	HUMAN PRESCRIPTION DRUG	10/23/2020	N/A	ANDA
+ Busulfan	71288-116-11	6 mg/mL	INJECTION, SOLUTION	INTRAVENOUS	ANDA212127	Metheal Pharmaceuticals Inc.	71288-116	Busulfan	BUSULFAN	HUMAN PRESCRIPTION DRUG	10/23/2020	N/A	ANDA
+ Carmustine	71288-126-90		KIT	INTRAVENOUS	ANDA213460	Metheal Pharmaceuticals Inc.	71288-126	Carmustine		HUMAN PRESCRIPTION DRUG	08/02/2021	N/A	ANDA
+ Cefepime	71288-009-20	2 g/1	INJECTION, POWDER, FOR SOLUTION	INTRAVENOUS	ANDA091048	Metheal Pharmaceuticals Inc.	71288-009	cefepime hydrochloride	CEFEPIME HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG	12/17/2018	11/30/2023	ANDA
+ Cisatracurium Besylate	71288-712-96	10 mg/5mL	INJECTION, SOLUTION	INTRAVENOUS	ANDA211668	Metheal Pharmaceuticals Inc.	71288-712	Cisatracurium Besylate	CISATRACURIUM BESYLATE	HUMAN PRESCRIPTION DRUG	10/31/2019	N/A	ANDA
+ Cisatracurium Besylate	71288-713-96	200 mg/20mL	INJECTION, SOLUTION	INTRAVENOUS	ANDA211668	Metheal Pharmaceuticals Inc.	71288-713	Cisatracurium Besylate	CISATRACURIUM BESYLATE	HUMAN PRESCRIPTION DRUG	10/31/2019	N/A	ANDA
+ Cisatracurium Besylate	71288-714-96	20 mg/10mL	INJECTION, SOLUTION	INTRAVENOUS	ANDA211669	Metheal Pharmaceuticals Inc.	71288-714	Cisatracurium Besylate	CISATRACURIUM BESYLATE	HUMAN PRESCRIPTION DRUG	10/31/2019	N/A	ANDA
+ Cisatracurium Besylate	71288-720-96	10 mg/5mL	INJECTION, SOLUTION	INTRAVENOUS	ANDA211668	Metheal Pharmaceuticals Inc.	71288-720	Cisatracurium Besylate	CISATRACURIUM BESYLATE	HUMAN PRESCRIPTION DRUG	10/31/2019	N/A	ANDA
+ Cisatracurium Besylate	71288-712-06	10 mg/5mL	INJECTION, SOLUTION	INTRAVENOUS	ANDA211668	Metheal Pharmaceuticals Inc.	71288-712	Cisatracurium Besylate	CISATRACURIUM BESYLATE	HUMAN PRESCRIPTION DRUG	10/31/2019	N/A	ANDA
+ Cisatracurium Besylate	71288-713-21	200 mg/20mL	INJECTION, SOLUTION	INTRAVENOUS	ANDA211668	Metheal Pharmaceuticals Inc.	71288-713	Cisatracurium Besylate	CISATRACURIUM BESYLATE	HUMAN PRESCRIPTION DRUG	10/31/2019	N/A	ANDA
+ Cisatracurium Besylate	71288-714-11	20 mg/10mL	INJECTION, SOLUTION	INTRAVENOUS	ANDA211669	Metheal Pharmaceuticals Inc.	71288-714	Cisatracurium Besylate	CISATRACURIUM BESYLATE	HUMAN PRESCRIPTION DRUG	10/31/2019	N/A	ANDA
+ Clofarabine	71288-128-20	1 mg/mL	INJECTION	INTRAVENOUS	ANDA213461	Metheal Pharmaceuticals Inc.	71288-128	Clofarabine	CLOFARABINE	HUMAN PRESCRIPTION DRUG	10/23/2020	N/A	ANDA
+ Cyanocobalamin	71288-303-02	1000 ug/mL	INJECTION	INTRAMUSCULAR; SUBCUTANEOUS	ANDA214390	Metheal Pharmaceuticals Inc.	71288-303	Cyanocobalamin	CYANOCOBALAMIN	HUMAN PRESCRIPTION DRUG	09/24/2020	N/A	ANDA
+ Cytarabine	71288-169-25	20 mg/mL	INJECTION, SOLUTION	INTRAVENOUS; SUBCUTANEOUS	ANDA208485	Metheal Pharmaceuticals Inc.	71288-169	Cytarabine	CYTARABINE	HUMAN PRESCRIPTION DRUG	02/28/2022	N/A	ANDA
+ Cytarabine	71288-109-20	2 g/20mL	INJECTION, SOLUTION	INTRATHECAL; INTRAVENOUS; SUBCUTANEOUS	ANDA205696	Metheal Pharmaceuticals Inc.	71288-109	Cytarabine	CYTARABINE	HUMAN PRESCRIPTION DRUG	07/17/2018	N/A	ANDA
+ Cytarabine	71288-168-50	20 mg/mL	INJECTION, SOLUTION	INTRAVENOUS; SUBCUTANEOUS	ANDA206190	Metheal Pharmaceuticals Inc.	71288-168	Cytarabine	CYTARABINE	HUMAN PRESCRIPTION DRUG	11/09/2017	N/A	ANDA
+ Cytarabine	71288-108-06	20 mg/mL	INJECTION, SOLUTION	INTRATHECAL; INTRAVENOUS; SUBCUTANEOUS	ANDA206189	Metheal Pharmaceuticals Inc.	71288-108	Cytarabine	CYTARABINE	HUMAN PRESCRIPTION DRUG	06/26/2020	N/A	ANDA
+ Dactinomycin	71288-129-02	.5 mg/mL	INJECTION, POWDER, LYOPHILIZED, FOR SOLUTION	INTRAVENOUS	ANDA213463	Metheal Pharmaceuticals Inc.	71288-129	Dactinomycin	DACTINOMYCIN	HUMAN PRESCRIPTION DRUG	11/13/2020	N/A	ANDA

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
+ DAPTOMYCIN	71288-016-91	500 mg/10mL	INJECTION, POWDER, LYOPHILIZED, FOR SOLUTION	INTRAVENOUS	ANDA213623	Methel Pharmaceuticals Inc.	71288-016	DAPTOMYCIN	DAPTOMYCIN	HUMAN PRESCRIPTION DRUG	06/29/2021	N/A	ANDA
+ DAPTOMYCIN	71288-017-91	350 mg/7mL	INJECTION, POWDER, LYOPHILIZED, FOR SOLUTION	INTRAVENOUS	ANDA213786	Methel Pharmaceuticals Inc.	71288-017	DAPTOMYCIN	DAPTOMYCIN	HUMAN PRESCRIPTION DRUG	04/05/2022	N/A	ANDA
+ DAPTOMYCIN	71288-016-95	500 mg/10mL	INJECTION, POWDER, LYOPHILIZED, FOR SOLUTION	INTRAVENOUS	ANDA213623	Methel Pharmaceuticals Inc.	71288-016	DAPTOMYCIN	DAPTOMYCIN	HUMAN PRESCRIPTION DRUG	06/29/2021	N/A	ANDA
+ DAPTOMYCIN	71288-016-15	500 mg/10mL	INJECTION, POWDER, LYOPHILIZED, FOR SOLUTION	INTRAVENOUS	ANDA213623	Methel Pharmaceuticals Inc.	71288-016	DAPTOMYCIN	DAPTOMYCIN	HUMAN PRESCRIPTION DRUG	06/29/2021	N/A	ANDA
+ DAPTOMYCIN	71288-017-15	350 mg/7mL	INJECTION, POWDER, LYOPHILIZED, FOR SOLUTION	INTRAVENOUS	ANDA213786	Methel Pharmaceuticals Inc.	71288-017	DAPTOMYCIN	DAPTOMYCIN	HUMAN PRESCRIPTION DRUG	06/29/2021	N/A	ANDA
+ Decitabine	71288-119-20	50 mg/20mL	INJECTION, POWDER, LYOPHILIZED, FOR SOLUTION	INTRAVENOUS	ANDA212959	Methel Pharmaceuticals Inc.	71288-119	Decitabine	DECITABINE	HUMAN PRESCRIPTION DRUG	07/02/2021	N/A	ANDA
+ DEXMEDETOMIDINE	71288-505-03	100 ug/mL	INJECTION, SOLUTION	INTRAVENOUS	ANDA204843	Methel Pharmaceuticals Inc.	71288-505	DEXMEDETOMIDINE	DEXMEDETOMIDINE HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG	01/18/2019	N/A	ANDA
+ Docetaxel anhydrous	71288-144-08	10 mg/mL	INJECTION, SOLUTION	INTRAVENOUS	ANDA209634	Methel Pharmaceuticals Inc.	71288-144	Docetaxel anhydrous	DOCETAXEL ANHYDROUS	HUMAN PRESCRIPTION DRUG	08/24/2018	N/A	ANDA
+ Docetaxel anhydrous	71288-144-16	10 mg/mL	INJECTION, SOLUTION	INTRAVENOUS	ANDA209634	Methel Pharmaceuticals Inc.	71288-144	Docetaxel anhydrous	DOCETAXEL ANHYDROUS	HUMAN PRESCRIPTION DRUG	08/24/2018	N/A	ANDA
+ Doxercalciferol	71288-802-04	4 ug/2mL	INJECTION, SOLUTION	INTRAVENOUS	ANDA211670	Methel Pharmaceuticals Inc.	71288-802	Doxercalciferol	DOXERCALCIFEROL	HUMAN PRESCRIPTION DRUG	02/09/2022	N/A	ANDA
+ Doxercalciferol	71288-802-03	4 ug/2mL	INJECTION, SOLUTION	INTRAVENOUS	ANDA211670	Methel Pharmaceuticals Inc.	71288-802	Doxercalciferol	DOXERCALCIFEROL	HUMAN PRESCRIPTION DRUG	02/11/2020	N/A	ANDA
+ Enoxaparin Sodium	71288-426-03	300 mg/3mL	INJECTION	INTRAVENOUS; SUBCUTANEOUS	ANDA214856	Methel Pharmaceuticals Inc.	71288-426	Enoxaparin Sodium	ENOXAPARIN SODIUM	HUMAN PRESCRIPTION DRUG	06/14/2022	N/A	ANDA
+ Enoxaparin Sodium	71288-432-81	100 mg/mL	INJECTION	SUBCUTANEOUS	ANDA206834	Methel Pharmaceuticals Inc.	71288-432	Enoxaparin Sodium	ENOXAPARIN SODIUM	HUMAN PRESCRIPTION DRUG	12/01/2019	N/A	ANDA
+ Enoxaparin Sodium	71288-433-83	100 mg/mL	INJECTION	SUBCUTANEOUS	ANDA206834	Methel Pharmaceuticals Inc.	71288-433	Enoxaparin Sodium	ENOXAPARIN SODIUM	HUMAN PRESCRIPTION DRUG	12/01/2019	N/A	ANDA

Showing 1 to 50 of 171 entries

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[Background Information \(https://www.fda.gov/Drugs/InformationOnDrugs/ucm142438.htm\)](https://www.fda.gov/Drugs/InformationOnDrugs/ucm142438.htm)Drug questions email: DRUGINFO@FDA.HHS.GOV (mailto:DRUGINFO@FDA.HHS.GOV)See also: [Drug Registration and Listing Instructions \(https://www.fda.gov/Drugs/GuidanceComplianceRegulatoryInformation/DrugRegistrationandListing/ucm078801.htm\)](https://www.fda.gov/Drugs/GuidanceComplianceRegulatoryInformation/DrugRegistrationandListing/ucm078801.htm)[National Drug Code Directory Data Files \(https://www.fda.gov/Drugs/InformationOnDrugs/ucm142438.htm\)](https://www.fda.gov/Drugs/InformationOnDrugs/ucm142438.htm)

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



Meitheal Pharmaceuticals, Inc.

Company Particulars



Corporate Address: 8700 W. Bryn Mawr Avenue, Suite 600S, Chicago, IL 60631 USA
 FEIN: 81-4701700
www.meithealpharma.com

Drug Labeler Code: 71288
 Incorporation State: DE
 Incorporation Date: 12/2/2016

FACILITY INFORMATION

Code	Address	FDA	DEA	DUNS	VAWD	Phone	Fax
DPI	8700 W. Bryn Mawr Avenue Suite 600S Chicago, IL 60631 County: Cook	N/A	N/A - No CS	080548348	No	(224) 443-4517	(647) 789-8750

FACILITY DESIGNATED REPRESENTATIVES

Name	Address	Title	Prescribing Authority	SSN	DOB	Driver's License
Gail L. Glambi		Designated Representative	No			

OWNERSHIP

Name	Address	Title	Percent of Ownership	Prescribing Authority	FEIN/SSN	DOB	Driver's License
Hong Kong King-Friend Industry, Co., Ltd.	Suite 2808, 28F, Exchange Tower, 33 Wang Chiu Road, Kowloon Bay, Kowloon China	N/A	90%	N/A		N/A	N/A
Employee Stock Option Pool		N/A	10%	N/A		N/A	N/A

LIST OF OFFICERS

Name	Address	Title	Prescribing Authority	SSN	DOB	Driver's License
Thomas J. Shea		Chief Executive Officer	No			
Victoria A. Wohlfel		General Counsel and Corporate Secretary	No			

REGISTERED AGENT IN ALL APPLICABLE STATES

Name	SSN	DOB	Driver's License
CT Corporation			

3PLS

Name	Address	Title	Prescribing Authority	SSN	DOB	Driver's License
Integrated Commercialization Solutions, Inc. (KY)	420 International Blvd Suite 500 Brooks, KY 40109					
Integrated Commercialization Solutions, Inc. (OH)	6450 LaSalle Drive Suite B Lockbourne, OH 43137					

Meitheal Pharmaceuticals
8700 W. Bryn Mawr, Suite 600S
Chicago, IL 60631



Meitheal Pharmaceuticals, Inc.'s corporate officers are as follows:

Thomas Shea, Chief Executive Officer

Victoria A. Wohlfeil, General Counsel and Corporate Secretary

Victoria A. Wohlfeil
General Counsel and Corporate Secretary

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MEITHEAL 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 TWENTY-SIXTH DAY OF SEPTEMBER, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MEITHEAL PHARMACEUTICALS, INC." WAS INCORPORATED ON THE SECOND DAY OF DECEMBER, A.D. 2016.



6236259 8300

SR# 20233576801

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

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

Authentication: 204248681

Date: 09-26-23



Illinois Department of Financial and Professional Regulation

Lookup Detail View

Contact

Contact Information

Name	City/State/Zip	DBA / AKA
MEITHEAL PHARMACEUTICALS INC	Chicago, IL 60631	.

License

License Information

License Number	Description	Status	First Effective Date	Effective Date	Expiration Date	Ever Disciplined
004004858	LICENSED WHOLESALE DRUG DISTRIBUTOR	ACTIVE	08/27/2020	10/11/2022	12/31/2024	N

Generated on: 11/9/2023 12:05:49 PM

State of Illinois	
Department of Financial and Professional Regulation	
Division of Professional Regulation	
LICENSE NO. 004.004858	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	
	
MEITHEAL PHARMACEUTICALS INC GAIL L GIAMBI 8700 W BRYN MAWR AVE STE 600S CHICAGO, IL 60631-3529	
	 MARIO TRETO, JR. SECRETARY
 CECILIA ABUNDIS DIRECTOR	
The official status of this license can be verified at IDFPR.Illinois.gov	
17309138	

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: 4303254

Bond Information

[Print Bond Application](#)

Meitheal Pharmaceuticals, Inc.

8700 W Bryn Mawr Ave.

Ste. 600S

Chicago IL 60631

County: Cook

Phone: 773-360-4503

Website: <https://www.meithealpharma.com>

Bond Number: 755053

Bond Type: Pharmaceutical Wholesaler Bond

Amount: \$100,000.00

Effective Date: 1/29/2023

Expiration Date: 1/29/2024

Status: Current

License / Permit #:

Obligee Information

State of Nevada

Nevada

Surety Information

Harco National Insurance Company

702 Oberlin Road

Raleigh, NC 27605-0800

Invoice Listing

Details	Invoice Date	Bond #	Term	Payment	Paid	
Meitheal Pharmaceuticals, Inc.	12/13/2022	755053	1/29/2023 to 1/29/2024	\$3,000.00	12/19/2022	Print Invoice
Meitheal Pharmaceuticals, Inc.	12/28/2021	755053	1/29/2022 to 1/29/2023	\$3,000.00	1/6/2022	Print Invoice
Meitheal Pharmaceuticals, Inc.	12/15/2020	755053	1/29/2021 to 1/29/2022	\$3,000.00	3/5/2021	Print Invoice
Meitheal Pharmaceuticals, Inc.	12/12/2019	755053	1/29/2020 to 1/29/2021	\$3,000.00	1/13/2020	Print Invoice
Meitheal Pharmaceuticals, Inc.	1/31/2019	755053	1/29/2019 to 1/29/2020	\$3,000.00	2/15/2019	Print Invoice

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 InformationName of Pharmacy/Wholesaler Meitheal Pharmaceuticals, Inc.Pharmacy/Wholesaler License # (if applicable) WH02637Physical Address 8700 W. Bryn Mawr Avenue, Suite 600SCity Chicago State IL Zip 60631Mailing Address (if different from physical address) c/o State License Servicing 1751 State Route 17A, Suite 3City Florida State NY Zip 10921Telephone (845) 544-2482 Website www.meithealpharma.comLicensing Company Email MPI@slsny.com**Section 2: Personal Information**First Gail Middle L. Last GiambiAlias(es, nicknames, name changes, etc.) Gail L. BartmanDate of Birth [REDACTED] SSN or ITIN [REDACTED] Sex ☐ M ☒ F ☐ XMailing Address [REDACTED]City Algonquin State IL Zip 60102Telephone [REDACTED] Email ggiambi@meithealpharma.comAre you a citizen of the United States? ☒ Yes ☐ No**Section 3: Military Service (NRS 622.120)**

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

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)		
Loyola University of Chicago		1990 - 1993		
Address	City	State	Zip	
1032 W Sheridan Rd	Chicago	IL	60660	
Diploma/Degree obtained, if any				
Bachelor of Science, Major: Biology				
School Name		From - To (MM/YY - MM/YY)		
Hope College		1989 - 1990		
Address	City	State	Zip	
141 E 12th St	Holland	MI	49423	
Diploma/Degree obtained, if any				
N/A				
School Name		From - To (MM/YY - MM/YY)		
Wheeling High School		1985 - 1989		
Address	City	State	Zip	
900 S. Elmhurst Road	Wheeling	IL	60090	
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
10/15 - Present		Algonquin	IL	60102
From - To (MM/YY - MM/YY)	Address	City	State	Zip
10/96-10/15		Lake in the Hills	IL	60156
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	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 Meitheal Pharmaceuticals, Inc.		From - To (MM/YY - MM/YY) 01/2017 - Present	
Business Address 8700 W. Bryn Mawr Avenue, Suite 600S		City Chicago	State IL
Phone (224) 443-4617	Title Designated Representative		Zip 60631
Number of Employed Hours ~ 14,210 hrs			

Description of Duties
Accountable for the management and oversight of all quality activities for the company. Oversee ongoing development and operation of the quality function and the quality management system. Quality assurance professional with extensive experience ensuring quality in regulated pharmaceutical environments. Manages support for product development, product launches, and commercial product release and shipments to ensure compliance with required regulations.

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

Description of Duties

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

Description of Duties

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

Description of Duties

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

Description of Duties

Continue on next page if additional space is needed.

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 manufacture or distribution of drugs or the practice of pharmacy?		✓
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?	✓	
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

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

This is in response to Question # 1. Provide all the following where applicable:

Date of Event/Arrest 06/30/2010	Disposition Date 08/05/2010	State IL	City Fox River Grove	County McHenry
Case # 17DT193, Ticket# 600145		Governing, licensing, Arresting Presiding Body/Agency/Court Circuit Court of the 22nd Judicial Circuit, McHenry County, Illinois		
Reason/Charge DUI/Alcohol				
Plaintiff/Defendant/Claimant/Respondent Municipality of Fox River Grove			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

The date of the incident occurred right before the finalization of my divorce from a marriage of 14 years. I received a Class A Misdemeanor for Driving Under the Influence/alcohol (Ticket Number 600145) one night on my way home. This was my first offense and received supervision from the court which required me to complete all the necessary actions listed by the court (fines, victim impact panel and alcohol awareness classes). My driver's license was not ever suspended for this incident and was rescinded (Statutory Summary Suspension Rescinded) on August 13, 2010. I completed all the necessary court actions and no further issues arose from this incident.

Gail Giambi
Original Signature (electronic, copies or stamps not accepted)
Gail L. Giambi

Nov 07, 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 # 1. Provide all the following where applicable:

Date of Event/Arrest 03/18/2017	Disposition Date 04/18/2017	State IL	City Fox River Grove	County McHenry
Case # 17DT000193		Governing, licensing, Arresting Presiding Body/Agency/Court Circuit Court of the 22nd Judicial Circuit, McHenry County, Illinois		
Reason/Charge 625-5/11-503(A)(2), Class A Misdemeanor				
Plaintiff/Defendant/Claimant/Respondent Municipality of Fox River Grove			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

On April 18, 2017, I had pled guilty to the charge of Reckless Driving/Use Incline which is in violation of 625-5/11-503(A)(2), a class A Misdemeanor (Case Number 17DT000193). I was sentenced to Conditional Discharge for a term of 1 year which began on April 17, 2017. As part of the court monitoring, I was required to complete all the necessary actions listed by the court within the year (fines, victim impact panel, ad alcohol awareness classes). I have completed all the necessary actions and I am in full compliance with the court order.

Gail Giambi

Original Signature (electronic, copies or stamps not accepted)
Gail L. Giambi

Nov 07, 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 # 7. Provide all the following where applicable:

Date of Event/Arrest 11/06/2018	Disposition Date	State IL	City	County
Case # AP 2018 81098	Governing, licensing, Arresting Presiding Body/Agency/Court CA Board of Pharmacy			
Reason/Charge Letter of Admonishment				
Plaintiff/Defendant/Claimant/Respondent CA Board of Pharmacy			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Please see attached letter of Admonishment from CA Board of Pharmacy issued for past convictions. CA-DR License was issued (License # EXC 24974), please see attached.


Original Signature (electronic, copies or stamps not accepted)
Gail L. Giambi

NOV 07, 2023
Date

Meitheal Pharmaceuticals
2340 South River Road #208
Des Plaines, IL 60018



Global | Access | Partnership

January 22, 2018

To whom this may concern:

This letter is being written for further explanation of a misdemeanor that which I have received on March 18, 2017.

On April 18, 2017, I had pled guilty to the charge of Reckless Driving/Use Incline which is in violation of 625-5/11-503(A)(2), a Class A Misdemeanor (Case Number 17DT000193). I was sentenced to Conditional Discharge for a term of 1 year which began on April 17, 2017. As part of the court monitoring, I was required to complete all the necessary actions listed by the court within the year (fines, victim impact panel, and alcohol awareness classes). I have completed all the necessary actions and I am in full compliance with the court order.

Sincerely,

Gail Giambi Jan 22, 2018

Gail Giambi

Vice President of Quality

Meitheal Pharmaceuticals

2340 s. River Road #208

Des Plaines, IL 60018

O : 224-443-4526 M : [REDACTED]

meitheal



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.

November 06, 2018

VIA CERTIFIED MAIL
LETTER OF ADMONISHMENT

GAIL L GIAMBI
8700 W BRYN MAWR AVE #600 S
CHICAGO, IL 60631

**RE: AP 2018 81098
GAIL L GIAMBI
EXC 24974**

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; 480(a)(1) - Denial of Licenses - A Board may deny a license on the grounds that the applicant has been convicted of a crime; 480(a)(3) - Denial of Licenses - Done any act that if done by a licentiate of the business or profession in question

Business and Professions Code section 480(a)(1) authorizes the board to deny a license if the applicant was convicted of a crime:

- On August 5, 2010, Giambi was convicted of misdemeanor – driving under the influence of alcohol (DUI).
- On April 18, 2017, Giambi was convicted of misdemeanor - reckless driving

Business and Professions Code section 480(a)(3) authorizes the Board to deny a license if the applicant has done any act that if done by a licentiate of the business or profession in question, would be grounds for suspension or revocation of the license:

- On June 30, 2010, Giambi was arrested for driving under the influence. On August 5, 2010, she was convicted of driving under the influence.

•On March 18, 2017, Giambi was arrested for driving under the influence. Her breath alcohol content at the time of her arrest was .147%. On April 18, 2017, she was convicted of misdemeanor - reckless driving.

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 December 06, 2018, 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 Christina Metzen, Associate Enforcement Analyst at (916) 574-7924.

Sincerely



Virginia Herold
Executive Officer
Board of Pharmacy

INSTRUCTIONS

Read the Following Carefully and Thoroughly

You are hereby served with a Letter of Admonishment issued by the Executive Officer of the California State Board of Pharmacy or her designee. The following instructions are provided to assist you in your timely completion of the admonishment process. In response to this Letter of Admonishment you may contest the admonishment and request an office conference.

CONTESTING THE LETTER OF ADMONISHMENT - Bus. Prof. Code § 4315 subd. (c)(1).

If you wish to contest your Letter of Admonishment you may request an informal office conference by completing and submitting the attached form according to the following instructions:

- = Complete and mail attached "Request for Office Conference" form to the board office no later than 30 days from the service of this Letter of Admonishment, to the address at the bottom of the form.
- = You may submit any declarations and/or documents pertinent to the subject matter of the Letter of Admonishment as attachments to the request form or they may be submitted by you at the office conference.
- = You will be advised by the board in writing as to the date and time of your appearance.
- = You are allowed one postponement.

An office conference is not a hearing. It is an informal discussion of the events that took place, and an opportunity for you to present information and mitigating factors pertaining to the Letter of Admonishment that you would like considered. The Executive Officer and or her designee represent the Board of Pharmacy at this meeting. One other individual of your choice may accompany you to this meeting. Office conferences are not open to the public. There is no discovery available in this process. You will not be allowed to present or question witnesses. However, you may present any written statements or documents that you believe are relevant.

After your office conference, the Letter of Admonishment may be affirmed, modified or withdrawn. You will be advised of the decision in writing within 14 calendar days from the date of the conference. If the Letter of Admonishment, is affirmed you will have 30 days from the date of the decision letter to submit any additional written corrective action plan information required. If the Letter of Admonishment is modified, the letter originally issued shall be considered withdrawn and a new letter will be issued. This decision shall be deemed to be the final administrative decision concerning the Letter of Admonishment.

If you have questions regarding any documents enclosed with the Letter of Admonishment, please contact Christina Metzen, Associate Enforcement Analyst at (916) 574-7924.

Mailing Address: State Board of Pharmacy
Attn: Christina Metzen
1625 North Market Boulevard, Suite N219
Sacramento, CA 95834-1924
(916) 574-7924.

California State Board of Pharmacy

REQUEST FOR OFFICE CONFERENCE

Licensee: GAIL L GIAMBI

License No: EXC 24974

Citation Number : AP 2018 81098

I hereby acknowledge receipt of the Letter of Admonishment referenced above and notification of my rights to contest the citation.

Check ☐ I contest the Letter of Admonishment and request an Office Conference.

Check One:

☐ I contest the entire Letter of Admonishment or

☐ Specific violations for the following reasons (list each violation with your specific reason):

(Submit additional sheets if needed.)

Name: _____

Signature: _____

Dated: _____

Address of Service: _____

City: _____ State: _____ Zip: _____

Telephone: (Business) () _____ Residence: () _____

NOTE: Any written documentation or evidence you wish to be considered for the office conference review or hearing should be submitted with this request.

Mailing Address: State Board of Pharmacy
Attn: Jennifer Sevilla
1625 North Market Boulevard, Suite N219
Sacramento, CA 95834-1924
(916) 574-7925

DECLARATION OF SERVICE BY CERTIFIED MAIL

RE: GAIL L GIAMBI EXC 24974

LETTER OF ADMONISHMENT AP 2018 81098

I declare:

I am employed in the County of Sacramento, California. I am over 18 years of age and not a party to the within entitled cause. My business address is 1625 North Market Boulevard, Suite N219, Sacramento, California 95834-1924.

On November 06, 2018, I served the attached:

Cover Letter, Instructions to Respondent, Letter of Admonishment, Request for Office Conference.

in said cause, by placing a true copy thereof enclosed in a sealed envelope with postage thereon fully prepaid by Certified Mail, in the United States mail at Sacramento, California, addresses as follows:

NAME

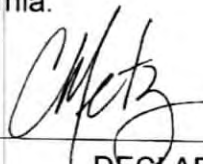
GAIL L GIAMBI
8700 W BRYN MAWR AVE #600 S
CHICAGO, IL 60631

CERTIFIED MAIL NO

7017 0530 0000 7764 6106

I declare under penalty of perjury that the forgoing is true and correct.

Executed on November 06, 2018, at Sacramento, California.



DECLARANT

Christina Metzen
Associate Enforcement Analyst

COURT PURPOSES

0298

G510-2927-1836-0 AB314

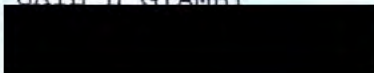
03 20 17

DDL: Y

PURSUANT TO THE PROVISIONS OF THE ILLINOIS VEHICLE CODE THE FOLLOWING INFORMATION IS FURNISHED FROM THE DRIVERS LICENSE FILE OF THE PERSON IDENTIFIED ABOVE

G510-2927-1836-0

GAIL L. GIAMBI



CONT LIC DATE	ISSUE DATE	BIRTH DATE
08' 19' 87	06' 29' 15	

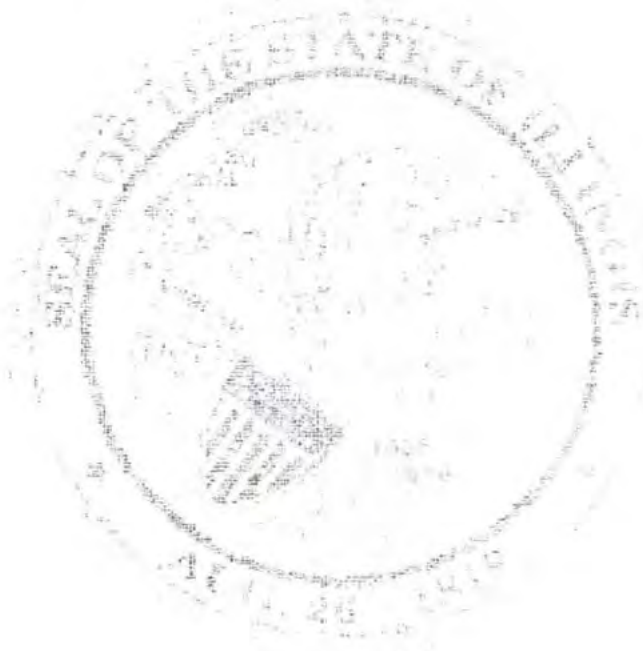
GENDER	HEIGHT	WEIGHT	HAIR	EYES	D.E.	CDL	TL	CLASS	ENDORS	MC	RESTRICTION	EXPIRATION DATE
F	5' 03	145	BRN	HZL	Y	N	3	D		X	NONE	08' 19' 17

TYPE
ACTIONSTOP IN
EFFECT

20 RESCIND RES-DT 08-13-10 SANC-DT 08-15-10 TIC-NO= 600141
STATUTORY SUMMARY SUSPENSION RESCINDED

55 SUPERVISION ARR-DT 06-30-10 SUP-DT 08-05-10 OFFENSE 1 0501 A2
TIC-NO=600145 IL COURT=MC HENRY CMV=N HZ=N CDL=N
DUI/ALCOHOL

65 DL/ID DATA ISS-DT 08-14-13 EXP-DT 08-19-17 CLASS=D*
TYPE=ORIGINAL DL
DRIVERS LICENSE ISSUED
* END OF RECORD *



* This is to certify, to the best of my knowledge and belief, after a careful search of my records, that the information set out herein is a true and accurate copy of the captioned individual's driving record; identified by driver's license number, and I certify that all statutory notices required as a result of any driver control actions taken have been properly given.

Deane White
SECRETARY OF STATE



IN THE CIRCUIT COURT OF THE 22ND JUDICIAL CIRCUIT
McHENRY COUNTY, ILLINOIS



☐ PEOPLE OF THE STATE OF ILLINOIS

☒ Municipality of FOX RIVER GROVE

vs.

GENERAL NO. 17DT193

GAIL GIAMBI, Defendant

MISDEMEANOR SENTENCING ORDER

On the charge(s) of RECKLESS DRIVING

The Defendant has been found guilty after a (negotiated plea of guilty) (trial) (stipulation of facts sufficient to convict). The Court has been fully advised in the premises and has considered the circumstances of the offense; the history, character and condition of the Defendant and any evidence in aggravation or mitigation.

NOW, THEREFORE, IT IS ORDERED: Judgment of conviction ☒ enters ☐ deferred.

The Defendant is sentenced to ☐ supervision ☒ conditional discharge ☐ reporting probation
☐ 720 ILCS 550/10 probation beginning today and ending on 4-17-2018.
Defendant shall appear in Court that day at 1:30 P.M., Courtroom 104. A violation of any obligation imposed below may result in Defendant's arrest, a revocation of this sentence and a resentencing on the original offense to any authorized disposition including jail.

The Defendant shall:

- notify the Clerk of this Court in writing of any change in the Defendant's address within five days after such change;
- submit written reports and appear in person as directed by this Court, its Clerk or by the Department of Court Services;
- not violate any criminal law or ordinance of any jurisdiction including traffic regulations;
- immediately report to and then make all required payments as directed by the Financial Compliance Office in the Clerk of Court;

☒ pay a fine in the amount of 1750⁰⁰ and all statutory fines, fees, and costs before 4-17-2018;

☐ pay restitution in the amount of _____ to the Clerk of this Court before _____ for the benefit of _____.

☐ serve a term in jail of _____ days (day-for-day credit) (credit for _____ days served) (time considered served) and report to the McHenry County, Illinois, jail at _____, M. on _____, and thereafter as directed;

☐ serve a term of periodic imprisonment in the county jail as specified in the ORDER OF PERIODIC IMPRISONMENT;

- ☐ attend and complete, including the payment of fees, the Illinois Department of Alcohol and Substance Abuse licensed remedial alcohol or substance abuse program(s) specified below and deliver a written certificate of completion to the Clerk of this Court and to the Prosecuting Attorney within 180 days after today unless otherwise directed herein:

☒ D.U.I. Treatment, Level II S; ☒ Victim Impact Panel(s) ONE; ☐ Evaluation, Other _____;

- ☐ file within _____ days with the Clerk of this Court a written _____ evaluation signed by any therapist approved for practice by any Illinois governmental agency and file with the Clerk of this Court written evidence of Defendant's compliance with all recommendations of such therapist before _____;
- ☐ perform _____ hours of (home) **community service** and deliver written proof of completion to the Court before _____. Report immediately to the Department of Court Services.
- ☐ submit to and pay for not less than _____ instance(s) of random periodic drug testing at the direction of Court Services where you will report immediately;
- ☐ have no contact with _____;
- ☐ deliver a completion certificate for the _____ **Traffic Safety School** to the Court Clerk before _____;
- ☐ **report immediately and as directed hereafter to the Adult Probation Division** of the Department of Court Services and at such other times as directed by a Probation Officer; follow all directives of the Probation Department; keep the Probation Department advised of the Defendant's home address and telephone number; not leave the State without the written permission of either Adult Probation or the Court; permit the Probation Officer to visit at Defendant's home or elsewhere at the request of the Officer
1. Submit to any evaluation and comply with any treatment or counseling recommendation as directed by the Adult Probation Division
 2. Defendant is subject to the Administrative Sanctions Program
 3. The Defendant is subject to Court Services Drug Testing Program
 4. The Defendant is subject to electronic monitoring, GPS monitoring, and transdermal alcohol monitoring at the direction of the Department of Court Services with the concurrence of the sentencing Court;
- ☐ the Defendant is not subject to the administrative sanctions program;
- ☐ pay Probation Service Fees in the amount of _____ per month;
- ☐ appear in Court on _____, at _____ M. and report the status of Defendant's compliance;
- ☒ Other: DEFENDANT NEED NOT REAPPEAR IF IN FULL COMPLIANCE WITH THIS ORDER. DEFENDANT IS PLACED ON COURT MONITORING. COUNT II IS DISMISSED, 17TR 8391 IS DISMISSED.

RECEIVED: Paul Mianili

Address: _____

Telephone: _____

Defendant 4/18/17, Date

W. J. [Signature] Judge

I, Gail L. Giambi, certify that as the designated representative for
Meitheal Pharmaceuticals, Inc.

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.

Gail L. Giambi

Print Name (First, Last)

Gail Giambi

Original Signature (electronic, copies or stamps not accepted)

Nov 07, 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.

Gail L. Giambi

Print Name (First, Last)

Gail Giambi

Original Signature (electronic, copies or stamps not accepted)

Nov 07, 2023

Date

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

State of Illinois, ss. County of Cook

I, Nathan R Kappes, 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.

Gail Giambi

Original Signature

Gail L. Giambi

Nov 07, 2023

Date

Subscribed and Sworn to before me this 7th day of November, 2023

[Signature]
Notary Public Signature



(Seal)

Meitheal Pharmaceuticals, Inc.

Employee Last Name	Employee First Name
Adhami	Amy
Allen	Jean
Andersen	Maggie
Beeston	Mark
Bhasin	Parul
Bricio	Pamela
Cardenas (Liu)	Rachel
Catayong	Jay
Chang	Lincoln
Conlon Doran	Elizabeth
Coyle	Brian
Cutler	Christina
Duval	Heather
Flood	Aidan
Fona	Camelia
Franklin	Torri
Gantol	Petruta
Giambi	Gail
Hirth	Conner
In	John
Jahnke	David
Joshi	Aditi
Kapur	Megha
Kelly	Tara
Kirer	Steven
Lein	Thomas
Liang	Dafu
Luka	Thomas
Madison	Laurence
Marla	Deeptika
McAleenan	Brendan
Mokos	Jennifer
Murphy	Melissa
Nieves	Jose
Nieves	Karen
Pan	Elaine
Pender	Jayla
Perez	Jesus
Petcu	Catalina
Petcu	Dragos
Pettit	Benjamin
Pittman	Kevin
Rath	Niraj
Richardson	Jason
Rios	Diana
Rivera	Heather
Rooney	Erin
Ruffolo	Diana
Rynell	Robert
Saxe	Peter
Schayer	Katherine
Shah	Roopang
Shah	Swati
Shanahan	Kathleen
Shea	Thomas
Shevtsova	Dilya
Spilman	John
Stoian	Daniela
Tanaka	Paul
TRUE	Jennifer
Tulini	Jaqueline
Veeravalli	Archit
Velsamy	Vanitha
Veltman	Steven
Ward	Justina
Watson	Chad
Weber	Kurt
Welsh	Jay
Wohlfeil	Victoria
Zuehlke	Ann

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 _____	☐ 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: <u>MicroSurgical Technology, Inc.</u>		
Physical Address: <u>8415 154th Ave. NE</u>		
City: <u>Redmond</u> State: <u>WA</u> Zip: <u>98052</u>		
Mailing Address (if different from physical address): _____		
City: _____ State: _____ Zip: _____		
Telephone: <u>888.279.3323</u> Website: <u>www.microsurgical.com</u>		
Name of Designated Representative (DR): <u>Jeffrey G. Cody</u>		
Licensing Company Email: <u>info@microsurgical.com</u> DR Email: <u>jcody@microsurgical.com</u>		
Entities the Wholesaler will Serve (✓ all applicable)	Products to be Handled or Wholesaled (✓ all applicable)	Type of Wholesaling (✓ all applicable)
☐ Pharmacies ☒ Practitioners ☒ Hospitals ☐ Wholesalers ☐ Veterinarians ☐ Others:	☐ Dangerous Drugs ☐ Controlled Substances ☒ *Medical devices, equipment, supplies, gases ☐ Others:	☒ Manufacturer ☒ Repacker ☐ Reverse Distributor ☐ Warehouse ☐ Retail pharmacy wholesale distributor ☐ 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)?		✓

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: Washington State
 Parent Company (if any): Halma plc
 Corporation/Organization Name: MicroSurgical Technology, Inc.
 Mailing Address: 841S 154th Avenue NE
 City: Redmond State: WA Zip: 98052
 Telephone: 888-279-3323 Email: rfonseca@microsurgical.com
 Contact Person Name: Rubens Fonseca

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

Name: <u>Biomerics</u>			
Address: <u>6030 W. Harold Gatty Dr</u>	City: <u>Salt Lake City</u>	State: <u>UT</u>	Zip: <u>84116</u>
Name: <u>Reny Company</u>			
Address: <u>4505 Littlejohn Street</u>	City: <u>Baldwin Park</u>	State: <u>CA</u>	Zip: <u>91706</u>
Name: <u>Steris Labratories</u>			
Address: <u>9303 West Broadway Park</u>	City: <u>Brooklyn Park</u>	State: <u>MN</u>	Zip: <u>55445</u>
Name: <u>Total Titanium</u>			
Address: <u>281 Kennedy Dr</u>	City: <u>Red Bud</u>	State: <u>IL</u>	Zip: <u>62278</u>

Section 4: Publicly Traded Corporation

State of Incorporation: UK

Parent Company (if any): _____

Corporation Name: Halma plc

Mailing Address: Misbourne Court, Rectory Way

City: Amersham State: Bucks Zip: HP7 0DE

Telephone: +44 (0)1494 721111 Email: halma@halma.com

Contact Person Name: _____

Date of SEC Registration: <u>N/A</u>	SEC Registration Number: <u>N/A</u>	Stock Exchange Symbol: <u>LSE:HLMA</u>
--------------------------------------	-------------------------------------	--

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: _____

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:

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:		✓
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 <u>all</u> Officers and Directors.	✓	✓		
• List the <u>top four</u> corporation shareholders and their percent ownership.	✓			
• List of <u>all</u> corporation shareholders and their percent ownership.		✓		
• List of <u>all</u> partners and their percent ownership.			✓	
• Certificate of Corporate Status or Certificate of Good Standing obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last 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/bopnv.gov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf .		✓	✓	✓
• Copy of a bond in an amount of \$100,000 made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the Surety Bond form at: http://bop.nv.gov/Services/newapps/Business/ .		✓	✓	✓

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

MicroSurgical Technology, Inc.

Facility Name

Jeffrey G. Cody

Print Name of Authorized Person Submitting Application



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

9/13/2023

Date

Board Use Only

Date Received: 9/14/23

Amount: 1000-00

ACORD™

CERTIFICATE OF LIABILITY INSURANCE

0311
DATE (MM/DD/YYYY)
3/31/2023

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 any rights to the certificate holder in lieu of such endorsement(s).

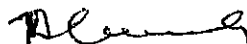
PRODUCER USI Insurance Services, LLC 312 Elm St. 24th Floor Cincinnati, OH 45202-3576 513-852-6300	CONTACT NAME: Sarah Osgood	
	PHONE (A/C, No, Ext): 513-852-6300	FAX (A/C, No):
	E-MAIL ADDRESS: Sarah.Osgood@usi.com	
INSURED Microsurgical Technology, Inc. 8415 154th Avenue NE Redmond, WA 98052	INSURER(S) AFFORDING COVERAGE	
	INSURER A : ACE American Insurance Company	NAIC # 22667
	INSURER B : ACE Property & Casualty Insurance Co	20699
	INSURER C : Chubb Indemnity Insurance Company	12777
	INSURER D : Great Northern Insurance Company	20303
	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 SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR ☒ B/VPD Ded:25,000 GEN'L AGGREGATE LIMIT APPLIES PER: ☒ POLICY ☐ PRO-JECT ☒ LOC OTHER:		OGLG2773862A	04/01/2023	04/01/2024	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$1,000,000 MED EXP (Any one person) \$5,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000 \$
D	AUTOMOBILE LIABILITY ☒ ANY AUTO OWNED AUTOS ONLY ☒ HIRED AUTOS ONLY ☐ SCHEDULED AUTOS NON-OWNED AUTOS ONLY		73602458	04/01/2023	04/01/2024	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	☒ UMBRELLA LIAB ☒ OCCUR ☐ EXCESS LIAB ☐ CLAIMS-MADE ☐ DED ☒ RETENTION \$10,000		XOOG27739143	04/01/2023	04/01/2024	EACH OCCURRENCE \$4,000,000 AGGREGATE \$4,000,000 \$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N N/A	71755720	04/01/2023	04/01/2024	☒ PER STATUTE ☐ OTHER E.L. EACH ACCIDENT \$1,000,000 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)

Evidence of coverage

CERTIFICATE HOLDER	CANCELLATION
Microsurgical Technology, Inc. 8415 154th Avenue NE Redmond, WA 98052	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 

Employee Name (Last Suffix, First MI)
Alvis, Charles
Anderson, Eric T.
Arredondo, Patricia
Bacon, Heather L.
Baniqued, Maria Armi Lee M.
Barrett, John A.
Beauregard, Patricia D.
Berrett, Craig L.
Black, Michael T.
Bolger, John D.
Bongard, Jeffrey A.
Bonn, Erik B.
Bookter, Patricia
Boone, Gwyndolyn Y.
Bornstein, Jake L.
Brown, James
Brown, Leonard A.
Cahoon, David R.
Carie, Jacqueline A.
Carruthers, Taylor
Catalan, Alexis
Cerros, Jorge
Chan, Ra
Chapman, Kelsey M.
Chea, Rathana
Co, Ly Sam
Cook, Craig M.
Cooper, Danny J.
Costello, Jason E.
Council, Teresa J.
Cowgill, Matthew A.
Cristobal, Felie
Danly, Zannah
Dillman, Teresa
Do, Jason T.
Do, Thuan V.
Dobrick, Garrett B.
Dong, Jin Y.
Doung, Chanrina
Duong, Thanhgiang N.
Dushane, Michael L.
Ednacot, Nolan
Farmer, Joseph T.
Felton, Joel
Fink, Jared L.
Flanders, Michael Q.
Ford, Ryan
Fortman, Michael

Employee Name (Last Suffix, First MI)
Glimsdale, Mathias C.
Goodwin, Corey A.
Graham, Cobie
Gratch, Steffen J.
Griffin, Julia W.
Gromala, Elizabeth
Gurung, Sha B.
Guzman, Sergio D.
Hansen, Jackson C.
Has, San
Haynes, Raja'ee A.
Heinzmann, Guillermo
Hoang, Huy Q.
Holmes, Gregory A.
Hom, Caroline M.
Howerton, Rea G.
Huang, Mei
Jimenez Flores, Francisco J.
Jimenez, Daniel
Johnson, Nga N.
Jordan, Michael W.
Kannika, Annie
Kern, Nicholas R.
Kim, Edwin Y.
Koch, Shannon M.
Lam, Nghi T.
Layhue, Brian J.
Le, Doan Tuu T.
Le, Thao N.
Lee, Siu Mei
Lemus, Eric E.
Lincicome, Gregory T.
Lu, Oanh N.
Luna, Hailey M.
Ly, Kunthea L.
Ly, PhuongLien K.
Ma, Sow C.
Manantan, Alma M.
Marshall, Erin
Matsuzaki, Blake A.
Mccroskey, Brian D.
Miyamoto, Kalen K.
Moe, Naing
Murphy, Michael D.
Murray, Susan A.
Neang, Sovy
Ngo-Ly, Jessica

Employee Name (Last Suffix, First MI)
Nguon, Pichara E.
Nguyen, Hong-Nga T.
Nguyen, Huy C.
Nguyen, Linh H.
Nguyen, Long
Nguyen, Thanh H.
Nichols, Anna L.
Oates, Paige
Oganga, Kenneth O.
Piekiel, Christopher D.
Piraino, Gianna M.
Pitts, Adam M.
Plough, Steven H.
Porter, MaryBeth
Pulsifer, Linh
Quach, Thanh D.
Rapanan, Araceli
Rarig, Beau W.
Rich, Joseph D.
Rivera, Jasmin
Rohleder, Gregory M.
Sabin, Sean
Schmitt, Michael R.
Seng, Maliny
Sengsavang, Daovy
Shahidi, Sean
Sheybin, Mikhail
Sieng, Sophanny
Singh, Yashpal
Spencer, Charles
Stoothoff, John H.
Stroupe, Sarah E.
Sun, Sokha
Swecker, Morgan E.
Thammavongsy, Kor
Thung, Lonn
To, Lisa
Trac, Lisa H.
Traldi Fonseca, Rubens Paulo
Tran, Hoang M.
Tran, Nghiem T.
Tucker, Richard E.
Urness, Druann C.
Villanueva, Jenzel A.
Vongphouthone, Ann
Vorachack, Jane
Vu, Hung M.

Employee Name (Last Suffix, First MI)	
Vuth, Sreyvin	
Wang, Jun D.	
Whitney, Vicki	
Wiley, Justin	
Wood, Emmylou B.	
Xoxa, Andon	
Yehuala, Mequanent	
Yi, Brandon	

Mark I. Sedar

From: Jeffrey Cody <jcody@microsurgical.com>
Sent: Wednesday, September 20, 2023 4:42 PM
To: Mark I. Sedar
Subject: RE: MicroSurgical Technology, Inc Cease and Desist Order # 23-040-O

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.

Hi Mark,
How is this (MST Top Management)
Officers and Directors:

- Yash Singh – chief Executive Officer
- Rubens Fonseca - Chief Financial Officer
- Erik Bonn - Chief Commercial Officer
- Scott Christiansen – Vice President, Integrated Supply Chain
- Jeff Cody – Director, Quality and Regulatory
- Gwyn Boone – Director, Human Resources

Thanks
Jeff

From: Mark I. Sedar <msedar@pharmacy.nv.gov>
Sent: Wednesday, September 20, 2023 4:34 PM
To: Jeffrey Cody <jcody@microsurgical.com>
Subject: RE: MicroSurgical Technology, Inc Cease and Desist Order # 23-040-O

Hi Jeff,

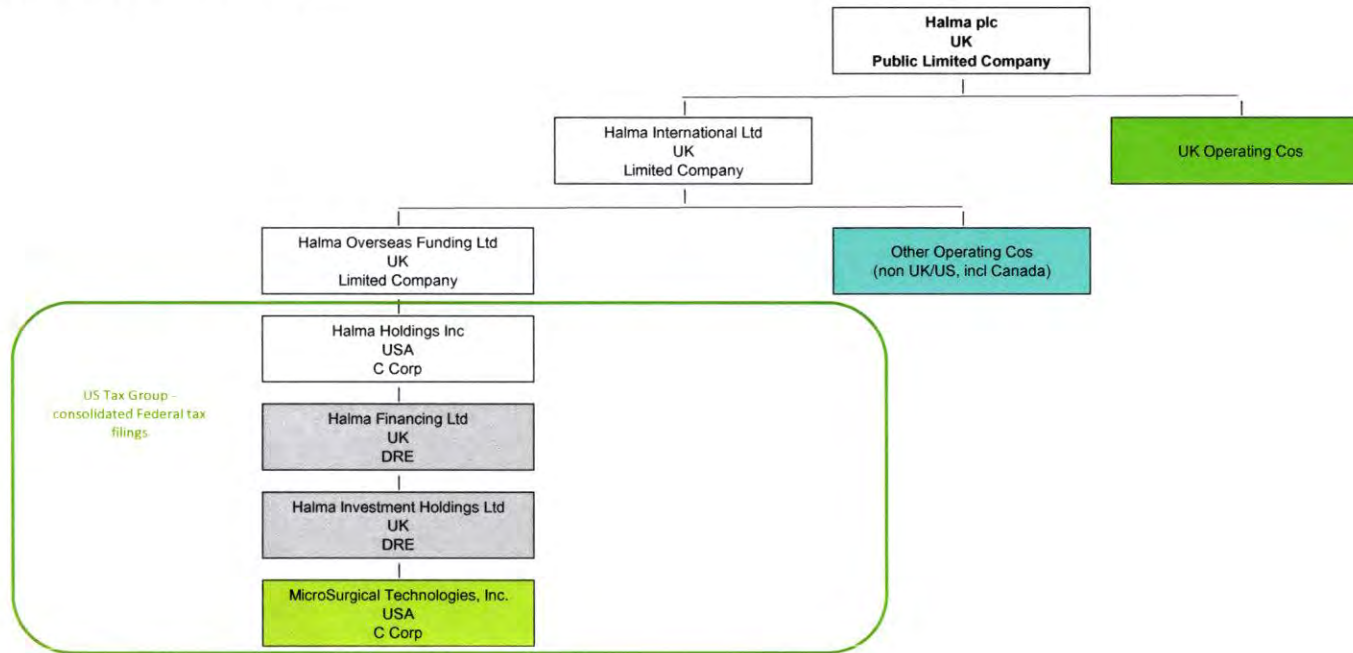
The list of employees refers to the applicants employees.

Mark Sedar
COO
Nevada State Board of Pharmacy
(775) 850-1440
msedar@pharmacy.nv.gov



Halma Group Structure - incl US tax group

Named entities are 100% owned within the Halma group



DRE - Disregarded entities for US tax purposes





MicroSurgical Technology, Inc
Organization Chart
Quality Systems and Regulatory Affairs
(September 22, 2023)

Yash Singh	Chief Executive Officer
Jeff Cody	Sr. Director RA/QA (<i>Designated Representative</i>)
Caroline Hom	Manager, Quality Systems
6 employees	QA Associate
Quade Flanders	Sr. Quality Engineer, Operations
John Barret	Sr. Quality Engineer, Supply Chain
Patty Bookter	QA System Lead
Francisco Jimenez	Supervisor, Quality Control
4 employees	QC Technician
Patricia Beauregard	Manager, Regulatory Affairs
Sarah Stroupe	Sr. Regulatory Affairs Specialist
Jonathan Lee	Regulatory Affairs Specialist
Felie Cristobal	Sr. Regulatory Affairs Specialist, International


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Establishment Registration & Device Listing

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Establishment:
MICROSURGICAL TECHNOLOGY, INC.
8415 154TH AVE NE
Redmond, WA 98052
Registration Number: 3019924
FEI Number*: 3019924
Status: Active
Date Of Registration Status: 2023

Owner/Operator:
[MICROSURGICAL TECHNOLOGY, INC.](#)
8415 154TH AVE N.E.
Redmond, WA US 98052
Owner/Operator Number: [3019924](#)

Official Correspondent:
Jeffrey Cody
8415 154TH AVE N.E.
Redmond, WA 98052
Phone: 425-2843754

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

Page Last Updated: 09/04/2023
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UNITED STATES OF AMERICA

The State of Washington
Secretary of State

I, **STEVE R. HOBBS**, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

CERTIFICATE OF EXISTENCE

OF

MICROSURGICAL TECHNOLOGY, INC.

I CERTIFY that the records on file in this office show that the above named entity was formed under the laws of the State of Washington and that its public organic record was filed in Washington and became effective on 03/08/1976.

I FURTHER CERTIFY that the entity's duration is Perpetual, and that as of the date of this certificate, the records of the Secretary of State do not reflect that this entity has been dissolved.

I FURTHER CERTIFY that all fees, interest, and penalties owed and collected through the Secretary of State have been paid.

I FURTHER CERTIFY that the most recent annual report has been delivered to the Secretary of State for filing and that proceedings for administrative dissolution are not pending.

Issued Date: 08/31/2023

UBI Number: 600 187 118



Given under my hand and the Seal of the State
of Washington at Olympia, the State Capital

A handwritten signature in black ink, reading "Steve R. Hobbs".

Steve R. Hobbs, Secretary of State

Date Issued: 08/31/2023



STATE OF
WASHINGTON

BUSINESS LICENSE

Issue Date: Apr 28, 2023

Unified Business ID #: 600187118

Business ID #: 001

Location: 0001

Expires: Mar 31, 2024

Profit Corporation

MICROSURGICAL TECHNOLOGY, INC.
MICRO-SURGICAL TECHNOLOGY INC
8415 154TH AVE NE
REDMOND WA 98052-6482

UNEMPLOYMENT INSURANCE - ACTIVE

INDUSTRIAL INSURANCE - ACTIVE

TAX REGISTRATION - ACTIVE

CITY/COUNTY ENDORSEMENTS:

REDMOND GENERAL BUSINESS #RED94-000043 - ACTIVE

LICENSING RESTRICTIONS:

No person, or business, or those under their control, shall cause or allow the discharge of unauthorized pollutants (e.g. chemicals, oils, detergents, or wastewater) into a City of Redmond storm water drainage system, surface water bodies or groundwater.

Not licensed to hire minors without a Minor Work Permit.

This document lists the registrations, endorsements, and licenses authorized for the business named above. By accepting this document, the licensee certifies the information on the application was complete, true, and accurate to the best of his or her knowledge, and that business will be conducted in compliance with all applicable Washington state, county, and city regulations.

John Ryser
Director, Department of Revenue

UBI: 600187118 001 0001

STATE OF WASHINGTON

Expires: Mar 31, 2024

MICROSURGICAL TECHNOLOGY,
INC.
MICRO-SURGICAL TECHNOLOGY
INC
8415 154TH AVE NE
REDMOND WA 98052-6482

UNEMPLOYMENT INSURANCE -
ACTIVE
INDUSTRIAL INSURANCE - ACTIVE
TAX REGISTRATION - ACTIVE
REDMOND GENERAL BUSINESS
#RED94-000043 - ACTIVE

John Ryser

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. 30181849

Application/License No. _____

Microsurgical Technology, doing or intending to do business as a
Applicant/Principal
 pharmaceutical wholesaler, whose address for purposes of service is
8415 154th Avenue NE, Redmond, WA 98052, as
Address of Applicant/Principal
PRINCIPAL, and Western Surety Company, a
Surety Company
 corporation organized under the laws of the state of SD
State of Incorporation
 and authorized to transact a general surety business in the State of

Nevada, whose address for purposes of service is
151 N. Franklin Street, Chicago, IL 60606 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 September 5, 2023.
Effective Date

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

Western Surety Company

POWER OF ATTORNEY APPOINTING INDIVIDUAL ATTORNEY-IN-FACT

Know All Men By These Presents, That WESTERN SURETY COMPANY, a South Dakota corporation, is a duly organized and existing corporation having its principal office in the City of Sioux Falls, and State of South Dakota, and that it does by virtue of the signature and seal herein affixed hereby make, constitute and appoint

Dustin Stevens , Individually

of Cincinnati, OH its true and lawful Attorney(s)-in-Fact with full power and authority hereby conferred to sign, seal and execute for and on its behalf bonds, undertakings and other obligatory instruments of similar nature

- In Unlimited Amounts -

Surety Bond No.: 30181849

Principal: Microsurgical Technology

Obligee: Nevada State Board of Pharmacy

and to bind it thereby as fully and to the same extent as if such instruments were signed by a duly authorized officer of the corporation and all the acts of said Attorney, pursuant to the authority hereby given, are hereby ratified and confirmed.

This Power of Attorney is made and executed pursuant to and by authority of the By-Law and Resolutions printed on the reverse hereof, duly adopted, as indicated, by the shareholders of the corporation.

In Witness Whereof, WESTERN SURETY COMPANY has caused these presents to be signed by its Vice President and its corporate seal to be hereto affixed on this 9th day of May, 2023.



WESTERN SURETY COMPANY

Larry Kasten

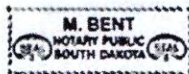
Larry Kasten, Vice President

State of South Dakota } ss
County of Minnehaha }

On this 9th day of May, 2023, before me personally came Larry Kasten, to me known, who, being by me duly sworn, did depose and say: that he resides in the City of Sioux Falls, State of South Dakota; that he is a Vice President of WESTERN SURETY COMPANY described in and which executed the above instrument; that he knows the seal of said corporation; that the seal affixed to the said instrument is such corporate seal; that it was so affixed pursuant to authority given by the Board of Directors of said corporation and that he signed his name thereto pursuant to like authority, and acknowledges same to be the act and deed of said corporation.

My commission expires

March 2, 2026



M. Bent

M. Bent, Notary Public

CERTIFICATE

I, L. Nelson, Assistant Secretary of WESTERN SURETY COMPANY do hereby certify that the Power of Attorney hereinabove set forth is still in force, and further certify that the By-Law and Resolutions of the corporation printed on the reverse hereof is still in force. In testimony whereof I have hereunto subscribed my name and affixed the seal of the said corporation this 5th day of September, 2023.



WESTERN SURETY COMPANY

L. Nelson

L. Nelson, Assistant Secretary

Form F4280-4-2023

Go to www.cnasurety.com > Owner / Obligor Services > Validate Bond Coverage, if you want to verify bond authenticity.

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

5th day of September, 2023.

APPLICANT/PRINCIPAL

Microsurgical Technology

By: _____

Authorized Representative

SURETY COMPANY

Western Surety Company

By: _____

Surety Company's Representative

Dustin Stevens, Attorney-in-fact
print name



SIGNED and SEALED in the presence of:

Witness _____

Witness _____

SIGNED and SEALED in the presence of:

Witness _____

Julie Cline-Surety Representative

Witness _____

Countersigned by:

Nevada Resident Agent

Authorizing By-Laws and Resolutions

ADOPTED BY THE SHAREHOLDERS OF WESTERN SURETY COMPANY

This Power of Attorney is made and executed pursuant to and by authority of the following By-Law duly adopted by the shareholders of the Company.

Section 7. All bonds, policies, undertakings, Powers of Attorney, or other obligations of the corporation shall be executed in the corporate name of the Company by the President, Secretary, and Assistant Secretary, Treasurer, or any Vice President, or by such other officers as the Board of Directors may authorize. The President, any Vice President, Secretary, any Assistant Secretary, or the Treasurer may appoint Attorneys in Fact or agents who shall have authority to issue bonds, policies, or undertakings in the name of the Company. The corporate seal is not necessary for the validity of any bonds, policies, undertakings, Powers of Attorney or other obligations of the corporation. The signature of any such officer and the corporate seal may be printed by facsimile.

This Power of Attorney is signed by Larry Kasten, Vice President, who has been authorized pursuant to the above Bylaw to execute power of attorneys on behalf of Western Surety Company.

This Power of Attorney may be signed by digital signature and sealed by a digital or otherwise electronic-formatted corporate seal under and by the authority of the following Resolution adopted by the Board of Directors of the Company by unanimous written consent dated the 27th day of April, 2022:

"RESOLVED: That it is in the best interest of the Company to periodically ratify and confirm any corporate documents signed by digital signatures and to ratify and confirm the use of a digital or otherwise electronic-formatted corporate seal, each to be considered the act and deed of the 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 MicroSurgical Technology, Inc. MDEG License # (if applicable) N/A
 Physical Address 8415 145th Ave NE
 City Redmond State WA Zip 98052
 Mailing Address (if different from physical address) N/A
 City _____ State _____ Zip _____
 Telephone 206.308.2609 Website www.microsurgical.com
 Licensing Company Email info@microsurgical.com

Section 2: Personal Information

First Jeffrey Middle G Last Cody
 Alias(es, nicknames, name changes, etc.) _____
 Date of Birth _____ SSN or ITIN _____ Sex ☒ M ☐ F ☐ X
 Mailing Address _____
 City Kirkland State WA Zip 98034
 Telephone _____ Email _____
 Are you a citizen of the United States? ☒ Yes ☐ No

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

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?		✓

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)

NAC 639.694

1. Each medical products provider or medical products wholesaler shall employ an administrator at all times. The administrator must:
 - a. Be a natural person;
 - b. Have a high school diploma or its equivalent;
 - c. Have:
 - i. At least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler; or
 - ii. 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;
 - d. 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
 - e. Be approved by the Board.
2. The administrator shall ensure that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.
3. A medical products provider or medical products wholesaler shall notify the staff of the Board of the cessation of employment of an administrator within 3 business days after the cessation of the employment. A medical products provider or medical products wholesaler shall notify the staff of the Board of the employment of a new administrator within 3 business days after the beginning of the employment.
4. A medical products provider or medical products wholesaler may not operate for more than 10 business days without an administrator. The Board may summarily suspend the operation of a business or facility that operates without an administrator.

NAC 639.6946

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

NAC 639.6957

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

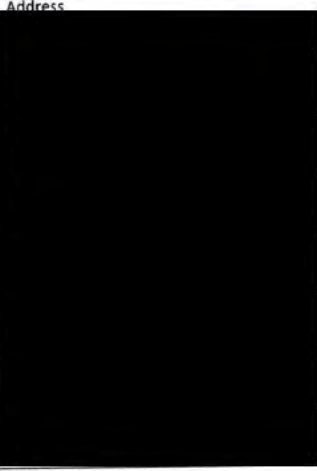
Please mail this completed application and all other required documents with your MDEG and/or Wholesaler Application to the address indicated above.

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

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		08/92 - 12/94	
Address	City	State	Zip
1151 S. Forest Ave	Tempe	AZ	85281
Diploma/Degree obtained, if any			
Masters, Science, Electrical Engineering			
School Name		From - To (MM/YY - MM/YY)	
Arizona State University		01/84 - 12/88	
Address	City	State	Zip
1151 S. Forest Ave	Tempe	AZ	85281
Diploma/Degree obtained, if any			
Bachelors, Science, Electrical Engineering			
School Name		From - To (MM/YY - MM/YY)	
Fullerton Junior College		9/81 - 12/83	
Address	City	State	Zip
321 E. Chapman Ave	Fullerton	CA	92832
Diploma/Degree obtained, if any			
None			
School Name		From - To (MM/YY - MM/YY)	
Soquel High School		9/76 - 6/81	
Address	City	State	Zip
401 Old San Jose Rd	Soquel	CA	95073
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
1/23 - Present		Kirland	WA	98034
03/22 - 02/23		San Diego	CA	92130
11/19 - 03/22		Sammamish	WA	98074
04/18 - 11/19		Santa Rosa	CA	95404
02/18 - 04/18		Santa Rosa	CA	95404
08/16 - 02/18		Pleasanton	CA	94588
08/08 - 08/16		Fairfield	CA	94534
01/03 - 08/08		Santa Rosa	CA	95404
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 Microsurgical Technology, Inc			From - To (MM/YY – MM/YY) 12/22-Present	
Business Address 8415 154th Ave NE		City Redmond	State WA	Zip 98052
Phone	Title Sr. Director, Quality and Regulatory Affairs		Number of Employed Hours 1496	
Description of Duties Responsible for global Quality and Regulatory Affairs. This includes product approvals, internal and external audits, post market reporting, field actions and manufacturing and design.				
Business Name Oxford Nanoimaging, Inc.			From - To (MM/YY – MM/YY) 03/21-12/22	
Business Address 11045 Roselle St		City San Diego	State CA	Zip 92121
Phone	Title Sr Director, Quality		Number of Employed Hours 3612	
Description of Duties Responsible for design and manufacturing quality, product compliance testing, post-market surveillance and implementing the companies quality system to achieve ISO 9001 certification.				
Business Name Siemens Healthaneers, Ultrasound Division			From - To (MM/YY – MM/YY) 07/19-03/21	
Business Address 22010 SE 51st St,		City Issaquah	State WA	Zip 98029
Phone	Title Sr. Manager, Operations Quality		Number of Employed Hours 3440	
Description of Duties Responsible for Operations Quality including, external audits/certifications, Quality Engineering, CAPA, post-market Field Actions for class II Ultrasound products.				
Business Name Endologix			From - To (MM/YY – MM/YY) 03/18-3/19	
Business Address 3910 Brickway Blvd		City Santa Rosa	State CA	Zip 95403
Phone	Title Director, Quality Assurance		Number of Employed Hours 2064	
Description of Duties Responsible for design, operations and supply chain quality for Class III Endovascular stent products				
Business Name Abbott Laboratories, Mechanical Circulatory Systems			From - To (MM/YY – MM/YY) 06/15 - 03/18	
Business Address 6101 Stoneridge Dr		City Pleasanton	State CA	Zip 94588
Phone	Title Sr Manager, Quality Engineering		Number of Employed Hours 5676	
Description of Duties Responsible for design, operations and supply chain quality across multiple sites, launch of Class III Heart Pumps.				
Continue on next page if additional space is needed.				

Business Name		From - To (MM/YY - MM/YY)	
Business Address		City	State Zip
Phone	Title		Number of Employed Hours
Description of Duties			
Business Name		From - To (MM/YY - MM/YY)	
Business Address		City	State Zip
Phone	Title		Number of Employed Hours
Description of Duties			
Business Name		From - To (MM/YY - MM/YY)	
Business Address		City	State Zip
Phone	Title		Number of Employed Hours
Description of Duties			
Business Name		From - To (MM/YY - MM/YY)	
Business Address		City	State Zip
Phone	Title		Number of Employed Hours
Description of Duties			
Business Name		From - To (MM/YY - MM/YY)	
Business Address		City	State Zip
Phone	Title		Number of Employed Hours
Description of Duties			
Make copies of this page OR use a separate piece of paper if additional space is needed.			

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

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

This is in response to Question # 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)

Date

I, Jeffrey G. Cody, certify that as the MDEG Administrator for
MicroSurgical Technology, Inc.

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

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

Jeffrey Cody

Print Name (First, Last)


 Original Signature (electronic, copies or stamps not accepted)

20-September 2023

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 MicroSurgical Technology, Inc

Pharmacy/Wholesaler License # (if applicable) State of Washington, LIC # 600187118

Physical Address 8415 1454th Ave NE

City Redmond State WA Zip 98052

Mailing Address (if different from physical address) Same

City _____ State _____ Zip _____

Telephone 206.308.2609 Website www.microsurgical.com

Licensing Company Email info@microsurgical.com

Section 2: Personal Information

First Jeffrey Middle G Last Cody

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

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

Mailing Address _____

City Kirkland State WA Zip 98034

Telephone _____ Email _____

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

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

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 Arizona State University		From - To (MM/YY - MM/YY) 08/92-12/94	
Address 1151 S. Forest Ave	City Tempe	State AZ	Zip 85281
Diploma/Degree obtained, if any Masters, Science, Electrical Engineering			
School Name Arizona State University		From - To (MM/YY - MM/YY) 01/84-12/88	
Address 1151 S. Forest Ave	City Tempe	State AZ	Zip 85281
Diploma/Degree obtained, if any Bachelors, Science, Electrical Engineering			
School Name Fullerton Junior College		From - To (MM/YY - MM/YY) 9/81-12/83	
Address 321 E. Chapman Ave	City Fullerton	State CA	Zip 92832
Diploma/Degree obtained, if any None			
School Name Soquel High School		From - To (MM/YY - MM/YY) 9/76-6/81	
Address 401 Old San Jose Road	City Soquel	State CA	Zip 95073
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) 01/23-Present	Address [REDACTED] 4	City Kirkland	State WA	Zip 98034
From - To (MM/YY - MM/YY) 03/22-02/23	[REDACTED]	City San Diego	State CA	Zip 92130
From - To (MM/YY - MM/YY) 11/19-03/22	[REDACTED]	City Sammamish	State WA	Zip 98074
From - To (MM/YY - MM/YY) 04/18-11/19	[REDACTED]	City Santa Rosa	State CA	Zip 95404
From - To (MM/YY - MM/YY) 02/18-04/18	[REDACTED]	City Santa Rosa	State CA	Zip 95404
From - To (MM/YY - MM/YY) 08/16-02/18	[REDACTED]	City Pleasanton	State CA	Zip 94588
From - To (MM/YY - MM/YY) 08/08-08/16	[REDACTED]	City Fairfield	State CA	Zip 94534
From - To (MM/YY - MM/YY) 01/03-08/08	[REDACTED]	City Santa Rosa	State CA	Zip 95404
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 Microsurgical Technology, Inc		From - To (MM/YY – MM/YY) 12/22-Present	
Business Address 8415 154th Ave NE	City Redmond	State WA	Zip 98052
Phone	Title Sr. Director, Quality and Regulatory Affairs	Number of Employed Hours 1496	
Description of Duties Responsible for global Quality and Regulatory Affairs. This includes product approvals, internal and external audits, post market reporting, field actions and manufacturing and design.			
Business Name Oxford Nanoimaging, Inc.		From - To (MM/YY – MM/YY) 03/21-12/22	
Business Address 11045 Roselle St	City San Diego	State CA	Zip 92121
Phone	Title Sr Director, Quality	Number of Employed Hours 3612	
Description of Duties Responsible for design and manufacturing quality, product compliance testing, post-market surveillance and implementing the companies quality system to achieve ISO 9001 certification.			
Business Name Siemens Healthneers, Ultrasound Division		From - To (MM/YY – MM/YY) 07/19-03/21	
Business Address 22010 SE 51st St,	City Issaquah	State WA	Zip 98029
Phone 610.448.6341	Title Sr. Manager, Operations Quality	Number of Employed Hours 3440	
Description of Duties Responsible for Operations Quality including, external audits/certifications, Quality Engineering, CAPA, post-market Field Actions for class II Ultrasound products.			
Business Name Endologix		From - To (MM/YY – MM/YY) 03/18-3/19	
Business Address 3910 Brickway Blvd	City Santa Rosa	State CA	Zip 95403
Phone	Title Director, Quality Assurance	Number of Employed Hours 2064	
Description of Duties Responsible for design, operations and supply chain quality for Class III Endovascular stent products			
Business Name Abbott Laboratories, Mechanical Circulatory Systems		From - To (MM/YY – MM/YY) 06/15 - 03/18	
Business Address 6101 Stoneridge Dr	City Pleasanton	State CA	Zip 94588
Phone	Title Sr Manager, Quality Engineering	Number of Employed Hours 5676	
Description of Duties Responsible for design, operations and supply chain quality across multiple sites, launch of Class III Heart Pumps.			
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:

Original Signature (electronic, copies or stamps not accepted)

Date

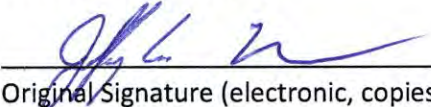
I, Jeffrey G. Cody, certify that as the designated representative for
Microsurgical Technology, Inc.

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.

Jeffrey Cody

Print Name (First, Last)


 Original Signature (electronic, copies or stamps not accepted)

9/23/23
 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.

Jeffrey Cody

Print Name (First, Last)

[Signature]
Original Signature (electronic, copies or stamps not accepted)

9/23/23
Date

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

State of WA, ss. County of King

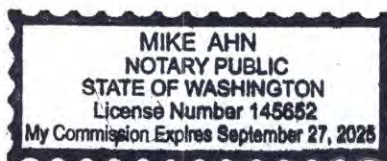
I, JEFFREY G. CODY, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that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

[Signature]
Original Signature

9/23/23
Date

Subscribed and Sworn to before me this 23rd day of SEP, 2023

[Signature]
Notary Public Signature



(Seal)

Halma plc | Annual Report and Accounts 2023

Growing a safer,
cleaner, healthier
future for everyone,
every day



Halma



Introduction to governance continued

Board changes

We announced in June 2022, that Andrew Williams would be retiring as Group Chief Executive on 31 March 2023. Prior to Andrew's formal decision to retire, the Board, supported by the Nomination Committee, had conducted a thorough selection process to identify Andrew's successor as Group Chief Executive. The Board were delighted to announce Marc Ronchetti's appointment as CEO Designate and from 1 April 2023, as Group Chief Executive. I would like to thank Andrew for his tremendous contribution to Halma's growth during his 18-year tenure and congratulate Marc on his appointment.

As part of the fulfilment of the executive succession plans, and following a robust selection process led by the Nomination Committee, Steve Gunning was appointed as Chief Financial Officer on 16 January 2023. On behalf of the Board, I am delighted to welcome Steve to Halma.

The planning and execution of these succession plans have provided a smooth transition and continuity in a year of change. As at 31 March 2023 the Board comprised seven non-executive Directors and four Executive Directors.

Shareholder engagement

Following the below 80% vote received on our Remuneration Report and the below 80% vote received on the reappointment of our Remuneration Committee Chair, Jo Harlow, we engaged with our major shareholders and the proxy agencies to better understand the reasons for their votes (if it was against) and any comments or concerns that they held on these two resolutions. Further details on the Remuneration Report vote can be found on page 138 of the Remuneration Report but, from my engagement with shareholders and proxy agencies on the specific objection to the re-election of Jo, the reason that a number of investors voted against her re-election was simply as a result of her position as Chair of the Remuneration Committee, which linked directly to their concerns on the Remuneration Report for the year ended 31 March 2022. I am confident that our engagement – and in particular, an explanation of the rationale for the remuneration decisions made in 2022 which could not refer to the imminent succession plans that were to be executed – has addressed these concerns. The Board is most appreciative of Jo's leadership of the Committee and engagement with shareholders, and unanimously supported all decisions that were made. I, along with my fellow Directors, have absolutely no concerns on Jo's performance as a Director of the Company or in her role as Chair of the Remuneration Committee.

Corporate governance statement

The Company reports against the Financial Reporting Council's (FRC) UK Corporate Governance Code 2018 (the Code), which is available at www.frc.org.uk.

The Board considers that it has applied all Principles, and complied with all Provisions of the Code for the year ended 31 March 2023, with the exception of Provision 38, which requires that pension contribution rates for Executive Directors, or payments in lieu, are aligned to those available to the wider workforce. As reported last year, the Company undertook a review of its UK pension provision in 2021 and consulted with employees. As a result, the pension offering moved from a trust-based plan to a Master Trust arrangement which offered members more competitive management charges, more options at retirement and improved member communications and retirement planning tools. We also took this opportunity to improve the employee and employer contribution structure which meant that all UK employees could receive more for lower employee contributions and all employees could receive up to 10.5% of their salary as an employer contribution. To align with the Code, the Executive Directors voluntarily agreed for their cash-in-lieu of pension to be reduced to 10.5% of salary from 1 January 2023, which equalises the pension offering across all employees in the UK. Therefore, whilst we were not fully compliant for the full financial year, we have been compliant for the three month period to 31 March 2023 and will be fully compliant for the year to 31 March 2024.

Conclusion

I hope that you will find the information in this Report helpful in understanding our approach to governance and how we have applied the Principles of the Code.

We believe that our organisational structure and governance framework enables our companies to operate effectively and with agility – which means we can continue to deliver value through our sustainable growth, returns and positive impact for the benefit of all of our stakeholders.

Dame Louise Makin

Chair

15 June 2023

The Company's application of the Code

Links

Board Leadership and Company Purpose

Halma is a purpose-driven company – growing a safer, cleaner, healthier future for everyone, every day – and is led by an effective and entrepreneurial Board, whose objective is to promote the long-term success of the Company by generating value for shareholders and benefitting our wider stakeholders. The Group achieves this through its autonomous, decentralised operating model and maintains effective engagement channels with its stakeholders to consider their needs and the impact of decisions when realising strategic objectives.

The Board leads by example in promoting the desired culture, values and purpose-aligned strategy and has put in place policies and practices to support this.

The Board operates within a framework of prudent and effective controls, which complements its autonomous structure. The Board annually reviews and approves the Budget and monitors capital allocation throughout the year.

- Sustainable Growth Model **p18**
- Roles and Responsibilities **p120**
- Board Governance Structure **p110**
- Our stakeholders, s.172(1) compliance statement and Board decision-making **p56-p65**

- Company purpose, values and culture **p20**
- Engagement with our people **p56**
- Resources, governance and control frameworks **p111**
- Board Governance Structure **p110**
- Audit Committee Report **p128**
- Risk management and internal control **p88**

Division of Responsibilities

The Board has clearly defined roles and responsibilities. The Chair, who was independent on appointment, and continues to retain objective judgement, monitors the effectiveness and independence of Board members, whilst fostering an open culture of debate.

- Roles and Responsibilities **p120**
- Board Governance Structure **p110**
- Board of Directors **p166**
- Independence and objective judgement **p121**

Composition, Succession and evaluation

The Board, supported by the Nomination Committee, has an established approach for succession and for evaluating candidates for Board positions – which ensures that there is an appropriate mix of diversity, skills and experience on the Board.

- Nomination Committee Report, including Board and Committee evaluations, skills matrix, appointment and induction processes and diversity **p122**

Audit, Risk and Internal Control

The Board confirms that there is an ongoing process for identifying, evaluating and managing the emerging and principal risks faced by the Group and for determining the nature and extent of the risks it is willing to take in achieving its strategic objectives. The Board has undertaken a robust assessment of the Group's emerging and principal risks during the year under review and up to the date of this Report. The Board continues to improve and embed controls and to keep systems under review to ensure that the internal control and risk management framework remains fit for purpose.

- Risk management and internal control, including principal and emerging risks **p88**
- Audit Committee Report, including fair balanced and understandable assessment **p128**

Remuneration

The Board has established a Remuneration Committee which has delegated responsibility for setting the policy for executive remuneration, to support the strategy and long-term sustainable growth of the Company. The Board exercises independent judgement when authorising remuneration outcomes. The Remuneration Committee Report describes the work of the Committee during the year and sets out how executive remuneration is aligned to our purpose and supports our strategy. The Report also describes how the Committee has considered workforce remuneration and how executive remuneration aligns with wider Group pay policies.

- Remuneration Committee Report **p136**

Board of Directors



Dame Louise Makin
Chair

Appointed: February 2021
(July 2021 as Chair)

Louise is an experienced executive and board director, having led businesses across multiple sectors. She was the Chief Executive Officer of BTG plc, the international specialist healthcare company, from 2004 to 2019. Louise led the transformation of the company through a combination of organic growth and acquisitions, and significantly increased its market capitalisation before its sale in 2019. She previously served as a non-executive Director of Premier Foods plc, Woodford Patient Capital Trust plc and Intertek Group plc, and as a director of several not-for-profit organisations. Louise brings a wealth of leadership and international experience to the Board.



Marc Ronchetti
Group Chief Executive

Appointed: July 2018
(April 2023 as Group Chief Executive)

Marc joined Halma in 2016 as Group Financial Controller. He was promoted to the plc and Executive Board as Chief Financial Officer in July 2018 and became Group Chief Executive in April 2023. Marc brings a proven ability to drive business growth. He has played a vital role in evolving the Groups Sustainable Growth Model, purpose and culture and has overseen a significant number of acquisitions whilst supporting Halma's companies to grow. Marc was previously Finance Director of the UK operations of Wolseley plc (now Ferguson plc) and prior to that held various group and divisional roles at Inchcape plc.



Steve Gunning
Chief Financial Officer

Appointed: January 2023

Steve joined Halma in 2023 as Chief Financial Officer. He was previously CFO of International Airlines Group and prior to that held several senior commercial and finance roles within IAG, including CFO of British Airways and Chief Executive of IAG Cargo. Steve was also a non-executive Director at FirstGroup plc. Earlier in his career, Steve worked in range of finance and audit roles in the UK and US at PricewaterhouseCoopers.



Andrew Williams
Executive Director

Appointed: July 2004
(February 2005 as Group Chief Executive)

Andrew joined Halma in 1994 as Manufacturing Director of a Halma company, becoming its Managing Director in 1997. He joined Halma's Executive Board in 2002 and served as Group Chief Executive between February 2005 and March 2023. Andrew has proven his ability to grow and acquire companies globally while evolving the Group portfolio for sustainable growth and high returns. He brings clear strategic leadership to the Board and has a deep understanding of our companies and the Group's stakeholders. He is a Chartered Engineer. Andrew served as a non-executive Director of Capita plc from January 2015 until May 2021. Andrew will step down from the Board on 30 June 2023.



Jennifer Ward
Group Talent, Culture and
Communications Director

Appointed: September 2016

Jennifer joined the Halma Executive Board in March 2014 and has global responsibility for talent and culture as well as internal and external communications and brand across Halma. She became a Board member in September 2016. Prior to joining Halma as Group Talent Director, Jennifer spent over 15 years leading Human Resources, Talent and Organisational Development for divisions of PayPal, Bank of America and Honeywell. Jennifer brings a wealth of experience to the Board to ensure we secure and develop talent ahead of our growth needs and build a sustainable culture of high performance.

External appointments:
Diploma plc



Tony Rice
Senior Independent Director

Appointed: August 2014
(July 2015 as Senior Independent Director)

Tony was Chief Executive Officer at Cable & Wireless Communications plc and Tunstall plc and held a number of senior roles at BAE Systems plc. Tony was Chair of Ultra Electronics Holdings plc, Dechra Pharmaceuticals plc and served as a non-executive Director of Spirit Pub Company plc, where he was Senior Independent Director and Remuneration Committee Chair. Tony brings a wealth of board level experience at UK listed companies, internationally and in regulated industries to his role as Senior Independent Director.



**Jo Harlow**

Independent non-executive Director

Appointed: October 2016

Jo has significant international experience, gained most recently as Corporate Vice President of the Phones Business Unit at Microsoft. She previously worked at Nokia as Executive Vice President of Smart Devices. Before her move into consumer electronics, Jo worked in strategic marketing at Reebok and Procter & Gamble. Jo brings a wealth of expertise to the Board in digital, technology, sales and marketing. Jo was previously a Member of the Supervisory Board at Ceconomy AG.

External appointments:

InterContinental Hotels Group plc
J Sainsbury plc
Chapter Zero

**Roy Twite**

Independent non-executive Director

Appointed: July 2014

Roy is Chief Executive of IMI plc, having been appointed to the IMI Board in February 2007. During his career with IMI, Roy has held several senior management roles including Managing Director of IMI Norgren UK (2001), President of IMI Hydronic Engineering (2004), President of Retail Dispense (2007) and President of IMI Precision Engineering (2009) and Divisional Managing Director of IMI Critical Engineering (2011). Roy brings wide-ranging knowledge of the engineering sector along with extensive management and operational experience.

External appointments:

IMI plc, Executive Director

**Dharmash Mistry**

Independent non-executive Director

Appointed: April 2021

Dharmash is an experienced technology venture capitalist, entrepreneur and non-executive director. He was formerly a Partner at Balderton & Lakestar, an executive at Emap PLC and worked earlier in his career at The Boston Consulting Group and as a Brand Manager at Procter & Gamble. Dharmash was formerly a founder of blow LTD, which he chaired, and has served as a non-executive Director at The British Business Bank, BBC, Hargreaves Lansdown PLC and Dixons Retail PLC.

External appointments:

The Premier League
Rathbones Group plc

**Sharmila Nebhrajani OBE**

Independent non-executive Director

Appointed: December 2021

Sharmila has sectoral specialisms in health, media and sustainability. She served with the BBC for 15 years, latterly as Chief Operating Officer of BBC New Media, and most recently was Chief Executive of Wilton Park an ambassador level policy development role in the UK Foreign and Commonwealth Office focused on global health, climate risk and national security. Her other executive board positions include Medical Research Council, the Association of Medical Research Charities and the NHS and she was appointed OBE for services to medical research. She is a qualified chartered accountant.

External appointments:

ITV plc
Severn Trent plc
Courtts & Co
National Institute for Health and
Care Research

**Carole Cran**

Independent non-executive Director

Appointed: January 2016

Carole was Chief Financial Officer of Aggreko plc until December 2017, prior to which she held a number of senior finance roles within that group. Previously, she worked at BAE Systems plc in a range of senior financial positions, which included four years in Australia. Carole commenced her career in the audit division of KPMG where she qualified as a Chartered Accountant. Carole has extensive financial experience and has a strong focus on governance and risk.

External appointments:

Forth Ports Limited, Executive Director

**Committee Membership**

A Audit Committee
N Nomination Committee
R Remuneration Committee

Chair of Committee
 Member of Committee

Note: unless otherwise stated all external appointments are non-executive roles.

Executive Board



01

Steve Gunning

Chief Financial Officer

See page 106 for biography

02

Jennifer Ward

Group Talent, Culture and Communications Director

See page 106 for biography

03

Steve Brown

Sector Chief Executive, Healthcare

Steve joined Halma in 2015 and was appointed to the Executive Board in November 2021. Prior to his appointment, Steve was Divisional Chief Executive of Halma's Environmental & Analysis Sector, Divisional Chief Executive for the Safety Sector and Managing Director of Apollo, one of Halma's largest companies.

04

Catherine Michel

Chief Technology Officer

Catherine joined Halma as its first Chief Technology Officer in September 2019. She has global responsibility for fostering the

05

Constance Baroudel

Sector Chief Executive, Environmental & Analysis

Constance was appointed to the Executive Board in April 2021. She joined Halma as Divisional Chief Executive, Medical & Environmental in August 2018.

06

Funmi Adegoke

Group General Counsel & Chief Sustainability Officer

Funmi joined Halma's Executive Board in September 2020. She has global responsibility for the Group's legal, risk and compliance affairs, oversees the company secretariat function



07

Aldous Wong

President of Halma Asia Pacific,
Adviser to the Executive Board

Aldous was appointed as President of Halma Asia Pacific in January 2022, becoming the senior leader for the region and an adviser to the Executive Board.

08

Andrew Williams

Executive Director

See page 106 for biography

09

Inken Braunschmidt

Chief Innovation and Digital Officer

Inken joined Halma and was appointed to the Executive Board in July 2017 and is responsible for driving Halma's Digital and Innovation Strategy.

10

Marc Ronchetti

Group Chief Executive

See page 106 for biography

11

Wendy McMillan

Sector Chief Executive, Safety

Wendy was appointed to the Executive Board in April 2021. She joined Halma as a Divisional Chief Executive in the Safety Sector in February 2018.



Please see our website,
www.halma.com,
for full biographies

Notes to the Company Accounts continued

C5 Investments continued

Subsidiaries continued

Name	Registered Address	Country	Class	Group %
Infinite Leap, Inc.	1022 5th St N, Fargo, ND 58102	United States	Common stock	100
Infowave Solutions Inc.	11495, N. Pennsylvania Street, Suite 240, Carmel, IN, 46032	United States	Common stock	100
InPipe GmbH	Jagerwinkel 1a, 6991 Riezern	Austria	Ordinary shares	90
Instituto Cardios de Ensino e Pesquisa em Eletrocardiologia Não Invasiva e M.A.P.A.	Avenida Paulista, 509, 3º andar, conjuntos 308, 309 e 310, São Paulo	Brazil	Ordinary shares	100
International Light Technologies, Inc.	10 Technology Drive, Peabody, MA 01960	United States	Ordinary shares	100
Invenio Systems Limited	Ty Coch House Llantarnam Park Way, Cwmbran, NP44 3AW	United Kingdom	Ordinary shares	100*
Iso-Lok Limited	(1)	United Kingdom	Ordinary shares	100*
IZI Medical Products LLC	Corporation Trust Center, 1209 Orange Street, Wilmington, Delaware 19801	United States	Ordinary shares	100
Keeler Instruments, Inc.	3222, Phoenixville Pike, Malvern, PA, 19355	United States	Ordinary shares	100
Keeler Limited	Clewer Hill Road, Windsor, Berks, SL4 4AA	United Kingdom	Ordinary shares	100*
Kirk Key Interlock Company, LLC	9048, Meridian Circle NW, North Canton, OH, 44720	United States	Ordinary shares	100
Labsphere, Inc.	231 Shaker Street, P. O. Box 70, North Sutton, NH, 03260	United States	Ordinary shares	100
Langer Instruments Corporation	7461, N. Business Park Drive, Tucson, AZ, 85743	United States	Ordinary shares	100
Limotec Besloten Vennootschap (BV)	Bosstraat 21, 8570 Anzegem (Vichte)	Belgium	Ordinary shares	100
Maxtec, LLC	2305, South 1070 West, Salt Lake City, UT, 84119	United States	Common stock	100
Meadowbridge Holdings Limited	(1)	United Kingdom	Ordinary shares	100*
Medicel AG	Dornierstrasse 11, CH – 9423 Altenrhein	Switzerland	A & B Preference & C Ordinary shares	100
MEDITECH Egészségügyi Szolgáltató, Műszerfejlesztő és Kereskedelmi Kft.	1184, Budapest, Mikszáth Kálmán utca 24, 1184	Hungary	Ordinary shares	100
MicroSurgical Technologies Germany GmbH	73, Neuenhaus Platz, Erkaht, 40699	Germany	Ordinary shares	100
MicroSurgical Technology, Inc.	8415 154th Avenue NE, Redmond, WA, 98052	United States	Common stock	100
Mini-Cam Enterprises Limited	Unit 33, Ravenscraig Road, Little Hulton, Manchester, M38 9PU	United Kingdom	Ordinary shares	100*
Mini-Cam Holdings Limited	Unit 33, Ravenscraig Road, Little Hulton, Manchester, M38 9PU	United Kingdom	Ordinary shares	100*
Minicam Inc.	251, Little Falls Drive, Wilmington, New Castle County, DE, 19808	United States	Common stock	100
Minicam Limited	Unit 33, Ravenscraig Road, Little Hulton, Manchester, M38 9PU	United Kingdom	Ordinary shares	100*
Mistura Systems Limited	(1)	United Kingdom	Ordinary shares	100*
Morley Electronics Limited	The Bridges, Balliol Business Park, Newcastle Upon Tyne, Tyne and Wear, NE12 6EW	United Kingdom	Ordinary shares	100
Navtech Radar Limited	Home Farm, Ardington, Wantage, Oxfordshire, OX12 8PD	United Kingdom	Ordinary shares	100*
NB Products, Inc.	1551, Suite 105, Atlantic Blvd, Jacksonville, FL, 32207	United States	Common stock	100
Nisolio Investments Limited	8 Faleas Street, Agios Athanasios, 4101, Limassol	Cyprus	Common stock	100
NovaBone Products, LLC	13510, NW US Highway 441, Alachua, FL, 32615	United States	Common stock	100
Ocean Optics (Shanghai) Co., Ltd	Block B, 3rd Floor, No. 123, Lane 1165, Jindu Road, Minghang District, Shanghai	China	Ordinary shares	100
Ocean Optics Asia LLC	Suite 601, Kirin Tower, 666 Gubei Road, Shanghai, 200336	China	Common stock	100
Ocean Optics BV	Geograaf 24, 6921EW Duiven	Netherlands	Ordinary shares	100
Ocean Optics, Inc.	8060 Bryan Dairy Road, Largo, FL, 33777	United States	Ordinary shares	100
Oklahoma Safety Equipment Co, Inc.	1701, West Tacoma, P.O. Box 1327, Broken Arrow, OK, 74013	United States	Ordinary shares	100
Orca GmbH	1d, Hungenbach, Kuerten, 51515	Germany	Ordinary shares	100
P.J.K.A Investments Limited	8 Faleas Street, Agios Athanasios, 4101, Limassol	Cyprus	Common stock	100
Palintest Limited	Kingsway, Team Valley, Gateshead, Tyne & Wear, NE11 0NS	United Kingdom	Ordinary & Deferred shares	100*

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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 WH02999	☐ 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: <u>Radius Health, Inc.</u>		
Physical Address: <u>22 Boston Wharf Road, 7th Floor</u>		
City: <u>Boston</u> State: <u>MA</u> Zip: <u>02210</u>		
Mailing Address (if different from physical address): <u>22 Boston Wharf Road, 7th Floor</u>		
City: <u>Boston</u> State: <u>MA</u> Zip: <u>02210</u>		
Telephone: <u>(617) 551-4000</u> Website: <u>www.radiuspharm.com/</u>		
Name of Designated Representative (DR): <u>Aidan Kelly</u>		
Licensing Company Email: <u>statelicensing@radiuspharm.com</u> DR Email: <u>statelicensing@radiuspharm.com</u>		
Entities the Wholesaler will Serve (✓ all applicable)	Products to be Handled or Wholesaled (✓ all applicable)	Type of Wholesaling (✓ all applicable)
☐ Pharmacies ☐ Practitioners ☐ Hospitals ☒ Wholesalers ☐ Veterinarians ☒ Others: Specialty Pharmacies, Specialty Distributors,	☒ Dangerous Drugs ☐ Controlled Substances ☐ *Medical devices, equipment, supplies, gases ☐ Others:	☐ Manufacturer ☐ Repacker ☐ Reverse Distributor ☐ Warehouse ☐ Retail pharmacy wholesale distributor ☒ 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: 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): Ginger Acquisition Inc.

Corporation/Organization Name: Radius Health, Inc.

Mailing Address: 22 Boston Wharf Road, 7th Floor

City: Boston State: MA Zip: 02210

Telephone: 617-588-4900 Email: statelicensing@radiuspharm.com

Contact Person Name: Mark Conley

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:

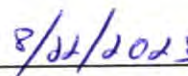
Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

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)	✓	✓	✓	✓
• 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/bopnv.gov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf .		✓	✓	✓
• Copy of a bond in an amount of \$100,000 made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the Surety Bond form at: http://bop.nv.gov/Services/newapps/Business/ .		✓	✓	✓

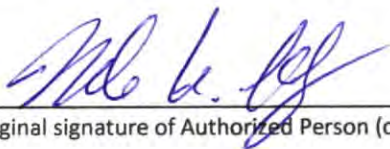
I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application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

Radius Health, Inc.

Facility Name

Mark Conley

Print Name of Authorized Person Submitting Application



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

8/22/2023
Date

Board Use Only

Date Received: 11/23/23

Amount: \$ 1000 over # 52 ✓

9/28/23, 12:29 PM

National Drug Code Directory

/ [NDC \(Index.cfm\)](#)

National Drug Code Directory

Current through September 28, 2023

You have searched Finished drug products

Search Results: '70539'

[Back to Search Page \(\)](#) | [Search Again \(\)](#)

CSV Excel

Display records per pageSearch for text in the table:

Proprietary Name	NDC Package Code	Strength	Dosage Form	Route	Appl. No.	Labeler Name	Product NDC	Nonproprietary Name	Substance Name	Product Type Name	Start Marketing Date	End Marketing Date	Market Category
Tymlos	70539-001-02	2000 ug/mL	INJECTION, SOLUTION	SUBCUTANEOUS	NDA208743	Radius Health, Inc.	70539-001	abaloparatide	ABALOPARATIDE	HUMAN PRESCRIPTION DRUG	05/01/2017	N/A	NDA
Tymlos	70539-001-98	2000 ug/mL	INJECTION, SOLUTION	SUBCUTANEOUS	NDA208743	Radius Health, Inc.	70539-001	abaloparatide	ABALOPARATIDE	HUMAN PRESCRIPTION DRUG	05/01/2017	N/A	NDA

Showing 1 to 2 of 2 entries

Previous Next[Background Information \(https://www.fda.gov/Drugs/InformationOnDrugs/ucm142438.htm\)](https://www.fda.gov/Drugs/InformationOnDrugs/ucm142438.htm)Drug questions email: DRUGINFO@FDA.HHS.GOV (<mailto:DRUGINFO@FDA.HHS.Gov>)See also: [Drug Registration and Listing Instructions](#)<https://www.fda.gov/Drugs/GuidanceComplianceRegulatoryInformation/DrugRegistrationandListing/ucm078801.htm>[National Drug Code Directory Data Files \(https://www.fda.gov/Drugs/InformationOnDrugs/ucm142438.htm\)](https://www.fda.gov/Drugs/InformationOnDrugs/ucm142438.htm)

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

✓ verified
w.H 10/25/23

Company Name: Radius Health, Inc.
Address: 22 Boston Wharf Road, 7th Floor
City, State, Zip: Boston, MA 02210
Phone: 617-551-4000
Website: www.radiuspharm.com
E-mail: statelicensing@radiuspharm.com

0357

FEIN: 80-0145732
State of Formation: DE
Date Incorporated: 02/04/2008

Ownership Information

Radius Health, Inc. is 100% owned by Ginger Acquisition Inc.
Address: 55 Cambridge Parkway Ste. 401, Cambridge, MA 02142
Phone: (617) 551-4000
Parent Company FEIN: 88-3201948

Officers

Scott Briggs, Chief Executive Officer
Business Address: 22 Boston Wharf Road, 7th Floor Boston, MA 02210
Phone: (617) 551-4000

Mark Conley, Chief Financial Officer
Business Address: 22 Boston Wharf Road, 7th Floor Boston, MA 02210
Phone: (617) 551-4000

Chhaya Shah, Chief Business Officer
Business Address: 550 E Swedesford Road, Suite 225, Wayne, PA 19087
Phone: (617) 551-4000

Erika Tooman, SVP, General Counsel
Business Address: 22 Boston Wharf Road, 7th Fl., Boston, MA 02110
Phone: (617) 551-4000

Ed Cinca, Chief Commercial Officer
Business Address: 22 Boston Wharf Road, 7th Fl., Boston, MA 02110
Phone: (617) 551-4000

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "RADIUS HEALTH, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-FOURTH DAY OF JANUARY, 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 "RADIUS HEALTH, INC." WAS INCORPORATED ON THE FOURTH DAY OF FEBRUARY, A.D. 2008.

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



4499595 8300

SR# 20230233844

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

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

Jeffrey W. Bullock, Secretary of State

Authentication: 202559305

Date: 01-24-23

The Commonwealth of Massachusetts

DEPARTMENT OF PUBLIC HEALTH, DRUG CONTROL PROGRAM
250 WASHINGTON STREET BOSTON, MA 02108

CONTROLLED SUBSTANCES REGISTRATIONS

In Accordance with Massachusetts General Laws Chapter 94C, Section 7



NUMBER	ISSUED	EXPIRES	TYPE
MA0000757	01/04/2023	01/04/2024	Virtual Drug Manufacturers

ISSUED TO

RADIUS HEALTH, INC.
22 BOSTON WHARF ROAD
7TH FLOOR
BOSTON, MA 02210
ATTN: MARK CONLEY CHIEF FINANCIAL OFFICER

COMMISSIONER OF PUBLIC HEALTH

RECIPIENT'S COPY

RENEWAL



CONTROLLED SUBSTANCES REGISTRATIONS

In Accordance with Massachusetts General Laws Chapter 94C, Section 7

NUMBER	ISSUED	EXPIRES	TYPE
MA0000757	01/04/2023	01/04/2024	Virtual Drug Manufacturers

ISSUED TO

RADIUS HEALTH, INC.
22 BOSTON WHARF ROAD
7TH FLOOR
BOSTON, MA 02210
ATTN: MARK CONLEY CHIEF FINANCIAL OFFICER

RENEWAL

An official website of the Commonwealth of Massachusetts [Here's how you know](#) ▼



Mass.gov

Office of Health and Human Services (EOHHS) License Verification Site

[Home Page](#) > Profile > MA0000757 - RADIUS HEALTH, INC.

License Information

License Type:	Virtual Drug Manufacturer or Virtual Drug Distributor Controlled Substance Registration
License Number:	MA0000757
Status:	Current
Organization Name:	RADIUS HEALTH, INC.
Expiration Date:	January 04, 2024
Address:	22 BOSTON WHARF ROAD 7TH FLOOR BOSTON, MA 02210

Compliance Actions/Fines

There are no public compliance actions or fines against this license/registration record.

Verification of Licensure

If you require a Verification of Licensure for this license, please create an account or sign into an existing account and complete the application for a Verification of Licensure at <https://healthprofessionlicensing.mass.gov/login-register>. If you require copies of records related to this matter, please make a public records request at PublicRecordsAdmin@MassMail.State.MA.US

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](#).

[<< Back to Search Page](#)



How To Get Help:

Mass.gov Resources
[eLicensing User Guide](#)
[Bureau of Health Professions Licensure](#)
[Office of Local and Regional Health](#)
[Department of Public Health](#)

BHPL eLicensing Support Resources

- Online: [eLicensing Support Request Form](#)
- Email: dph.licensing_support@mass.gov

DO NOT provide your Social Security Number or Date of Birth when contacting the eLicensing Support Desk online or by email

10/3/23, 11:16 AM

DPH Check a License

 Phone: (800) 414-0168
 TTY (617) 973-
Line: 0988

Did you find what you were looking for on this webpage? Please provide your feedback [here](#).

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RADIUS

Description of Facility

Radius Health, Inc. is a "virtual manufacturer". Radius Health, Inc. does not handle, store or ship commercial product from its headquarters in Boston, MA (it is used exclusively for office space). Radius Health, Inc. uses a contract manufacturer to produce our product and a third party distributor to manage the storage and distribution of our products.

Employee Hours: 8am-5pm M-F, closed S & S

of Employees: 20

Contract Manufacturer Information

We are using the following contract manufacturers to produce our product, Abaloparatide:

Vetter Pharma Fertigung GmbH & Co. KG
Mooswiesen 2
88214 Ravensburg, Germany
FDA Establishment No. 3005987757

Contact: Robert Hohne
Phone Number: +49-(0)751-3700-1743
Fax: +49-(0)751-3700-5031
Email: robert.hoehne@vetter-pharma.com

Vetter Pharma International GmbH manufactures Radius Health, Inc. product and packages finished product. At no time does Vetter Pharma International GmbH own the product, contract with Radius Health, Inc. customers, invoice nor sell a Radius Health, Inc. product.

Third Party Logistics Information

We are utilizing ICS as the Third Party Logistics provider to manage the storage and distribution of Radius Health, Inc. products to Wholesalers, Specialty pharmacies, Hospitals, Specialty Distributors, Hospitals, Long-term care, Mail Order, Clinics and Retailers. ICS is located at 420 International Blvd., Suite 500, Brooks, KY 40109. Our hours of operation are 8:00 a.m. – 5:00 p.m. EST, Monday through Friday. Sales Records are held with 3PL.

Product

Abaloparatide – NDC: 70539-001-01

Abaloparatide – NDC: 70539-001-02

Abaloparatide – NDC: 70539-001-99

Abaloparatide – NDC: 70539-001-98

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. LPM9402088

Application/License No. _____

Radius Health, Inc., doing or intending to do business as a
Applicant/Principal
 pharmaceutical wholesaler, whose address for purposes of service is
22 Boston Wharf Road, 7th Fl, Boston, MA 02210, as
Address of Applicant/Principal
PRINCIPAL, and Fidelity and Deposit Company of Maryland, a
Surety Company
 corporation organized under the laws of the state of IL
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 60196-1058, 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 December 31, 2022.
Effective Date

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

THIS BOND is subject to the following conditions:

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

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

In witness whereof, each party to this bond has caused it to be executed on this
9th day of December, 2022.

APPLICANT/PRINCIPAL

Radius Health, Inc.

By: Mark W. Conley

Authorized Representative

Mark W. Conley, CFO

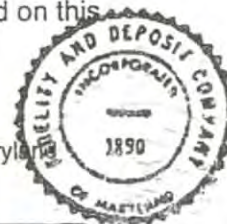
SURETY COMPANY

Fidelity and Deposit Company of Maryland

By: Donna M. Chiancone

Surety Company's Representative

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



SIGNED and SEALED in the presence of:

Sonia Quinlan

Witness

Sonia Quinlan, witness

Guemane D. Dixon

Witness

SIGNED and SEALED in the presence of:

Lori N. Baybutt

Witness Lori N. Baybutt, Witness to Surety

Kevin Baybutt

Witness Kevin Baybutt, Witness to Surety

Countersigned by: -

Donna M. Chiancone

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

Posted February 20, 2020

Bond Number LPM9402088Obligee Nevada State Board of Pharmacy

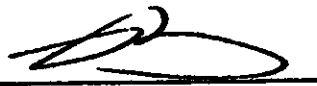
**ZURICH AMERICAN INSURANCE COMPANY
COLONIAL AMERICAN CASUALTY AND SURETY COMPANY
FIDELITY AND DEPOSIT COMPANY OF MARYLAND
POWER OF ATTORNEY**

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 Donna M. Chiancone 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.

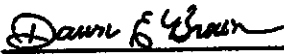
The said Vice President does hereby certify that the extract set forth on the reverse side hereof is a true copy of Article V, Section 8, of the By-Laws of said Companies, and is now in force.

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 19th day of June, A.D. 2019.

ATTEST:
ZURICH AMERICAN INSURANCE COMPANY
COLONIAL AMERICAN CASUALTY AND SURETY COMPANY
FIDELITY AND DEPOSIT COMPANY OF MARYLAND


By: Robert D. Murray
Vice President




By: Dawn E. Brown
Secretary

State of Maryland
County of Baltimore

On this 19th day of June, A.D. 2019, before the subscriber, a Notary Public of the State of Maryland, duly commissioned and qualified, Robert D. Murray, Vice President and Dawn E. Brown, Secretary of the Companies, to me personally known to be the individuals and officers described in and who executed the preceding instrument, and acknowledged the execution of same, and being by me duly sworn, depose and saith, that he/she is the said officer of the Company aforesaid, and that the seals affixed to the preceding instrument are the Corporate Seals of said Companies, and that the said Corporate Seals and the signature as such officer were duly affixed and subscribed to the said instrument by the authority and direction of the said Corporations.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal the day and year first above written.




Constance A. Dunn, Notary Public
My Commission Expires: July 9, 2023

EXTRACT FROM BY-LAWS OF THE COMPANIES

"Article V, Section 8, Attorneys-in-Fact. The Chief Executive Officer, the President, or any Executive Vice President or Vice President may, by written instrument under the attested corporate seal, appoint attorneys-in-fact with authority to execute bonds, policies, recognizances, stipulations, undertakings, or other like instruments on behalf of the Company, and may authorize any officer or any such attorney-in-fact to affix the corporate seal thereto; and may with or without cause modify or revoke any such appointment or authority at any time."

CERTIFICATE

I, the undersigned, Vice President of the ZURICH AMERICAN INSURANCE COMPANY, the COLONIAL AMERICAN CASUALTY AND SURETY COMPANY, and the FIDELITY AND DEPOSIT COMPANY OF MARYLAND, do hereby certify that the foregoing Power of Attorney is still in full force and effect on the date of this certificate; and I do further certify that Article V, Section 8, of the By-Laws of the Companies is still in force.

This Power of Attorney and Certificate may be signed by facsimile under and by authority of the following resolution of the Board of Directors of the ZURICH AMERICAN INSURANCE COMPANY at a meeting duly called and held on the 15th day of December 1998.

RESOLVED: "That the signature of the President or a Vice President and the attesting signature of a Secretary or an Assistant Secretary and the Seal of the Company may be affixed by facsimile on any Power of Attorney...Any such Power or any certificate thereof bearing such facsimile signature and seal shall be valid and binding on the Company."

This Power of Attorney and Certificate may be signed by facsimile under and by authority of the following resolution of the Board of Directors of the COLONIAL AMERICAN CASUALTY AND SURETY COMPANY at a meeting duly called and held on the 5th day of May, 1994, and the following resolution of the Board of Directors of the FIDELITY AND DEPOSIT COMPANY OF MARYLAND at a meeting duly called and held on the 10th day of May, 1990.

RESOLVED: "That the facsimile or mechanically reproduced seal of the company and facsimile or mechanically reproduced signature of any Vice-President, Secretary, or Assistant Secretary of the Company, whether made heretofore or hereafter, wherever appearing upon a certified copy of any power of attorney issued by the Company, shall be valid and binding upon the Company with the same force and effect as though manually affixed.

IN TESTIMONY WHEREOF, I have hereunto subscribed my name and affixed the corporate seals of the said Companies, this 9th day of December, 2022.



Brian M. Hodges

Brian M. Hodges, Vice President

TO REPORT A CLAIM WITH REGARD TO A SURETY BOND, PLEASE SUBMIT A COMPLETE DESCRIPTION OF THE CLAIM INCLUDING THE PRINCIPAL ON THE BOND, THE BOND NUMBER, AND YOUR CONTACT INFORMATION TO:

Zurich Surety Claims
1299 Zurich Way
Schaumburg, IL 60196-1056
www.reports@claims@zurichna.com
800-626-4577

THE FIDELITY AND DEPOSIT COMPANY

OF MARYLAND
1299 Zurich Way Schaumburg, IL 60196

Statement of Financial Condition As Of December 31, 2021

ASSETS

Bonds.....	\$ 237,467,504
Stocks	18,985,762
Cash and Short-Term Investments	7,415,852
Reinsurance Recoverable	25,735,324
Federal Income Tax Recoverable.....	0
Other Accounts Receivable.....	24,479,233
TOTAL ADMITTED ASSETS.....	\$ 314,083,675

LIABILITIES, SURPLUS AND OTHER FUNDS

Reserve for Taxes and Expenses	\$ 378,101
Ceded Reinsurance Premiums Payable	48,876,599
Reinittances and Items Unallocated	0
Payable to parents, subs and affiliates	0
Securities Lending Collateral Liability.....	0
TOTAL LIABILITIES.....	\$ 49,254,700
Capital Stock, Paid Up	\$ 5,000,000
Surplus	264,828,975
Surplus as regards Policyholders.....	264,828,975
TOTAL	\$ 314,083,675

Securities carried at \$78,561,855 in the above statement are deposited with various states as required by law.

Securities carried on the basis prescribed by the National Association of Insurance Commissioners. On the basis of market quotations for all bonds and stocks owned, the Company's total admitted assets at December 31, 2021 would be \$319,561,762 and surplus as regards policyholders \$270,307,062.

I, LAURA J. LAZARCZYK, Corporate Secretary of the FIDELITY AND DEPOSIT COMPANY OF MARYLAND, do hereby certify that the foregoing statement is a correct exhibit of the assets and liabilities of the said Company on the 31st day of December, 2021.

DocuSigned by:

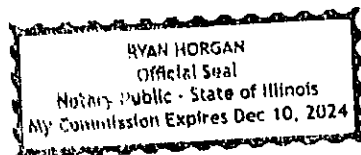
Laura J. Lazarczyk

#2DF6DB471374B0

Corporate Secretary

State of Illinois }
City of Schaumburg } SS:

Subscribed and sworn to, before me, a Notary Public of the State of Illinois, in the City of Schaumburg, this 15th day of March, 2022



Notary Public

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 Radius Health, Inc.
 Pharmacy/Wholesaler License # (if applicable) WH02999
 Physical Address 22 Boston Wharf Road, 7th Floor
 City Boston State MA Zip 02210
 Mailing Address (if different from physical address) 22 Boston Wharf Road, 7th Floor
 City Boston State MA Zip 02210
 Telephone (617) 551-4000 Website www.radiuspharm.com/
 Licensing Company Email statelicensing@radiuspharm.com

Section 2: Personal Information

First Aidan Middle Patrick Last Kelly
 Alias(es, nicknames, name changes, etc.) _____
 Date of Birth SSN or ITIN Sex ☒ M ☐ F ☐ X
 Mailing Address 22 Boston Wharf Road
 City Boston State MA Zip 02210
 Telephone (617) 551-4000 Email statelicensing@radiuspharm.com
 Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 632.120)	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: Federal Financial Requirement (NRS 424.520, NRS 439.129)	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 Merrimack College		From - To (MM/YY - MM/YY) 09/2011 - 05/2015		
Address 315 Turnpike St.	City North Andover	State MA	Zip 01845	
Diploma/Degree obtained, if any BS - Business Administration				
School Name Duxbury High School		From - To (MM/YY - MM/YY) 09/2007 - 05/2011		
Address 71 Aiden St.	City Duxbury	State MA	Zip 02332	
Diploma/Degree obtained, if any High School Degree				
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) 09/21 - Current	Address [REDACTED]	City Medford	State MA	Zip 02155
From - To (MM/YY - MM/YY) 09/15 - 05/21	Address [REDACTED]	City Medford	State MA	Zip 02155
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	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)	
Radius Health, Inc.			06/2018 - 03/2023	
Business Address		City	State	Zip
22 Boston Wharf Road, 7th Floor		Boston	MA	02210
Phone	Title		Number of Employed Hours	
(617) 551-4000	Corporate Controller		10000	
Description of Duties				
See Attached Resume				
Business Name			From - To (MM/YY - MM/YY)	
Business Address			City	State Zip
Phone	Title		Number of Employed Hours	
Description of Duties				
Business Name			From - To (MM/YY - MM/YY)	
Business Address			City	State Zip
Phone	Title		Number of Employed Hours	
Description of Duties				
Business Name			From - To (MM/YY - MM/YY)	
Business Address			City	State Zip
Phone	Title		Number of Employed Hours	
Description of Duties				
Business Name			From - To (MM/YY - MM/YY)	
Business Address			City	State Zip
Phone	Title		Number of Employed Hours	
Description of Duties				
Continue on next page if additional space is needed.				

Aidan Kelly

Education:

Merrimack College, Girard School of Business
Master of Science in Accounting
Bachelor of Science in Business Administration
Concentration: Accounting

North Andover, MA
 May 2016
 May 2015

Experience

Radius Health, Inc.

Senior Financial Analyst, FP&A

Boston, MA
 August 2021-Present

- Partner with cross-functional teams to provide finance guidance for distribution at the product level.
- Monitor and reconcile monthly drug sales with the supply chain team.
- Work closely with the supply chain team to resolve any shipping and distribution issues with the 3PL.
- Create financial presentations for department heads for monthly and quarterly deliverables.
- Drive continuous improvement within the finance organization to streamline processes and improve communication and flow of information to the business.
- Support all financial aspects of the commercial and R&D team, working closely with functional leads during the mid-year budget and forecast planning cycles.
- Analyze budget variances and collaborate with department leaders to understand and drive performance within budget.
- Examine relevant inputs, including open purchase orders, invoices, vendor agreements, business feedback and forecasts to determine appropriate recognition of functional expenses in accordance with US GAAP and company policy.
- Collaborate with Market Access to ensure components contemplated in the gross to net revenue accounting are accurate and complete.

Senior Accountant

June 2018-August 2021

- Assisted with the preparation and review of quarterly Form 10-Q's and annual Form 10-K's to be filed with the Securities and Exchange Commission.
- Responsible for the maintenance of general and subsidiary ledgers for various financial statement line items.
- Performed monthly general ledger procedures including journal entries, supporting schedules, analysis, and documentation.
- Core team member in the implementation and launch of a new ERP and EPM system.
- Key contributor to financial operations improvements, specifically the quarterly accrual process.

Gray, Gray & Gray LLP

Staff Auditor

Canton, MA
 September 2016-May 2018

- Worked as a member of a team to perform financial statement, governmental, and employee benefit plan audits as well as compilations and reviews.
- Communicated effectively with clients to obtain necessary documents for the audit, as well as to obtain answers to any questions compiled in relation to the audit.
- Worked in a fast-paced and deadline-oriented environment with a variety of client industries, including non-profit, real estate, and engineering firms.

Computer Skills:

- Proficient in Microsoft Office (Excel, Word), Microsoft Dynamics AX, Oracle Hyperion, Oracle Essbase, ICS Reporting, Blackline Systems, Conga Contracts

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

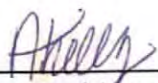
Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement 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 N/A	Disposition Date N/A	State N/A	City N/A	County N/A
Case # N/A	Governing, licensing, Arresting Presiding Body/Agency/Court N/A			
Reason/Charge N/A				
Plaintiff/Defendant/Claimant/Respondent N/A			Lawsuit/Arbitration/Bankruptcy N/A	
Name of Business/Industry/Entity N/A				

Provide explanation below:

N/A


Original Signature (electronic, copies or stamps not accepted)

3/2/23
Date

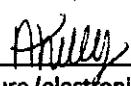
I, Aidan Kelly, certify that as the designated representative for
Radius Health, Inc.

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. AK I am at least 21 years of age;
3. AK 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. AK I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. AK I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. AK 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. AK I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Aidan Kelly

Print Name (First, Last)


 Original Signature (electronic, copies or stamps not accepted)

Date

3/2/23

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.

Aidan Kelly

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

Date

3/2/23

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

State of MASSACHUSETTS, ss. County of Suffolk

I, Aidan Kelly, 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.

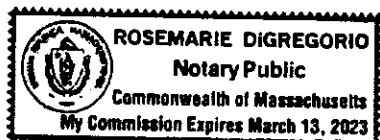
Original Signature

Date

3/2/23

Subscribed and Sworn to before me this 2nd day of March 2023

Notary Public Signature



(Seal)



Company Information

Company	Last Name	First Name	Location
Radius Health, Inc.	Adair	Douglas	Remote MA
Radius Health, Inc.	Brownnett	Michael	Remote MA
Radius Health, Inc.	Chery	Christopher	Remote MA
Radius Health, Inc.	Conley	Mark	Remote MA
Radius Health, Inc.	Coppa	Melinda	Remote MA
Radius Health, Inc.	Darsney	Kevin	Remote MA
Radius Health, Inc.	DeGregorio	Mary	Remote MA
Radius Health, Inc.	Delano	Molly	Remote MA
Radius Health, Inc.	DiGregorio	Rosemarie	Remote MA
Radius Health, Inc.	Foster	Jon	Remote MA
Radius Health, Inc.	Ghanavizchian	Nasim	Remote MA
Radius Health, Inc.	Guilmain	Mark	Remote MA
Radius Health, Inc.	Haynes	Rupert	Remote MA
Radius Health, Inc.	Helwig	Steven	Remote MA
Radius Health, Inc.	Holdaway	Ethan	Remote MA
Radius Health, Inc.	Holtschlag	Danielle	Remote MA
Radius Health, Inc.	Ikkala	Cole	Remote MA
Radius Health, Inc.	Johnston	Jennifer	Remote MA
Radius Health, Inc.	Kelly	Aidan	Remote MA
Radius Health, Inc.	Lathia	Rohan	Remote MA
Radius Health, Inc.	Leszczynski	Katharine	Remote MA
Radius Health, Inc.	Leung	Amanda	Remote MA
Radius Health, Inc.	Levett	Simon	Remote MA
Radius Health, Inc.	Louro	Dina	Remote MA
Radius Health, Inc.	Mannstadt	Beate	Remote MA
Radius Health, Inc.	Marappan	Ramalingam	Remote MA
Radius Health, Inc.	Marieb	Erica	Remote MA
Radius Health, Inc.	Migliacci	John	Remote MA
Radius Health, Inc.	Mitlak	Bruce	Remote MA
Radius Health, Inc.	Patel	Darshak	Remote MA
Radius Health, Inc.	Petronio	David	Remote MA
Radius Health, Inc.	Pignatiello	James	Remote MA
Radius Health, Inc.	Quirion	Sonia	Remote MA
Radius Health, Inc.	Ross	Allison	Remote MA
Radius Health, Inc.	Ruel	Carl	Remote MA
Radius Health, Inc.	Sander	Nicole	Remote MA

Radius Health, Inc.	Schmalz	Dylan	Remote MA
Radius Health, Inc.	Stuart	Elizabeth	Remote MA
Radius Health, Inc.	Tavernese	John	Remote MA
Radius Health, Inc.	Tebano	Eleni	Remote MA
Radius Health, Inc.	Tomkin	Adam	Remote MA
Radius Health, Inc.	Valentine	Robert	Remote MA
Radius Health, Inc.	Wang	Haoxi	Remote MA
Radius Health, Inc.	Wong	Gina	Remote MA
Radius Health, Inc.	Xian	Deliang	Remote MA
Radius Third Party Workers	Brown	Greg	MA - Boston
Radius Third Party Workers	Owazany	Mike	MA - Boston
Radius Third Party Workers	Roberts	Gail	MA - Boston

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 WH02628	☐ 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: Slayback Pharma, LLC		
Physical Address: 301 Carnegie Center, Suite 303		
City: Princeton State: NJ Zip: 08540		
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.slayback-pharma.com		
Name of Designated Representative (DR): Praveen Kumar Bembaloor Subbappa		
Licensing Company Email: SLY@slsny.com DR Email: [REDACTED]		
Entities the Wholesaler will Serve (✓ all applicable)	Products to be Handled or Wholesaled (✓ all applicable)	Type of Wholesaling (✓ all applicable)
☒ Pharmacies ☐ Practitioners ☒ Hospitals ☒ Wholesalers ☐ Veterinarians ☒ Others: Distributors	☒ Dangerous Drugs ☐ Controlled Substances ☐ Medical devices, equipment, supplies, gases ☐ Others:	☐ Manufacturer ☐ Repacker ☐ Reverse Distributor ☐ Warehouse ☐ Retail pharmacy wholesale distributor ☒ 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: Heraeus Deutschland GmbH & Co. KG
 Address: Heraeusstrasse 12-14 City: Hanau State: Hessen Zip: 63450 Germany
 Name: MSN Laboratories Private Limited
 Address: Sy No. 317, 320, 321, 322, 229 City: Rudraram State: Telangana Zip: India
 Name: Harman Finchem Limited
 Address: Plot No. E-7508 E-9 City: MIDC Industrial Area State: Maharashtra Zip: 431006 India
 Name: Glenmark Life Sciences LTD
 Address: Plot No. Z-1031 SEZ Phase-II City: Dahaj State: Gujarat Zip: 392130 India

N/A **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): Azurity Pharmaceuticals Inc. (66%), Everpharma Inc. (23%) & KKR HCSG (Sail) Blocker LLC (11%)
 Corporation/Organization Name: Slayback Pharma, LLC
 Mailing Address: c/o State License Servicing 1751 State Route 17A, Suite 3
 City: Florida State: NY Zip: 10921
 Telephone: (845) 544-2482 Email: SLY@slsny.com
 Contact Person Name: Christine Cannon

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:		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: 71225	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	Partnership	Sole Owner
• List of <u>all</u> Officers and Directors.	✓	✓		
• List the <u>top four</u> corporation shareholders and their percent ownership.	✓			
• List of <u>all</u> corporation shareholders and their percent ownership.		✓		
• List of <u>all</u> partners and their percent ownership.			✓	
• Certificate of Corporate Status or Certificate of Good Standing obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last 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% Corporately owned		✓	✓	✓
• 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 . N/A		✓	✓	✓
• Copy of a bond in an amount of \$100,000 made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the Surety Bond form at: http://bop.nv.gov/Services/newapps/Business/ . N/A		✓	✓	✓

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

Slayback Pharma, LLC

Facility Name

Hanok George

Print Name of Authorized Person Submitting Application



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

10/24/2023

Date

Board Use Only

Date Received: 10/30/23

Amount: Check 635



Slayback Pharma, LLC



0385

Corporate Address: 301 Carnegie Center, Suite 303, Princeton, NJ 08540 USA
FEIN: 27-5210842
www.slayback-pharma.com

Drug Labeler Code: 71225
Incorporation State: DE
Incorporation Date: 12/27/2016

FACILITY INFORMATION Code	Address	FDA	DEA	DUNS	VAWD	Phone	Fax
JCT	301 Carnegie Center Suite 303 Princeton, NJ 08540 County: Mercer	N/A	N/A - No CS	9677708 48	No	(609) 945-3443	(609) 455-1514

FACILITY DESIGNATED REPRESENTATIVES Name	Address	Title	Prescribing Authority	SSN	DOB	Driver's License
Praveen Kumar Bembaloor Subbappa	301 Carnegie Center Princeton, NJ 08540	Sr. Director of R&D	No	[REDACTED]	[REDACTED]	[REDACTED]

OWNERSHIP Name	Address	Title	Percent of Ownership	Prescribing Authority	FEIN/SSN	DOB	Driver's License
Everpharma Inc.	540 Madison Avenue 17th Floor New York, NY 10022	N/A	23	N/A	84-4046026	N/A	N/A
Azurity Pharmaceuticals Inc.	8 Cabot Road Suite 2000 Woburn, MA 01801	N/A	66	N/A	04-3450615	N/A	N/A
KKR HCSG (Sall) Blocker LLC	4001 Kennett Pike Suite 302 Wilmington, DE 19807	N/A	11	N/A	81-4619822	N/A	N/A

LIST OF OFFICERS Name	Address	Title	Prescribing Authority	SSN	DOB	Driver's License
Richard Blackburn		President				
Ronald Scarboro		CFO & Treasurer				
Hanok George		Secretary and General Counsel				
Ajay K. Singh	[REDACTED]	CEO	No	[REDACTED]		

REGISTERED AGENT IN ALL APPLICABLE STATES Name	SSN	DOB	Driver's License
InCorp Services, Inc.			

3PLS Name	Address	Title	Prescribing Authority	SSN	DOB	Driver's License
Integrated Commercialization Solutions, LLC	6450 LaSalle Drive Lockbourne, OH 43137					

Good Standing
Formation
State
0386

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SLAYBACK PHARMA LIMITED LIABILITY COMPANY" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-NINTH DAY OF SEPTEMBER, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SLAYBACK PHARMA LIMITED LIABILITY COMPANY" WAS FORMED ON THE TWENTY-SEVENTH DAY OF DECEMBER, A.D. 2016.



6262293 8300

SR# 20233610595

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


Jeffrey W. Bullock, Secretary of State

Authentication: 204278975

Date: 09-29-23

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 9/25/2023

Registration Number: 5005359 **Registered as:** Manufacturer and Wholesale
Name: SLAYBACK PHARMA, LLC
DBA:
Address: 301 CARNEGIE CTR, STE 303, PRINCETON, NJ 08540
Original Issue Date: 01/12/2018 **Expiration Date:** 01/31/2024
Current Issue Date: 11/01/2022
Disciplines: No

Home State License

0748032



NEW JERSEY DEPARTMENT OF HEALTH
CONSUMER AND ENVIRONMENTAL HEALTH SERVICE
P.O. Box 369, Trenton, New Jersey 08625-0369

DRUG AND MEDICAL DEVICE CERTIFICATE OF REGISTRATION

N.J.S.A. 24:6B-5 -- "If any location of a registered business is to be changed, the registrant shall give the department written notice prior to the change of the address of such new location and the name and address of the individual to be in charge thereof. A fee of \$20.00 shall accompany such notification."

Registered as: ☒ manufacturer ☒ wholesaler which conducts business at the following locations in this State:

301 CARNEGIE CTR, STE 303 PRINCETON, NJ 08540-

Reg. No.
5005359

SLAYBACK PHARMA, LLC
c/o STATE LICENSE SERVICING
1751 STATE ROUTE 17A, STE 3
FLORIDA, NY 10921-

ISSUED PURSUANT TO
N.J.S.A. 24:6B

EXPIRES: January 31, 2024

Establishment Copy

EMAIL (MAILTO:?SUBJECT=NATIONAL DRUG CODE DIRECTORY&BODY=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/NDC/DSP_SEARCHRESULT.CFM)

S c f x l l :

174

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. 810006299

Application/License No. _____

SLAYBACK PHARMA LLC, doing or intending to do business as a
Applicant/Principal
 pharmaceutical wholesaler, whose address for purposes of service is
301 Carnegie Ctr, Suite 303, Princeton, New Jersey 08540-6586, United States, as
Address of Applicant/Principal
PRINCIPAL, and Atlantic Specialty Insurance Company, a
Surety Company
 corporation organized under the laws of the state of New York
State of Incorporation
 and authorized to transact a general surety business in the State of

Nevada, whose address for purposes of service is
One State Street Plaza, 31st Floor, New York, NY 10004 as
Address of Surety

SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of 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 August 27, 2023.
Effective Date

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



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: **Robyn Rost**, 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.

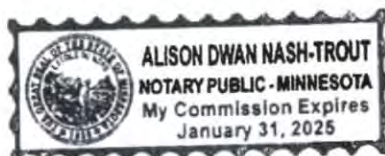
STATE OF MINNESOTA
HENNEPIN COUNTY



By

Sarah A. Kolar, Vice President and General Counsel

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.



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 28th day of June, 2023

This Power of Attorney expires
January 31, 2025



Kara L.B. Barrow, Secretary



Atlantic Specialty Insurance Company
Period Ended 12/31/2022

Dollars displayed in thousands

Admitted Assets		Liabilities and Surplus	
Investments:		Liabilities	
Bonds	\$ 2,216,201	Loss Reserves	\$ 1,063,968
Preferred Stocks	-	Loss Adjustment Expense Reserves	347,884
Common Stocks	752,587	Total Loss & LAE Reserves	1,411,852
Mortgage Loans	-	Unearned Premium Reserve	735,813
Real Estate	-	Total Reinsurance Liabilities	42,785
Contract Loans	-	Commissions, Other Expenses, and Taxes due	68,787
Derivatives	-	Derivatives	-
Cash, Cash Equivalents & Short Term Investments	306,498	Payable to Parent, Subs or Affiliates	-
Other Investments	20,805	All Other Liabilities	632,508
Total Cash & Investments	3,296,071	Total Liabilities	2,921,725
Premiums and Considerations Due	332,718	Capital and Surplus	
Reinsurance Recoverable	39,231	Common Capital Stock	9,001
Receivable from Parent, Subsidiary or Affiliates	2,250	Preferred Capital Stock	-
All Other Admitted Assets	79,777	Surplus Notes	-
Total Admitted Assets	3,750,047	Unassigned Surplus	174,558
		Other Including Gross Contributed	644,763
		Capital & Surplus	828,322
		Total Liabilities and C&S	3,750,047

State of Minnesota
County of Hennepin

I, Kara L.B. Barrow, Secretary of Atlantic Specialty Insurance Company do hereby certify that the foregoing statement is a correct exhibit of the assets and liabilities of the said Company, on the 31st day of December, 2022, according to the best of my information, knowledge and belief.

Secretary

Subscribed and sworn to, before me, a Notary Public of the State of Minnesota on this 16th day of March, 2023.

Notary Public



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 Slayback Pharma, LLC

Pharmacy/Wholesaler License # (if applicable) WH02628

Physical Address 301 Carnegie Center, Suite 303

City Princeton State NJ Zip 08540

Mailing Address (if different from physical address) c/o Azurity Pharmaceuticals Inc., 8 Cabot Rd., Suite 2000

City Woburn State MA Zip 01801

Telephone 919-518-7503 Website www.slayback-pharma.com

Licensing Company Email licensing@azurity.com

Section 2: Personal Information

First Praveen Middle Kumar Bembaloor Last Subbappa

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

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

Mailing Address [REDACTED]

City Princeton State NJ Zip 08540

Telephone (609) 945-3943 x130 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 Rajiv Gandhi University of Health Sciences		From - To (MM/YY - MM/YY) 03/2000-03/2022	
'Govt. College of Pharmacy	Bangalore, 560027	State India	Zip
Diploma/Degree obtained, if any Master's in Pharmacy (Pharmaceutics)			
School Name Bangalore University		From - To (MM/YY - MM/YY) 10/1995 -10/1998	
Address Dayanand Sagar College of Pharmacy	City Bangalore, 500078	State India	Zip
Diploma/Degree obtained, if any Bachelor in Pharmacy			
School Name Sharada Vilas College		From - To (MM/YY - MM/YY) 05/92 - 05/94	
Address Sharada Vilas College	City Mysore 570004	State India	Zip
Diploma/Degree obtained, if any Second Year Pre-University Examination (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) 02/15 - Present	Address [REDACTED]	City [REDACTED]	State NJ	Zip 08540
From - To (MM/YY - MM/YY) 09/13 - 02/15	Address [REDACTED]	City [REDACTED]	State NJ	Zip 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

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 Slayback Pharma, LLC		From - To (MM/YY - MM/YY) 10/2014 - Present	
Business Address 301 Carnegie Center, Suite 303		City Princeton	State NJ
Phone (609) 945-3443	Title Sr. Director of R&D		Zip 08540
Number of Employed Hours ~ 18720 hrs			
Description of Duties Pharmaceutical Scientist and Tech lead with over 20 years experience in product development including Generic and New Drugs. Proven experience in managing complex generic product development for larger companies through internal development and external collaborations. Experience in implementing project management in research projects and alliance management. Currently as senior director managing complex generic products development through contract development & Manufacturing organizations.			
Business Name		From - To (MM/YY - MM/YY)	
Business Address		City	State
Phone	Title	Zip	
Number of Employed Hours			
Description of Duties			
Business Name		From - To (MM/YY - MM/YY)	
Business Address		City	State
Phone	Title	Zip	
Number of Employed Hours			
Description of Duties			
Business Name		From - To (MM/YY - MM/YY)	
Business Address		City	State
Phone	Title	Zip	
Number of Employed Hours			
Description of Duties			
Business Name		From - To (MM/YY - MM/YY)	
Business Address		City	State
Phone	Title	Zip	
Number of Employed Hours			
Description of Duties			
Continue on next page if additional space is needed.			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			
Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			
Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			
Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			
Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			
Make copies of this page OR use a separate piece of paper if additional space is needed.			

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacture or distribution of drugs or the practice of pharmacy? 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

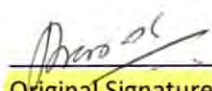
I, Praveen Kumar Bembaloor Subbappa, certify that as the designated representative for
Slayback Pharma, LLC

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. PK I am at least 21 years of age;
3. PK 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. PK I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. PK I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. PK 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. PK I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Praveen Kumar Bembaloor Subbappa

Print Name (First, Last)



Original Signature (electronic, copies or stamps not accepted)

09/27/23

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.

Praveen Kumar Bembaloor Subbappa

Print Name (First, Last)

[Signature]
Original Signature (electronic, copies or stamps not accepted)

09/27/23
Date

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

State of New Jersey, ss. County of Mercer

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

[Signature]
Original Signature

Praveen Kumar Bembaloor Subbappa

09/27/23
Date

Subscribed and Sworn to before me this 27th day of September, 2023

Chris Guritzky
Notary Public Signature

CHRIS S. GURITZKY
Notary Public, State of New Jersey
Comm. # 50072399
My Commission Expires 11/27/2027



Name of the employee	Designation
Rhina Guritzky	Operartions Manager
Josh Mathew	VP, Product Innovation and Strategy
Lou Pearce	Director of Finance
Gyan Ranjan	VP, Operations
Ajay Singh	CEO
Ted Smolenski	Vice President - Business Development
Praveen Subbappa	Sr. Director of R&D
Dave Picard	Chief Commercial Officer
Pete Meyers	Chief Financial Officer
Samir Patra	Senior Manager – QA
Remote Employees	
Chris Bihari	VP of Sales
Michael Johnston (MJ)	Sr. Director, National Accounts
Todd Jensen	Sr. Manager, National Accounts
Meredith Barak	Direct - Sales & Marketing Operations
Steve Walton	Director, National Accounts

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 02569	☐ 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: Sumitomo Pharma America, Inc.

Physical Address: 84 Waterford Drive

City: Marlborough State: MA Zip: 01752

Mailing Address (if different from physical address): same as physical address.

City: _____ State: _____ Zip: _____

Telephone: 888-394-7377 Website: _____

Name of Designated Representative (DR): Melissa Morandi

Licensing Company Email: SMPALicensing@us.sumitomo-phar DR Email: SMPALicensing@us.sumitomo-pharma.com

Entities the Wholesaler will Serve (✓ all applicable)	Products to be Handled or Wholesaled (✓ all applicable)	Type of Wholesaling (✓ all applicable)
☐ Pharmacies ☒ Practitioners ☐ Hospitals ☒ Wholesalers ☐ Veterinarians ☒ Others: Distributors	☒ Dangerous Drugs ☐ Controlled Substances ☐ *Medical devices, equipment, supplies, gases ☐ Others:	☒ Manufacturer (Virtual) ☐ Repacker ☐ Reverse Distributor ☐ Warehouse ☐ Retail pharmacy wholesale distributor ☒ Others: Corporate Headquarters

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

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 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: _____

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): Sumitomo Pharma UK Holdings, Ltd.

Corporation/Organization Name: Sumitomo Pharma America, Inc.

Mailing Address: 84 Waterford Drive

City: Marlborough State: MA Zip: 01752

Telephone: 888-394-7377 Email: SMPALicensing@us.sumitomo-pharma.com

Contact Person Name: Melissa Morandi

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 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/ . See Attachment G		

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	Partnership	Sole Owner
• List of <u>all</u> Officers and Directors. See Attachment C	✓	✓		
• List the <u>top four</u> corporation shareholders and their percent ownership.	✓			
• List of <u>all</u> corporation shareholders and their percent ownership. See Attachment C		✓		
• List of <u>all</u> partners and their percent ownership. N/A			✓	
• Certificate of Corporate Status or Certificate of Good Standing obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last 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 H		✓	✓	✓
• 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) N/A	✓			
• List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant. See Attachment E	✓	✓	✓	✓
• 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 F	✓	✓	✓	✓
• ^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	✓	✓	✓	✓
• 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/bopnv.gov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf . N/A		✓	✓	✓
• Copy of a bond in an amount of \$100,000 made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the Surety Bond form at: http://bop.nv.gov/Services/newapps/Business/ . N/A		✓	✓	✓

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

Sumitomo Pharma America, Inc.

Facility Name

Melissa Morandi

Print Name of Authorized Person Submitting Application

Melissa Morandi

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

19 Sept 2023

Date

Board Use Only

Date Received: 10.5.23

Amount: 1,000 Check # 1187

Attachment A**Nature of Business**

Sumitomo Pharma America, Inc. (SMPA) as of July 1, 2023 is an FDA-approved manufacturer with its legal office located at 84 Waterford Drive, Marlborough, Massachusetts. SMPA's hours of operation are Monday through Friday, 9 a.m. to 5 p.m. SMPA is a fully integrated pharmaceutical company that addresses unmet patient needs in many therapeutic areas.

SMPA contracts with licensed third parties to manufacture its products and employs third party logistics providers (who are properly licensed) to warehouse and distribute the products in the US and Puerto Rico. Accordingly, SMPA at this time, does not physically manufacture or distributes any products at any of its locations, and therefore, is not subject to an FDA inspection.

SMPA utilizes properly licensed third parties to physically distribute its products. Product is shipped from SMPA's third party logistics providers to its Authorized Distributors of Record. The information for the contract manufacturer and third-party logistics providers are provided below:

Contract Manufacturers and Contract Packagers:

Patheon Pharmaceuticals
Address: 2110 E Galbraith Road, Cincinnati, OH 45242
FDA Registration: 1510437

Patheon Inc. (Whitby)
Address: 111 Consumers Drive, Whitby, Ontario L1N 5Z5
FDA Registration: 3003516812

Sharp Corporation
Address: 7451 Keebler Way, Allentown, PA 18106
FDA Registration: 3004161147

AndersonBrecon Inc. d/b/a PCI of Illinois
Address: 4545 Assembly Drive, Rockford, IL 61109
FDA Registration: 1421377

Third Party Logistics Providers:

UPS Supply Chain Solutions, Inc.
Address: 1920 Outer Loop, Door 140, Louisville, KY 40219

Sumitomo Pharma America, Inc.
NDC/NHRIC LABELER CODE REQUEST

Labeler - Sumitomo Pharma America, Inc. (131661746) **NDC Labeler Code:** 63402

Contact	Address	Telephone Number	Email Address
Brian Hudak	Address: 84 Waterford Drive City, State, Zip: Marlborough, MA, 01752-7010 Country: USA	+1-774-369-7037	HealthAuthorityCorrespondence@sunovion.com

Revised: 7/2023

Sumitomo Pharma America, Inc.

*Verified
10/10/23 M.H.*

Attachment C**Corporate Officer Information**

Sumitomo Pharma America, Inc.
84 Waterford Drive
Marlborough, MA 01752

Corporate Officers:

Andrew Hetherington
Chief Technology and Quality Officer

Tsutomu Nakagawa
Chief Strategy Officer

Armin Szegedi
Chief Medical Officer

Directors:

Myrtle Potter
Tara Soni
Tsutomu Nakagawa

The corporate officers may be reached at the above address.

Attachment I**Regarding the Changes**

Effective July 1, 2023, Sunovion Pharmaceuticals Inc. had a change in ownership as a result of a merger. Sunovion changed their name to Sumitomo Pharma America, Inc. The companies with existing state licenses that merged into Sunovion is Enzyvant Therapeutics, Inc., Myovant Sciences, Inc. and Urovant Sciences, Inc. The direct parent company has changed from Sumitomo Pharma America Holdings, Inc. to Sumitomo Pharma UK Holdings, Ltd. There has also been a change in corporate officers and designated representative (DR).

Provided below is the new information for the DR, corporate officers and directors. The facility ownership and name change documentation is enclosed.

Designated Representative:

Melissa Morandi

VP, Quality

Corporate Officers:

Andrew Hetherington

Chief Technology and Quality Officer

Tsutomu Nakagawa

Chief Strategy Officer

Armin Szegedi

Chief Medical Officer

Directors:

Myrtle Potter

Tara Soni

Tsutomu Nakagawa

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SUMITOMO PHARMA AMERICA, 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.

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.



2026900 8300

SR# 20233292009

You may verify this certificate online at corp.delaware.gov/authver.shtmlA handwritten signature of Jeffrey W. Bullock in black ink, written over a horizontal line.

Jeffrey W. Bullock, Secretary of State

Authentication: 204000652

Date: 08-18-23

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:

Sumitomo Pharma America, Inc.
84 Waterford Drive
Marlborough, MA 01752



Robert Goldstein, MD, PhD
Commissioner - Department of Public Health

Registration Number: VIR200027

Type: Virtual Manufacturer

Issue Date: 06/06/2023

Expiration Date: 06/06/2024



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. 20BSBJC8079

Application/License No. WH02569

Sumitomo Pharma America, Inc. _____, doing or intending to do business as a

Applicant/Principal

pharmaceutical wholesaler, whose address for purposes of service is

84 Waterford Dr, Marlborough, MA 01752

Address of Applicant/Principal

PRINCIPAL, and Hartford Fire Insurance Company, a

Surety Company

corporation organized under the laws of the state of CT

State of Incorporation

and authorized to transact a general surety business in the State of

Nevada, whose address for purposes of service is

One Hartford Plaza, Hartford CT 06155

as

Address of Surety

SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of 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 19, 2023.

Effective Date

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

THIS BOND is subject to the following conditions:

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

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

In witness whereof, each party to this bond has caused it to be executed on this
19th day of October, 2023.

APPLICANT/PRINCIPAL

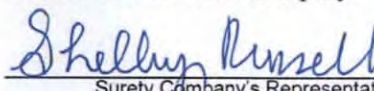
Sumitomo Pharma America, Inc.



Authorized Representative

SURETY COMPANY

Hartford Fire Insurance Company



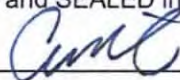
Surety Company's Representative

Shelby Russell

print name

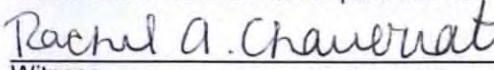
, Attorney-in-fact

SIGNED and SEALED in the presence of:



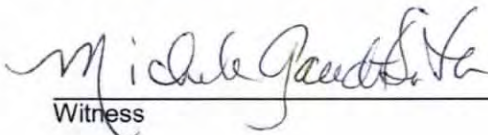
Witness

SIGNED and SEALED in the presence of:

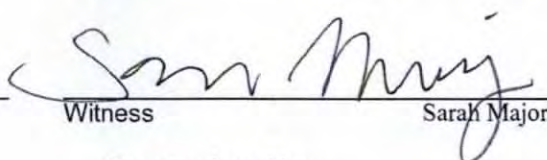


Witness

Rachel A. Chaveriat



Witness



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

KNOW ALL PERSONS BY THESE PRESENTS THAT:

Agency Name: MARSH USA LLC

- ☒ **Hartford Fire Insurance Company**, a corporation duly organized under the laws of the State of Connecticut
☒ **Hartford Casualty Insurance Company**, a corporation duly organized under the laws of the State of Indiana
☒ **Hartford Accident and Indemnity Company**, a corporation duly organized under the laws of the State of Connecticut
☐ **Hartford Underwriters Insurance Company**, a corporation duly organized under the laws of the State of Connecticut
☐ **Twin City Fire Insurance Company**, a corporation duly organized under the laws of the State of Indiana
☐ **Hartford Insurance Company of Illinois**, a corporation duly organized under the laws of the State of Illinois
☐ **Hartford Insurance Company of the Midwest**, a corporation duly organized under the laws of the State of Indiana
☐ **Hartford Insurance Company of the Southeast**, a corporation duly organized under the laws of the State of Florida

having their home office in Hartford, Connecticut, (hereinafter collectively referred to as the "Companies") do hereby make, constitute and appoint, up to the amount of Unlimited :

Shelby Russell

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

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

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 October 19, 2023.

Signed and sealed in Lake Mary, Florida.



Keith D. Dozois

Keith D. Dozois, Assistant Vice President

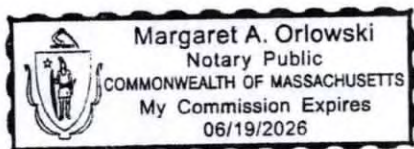
NOTARY ACKNOWLEDGMENT

State of Massachusetts }

County of Middlesex }

On this day of November 15, 2023 before me, Margaret A. Orlowski, the undersigned notary public, personally appeared Tara Soni, and proved to me through satisfactory evidence of identification, to be the person whose name is signed on the preceding instrument or conveyance, and acknowledged to me that he/she signed it voluntarily for its stated purpose.


Notary Public Signature



(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 Sumitomo Pharma America, Inc.
 Pharmacy/Wholesaler License # (if applicable) WH02569
 Physical Address 84 Waterford Drive
 City Marlborough State MA Zip 01752
 Mailing Address (if different from physical address) Same as physical address.
 City _____ State _____ Zip _____
 Telephone _____ Website _____
 Licensing Company Email _____

Section 2: Personal Information

First Melissa Middle Ann Last Morandi
 Alias(es, nicknames, name changes, etc.) _____
 Date of Birth [REDACTED] SSN or ITIN [REDACTED] Sex ☐ M ☒ F ☐ X
 Mailing Address 84 Waterford Drive
 City Marlborough State MA Zip 01752
 Telephone [REDACTED] Email melissa.morandi@us.sumitomo-pharma.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	California State University Northridge grad. 1994		From - To (MM/YY - MM/YY)	
Address	18111 Nordhoff St. Northridge	City	Northridge	State CA Zip 91370
Diploma/Degree obtained, if any Masters of Science Biology (Micro + Immunology)				
School Name	University of California, Santa Barbara grad. Dec. 1986		From - To (MM/YY - MM/YY)	
Address	Santa Barbara, CA	City	Santa Barbara	State CA Zip 93106
Diploma/Degree obtained, if any B.A. Interdisciplinary Studies: Biochem + Cell/Molecular Bio				
School Name	Pomona Catholic grad. 1983 June		From - To (MM/YY - MM/YY)	
Address	533 Holt Ave.	City	Pomona	State CA Zip 91768
Diploma/Degree obtained, if any High School Degree				
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		Brookline	MA	02467
From - To (MM/YY - MM/YY)	Address	City	State	Zip
02/10 - 08/22		Brookline	MA	02467
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	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 <i>Sumitomo Pharma America (formerly Sumitomo Oncology)</i>		From - To (MM/YY - MM/YY) <i>Oct. 2019-present</i>	
Business Address <i>84 Waterford Dr.</i>	City <i>Marlborough</i>	State <i>MA</i>	Zip <i>01752</i>
Phone <i>(877) 367-3830</i>	Title	Number of Employed Hours <i>full-time 40 hrs/week</i>	
Description of Duties <i>Vice President of Quality</i>			

Business Name <i>Aegerion Pharmaceuticals (now merged with Amgen)</i>		From - To (MM/YY - MM/YY) <i>Apr. 2015 - Oct 2019</i>	
Business Address <i>245 First St. #18</i>	City <i>Cambridge</i>	State <i>MA</i>	Zip <i>02142</i>
Phone <i>(617) 500-7867</i>	Title	Number of Employed Hours <i>full-time 40 hrs/week</i>	
Description of Duties <i>Vice President of Quality</i>			

Business Name <i>Accelaron Pharma (now acquired by Merck)</i>		From - To (MM/YY - MM/YY) <i>June 2009 - Sept. Apr. 2015</i>	
Business Address <i>128 Sidney St.</i>	City <i>Cambridge</i>	State <i>MA</i>	Zip <i>02139</i>
Phone	Title	Number of Employed Hours <i>full-time 40 hrs week</i>	
Description of Duties <i>Vice President Quality</i>			

Business Name <i>Anesiva (formerly Corgentech) no longer in business</i>		From - To (MM/YY - MM/YY) <i>Apr. 2004 - Jan 2009</i>	
Business Address <i>650 Gateway Boulevard</i>	City <i>S. San Francisco</i>	State <i>CA</i>	Zip <i>94080</i>
Phone <i>650-624-9600</i>	Title	Number of Employed Hours <i>full-time 40 hrs/week</i>	
Description of Duties <i>Vice President Quality Drug + Device</i>			

Business Name <i>Biogen Idec</i>		From - To (MM/YY - MM/YY) <i>Sept. 2002 - Apr. 2004</i>	
Business Address <i>HQ: 225 Binney St.</i>	City <i>Cambridge, MA</i>	State <i>MA</i>	Zip <i>02142</i>
Phone <i>(781) 464-2000</i>	Title	Number of Employed Hours <i>full-time 40 hrs-week</i>	
Description of Duties <i>Head of West Coast Corp-Drug Compliance</i>			

Continue on next page if additional space is needed.

Business Name Genentech, Inc.		From - To (MM/YY - MM/YY) Jun 1994 - Sept. 2002	
Business Address 55 DNA Way	City S. San Francisco	State CA	Zip 94080
Phone 650-225-3640	Title	Number of Employed Hours Full-time 40 hrs/week	
Description of Duties Senior Manager External Quality + Supplier Quality			

Business Name Amgen, Inc.		From - To (MM/YY - MM/YY) Jun 1989 - Jun 1994	
Business Address One Amgen Center Drive	City Thousand Oaks	State CA	Zip 91320
Phone 805-447-1000	Title	Number of Employed Hours Full-time 40 hrs/week	
Description of Duties QA Supervisor, Auditor Compliance + Lot Release			

Business Name Ortho Diagnostics (now merged with Guidel)		From - To (MM/YY - MM/YY) Dec. 1986 - Jun 1989	
Business Address 1125 Mark Ave.	City Carpinteria	State CA	Zip 93013
Phone (800) 421-3311	Title	Number of Employed Hours Full time / 40 hrs. week	
Description of Duties Supervisor Quality Control, Quality Technologist.			

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

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

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

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

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

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

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

Provide explanation below:

N/A

M. Morandi

Original Signature (electronic, copies or stamps not accepted)

19 Sept 2023

Date _____

I, Melissa Morandi, certify that as the designated representative for
Sumitomo Pharma America, Inc.

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. MM I am at least 21 years of age;
3. MM 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. MM I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. MM I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. MM 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. MM I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Melissa Morandi

Print Name (First, Last)

Melissa Morandi
 Original Signature (electronic, copies or stamps not accepted)

19 Sept 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.

Melissa Morandi

Print Name (First, Last)

Melissa Morandi

Original Signature (electronic, copies or stamps not accepted)

19 Sept 2023

Date

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

State of Massachusetts, ss. County of Middlesex

I, Melissa Morandi, 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.

Melissa Morandi

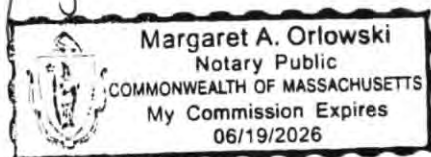
Original Signature

19 Sept 2023

Date

Subscribed and Sworn to before me this 19 day of September 2023

Margaret A. Orlowski
Notary Public Signature



(Seal)

Preferred Name	Business Title
Graziella Soulbán	Sr. Dir, Clinical Development
William Neeson	Exec Dir, Scientific Affairs, Quality & Compliance
Jonathan Spollen	Director, Business Operations
Ravindra Mahendran	Manager, Financial Planning and Analysis
Shamilla Gounder	Director, Quality & Compliance
Marie-Josée Boudreau	Assoc Director, Medical Science Liaisons
Lisa Mullett	Chief Commercial Officer
Natasha Noe	Sr Marketing Coordinator
Natasha Lenton	Director, External Affairs
Marc Visconti	Assoc Director, Marketing
Sarra Bahna	Medical Science Liaison
Nirali Nijhawan	Manager, Quality & Compliance
Michelle Hershoran	Sr Manager, Scientific Affairs
Aldinha Torres	Executive Assistant
Shapendo Shakor	General Accountant-AP
Rishabh Sharma	Manager, Accounting
Salvatore Miceli	Director, Commercial
Valerie Lowe	Director, Finance
Nijane Jeyavinthan	Scientific Affairs Associate
Orest Sklierenko	Assoc Director, Marketing & Sales
Waseem Kalair	Sr Medical Science Liaison
Sandra Ferrara	Senior Administrative Assistant
Teresa Ciborowski	Executive Director, Human Resources
Erin Collins	Director, Regulatory Affairs
Andre Flowers	Senior Territory Sales Manager - Specialty
Phyllis Fichera	Senior Manager, Marketing Operations
Jay Clark	Senior Territory Sales Manager - Specialty
Wendy Cooper	Senior Territory Sales Manager - Specialty
David Fisher	Director, Regulatory Operations
Ashley Clemenzi	Territory Sales Manager - Long Term Care
Malikah Ford	Senior Territory Sales Manager - Long Term Care
Jean Gelpi	Senior Territory Sales Manager - Long Term Care
Tiffany Cordon	Senior Associate, Human Resources Operations
Steven Coccodrilli	Senior Territory Sales Manager - Specialty
Danna Frank	Senior Territory Sales Manager - Specialty
Michelle German	Senior Territory Sales Manager - Specialty
Thomas Elmore	Senior Territory Sales Manager - Specialty
Joop Collins	Manager, Sales Reporting & Analytics
John Flores	Sr Regional Account Manager
Murray Cornelius	Senior Territory Sales Manager - Specialty
Robert Queck	Senior Territory Sales Manager - Specialty
Barry Daye	Manager, Regional Sales - Specialty
Cornie Gagnon	Director, Upstream and OmniChannel Marketing
Kimberly Cummings	Senior Territory Sales Manager - Specialty
Betzy Estrada	Chief Human Resources Officer
Nicole Costello	Senior Territory Sales Manager - Long Term Care
Jessica Egeihoff	Senior Territory Sales Manager - Specialty
Frenel DeMorin	VP, CMC Development
Raul Gutierrez	VP, Accounting
Oliver Gauthier	Senior Territory Sales Manager - Specialty
Lana Goldshteyn	Executive Director, Commercial Insights and Analytics
Thomas Cunningham	Director, Commercial Manufacturing
Matthew Furry	Senior Territory Sales Manager - Specialty
Martin Goldfarb	Senior Territory Sales Manager - Specialty (Share)
John Define	Senior Manager, Regional Sales - Specialty
Gregory Hales	Senior Territory Sales Manager - Specialty
Wade Gautreau	Senior Territory Sales Manager - Long Term Care
Mark Good	Manager, Regional Sales - Specialty
Kara Czelusniak	Senior Corporate Account Director
Aleksandr Eygurin	Senior Territory Sales Manager - Specialty
Jeanne Drago	Senior Territory Sales Manager - Long Term Care
Raymond Hall	Senior Territory Sales Manager - Specialty
Virginia Gay	Territory Sales Manager - Specialty
Logan Grant	Territory Sales Manager - Long Term Care
Frances Darden Powell	VP, Urology Marketing
Emilee Harris	Senior Administrative Assistant
Kristofer Henderson	Senior Territory Sales Manager - Specialty
Katherine Feenstra	Senior Territory Sales Manager - Specialty

Anthony Hill	Senior Manager, Regional Sales - Specialty
Edith Hall	Senior Territory Sales Manager - Specialty
Milijana Drobnjak	Senior Director, Market Access, Payer Marketing
John Grima	Senior Territory Sales Manager - Specialty
Sijian Ge	Senior Director, Biostatistics
Eunice Hartman	Senior Territory Sales Manager - Specialty
Michelle Hendron	Senior Territory Sales Manager - Specialty
Thomas Holloway	Senior Territory Sales Manager - Specialty
Katherine Hannen	Senior Territory Sales Manager - Specialty
Lidia Guallar	Senior Territory Sales Manager - Specialty
Gabrielle Harvey	Territory Sales Manager - Specialty
Andrew Hetherington	Chief Technology and Quality Officer
Mark Jacobs	Senior Regional Account Manager
William Horn	Senior Territory Sales Manager - Long Term Care
Craig Johnson	Senior Territory Sales Manager - Long Term Care
Gabrielle Hawkins	Senior Territory Sales Manager - Long Term Care
Travis Hicks	Territory Sales Manager - Long Term Care
Viola Kam	Senior Director, Project Management
Paul Ideal	Senior Manager, Financial Planning and Analysis
Lindsay Jankowski	Senior Territory Sales Manager - Specialty
Cherlynn Key	Senior Territory Sales Manager - Specialty
Carl Johnston	SVP, Urology Franchise Head
Taryn Hayes	Senior Territory Sales Manager - Specialty
Thomas Hill	Senior Director, Brand Communications
Jeffrey Kotkin	Senior Territory Sales Manager - Specialty
Charles Jarecke	Executive Director, Field Medical
Sheena Kay	Senior Manager, Clinical Trials Management
Carter Infinger	Senior Territory Sales Manager - Specialty
Danny Huynh	Associate Director, Pharmacovigilance
Anita Jones	Executive Assistant
Danilo Javier	Manager, Payroll
Lauren Klitofsky	Manager, Regional Sales - Specialty
Megan Koval	Senior Territory Sales Manager - Specialty
Katrina Ipapo	Senior Manager, Quality Assurance
Roya Kelly	Senior Territory Sales Manager - Long Term Care
Jenifer Kwiatkowski	Senior Territory Sales Manager - Specialty
Paul King	VP, Market Access Marketing & Strategy
Peter Jones	Senior Territory Sales Manager - Specialty
Andrew Lambrechts	Territory Sales Manager - Specialty
Liana Jennings	Senior Territory Sales Manager - Long Term Care
Jocelyn Lee	Senior Associate, Human Resources
James Knott	Director, National Government Accounts
Kayla Kramer	Territory Sales Manager - Specialty
Paige Kennedy	Territory Sales Manager - Specialty
Eric Jackson	Senior Director, Pricing, Contracts and Analytics
Elizabeth King	Senior Territory Sales Manager - Long Term Care
Ynhu Juliano	Executive Director, Regulatory Affairs
Jennifer Lane	Manager, Regional Sales - Long Term Care
Kayla Lerro	Medical Science Liaison
John Kronk	Senior Territory Sales Manager - Specialty
Brian Kodi	VP, Strategic Pricing and Contracting
Gregg Kern	Senior Manager, Regional Sales - Specialty
Linda Kyle	Senior Territory Sales Manager - Specialty (Share)
Idarmys Laurenza	Territory Sales Manager - Long Term Care
Meridith Lett	Manager, Regional Sales - Specialty
Damon Lilze	Senior Territory Sales Manager - Specialty
Beth LaFace	Senior Territory Sales Manager - Specialty
Michael Lawn	Senior Territory Sales Manager - Specialty
Joseph Kohnle	Senior Territory Sales Manager - Long Term Care
Briana Lockwood	Director, Field Medical
Molly Mattoon	Territory Sales Manager - Long Term Care
Gavin LaMaide	Senior Territory Sales Manager - Specialty
Claire Le Cheminant	Senior Territory Sales Manager - Specialty
Mark Menard	Senior Medical Science Liaison
John Maddox	Senior Corporate Account Director - LTC, GPO
Jingmei Lu	Senior Statistical Programmer, Biostatistician
Myla-Ana Monday	Senior Territory Sales Manager - Specialty
William Liggett	Senior Territory Sales Manager - Specialty
David Musselman	VP, Sales and Commercial Strategy

Judy Miller	Senior Territory Sales Manager - Specialty
Jeffrey Nesheim	Director, Medical Managed Markets and RWE - Urology
Ryan Manning	Senior Territory Sales Manager - Specialty
Gregory Morrill	Director, National Corporate Accounts
John Lucas	Senior Territory Sales Manager - Specialty
Emenike Ndukwe	Director, Market Access Marketing
Elizabeth Minerd	VP, Head of Healthcare Law
Brett Newbrough	Senior Territory Sales Manager - Specialty
Tony Mannino	Director, Contract Manufacturing
Sonja Morton	Senior Territory Sales Manager - Specialty
Benjamin Nigliazzo	Senior Territory Sales Manager - Specialty
Jeffrey Mabry	Senior Manager, Regional Sales - Specialty
Michael McClintic	Senior Territory Sales Manager - Long Term Care
Kathryn Olson	Director, Clinical Data Management
Brenda Neal	Executive Director, Marketing Operations
James Miteff	VP, Market Access Account Management
Catherine Nguyen	Manager, Accounting
Shannon Partenza	Area VP, Market Access - Corporate Accounts
John Marshall	Senior Territory Sales Manager - Specialty
Jerry Mowrey	Senior Territory Sales Manager - Specialty
Drusilla OBrien	Manager, Procurement
Lauren McNeill	Medical Science Liaison
Todd Perkins	Senior Territory Sales Manager - Long Term Care
Marc Oseroff	Senior Territory Sales Manager - Specialty
Emely Nhi Nguyen	Associate Director, Clinical Development/Clinical Science
Susan Neel	Senior Territory Sales Manager - Specialty
Shobhal Patel	SVP, Head of Clinical Operations
Kateri Martin	Senior Territory Sales Manager - Specialty
Chris Meek	Senior Territory Sales Manager - Specialty
Melissa Oberg	Executive Director, Financial Planning and Analysis
Salim Mujais	SVP, Head of Clinical Research, Biopharma, Women's Health
Jennifer Pesa	Area VP, Sales - Long Term Care
Katharine Nelson	VP, CMC Development
Mark Niemaszek	SVP, Commercial Excellence
Tami Owens	Senior Territory Sales Manager - Specialty
Kathleen Thornton	Senior Multi-Specialty Portfolio Specialist
Natalie Ocampo	Associate Director, Compliance
Janet Owens-Grillo	Senior Director, Clinical Development
Vikki Phan	Senior Manager, Learning Operations
Jasmine Pham	Associate Manager, Field Systems
Tanvi Patel	Associate Drug Safety Physician, PVRM
Terri Richmond	Operational VP Head of Regulatory Strategy, Biopharma
John Patrick Rodriguez	Director, Accounting
Regina Pacheco	Executive Assistant
Michael Porter	Area VP, Market Access Regional and Long Term Care Accounts
Katherine Pham	Senior Territory Sales Manager - Specialty
Lisel Odom	Senior Territory Sales Manager - Specialty
Peter Pawlik	VP, Commercial Manufacturing
Chantal Rubino	Senior Territory Sales Manager - Specialty
Lingling Rogers	Senior Director, Regulatory Affairs
Toja Riley	Senior Director, Commercial Strategy & Communications
Katherine Sarenas	Senior Director, Compliance
Jonathan Price	Director, Business Operations
Jessica Schneider	Manager, Governance
David Sabol	Senior Territory Sales Manager - Long Term Care
Mikki Roach	Senior Territory Sales Manager - Specialty
Aristides Rojas	Senior Territory Sales Manager - Specialty
Shawn Schaffer	Operational VP, Quality Assurance
Ryan Replogle	Senior Territory Sales Manager - Specialty
Alexander Scholz	Senior Territory Sales Manager - Specialty
Alecia Sistrunk	Manager, Regional Sales - Specialty
Deborah Smith	Senior Territory Sales Manager - Specialty
Carlos Sanchez	Senior Territory Sales Manager - Long Term Care
Rebecca Schenk	Senior Territory Sales Manager - Specialty
Stephen Roman	Senior Manager, Regional Sales - Specialty
Brittain Rhodus	Territory Sales Manager - Specialty
Leena Schultz	Territory Sales Manager - Long Term Care
Michele Slaman	Senior Territory Sales Manager - Specialty
Harpreet Sandhu	Executive Director, Market Access Marketing

Daniel Snyder	SVP, Head of Medical Affairs, Biopharma, Women's Health
Kevin Stapleton	Executive Director, CMC
Carla Rospigliosi	Senior Director, Quality Assurance
Courtney Robinson	Senior Territory Sales Manager - Specialty
Nathan Silberstein	Senior Territory Sales Manager - Specialty
Benjamin Scott	Senior Territory Sales Manager - Specialty
Kenton Stewart	SVP, Market Access Head
Jarrold Smith	Senior Territory Sales Manager - Specialty
Colleen Sobek	Senior Manager, Product - Consumer
Tara Stark	Senior Manager, Regional Sales - Long Term Care
Kathleen Simonian	Territory Sales Manager - Specialty
Mindy Schimpf	Director, LTC Account Management
Amy Ternent	Senior Territory Sales Manager - Specialty
Jennifer Suter	Senior Territory Sales Manager - Specialty
Curtis Sosnowski	Senior Corporate Account Director
Helen Smith	Senior Territory Sales Manager - Specialty
Shalini Sharma	Senior Manager, Sales Insights and Analytics
Elizabeth Thomas	Associate Director, Biostatistics
Christopher Tucker	Senior Territory Sales Manager - Long Term Care
David Sweet	Senior Territory Sales Manager - Specialty
Michael Spence	Senior Manager, Regional Sales - Long Term Care
Cherin Smith	Senior Director, Clinical Trials Management
Michael Vallejo	Senior Territory Sales Manager - Specialty
Katie Vu	Senior Accountant
Corinne Thornton	Senior Regional Account Manager
Ersen Tanitkan	Senior Territory Sales Manager - Specialty
Bradley Walters	Senior Territory Sales Manager - Specialty
Tiffany Weber	Senior Territory Sales Manager - Specialty
Loretta Vecciarelli	Senior Territory Sales Manager - Specialty
Kaycee Wagner	Territory Sales Manager - Specialty
Cindee Truong	Director, Supply Chain
Freddie Williams	Senior Territory Sales Manager - Specialty
Joel Turchan	Senior Territory Sales Manager - Specialty
Kara Taylor	Senior Territory Sales Manager - Specialty
Achsah Warren	VP, Compliance
Jamie Wells	Senior Manager, Product - HCP Marketing
Michelle Vickroy	Senior Manager, Regional Sales - Specialty
Ashley Waite	Senior Territory Sales Manager - Specialty
Amy Wright	Senior Manager, Commercial Learning and Development
Amy Williams	Senior Territory Sales Manager - Specialty
Lindsay Underwood	Senior Territory Sales Manager - Specialty
Reginald Washington	Area VP, Sales - Specialty
Jeffrey White	Regional Account Manager
Marc Parker	National Account Director - Trade
Jill Walker	Senior Territory Sales Manager - Specialty
Anthony Thatcher	Senior Director, Manufacturing
Ray Wong	Executive Director, Medical Communications and Information
German Valdez	Senior Territory Sales Manager - Specialty
Tyrone Watley	Senior Territory Sales Manager - Specialty
Russ White	Senior Territory Sales Manager - Specialty
Kim Vo	Senior Manager, Project Management Operation
Patrick Walsh	Director, Project Management
Christina Wullenweber	Territory Sales Manager - Long Term Care
Jennifer Woo	Executive Director, Translational Medicine and Toxicology
Joseph Bryant III	Director, HCP Marketing
Jonathan Webb	Senior Territory Sales Manager - Specialty
Lyndsi White	Regional Account Manager
Mimi Chen	Dir, HRIS
Kent Ritchie	Executive Regional Business Manager
Michael Word	Senior Territory Sales Manager - Long Term Care
Timothy Sullivan	Sales Account Manager, Oncology
Maureen Lepak	Senior Director, Central Vendor Oversight
Steven McAlpine	National Account Director - Trade
Elda Freitas	Senior Manager, Government Pricing and Compliance
Scott Hylla	Director, Regional Accounts West
Christopher Ott	Director, GMP/CMC Quality
Bob Bill	Regional Business Manager
Thomas Murphy	Field Director, Trade
Scott Wilkinson	Associate Research Fellow

Andrea Bell	Senior Manager, Library Services
Julie Chaves	Director, Payroll
Todd Grinnell	Executive Director, Medical Affairs
Diana Borrelli	Regional Business Manager
Yogesh Deochakke	Associate Director, IT Research and Development
Charles Vandenbossche	Associate Research Fellow
Brian Berhow	Payor Corporate Account Director
Lakshminarasimhan Pranatharthiharan	Executive Director, Analytical Sciences
Sheri Elwell	Associate Director, Accounting
Amy Graveson	IT Coordinator
Ginger Cate	Therapeutic Specialist
John Gallo	Operational VP, Asset Team Leader
Estela Skende	Associate Director, Bioanalytical Sciences
Jerry Cox	Regional Business Manager
Toi Reid	Senior Multi-Specialty Portfolio Specialist
Ryan Frerichs	Associate Director, Pharmacovigilance Informatics
Elizabeth Theophile	Director, Promo Materials and Compliance Management
James O'Neil	Associate Director, Contract Development and Assessment
Julia Mathai	Manager, Order Management
Christy-Rae Jacobsen	Associate Director, Clinical Supply Chain
Joanne Rahmati	Principal, Cloud Architect
Tina O'Brien	Director, Audit and Supplier Management
Arthur Robichaud	Senior Director, Quality Assurance
Donna Bryant	Associate Director, Medical Writing
John Snoonian	Senior Director, Chemical Process Research and Development
Lisa Curry	VP, Head of Project Management, CNS
Robert Bujalski	Research Fellow
Ann Spring	Senior Manager, Enterprise User Technology and Services Engineer
Helena Goncalves	Director, Order to Cash
Lori Hume	Senior Manager, Commercial Learning and Development
Francis Whelan	Senior Therapeutic Specialist
Brent Oakleaf	Senior Director, Contract Operations
Brian Hudak	Senior Director, Regulatory Operations
Bryant Dillard	Senior Multi-Specialty Portfolio Specialist
Michele Heffernan	Senior Medicinal Chemistry Director
Johnson Job	Principal, Enterprise Infrastructure Architect
Debra Jerszyk	Manager T&E
James Simari	Sr National Account Director
Philip Jones	Director, Pharmacology
Tanya Blake	Senior Administrative Assistant
Maura Maria	Senior Director, Clinical Monitoring Operations
Paul Sainsbury	Executive Director, Supply Chain Operations
Renee Smigliani	Principal Benefits Consultant
Charmayne Brewster	Area Sales Director
Eric Kenney	Manager, Enterprise User Technology and Services Engineer
Thomas Hospodar	SVP, Research and Development Strategy
Robert Lew	Director, Translational Medicine
Koji Ishida	Officer, Interim CFO
Jennifer Brodeur	Associate Director, US Tax
Courtney Gervais	Director, Internal Audit and Risk Management
Diane Hall	Associate Director, Statistical Programming
Martin Markarian	Associate Director, GMP CMC Quality
Elisa LaFrenier	Executive Director, Compliance Training and Strategic Alliance
Tom Nakagawa	Chief Strategy Officer
Livia Warden	Area Sales Director
Ted Tengel	Senior Multi-Specialty Portfolio Specialist
Tetsuya Uyama	Vice President, Legal Affairs
Julia Wood	Senior Benefit Specialist
Atsushi Kataoka	Vice President, Corporate Planning
Wayne Girouard	Multi-Specialty Portfolio Specialist
Betsy Kolano	Executive Director, Office of Management Committee
Timothy Belanger	Executive Director, Corporate Controller, Accounting
Siriporn Toongsuwan	Senior Director, CMC Strategic Planning
Amy Smith-Remillard	Associate Director, Medical Writing
Amy French	Senior Manager, Clinical Data Management
Brian Giglio	Director, Commercial Learning and Development
Kimberly Parthum	Executive Director, Regulatory Affairs
Suzanne Bayreuther	Associate Director, Regulatory Affairs

Paul McGlynn	Executive Director, Project Management
Jaclyn Bissonnette	Director, Supply Chain
Carol Thebado	Associate Director, Supply Chain
Scott Rosenberg	Executive Director, Medical Writing
Jennifer Cauley	Senior Manager, Computer Systems Quality
Andrea Cook-Julian	Lead, Alliance Management and Committee Operations
Joelle Silva	Director, Project Management
Stephen Nigro	VP, Business Development
Kimberly Beaulier	Principal, Order Management
Johnna Balon	Senior Specialist
Yu-Luan Chen	Executive Director, Global Bioanalytical Sciences
Hali Black	Director, Complaints
Linghong Xie	Senior Director, Head of Medicinal Chemistry
Maureen Sheltry	Executive Director, Advocacy Relations
Alison Bushnell	Senior Director, Payer Marketing
John Robson	Multi-Specialty Portfolio Specialist
Adam Conley	Senior Manager, Contract Operations
Lisa Barrett	Analyst, Contract Operations
Taryn LaPointe	Senior Manager, Customer Engagement
David Blackwell	Multi-Specialty Portfolio Specialist
Oliver Nassry	Executive Multi-Specialty Portfolio Specialist
Wendy Kelly	Associate Director, Clinical Records Management
Bryan Spiller	Manager, Service Delivery Engineer
Brenda Kelly	Senior Manager, Medical Writing
Augustin Schepens	Executive Director, Worldwide Brand GM
Michael Peele	Manager, Commercial Operations Effectiveness
Nathan Josephsohn	Executive Director, Business Development
Jennifer Greene	Director, Analytical Research and Development
David Novelline	Principal, Network Architect
Jess Spring	Senior Manager, Order Management
Jeana Colabianchi	Senior Regional Account Manager
Diane Collias	Manager, Regulatory Operations
Roy Lindfield	Senior Regional Account Manager
Carrie Porter	Executive Therapeutic Specialist
Charles O'Sullivan	Senior Manager, Commercial Learning and Development
Judy Curtis	Director, Medical Science Liaison
Gerard Vandermeys	Executive Therapeutic Specialist
David Ellis	Regional Business Manager
Scott Cahill	Senior Therapeutic Specialist
Sasagu Tomioka	Executive Director, Clinical Analytics Head
Darrell Tallman	Therapeutic Specialist
Mario Freeman	Regional Account Manager
Dana Williams	Associate Director, Clinical Data Management
Debra Phillips	Executive Director, Clinical Trials Management
Elaine Madeo	Director, Project Administration
Lina Garcia	Senior Manager, Regulatory Operations
Maureen Gullo	Sr Director HR Business Partner
Randy Stone	Senior Director, Project Management
Samantha Koth	Senior Director, Medical Affairs Ops
Tina Moore	Senior Director, Regulatory Operations
Debra Zielenski	Senior Director, Clinical Data Management
Yu-Yuan Chiu	Senior Director, Clinical Pharmacology
Lisa Haase	Associate Director, Facilities Services
Adrian Rainone	Executive Assistant
Kaushik Sarma	Senior Director, Clinical Trials Management
Mary Palatini	Associate Director, Regulatory Operations
Nasiba Abdul-Karim	Director, PVRM
James Rawls	SVP, Head of Regulatory Affairs
Rosangela Rodriguez	Manager, Project Analytics
Sonya Watkins	Senior Project Analyst
Maureen Andersen	Manager, Medical Affairs
Naoko Yamaguchi	Associate Director, Benefits and International Assignment Admin
Doug Costain	Therapeutic Specialist
Rebecca Zaccardi	Director Vant Business
Jeffrey Anderson	Principal, Enterprise User Technology and Services Engineer
Stephen Gill	Director Commercial Info Mgmt
Katelyn Whicher	Senior Director, Program Strategy
Alison Fitzgerald	Senior Director, Clinical Trials Management
Sheila MacDonald	Senior Manager, Contract Operations

Holly Lum	Executive Director, Facilities and Corporate Services
Deidre Tortorich	Associate Director, Clinical Monitoring Operations
Kenneth Koblan	Lead SVP, Head of Development Operations
David Crandall	Director, Clinical Research
Seth Hopkins	VP, Head of Translational Medicine and Early Development
Marvin Graves	Senior Multi-Specialty Portfolio Specialist
Eudaldo Lopez	Multi-Specialty Portfolio Specialist
Brett Dickey	Executive Multi-Specialty Portfolio Specialist
Marci Haines	Multi-Specialty Portfolio Specialist
Jeremy Fiagle	Senior Multi-Specialty Portfolio Specialist
Colleen Synan	Senior Director, Head of Toxicology
Catherine Broxterman	Regional Business Manager
Kathryn Karnelek	Director, Compliance Training and Strategic Alliance
David Ducharme	Associate Director, Compliance
Carl Harris	Senior Manager, Strategic Sourcing, Technology
Rodney Francisco	Senior Regional Account Manager
Emily Mozoki	VP, Neurology Sales
Jerome Bledsoe	Executive Director, Financial Planning and Analysis
Susan Zappa	Multi-Specialty Portfolio Specialist
Todd Griesi	Regional Business Manager
Joseph Widmyer	Regional Business Manager
Sophia Nanis	Executive Director, Financial Planning and Analysis
Haitao Zhang	Associate Research Fellow
Pradeep Veetukuri	Associate Director, Data Strategy and Management
Andrea Young	Senior Director, Regulatory Affairs
Michelle Huffman	Senior Therapeutic Specialist
Ted McCarthy	Director, Quality Assurance
Yongcai Mao	Director, Biostatistics
Robert Goldman	SVP, Head of Medical Affairs, CNS
Yelena Gurevich	Associate Director, Quality Assurance
William Clark	Director, Medical Science Liaison Lead
Kelly Kroutter	Multi-Specialty Regional Business Manager
Melissa Santiago	Executive Director, Medical Science Liaison
Erica Ryan	Senior Director, Human Resources Business Partner
LaGenia Bailey	Director, Medical Science Liaison
Yu Yang	Director, Statistical Programming
Aaron Perna	Director, Patient Services and HUB
Kai Lin	Senior Manager, LIMS Administrator QC
Yan Li	Associate Director, Biostatistics
Line Laliberte	Payroll Specialist
Ak Choudhury	Senior Project Analyst
Michael Tocco	Executive Director, Medical Affairs
Tanja Knight	Regional Business Manager
Mark Pippert	Director, Contract Manufacturing
Eric Rasmussen	VP, Government Relations and Public Affairs
Craig Sturge	Associate Director, Quality Assurance
Jenna Yackish	Director, Strategic Brand Marketing
Dorothea Sanchez	Director, Medical Science Liaison
Jeffrey Artabane	Commercial Lead, Operational Effectiveness
Chaithanya Kanneganti	Associate Director, Clinical Data Management
Nicole D'Alessandro	Senior Manager, Clinical Trials
Amy Howes	Senior Analyst, Contract Operations
Marc McCrillis	Executive Director, Head of Financial Operations
Tara Clutter	Senior Therapeutic Specialist
Andrew Quinn	Associate Director, Sales Incentive Comp Programs
Lenora Merkey	Senior Therapeutic Specialist
George Ward	Executive Regional Business Manager
Michael Lucio	Therapeutic Specialist
Tirzah Pestenski	Executive Therapeutic Specialist
Erica Lozouski	Senior Administrative Assistant
Samantha D'Innocenzo	Associate Director, Clinical Trials Management
Meagan Caldwell	Senior Director, Technical Accounting
Beatriz Chapman	Senior Therapeutic Specialist
Rich Brooks	Manager, Quality Systems
Jenny Govert	Multi-Specialty Portfolio Specialist
Vanessa Fomby	Therapeutic Specialist
Karen Teig-Didia	Senior Therapeutic Specialist
Anthony Robertson	Multi-Specialty Portfolio Specialist
Shiva Katepalli	Director, FITS Lab

Rick Beers	Senior Director, Commercial Learning and Development
Taryn Corriveau	Associate Director, Clinical Trials Management
Michael Nelson	Director, HEOR Liaison
Michael DiFiore	VP, Multi-Specialty Sales
Linfeng Xu	Associate Director, Statistical Programming
Crystal Fletcher	Senior Manager, Clinical Monitoring Operations
Kimberly Laubmeier	Director, HEOR Team Lead
Audra Gabriau	Senior Accounts Receivable Coordinator
Michael Segal	Executive Director, Business Development
Karen Tillman	Manager, Commercial Learning and Development
Karolyn Johnston	Senior Manager, Complaints
Felix Agbo	Director, Clinical Pharmacology
Margaret Orlowski	Senior Project Coordinator
Junjie Xiong	Associate Director, Clinical Data Programming
Marylynne Colacchio	Executive Assistant
Gonzalo Vega	Senior Manager, Statistical Programming
Peter Flora	Executive Multi-Specialty Portfolio Specialist
Lynne Ouellette	Sr Executive Assistant
Paul Bobbitt	Multi-Specialty Portfolio Specialist
Ed Cunningham	Executive Director, Medical Science Liaison
Michael Bergstrom	Principal, Enterprise Infrastructure Architect
Randy Lewis	Multi-Specialty Portfolio Specialist
Lei Shi	Associate Director, Bioanalytical Sciences
Jennifer Baird	Executive Director, Engagement and Communications
Lily Chan	Director, Medical Science Liaison
Shahla Jamzad	Senior Director, CMC Strategic Planning
VijayaKumar Uppara	Associate Director, ERP Systems
Gerald Galluppi	Executive Director, Clinical Pharmacology
Erika Wyant	Executive Therapeutic Specialist
Jennifer Guilmette	Senior Analyst, Contract Operations
Doris Menke	Manager, Clinical Data Programming
Sae-Jin Stigman	Senior Multi-Specialty Portfolio Specialist
Tara Nojunas	Regional Account Manager - LTC
John Vitti	VP Commercial Operations
Mark St. Ours	Senior Director, Launch Excellence
Barbara Spada	Executive Director, Office of Corporate Integration
Michael Sampson	Executive Therapeutic Specialist
Mike Taylor	Senior Therapeutic Specialist
Thomas Eckert	Senior Manager, Clinical Trials
Emily Adcock	Associate Director, Event Services
Sabdanand Rapaka	Manager, Pharmacovigilance Informatics
Mario Cortina	Senior Multi-Specialty Portfolio Specialist
Sandra Priestley	Therapeutic Specialist
Nijad Kifayah	Sr Manager Clinical Trials
John Wallace	Multi-Specialty Portfolio Specialist
Maria Dolce	Senior Therapeutic Specialist
Thomas Goodin	Executive Director, Clinical Research
Patricia Hanrahan	Senior Manager, Commercial Learning and Development
Robyn Parker	Director, Regulatory Affairs
Avianna McGrath	Senior Therapeutic Specialist
Elena Davison	Executive Director, Pharmacovigilance Informatics
Laura Rego	Coordinator, Accounts Payable
Lisa Lennak	Director, Clinical Trials Management
Pamela Ayoub	Multi-Specialty Portfolio Specialist
Mary Cockroft	Director, Strategic Sourcing, Technology
Megan McCormick	Senior Manager, Clinical Trials
Reshma Katogh	Associate Director, Strategic Sourcing
Dawn Hartmann	Regional Business Manager
Shirley Mangione	Executive Multi-Specialty Portfolio Specialist
Jennifer Russell	Director, Field Force Effectiveness
Stephen McFadden	Sr Director, Regional Accounts East
Leslie Bateman	Associate Director, Employee Relations Partner
Jeffrey Galicki	Associate Director, Service Delivery Engineer
Cynthia Streeter	Therapeutic Specialist
Paul Allen	Associate Director, Strategic Sourcing, R&D/TOQ
Margery Mei	Senior Director, Procurement
J.J. Lovegrove	Senior Regional Account Manager
Yuan Zhang	Senior Manager, Statistical Programming
Steven Flynn	Associate Director, Facilities Services

Murali Kajur	Senior Manager, Statistical Programming
Sharon James	Multi-Specialty Portfolio Specialist
Lewis Lau	Senior Manager, CMC Project Management
Victor Luna	Senior Multi-Specialty Portfolio Specialist
Ajay Ogirala	Associate Director, Modeling and Simulations
Patrick Cieslica	Director, Internal Audit and Risk Management
Ferdi Bengan	Senior Therapeutic Specialist
Gramos Saliu	Director, Scientific Communication
Sean Peters	Associate Research Fellow
Amanda Attaei	Manager Compliance, Training and Strategic Alliance
Ying Ying Cheung	Manager, Clinical Monitoring Operations
Feng Liu	Senior Manager, Statistical Programming
Gazal Vakili	Director, Frontier Business Office
Thao Nguyen	Sr Regional Account Manager - LTC
Robert Agostinelli	Director, Statistical Programming
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Vivian Ring	Senior Scientist, Process and Analytical Development
Priya Patel	Associate Director, Medical Affairs - Rodatristat/Rethymic
Russell McNeill	SVP, Head of Cell Therapy
Sundeep Singh Nijjar	Associate Director, Project Management
Pamela Escobar	Executive Assistant
David Clark	Sales Account Manager, Oncology
Ravinderpal Grewal	Director, Clinical Operations
Michael Cristello	Associate Director, Patient Marketing
Stephanie Gupton	Strategic Account Manager
Kristen Evans	Sales Account Manager, WH
Lori Smith	Sales Account Manager, WH
Yagnesh Yagnik	Senior Manager, Quality Assurance
Stephanie Hannigan	Director, Clinical and Research QA
Renee Shaw	Manager, Quality Control Microbiology
Arnavaz Kraft	Sales Account Manager, Oncology
Cynthia Slemmons	Sales Account Manager, Oncology
Yasir Rashid	Associate Director, cGMP Manufacturing Information System
Thomas Larmondra	Executive Director, Advocacy Relations
Kim Estes	Sales Account Manager, WH
Jeffrey Hawk	Regional Sales Director
Keri Ouellet	Regional Sales Director
Nanci Armstrong	Sales Account Manager, Oncology
Ashley Han	Associate Director, Payer Marketing
Katelyn Ginolfi	Sales Account Manager, WH
Erwin Montalvo	Senior Manager, Clinical Supply Chain
Judith Wackenhut	Director, Field Medical

Paul Sullivan	National Corporate Account Director
Sonja Loadholt	Sales Account Manager, Oncology
Candice Ebeling	Sales Account Manager, Oncology
Felix Torres	Sales Account Manager, Oncology
Amoldeepak Mahale	Director, Analysis and Insight Generation
Lucia Menchaca	Recruitment Coordinator
Joanne Horton	Senior Manager, Accounts Payable
Jessica McKeon	Senior Regional Medical Advisor
Tera Campos	Sales Account Manager, WH
Annie Chou	Director, TMED
Alma Weber	Sales Account Manager, WH
Eulecia Hudson	Sales Account Manager, WH
Peter King	Senior Director, Digital Innovation Partnerships
Juscilene Menezes	Principal Medical Writer
Kristin Cova	Director, Field Medical
Elisa Park	Associate Director, Medical Communications and Information
Chrystal Bain	Associate Director, Clinical and Research Quality
James McAdams	Associate Director, PV Alliance Management
Sarah Lee	Scientist II
Martha Koch	Director, PV and Risk Management
Marissa Crozier	Area Sales Director
Jeffrey Chang	Senior Director, IT Research and Development
Christine Nguyen	Senior Manager, Supply Chain
Sarah Rajendra	Senior Manager, Marketing Operations
Joshua Larkin	Director, Project Management
Tapajyoti Gupta	Senior Director, IT - Med Affairs, G&A
Jamie Cooper	Executive Director, Business Operations
Ferdinand Victoria	Senior Manager, GXP Document Control and Training
Susie Lee	Associate Director, Pricing and Contracting
Amber Bengtsson	Sales Account Manager, Oncology
Sarah Sun	Senior Director, Regulatory Affairs
Michael Brandl	Distinguished Fellow
Esther Lewis-White	VP, Commercial Manufacturing
Brian Quach	Manager, Clinical Trials
Jacqueline Zakowski	Sales Account Manager, WH
Joe Speer	Director, Commercial Manufacturing
Maianh Nguyen	Director, Scientific Content
Sali Liu	Senior Manager, Business Analytics and Insights
Pin-Hsiu Chiu	Sr. Statistical Programmer III
Kimberly Barrio	Executive Director, Business Development and Licensing
Briana Lee Altman	Senior Regional Medical Advisor
Austin Ngo	Associate Director, Med Communication and Med Info
Dan Zacharia	Senior Manager, Financial Planning and Analysis
Yulan Li	VP, Head of Data Science
John Manning	Manager, Technology, Systems and Analytics
Jessica Hodge	Senior Area Sales Director
Michael Torres	Associate Director, Quality Control
Anna Copeland	Director, Commercial Learning and Development
Sara Brewster	Clinical Data Manager
Lisa Kommers	Senior Director, Patient Support Services
Justin Chow	Senior Principal Scientist
Ashley Chen	Sales Account Manager, WH
Aylin Ugur	Contracts Manager and Senior Paralegal
Kimberly Ramsey	Senior Manager, Promotional Materials and Compliance Management
Joshua Samon	Executive Director, Market Development and Commercial Strategy
Sheridan Matthews	Senior Director, Market Development and Commercial Strategy
David Han	Associate Director, Commercial Manufacturing
Syed Hussaini	Associate Director, Enterprise Applications
Jennifer La	Senior Clinical Trial Assistant
Katie Lewandroski	Senior Director, Marketing
Ken Ngo	Senior Manager, Financial Planning and Analysis
Billie-Ricci Caraos	Director, PV Quality and Compliance
Albert Fong	Associate Director, IT Business Applications
Manuel Soto	Director, Patient Support Services
Linh Nguyen	Clinical Trial Management Associate
Amit Bhakta	Senior Manager, Quality Operations
Albert Arroyo	Enterprise User Technology & Services Engineer
Erik Teensma	Senior Manager, Cloud Architect
Carina Veiga	Senior Manager, Marketing

Barbara Carroll	Associate Director, Accounting
Rahul Pandit	Senior Director, Data Integration and Operations
Abu Mushayeed	Senior Manager, IT Quality Systems
Regina Gayatinea	Associate Director, Medical Communications and Information
Michael O'Rourke	Managing Counsel, Contracts
Daniel Stefureak	Senior Director, Pricing and Contracting Strategy
Rebecca Orellana	Senior Talent Acquisition Partner
Megha Budhiraja	Senior Manager, Pharmacovigilance Ops
Loan Tran	Senior Manager, Regulatory Affairs
Ganesh Murthy	Senior IT Project Manager
Renee Leeb	Sales Account Manager, Oncology
Mark Flowers	Associate Director, Project Manager
Meredith Rocha	Sales Account Manager, Oncology
Ben Chang	Sales Account Manager, Oncology
Marisa Rapport	Senior Director, Business Operations
Mojda Nawabi	Manager, Clinical Trials
Balajojireddy Vangala	Associate Director, Quality (IT and CVS)
Pegah Rabby	VP, Financial Planning and Analysis
Sandeep Dulay	Sales Account Manager, WH
Govind Chourasia	Senior IT Platform Manager
Eric Ortiz	Senior Manager, Business Operations
David Fitzpatrick	Manager, Service Delivery Engineer
Helen Shen	Senior Manager, Quality (IT and CVS)
Martha Ho-Sing-Loy	VP, Head of Project Management, Biopharma, Women's Health
Himanshu Mishra	Director, ERP
Dipali Pattanayak	Associate Director, QMS and Compliance
Jensen Louie	Service Delivery Engineer
Sharon Seegmiller	Senior Specialist, Promotional Materials and Compliance Management
Nasim Keihani	Executive Assistant
Michelle Bretschneider	Regional Medical Advisor
Cheryl Burch	Multi-Specialty Portfolio Specialist
Mena Niakian	Executive Director, Clinical Operations
Julie Anderson	Document Control Manager
Doris Link-Quiros	Senior Manager, Regulatory Operations
Shawn Gormish	Regional Sales Director
Edward Lally	Associate Director, Commercial Manufacturing
Steve Park	VP, Business IT Strategy and Application Management Head
Analya Ramanathan	Senior Manager, Commercial Manufacturing
Tiffany Mitchell	Sales Account Manager, WH
Chandra Kanth Bonthu	Associate Director, Statistical Programming
Megan Roberts	Principal Regional Medical Advisor
Sarah VanMiddlesworth	Senior Manager, Quality Control
Cassandra Goes	Manager, Regulatory Operations
Si Nguyen	Associate Director, Enterprise Infrastructure Architect
Lucy Potts	Senior Manager, Sales Insights and Analytics
Sarah Juhn	Senior Director, Medical Communications
Jasmine Cheung	Associate Director, Medical Affairs Strategic Planning and Operations
Cristian Videla	SVP, Oncology Franchise Head
Leslie Corona	Senior Clinical Trial Management Associate
Rachel Perloff	Clinical Data Manager
Gokul Vasist	Associate Director, Statistical Programming
Melissa Lev	Sales Account Manager, Oncology
Susana Nolley	Executive Director, Clinical Trials Management
Jason Ma	Manager, Clinical Supply Chain
Tammy McMahon	Sr. Mgr, Sales Operations
Patrick Jay	Sr. Procurement Specialist
Amy Lo	Associate Director, Financial Planning and Analysis
Robert Stemplinger	Executive Director, Statistical Programming
Lap Shun Ko	Associate Director, Forecasting and Strategic Analytics
Jennifer Caffarelli	Regional Sales Director
Kathleen Moore	VP, Marketing
Bingnan Kang	Associate Director, Business Analytics and Insights
Brian Irvin	Associate Director, Quality Control
Kathryn Hoppe	Senior Sales Account Manager, Oncology
Henry Leung	Senior Scientist
Sang Lee	Director, Data Governance
Natalie Maroun	Senior Associate, Advocacy
Jenny Wong	Senior Director, Supply Chain
Eden Bautista	Senior Admin Assistant II

Ellen Sanford	Senior Director, Clinical Supply Chain
Jonathan Lo	Associate Director, Regulatory Affairs
Inderdeep Dehal	Senior Manager, Financial Planning and Analysis
Priyam Datta	Manager, PV Quality and Compliance
Esma Mahmud	Senior Director, IT Compliance and Risk
Danny Benavidez	Associate Director, Pricing and Contracting
Karla Mark	Associate Director, Regulatory Affairs
Shelley Brathwaite	Associate Director, Marketing
Sudha Bhavanam	IT Compliance Manager
Rachel Wagman	Operational Vice President, Clinical Research
Shanna Ochoa	Associate, Strategic Sourcing R&D
Mary Hasse	Sales Account Manager, WH
Elizabeth Jacobs	Senior Manager, TMED
Laura Alaura	Executive Assistant
Andrea Koh	Associate Director, Strategic Sourcing, Commercial/G&A
Eugenia Houle	Associate Director, Regulatory Operations
Robert Jacobson	VP, Market Access
Lori Leonard	Director, Strategic Account Management
Young Chung	Sales Account Manager, Oncology
Michael Miyasaki	Senior Specialist GMP QA
Amy Niu	Associate Director, Payer Marketing
Ryan Owens	Sales Account Manager, Oncology
Yi Zhong	Biostatistician II
Barrie Weeks	Senior Manager, Clinical Trials
Maria Calkins	Director, Advocacy
Amy Toscano	Senior Director, Regulatory Affairs
Jennifer Cox	Sales Account Manager, WH
John Ladas	Sales Account Manager, Oncology
Nicole Vernal	Sales Account Manager, WH
Jillian Daigneault	Regional Medical Advisor
Christina Lewis	Sales Account Manager, Oncology
Larry Glazerman	Director, Medical Science
Janelle Soleau	Sales Account Manager, WH
Matthew Huners	Sales Account Manager, WH
Denise Hayle	Sales Account Manager, WH
Karl Kennedy	Sales Account Manager, WH
Christopher Mack	Sales Account Manager, WH
Ashley Thielen	Senior Regional Medical Advisor
Karen Echavez	Sales Account Manager, WH
Jessica Castle	Director, Field Medical
Quint Hasenbein	National Corporate Account Director, Oncology
Shanel Anthony	Regional Sales Director
Carrie Morris	Sales Account Manager, WH
Shaun Jordan	Senior Regional Medical Advisor
Rui Wu	Director, Biostatistics
Naipaul Singh	Associate Director, Patient Support Program Marketing
Gregory Chavez	Sales Account Manager, WH
Jason Gemeiner	Sales Account Manager, Oncology
Bryan Woods	Sales Account Manager, WH
Michael Quaranta	Sales Account Manager, Oncology
Shea Dotson	Sales Account Manager, Oncology
Jamie Thu Can	Sales Account Manager, Oncology
Jill Matteis	Sales Account Manager, Oncology
Dongmei Zhai	Senior Principal Statistician
Ronald Smith	Senior Director, Strategic Account Management
Scott Clark	Sales Account Manager, WH
Michelle O'Toole	Sales Account Manager, WH
Michael Reese	Regional Sales Director
Annette Viamonte	Sales Account Manager, Oncology
James Vigie	Sales Account Manager, Oncology
Rosemarie Banks	Sales Account Manager, Oncology
Madison Kabel	Sales Account Manager, WH
Heather Meade	Associate Director, Medical Communications and Information
Joy Yapor	Director, Pharmacovigilance Ops
Kim Alfonso	Regional Sales Director
Russell Kleisner	Sales Account Manager, Oncology
Melinda Algera	Regional Sales Director
John DeLoach	Sales Account Manager, WH
Jade Spell	Director, Medical Science

Dena McDowell	Sales Account Manager, WH
Angela Robinson	Principal Regional Medical Advisor
Malik Jones	Sales Account Manager, WH
Renee Adams	Senior Sales Account Manager, Oncology
Bridget Smith	Sales Account Manager, WH
Paulette Barrett	Regional Sales Director
William Bunn	Sales Account Manager, Oncology
Joseph Bridges	Senior Sales Account Manager, Oncology
Kevin Misius	Senior Sales Account Manager, Oncology
John Sullivan	Senior Area Sales Director
Holly Hines	Sales Account Manager, WH
Ronnie Chin	Director, Project Management
Cassandra Lickert	Director, Medical Managed Markets and RWE
Denise deBeer	Senior Manager, Clinical Trials
Stephani Hahaj	Sales Account Manager, Oncology
Casie Polanco	Manager, Medical Writing
Andrea Andrade	Regional Sales Director
Joel Cavallo	Principal Regional Medical Advisor
David Buckley	Senior Director, TMED
Sejal Emerson	Senior Director, Regulatory Affairs
Michael Bokor	Director, Thought Leader Liaison
Jonathan Finch	Sales Account Manager, WH
Angela Ward	Sales Account Manager, Oncology
William Lechner	Sales Account Manager, WH
Katwin Fort	Sales Account Manager, WH
Katherine Falkner	Sales Account Manager, WH
Richard Ruth	Executive Director, Human Resources Business Partner
Gina Cromwell	Executive Director, Talent Acquisition
Tamara Sanford	Sales Account Manager, Oncology
Valerie Hadley	Sales Account Manager, Oncology
Melissa Burke	Sales Account Manager, Oncology
Steven Wood	Sales Account Manager, Oncology
Lorna Cockrell	Sales Account Manager, Oncology
Elizabeth Eidson	Sales Account Manager, WH
Brad Thibodeaux	Sales Account Manager, Oncology
Jennifer Kline	Sales Account Manager, WH
Jessica Stifel	Director, Commercial Meeting and Conventions
Angela Gautreaux	Sales Account Manager, WH
Sabrina Marshall	Sales Account Manager, WH
Eileen Maunsell	Senior Manager, Clinical Trials
Joy Thompson-Ball	Regional Sales Director
Carlos Johnson	Senior Talent Acquisition Partner
Britt McCormick	Regional Sales Director
Moataz Abdelhamid	Sales Account Manager, WH
Alex Goldberg	Senior Manager, Payer Marketing
Erin Young	Sales Account Manager, WH
Chelsea Eyre	VP, Sales
Louis Bonanni Jr.	Sales Account Manager, Oncology
Juliette Fry	Manager, Advocacy II
Todd Ente	Sales Account Manager, Oncology
Nicholas Combs	Sales Account Manager, WH
Drue Thornton	Sales Account Manager, WH
Julie Lynch	Sales Account Manager, WH
Ryan Smith	Sales Account Manager, WH
Rachel MacKinley	Sales Account Manager, Oncology
Kristen Vagts	Sales Account Manager, WH
Tammy DeCenzo	Sales Account Manager, WH
Leposava Werner	Sales Account Manager, WH
Ryan Flynn	Senior Regional Medical Advisor
Bradley Hocker	Sales Account Manager, Oncology
Stacy Stomp	Sales Account Manager, Oncology
John Gray	Sales Account Manager, Oncology
Douglas Hodgen	National Account Director
Julie Perry	Director, Clinical Research
Sarah Leslie	Senior Regional Medical Advisor
Marcus Kirby	Regional Sales Director
Jerry Bible	VP, Sales
Michael Blaze	Senior Manager, Medical Writing
Natasha Travis	Associate Director, Commercial Learning and Development

Lindsey Segal	Sales Account Manager, WH
Andrea Barrett	Sales Account Manager, Oncology
Kelsey Daniel	Sales Account Manager, WH
Jennifer Buccione	Sales Account Manager, WH
Michael Vedral	Sales Account Manager, Oncology
Nancy Thompson	Sales Account Manager, Oncology
Colleen Sweeney	Senior Manager, Marketing
James Jenkins III	Sales Account Manager, Oncology
Rachel McLean	Director, Clinical Research
Melanie Jackson	Sales Account Manager, Oncology
Jean Kozachuk	Sales Account Manager, WH
Deehje Chase	Senior Area Sales Director
Russell Leotta	Sales Account Manager, WH
Forrest Small	Sales Account Manager, WH
Jennifer Rotella	Sales Account Manager, WH
James Augusterfer	Senior Area Sales Director
Ayeshah Ali	Associate Director, GCP Quality
Don Stroud	Sales Account Manager, WH
Jonathan Zwiabel	Sales Account Manager, WH
Athena Sans	Sales Account Manager, WH
Sergey Kovalev	Senior Manager, SAP Systems
Emilia Ianakova	Senior Director, Drug Safety and PV
Venkataramanan Venugopal	Associate Director, Contract Manufacturing
Nita Newsom	Director, Thought Leader Liaison
Nicholas Stefanopoulos	Sales Account Manager, Oncology
Brian Hennessy	Sales Account Manager, Oncology
Jean Shen	Manager, Revenue Accounting
Robert Carnevale	Executive Director, Alliance Management
Kim Do	Senior Manager, Regulatory Affairs
Alessandra Marotta	Director, Alliance Management
Wade Lendin	Sales Account Manager, Oncology
Jeffrey Martin	Sales Account Manager, Oncology
Gaurav Dhanda	Regional Medical Advisor
Xiuhua Fang	Senior Scientist
Jodie Nazarian	Sales Account Manager, WH
Joseph Ferlanti	Sales Account Manager, WH
Linda Kohn	Sales Account Manager, Oncology
Scott Flanders	Executive Director, Medical Affairs
John Wisnieski	Sales Account Manager, WH
Sharon Ballin	Sales Account Manager, WH
Michael Rogers	Sales Account Manager, Oncology
Jennifer Papineau	Sales Account Manager, Oncology
Susan Shondel	Senior Regional Medical Advisor
Amy Farrell	Sales Account Manager, WH
Dina Vasilantonakis	Sales Account Manager, Oncology
Maureen Popp	Regional Sales Director
Lillian Justus	Senior Manager, Regulatory Affairs
Jeffrey Andrews	National Corporate Account Director
Jason Ross	Sales Account Manager, WH
Philippe Duret	Sales Account Manager, WH
Troy Leavery	Director, Strategic Account Management
Lisa Dridi	Sales Account Manager, WH
Kari Lively	Sales Account Manager, WH
Jaimee Johnson	Sales Account Manager, Oncology
Michelle Hessman	Regional Sales Director
Allison Kelly	Sales Account Manager, WH
David Baggetta	AD, Cost Accounting
Megan Mahiberg	Sales Account Manager, WH
Rebecca Johnson	Sales Account Manager, Oncology
Daniel Smith	Sales Account Manager, Oncology
Richard Joesting	Sales Account Manager, WH
Keith Walters	Regional Sales Director
Kathleen Duffy	Director, Strategic Account Management
Michele Cole	Director, Med Managed Markets and Real-World Evidence
Michael McFadden	Sales Account Manager, WH
Carrie Lyons	Senior Regional Medical Advisor
Teri Schaefer	Sales Account Manager, WH
Sheri Geer	Sales Account Manager, WH
Malene Demaree	Sales Account Manager, Oncology

Kelsey Greene	Sales Account Manager, WH
James Lundstrom	Sales Account Manager, Oncology
Regis Schnur	Sales Account Manager, Oncology
Pasquale Gallo	Sales Account Manager, Oncology
Bradley Speight	Senior Manager, Sales Insights and Analytics
Craig Trusley	Senior Regional Medical Advisor
Rashanda Clanton	Senior Manager, Patient Support Services
Kimberly Pruett	Sales Account Manager, Oncology
Christina Moses	Sales Account Manager, WH
Juli Miller	Senior Director, Business Analytics & Insights
Emma Pham	Senior Manager, Pharmacy eSolutions and Affordability
Jayanthi Jayapal	Regional Sales Director
Kristen Sichler	Regional Sales Director
Michael Hershey	Senior Director, National Corporate Accounts
Melissa China	Sales Account Manager, WH
Damon Sides	Manager, Regulatory Operations
David Dillon	Sales Account Manager, Oncology
Steven Egge	SVP, Women's Health Franchise Head
Jason Baker	Sales Account Manager, Oncology
Sarah Liedberg Nordeen	Regional Medical Advisor
Devin Cuillierier	Associate Director, Incentive Compensation
Michael Stevenson	Sales Account Manager, WH
Kyra Walters	Senior Manager, Commercial Learning and Development
Emily Jensen	Sales Account Manager, Oncology
Robert McNaught	Sales Account Manager, WH
Alexander Paras	Sales Account Manager, WH
Ainsley Bailey	Sales Account Manager, WH
Matthew Holcomb	Sales Account Manager, WH
Bianca Bogda	Sales Account Manager, WH
Jennifer Huus	Regional Sales Director
Matthew Fogle	Regional Sales Director
Renee McAllister	Regional Medical Advisor
Mechelle Navarro	Sales Account Manager, Oncology
Tram Le	Regional Medical Advisor
Megan Flowers	Sales Account Manager, Oncology
Royanne Moore	Principal Regional Medical Advisor
Paige Clark	Sales Account Manager, WH
Ashley Tippit	Sales Account Manager, Oncology
Lena Yoo	Senior Manager, Medical Strategy
Maliha Pervaiz	Manager, Pricing and Contracting
Stephanie Fultz	Regional Medical Advisor
Monica Steed	National Corporate Account Director
Staci Macha	Sales Account Manager, WH
Marcus Enard	Regional Sales Director
Summer Hartung	Manager, Financial Planning and Analysis
Capri Pavlich	Associate Director, Marketing
Shenghung Kuo	Dir, CMC Regulatory Affairs
Vicki Johnson	Sales Account Manager, WH
Nancy Chiue	Sales Account Manager, Oncology
Shawna Howard Russell	Sales Account Manager, WH
Cami Knox-Du Bois	Sales Account Manager, WH
Michael Kartchner	Sales Account Manager, Oncology
Jolene Pecille-Anzures	Sales Account Manager, Oncology
Mitchell Calayo	Sales Account Manager, Oncology
Christopher Howland	Senior Sales Account Manager, Oncology
Desiree Heberle	Sales Account Manager, Oncology
John Lehenbauer	Sales Account Manager, WH
Joyce Salazar	Sales Account Manager, WH
Mia May	Senior Sales Account Manager, Oncology
Wei Xie	Senior Regional Medical Advisor
Daniel George	Sales Account Manager, Oncology
Craig Cohen	Senior Director, Revenue Accounting
Daniel Malakoti	VP, Marketing
Evelyn Chin	Senior Clinical Trial Management Associate
Sarah Christensen	Director, Alliance Management
Jennifer Smith	Director, Medical Education and Programs
Amy Stallings	Sales Account Manager, WH
Christopher Gilbert	Sales Account Manager, WH
Alyson Phillips	Sales Account Manager, Oncology

Deanna Bordeman	Senior Director, Commercial Insights and Analytics
Byronita Wilson	Sales Account Manager, WH
Jennifer Rankin	Associate Director, Clinical Operations
Michelle Thorpe	Sales Account Manager, Oncology
Shannon Pelesasa	Sales Account Manager, Oncology
Tami Baird	Regional Sales Director
Jennifer Lisota	Sales Account Manager, WH
Hilary Mawindi	Sales Account Manager, Oncology
Stacy Westmoreland	Sales Account Manager, Oncology
Ivan Figueira	Regional Medical Advisor
Jason Ortmeyer	Sales Account Manager, Oncology
Yajun Zhu	Associate Director, Biostatistics
Pratik Ahuja	VP, Supply Chain
Marc Anish	Senior Territory Sales Manager - Long Term Care
John Barnes	Senior Manager, Regional Sales - Specialty
Laleh Abedinzadeh	Senior Director, Medical Affairs -Urology
Dorothy Aikin	Associate Director, Analytical Operations
Johnson Abraham	Medical Science Liaison
Robert Bennett	Senior Territory Sales Manager - Specialty
Suzanne Barrali	Senior Regional Account Manager
Jennefer Aquavia	Senior Territory Sales Manager - Long Term Care
John An	Senior Director, Regulatory Affairs
Donny Birjah	Area VP, Sales - Specialty
Todd Bradley	Senior Territory Sales Manager - Specialty
Jonathan Bartilad	Associate Director, Quality
Ashly Berg	Senior Territory Sales Manager - Specialty
Tanveer Asghar	Director, Quality
Keri Anderson	Senior Territory Sales Manager - Specialty
Anne Blanco	Director, Clinical Trials Management
David Buckley	Senior Territory Sales Manager - Long Term Care
Linette Brammeier	Senior Territory Sales Manager - Specialty
Shree Bhutani	Director, Business Operations
Sara Baum	Executive Director, Business Operations
Jennifer Axe	Senior Territory Sales Manager - Specialty
Valentina Adalian	Executive Assistant
Gregory Anderson	Manager, Regional Sales - Long Term Care
Andrew Burch	Senior Manager, Marketing Operations
Adam Carrera	Associate Director, Medical Managed Markets, RWE and Scientific Communications - Urology
Timothy Bleigh	Executive Director, Learning and Organizational Development
Rebecca Briggs	Medical Science Liaison
Hayley Beatenhead	Senior Territory Sales Manager -Specialty (Share)
Ashwin Bhuvanendran	Senior Director, Pricing, Contracts and Analytics
Hanh Badger	Senior Director, Clinical Research
Kelly Bock	Director, Consumer Marketing
Jasmine Carvalho	Associate Director, Commercial Insights and Analytics
Christine Butschek	Senior Manager, Regional Sales - Specialty
Ronald Brown	Territory Sales Manager - Specialty
Nicole Bianchi	Manager, Regional Sales - Specialty
Nicole Cabrera	Senior Manager, Compliance
Lisa Boyce	Senior Territory Sales Manager - Specialty
Elizabeth Casella	Territory Sales Manager - Specialty
Karen Chase	Senior Territory Sales Manager - Specialty
Carolyn Brunke	Senior Territory Sales Manager - Specialty
John Michael Castillano	Director, Commercial Manufacturing
Karen Centonze	Senior Territory Sales Manager -Specialty (Share)
Fred Sliney	Multi-Specialty Portfolio Specialist
Robert Corley	Senior Multi-Specialty Portfolio Specialist
Jose Chavez	Executive Therapeutic Specialist
Ronald DePue	Senior Director, HEOR Field
James Shepherd	National Account Director - Trade
Subin Yun	Intern
Meghana Nadella	Intern
Luis Torres	Sr. Engineer, Instrumentation & Controls
Tatsuya Ito	Vice President, Head of Integration Office
Douglas Campbell	Exec Director Strategic Planning & Execution
Laura Allaire	Sr. Manufacturing Associate, cGMP Manufacturing
Nikolas Duvall	Sr. Manufacturing Associate, cGMP Manufacturing
Mackenzie Skyden	Sr. Manufacturing Associate, cGMP Manufacturing

Kai-Yu Chen	Intern
Rebecca Perez	Associate Director, IT Procurement
Fredricco Norman	Inventory Management Specialist
Monika Semwal	Director, Health Economics and Outcomes Research
Jasmine Hurley	Senior Medical Science Liaison
Joshua Siegel	Director, Translational Medicine
Liliana Carrara	Quality Control Specialist II
Victoria Taylor	Research Associate, Process and Analytical Development
John Theisen	Therapeutic Specialist
Dominic Lacasse	Medical Science Liaison
Kevin Ball	Regional Business Manager
Janae Lehto	Associate Director, Clinical Data Management
Karen Ansaldo	Sr Clinical Research Scientist
Vincent Loksa	Sr Mgr, Pharmacovigilance Scientist
Robert Ruttenberg	Multi-Specialty Portfolio Specialist
Brian Buchalski	Multi-Specialty Portfolio Specialist
Prasanthi Pellakuru	Associate Medical Director, Drug Safety & PV
Amira Gay	Analyst, Contract Operations
Heather White	Senior Territory Sales Manager - Specialty
Huy Lu	Territory Sales Manager - Specialty
Michael Brown	Territory Sales Manager - Specialty
Jeremy Tompkins	Senior Territory Sales Manager - Specialty
Haylie Vollman	Sales Account Manager, WH
Kevin Womble	Director, Strategic Account Management
Christy Gayle	Manager, Supply Chain
Steven Janson	Quality Assurance Specialist II
Shelly Matsoukas	Director, Project Management
Jinglin Zhong	Senior Director, Biostatistics
Paul Celia	Multi-Specialty Portfolio Specialist
Angela Muse	Sales Account Manager, Oncology
Laurie Bresnayan	Sales Account Manager, WH
Pam Starks	Therapeutic Specialist
Natasha Balakrishna	Associate Director, Commercial Insights and Analytics
Christopher Kloepper	Sales Account Manager, Oncology
Vickie Carfello	Sales Account Manager, Oncology
Anthony Nicolli	Sales Account Manager, Oncology
Jason Lesko	Associate Director, Service Delivery Engineer
Shuke Li	Associate Director, Data Design and Systems
Robert Lapson	Senior Director, Business Analytics & Insights
Peter Ingraham	Executive Director, Analytical Sciences
Hongmei Cao	Director, Commercial Resource Allocation
Lise Hall	Director, Patient and Consumer Marketing
Michael Destefano	Senior Director, Contract Assessment, Development and Forecasting
Michelle Chunn	Senior Territory Sales Manager - Long Term Care
Rosa Garcia	Territory Sales Manager - Long Term Care
Christine Schaffer	Senior Territory Sales Manager - Long Term Care
Sean Petersen	Associate Director, Pricing and Contracting
David Weissman	Territory Sales Manager - Long Term Care
Shiv Raman	Executive Director, Executive Methodologist Lead
Stephanie Schofield	Territory Sales Manager - Specialty
Emily Skibicki	Senior Territory Sales Manager - Specialty
Ronald Capone	Therapeutic Specialist
Daria Khan	Sr Dir, Strategic Marketing, Planning and Operations
Tara Donges	Senior Territory Sales Manager - Specialty
Robert Shewbrooks	VP, Payer Analytics & Insights, Customer Engagement, and Analytic Adoption
Phillip DeBiase	Counsel, Contracts
Daniel Park	Associate, Associate Digital Innovator
Priya Robson	Associate Director, Drug Safety & PV
Ramakrishnan Nagaraj	Clinical Data Manager
Cencere Nayo	Clinical Data Manager
Vishal Tien	NLP Scientist
Monica Garms	Therapeutic Specialist
Trierre Shanks	Manager, Regional Sales - Long Term Care
Darlene Williamson	Therapeutic Specialist
Lori Gillihan	Therapeutic Specialist
Adam Phillipe	Therapeutic Specialist
Joellen Pallarino	Sales Account Mgr, Oncology
Lee Guss	Executive Director, HCP Marketing
Crystal Foell	Director, Omnichannel Marketing

Melanie Vanderpool	Director, Strategic Account Management
Julio Ortiz	Director, Data Strategy and Management
Josh Black	Director, Program Management
Laurel Sloan	Associate Director, Strategic Sourcing
Rho Alafita-Cote	Senior Territory Sales Manager - Specialty
Joseph Daniels	Sr. Manufacturing Associate, cGMP Manufacturing
Bryan Key	Multi-Specialty Portfolio Specialist
Aubrey Silence	Senior Tax Accountant, US Tax
Caitlin Cormier	Analyst, Medicaid Rebates
Jessica Khaledi	Associate Director, Patient Marketing and Brand Experience
Paras Parekh	Director, HCP Marketing
John Karalis	Multi-Specialty Portfolio Specialist
Lee Witham	CNS Therapeutic Specialist

Delaware

The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE CERTIFICATE OF OWNERSHIP WHICH MERGES:

"SUMITOMO PHARMA AMERICA HOLDINGS, INC.", A DELAWARE CORPORATION,

WITH AND INTO "SUNOVION PHARMACEUTICALS INC." UNDER THE NAME OF "SUMITOMO PHARMA AMERICA, INC.", A CORPORATION ORGANIZED AND EXISTING UNDER THE LAWS OF THE STATE OF DELAWARE, WAS RECEIVED AND FILED IN THIS OFFICE THE TWENTY-SIXTH DAY OF JUNE, A.D. 2023, AT 2:07 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID CORPORATION SHALL BE GOVERNED BY THE LAWS OF THE STATE OF DELAWARE.

AND I DO HEREBY FURTHER CERTIFY THAT THE EFFECTIVE DATE OF THE AFORESAID CERTIFICATE OF OWNERSHIP IS THE FIRST DAY OF JULY, A.D. 2023 AT 1:10 O'CLOCK A.M.



2026900 8330
SR# 20232916630

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

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

Authentication: 203676932
Date: 07-03-23

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT THE SAID "SUNOVION PHARMACEUTICALS INC.", FILED A CERTIFICATE OF OWNERSHIP, CHANGING ITS NAME TO "SUMITOMO PHARMA AMERICA, INC." ON THE TWENTY-SIXTH DAY OF JUNE, A.D. 2023, AT 2:07 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE EFFECTIVE DATE OF THE AFORESAID CERTIFICATE OF OWNERSHIP IS THE FIRST DAY OF JULY, A.D. 2023 AT 1:10 O'CLOCK A.M.



2026900 8320
SR# 20232916630

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

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

Authentication: 203676933
Date: 07-03-23

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE CERTIFICATE OF MERGER WHICH MERGES:

"ENZYVANT THERAPEUTICS, INC.", A DELAWARE CORPORATION, WITH AND INTO "SUMITOMO PHARMA AMERICA, INC." UNDER THE NAME OF "SUMITOMO PHARMA AMERICA, INC.", A CORPORATION ORGANIZED AND EXISTING UNDER THE LAWS OF THE STATE OF DELAWARE, WAS RECEIVED AND FILED IN THIS OFFICE THE TWENTY-SIXTH DAY OF JUNE, A.D. 2023, AT 2:09 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID CORPORATION SHALL BE GOVERNED BY THE LAWS OF THE STATE OF DELAWARE.

AND I DO HEREBY FURTHER CERTIFY THAT THE EFFECTIVE DATE OF THE AFORESAID CERTIFICATE OF MERGER IS THE FIRST DAY OF JULY, A.D. 2023 AT 1:20 O'CLOCK A.M.



2026900 8330
SR# 20232916631

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

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

Jeffrey W. Bullock, Secretary of State

Authentication: 203676940
Date: 07-03-23

Delaware

The First State

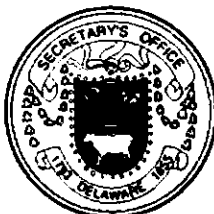
Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE CERTIFICATE OF MERGER WHICH MERGES:

"MYOVANT SCIENCES, INC.", A DELAWARE CORPORATION,
WITH AND INTO "SUMITOMO PHARMA AMERICA, INC." UNDER THE NAME OF "SUMITOMO PHARMA AMERICA, INC.", A CORPORATION ORGANIZED AND EXISTING UNDER THE LAWS OF THE STATE OF DELAWARE, WAS RECEIVED AND FILED IN THIS OFFICE THE TWENTY-SIXTH DAY OF JUNE, A.D. 2023, AT 2:16 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID CORPORATION SHALL BE GOVERNED BY THE LAWS OF THE STATE OF DELAWARE.

AND I DO HEREBY FURTHER CERTIFY THAT THE EFFECTIVE DATE OF THE AFORESAID CERTIFICATE OF MERGER IS THE FIRST DAY OF JULY, A.D. 2023 AT 1:40 O'CLOCK A.M.



2026900 8330
SR# 20232916633

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

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

Authentication: 203676944
Date: 07-03-23

Delaware

The First State

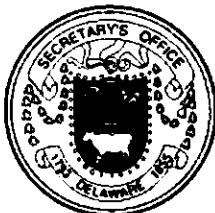
Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE CERTIFICATE OF MERGER WHICH MERGES:

"UROVANT SCIENCES, INC.", A DELAWARE CORPORATION,
WITH AND INTO "SUMITOMO PHARMA AMERICA, INC." UNDER THE NAME OF "SUMITOMO PHARMA AMERICA, INC.", A CORPORATION ORGANIZED AND EXISTING UNDER THE LAWS OF THE STATE OF DELAWARE, WAS RECEIVED AND FILED IN THIS OFFICE THE TWENTY-SIXTH DAY OF JUNE, A.D. 2023, AT 2:15 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID CORPORATION SHALL BE GOVERNED BY THE LAWS OF THE STATE OF DELAWARE.

AND I DO HEREBY FURTHER CERTIFY THAT THE EFFECTIVE DATE OF THE AFORESAID CERTIFICATE OF MERGER IS THE FIRST DAY OF JULY, A.D. 2023 AT 1:30 O'CLOCK A.M.



2026900 8330
SR# 20232916632

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

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

Jeffrey W. Bullock, Secretary of State

Authentication: 203676943
Date: 07-03-23

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE CERTIFICATE OF OWNERSHIP WHICH MERGES:

"SUMITOVANT BIOPHARMA, INC.", A DELAWARE CORPORATION, WITH AND INTO "SUNOVION PHARMACEUTICALS INC." UNDER THE NAME OF "SUNOVION PHARMACEUTICALS INC.", A CORPORATION ORGANIZED AND EXISTING UNDER THE LAWS OF THE STATE OF DELAWARE, WAS RECEIVED AND FILED IN THIS OFFICE THE TWENTY-SIXTH DAY OF JUNE, A.D. 2023, AT 2:04 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID CORPORATION SHALL BE GOVERNED BY THE LAWS OF THE STATE OF DELAWARE.

AND I DO HEREBY FURTHER CERTIFY THAT THE EFFECTIVE DATE OF THE AFORESAID CERTIFICATE OF OWNERSHIP IS THE FIRST DAY OF JULY, A.D. 2023 AT 12:40 O'CLOCK A.M.

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

Jeffrey W. Bullock, Secretary of State

2026900 8330
SR# 20232916661

Authentication: 203676947
Date: 07-03-23

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

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 ☐ 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: <u>Valinor Pharma, LLC</u>		
Physical Address: <u>90 Washington Valley Road, Suite 10</u>		
City: <u>Bedminster</u> State: <u>NJ</u> Zip: <u>07921</u>		
Mailing Address (if different from physical address): <u>150 N Riverside Plaza, Suite 3480</u>		
City: <u>Chicago</u> State: <u>IL</u> Zip: <u>60606</u>		
Telephone: <u>+ 1 (833) 233-0115</u> Website: <u>N/A</u>		
Name of Designated Representative (DR): <u>Gregory Bass</u>		
Licensing Company Email: <u>info@valinorrx.com</u> DR Email: <u>GBass@valinorrx.com</u>		
Entities the Wholesaler will Serve (✓ all applicable)	Products to be Handled or Wholesaled (✓ all applicable)	Type of Wholesaling (✓ all applicable)
☒ Pharmacies ☐ Practitioners ☐ Hospitals ☒ Wholesalers ☐ Veterinarians ☒ Others: Specialty distributors, Physician offices, Retail	☒ Dangerous Drugs ☐ Controlled Substances ☐ *Medical devices, equipment, supplies, gases ☐ Others:	☐ Manufacturer ☐ Repacker ☐ Reverse Distributor ☐ Warehouse ☐ Retail pharmacy wholesale distributor ☒ 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): Movantik Acquisition Co.

Corporation/Organization Name: Valinor Pharma, LLC

Mailing Address: 150 N Riverside Plaza, Suite 3480

City: Chicago State: IL Zip: 60606

Telephone: 908-670-1351 Email: YChen@Valinorrx.com

Contact Person Name: Yang Chen

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

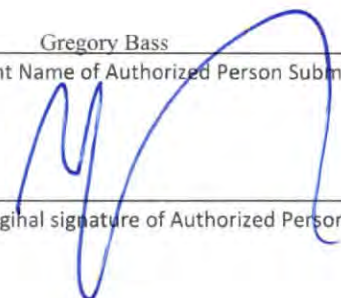
Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		x
1. Copy of Certification 2. Copy of a bond in an amount of \$25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. 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 <u>all</u> Officers and Directors.	✓	✓		
• List the <u>top four</u> corporation shareholders and their percent ownership.	✓			
• List of <u>all</u> corporation shareholders and their percent ownership.		✓		
• List of <u>all</u> partners and their percent ownership.			✓	
• Certificate of Corporate Status or Certificate of Good Standing obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last 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.

Valinor Pharma, LLC
Facility Name

Gregory Bass
Print Name of Authorized Person Submitting Application


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

10/27/23
Date

Board Use Only	Date Received: 11/29/23	Amount: \$1000-check 372
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From: [Yang Chen](#)
To: [Kristen Newhouse](#)
Subject: FW: Labeler Code Request Approved - Valinor
Date: Friday, July 21, 2023 12:04:37 PM

Yang Chen
908-670-1351

From: Amy Wojtowicz <AWojtowicz@Valinorrx.com>
Sent: Wednesday, March 16, 2022 5:25 PM
To: Ben Bove <BBove@novosgrowth.com>
Cc: Yang Chen <YChen@novosgrowth.com>
Subject: FW: Labeler Code Request Approved - Valinor

Ben, Yang –

Good news -Valinor has been assigned a Labeler Code!

Let me know if you have any questions.

Thanks,
Amy

✓ Verified M.H
12/5/23

From: edrls@fda.hhs.gov <edrls@fda.hhs.gov>
Sent: Wednesday, March 16, 2022 10:19 AM
To: Amy Wojtowicz <AWojtowicz@Valinorrx.com>
Subject: Labeler Code Request Approved

eDRLS - Electronic Drug Registration & Listing System

Current Date: 16-MAR-2022
Labeler DUNS: 118035461
Labeler Name: Valinor Pharma, LLC
Labeler Code Assigned: 82625

The Food and Drug Administration (FDA) has assigned the above Labeler Code to your firm.

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).



Company Information

Company Name: Valinor Pharma, LLC
 Licensing Email: info@valinorrx.com
 Address: 90 Washington Valley Road, Suite 10
 City, State, Zip: Bedminster, NJ 07921
 Phone: 1 (833) 233-0115
 Tax ID: 86-2292762
 State of Formation: Delaware
 Date Incorporated: February 22, 2021

Ownership Information

Valinor Pharma, LLC is a privately held corporation 100% owned by Movantik Acquisition Co. Movantik Acquisition Co.'s address is as follows: 300 Atlantic St., Suite 600, Stamford, CT 06901.

Officers

Benjamin Bove, CEO

Home Address:



Business Address:

150 N Riverside Plaza, Suite 3480
Chicago, IL 60606

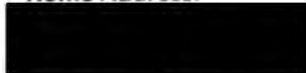
Business Phone:

(267) 535-0215

BBove@valinorrx.com

Gregory Bass, President

Home Address:



Business Address:

90 Washington Valley Road, Suite 10
Bedminster, NJ 07921

Business Phone:

267-535-0215

GBass@valinorrx.com



Yang Chen, Vice President

Home Address:



Business Address:

150 N Riverside Plaza, Suite 3480
Chicago, IL 60606

Business Phone:

908-670-1351

YChen@varlinorrx.com



Description of Operations

Valinor Pharma, LLC is a privately held Virtual Manufacturer. Valinor Pharma, LLC's products are manufactured by a contract manufacturer and will be distributed to Wholesalers, Specialty Partners, Physician Offices and Retail Pharmacies by their 3rd Party Logistics Provider Cardinal Health 105, LLC where their sales records are stored.

Contract Manufacturer Information:

Valinor Pharma, LLC is using the following contract manufacturers to produce their products:

Piramal Healthcare UK Ltd.
Whalton Road Morpeth
Northumberland, UK NE61 3YA
FEIN Establishment Number: 3002808116
Contact Person: Dianne Caws
Contact Phone Number: +01670 562 400

Piramal Healthcare UK Ltd. manufactures and packages Valinor Pharma, LLC's finished. At no time does Piramal Healthcare UK Ltd. own the product, contract with Valinor Pharma, LLC's customers, invoice, nor sell the Valinor Pharma, LLC's products. Valinor Pharma, LLC's products, are not Controlled Substances.

Third Party Logistic information:

For distribution into the commercial supply channel, Cardinal Health 105, LLC acts as Valinor Pharma, LLC's Third-Party Logistics (3PL) provider to manage the storage and distribution of Valinor Pharma, LLC's product to Wholesalers, Specialty Partners, Physician Offices and Retail Pharmacies. Cardinal Health 105, LLC address is:

501 Mason Road, Suite 200
La Vergne, TN 37086
Contact Person: Kacy Suits
Contact Phone Number: 615-300-2410

Valinor Pharma, LLC's normal business hours are 9:00 am – 5:00 pm Monday through Friday.

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "VALINOR PHARMA, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-SEVENTH DAY OF APRIL, A.D. 2023.

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



5197918 8300

SR# 20231672823

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

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

Authentication: 203230240

Date: 04-27-23

New Jersey Department of Health
P.O. Box 369, Trenton, New Jersey 08625-0369
Drug and Medical Device Certificate of Registration

0471

Information recorded in the system as of 11/16/2023

Registration Number: 5006220 **Registered as:** Manufacturer and Wholesale

Name: VALINOR PHARMA, LLC

DBA:

Address: 90 WASHINGTON VALLEY RD, STE 10, BEDMINSTER, NJ 07921

Original Issue Date: 11/18/2022 **Expiration Date:** 01/31/2024

Current Issue Date: 11/18/2022

Disciplines: No



**NEW JERSEY DEPARTMENT OF HEALTH
CONSUMER AND ENVIRONMENTAL HEALTH SERVICE**

P.O. Box 369, Trenton, New Jersey 08625-0369

0748223

DRUG AND MEDICAL DEVICE CERTIFICATE OF REGISTRATION

N.J.S.A. 24:6B-5 -- "If any location of a registered business is to be changed, the registrant shall give the department written notice prior to the change of the address of such new location and the name and address of the individual to be in charge thereof. A fee of \$20.00 shall accompany such notification."

Registered as: ☒ manufacturer ☒ wholesaler which conducts business at the following locations in this State:

90 WASHINGTON VALLEY RD, STE 10 BEDMINSTER, NJ 07921-

Reg. No.
5006220

VALINOR PHARMA, LLC
90 WASHINGTON VALLEY RD, STE 10
BEDMINSTER, NJ 07921-

**ISSUED PURSUANT TO
N.J.S.A. 24:6B**

EXPIRES: January 31, 2024

Establishment Copy

RIDER

To be attached to and form a part of Bond No. **810014907**

Effective: **April 10, 2023**

Bond Amount: **\$25,000.00**

Executed by: **Valinor Pharma, LLC** as Principal

and by: **Atlantic Specialty Insurance Company** as Surety

in favor of: **State of Nevada** as Obligee

In consideration of the mutual agreements herein contained, the Principal and the Surety hereby consent to **amend the principal's address to:**

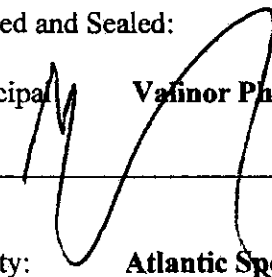
90 Washington Valley Road, Suite 10, Bedminster, NJ 07921

Nothing herein contained shall vary, alter or extend any provision or condition of this bond except as herein expressly stated.

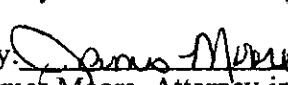
This rider is effective: **April 10, 2023**

Signed and Sealed: **October 9, 2023**

Principal **Valinor Pharma, LLC**

By:  _____ Principal

Surety: **Atlantic Specialty Insurance Company**

By:  _____
James Moore, Attorney-in-Fact

STATE OF ILLINOIS

COUNTY OF DUPAGE}

On October 9, 2023, before me, Carrie Albertson, a Notary Public in and for said County and State, residing therein, duly commissioned and sworn, personally appeared, James Moore known to me to be Attorney-in-Fact of Atlantic Specialty Insurance Company the corporation described in and that executed the within and foregoing instrument, and known to me to be the person who executed the said instrument in behalf of the said corporation, and duly acknowledged to me that such corporation executed the same.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal, the day and year stated in this certificate above.

My Commission Expires, May 10, 2027

Commission No. 971436

Carrie Albertson
Carrie Albertson, Notary Public





Power of Attorney

KNOW ALL MEN BY THESE PRESENTS, that ATLANTIC SPECIALTY INSURANCE COMPANY, a New York corporation with its principal office in Plymouth, Minnesota, does hereby constitute and appoint: **Kelly A. Gardner, Jennifer J. Mc Comb, James Moore, Stephen Kazmer, Dawn L. Morgan, Melissa A. Schmidt, Amy Wickett**, each individually if there be more than one named, its true and lawful Attorney-in-Fact, to make, execute, seal and deliver, for and on its behalf as surety, any and all bonds, recognizances, contracts of indemnity, and all other writings obligatory in the nature thereof; provided that no bond or undertaking executed under this authority shall exceed in amount the sum of: **unlimited** and the execution of such bonds, recognizances, contracts of indemnity, and all other writings obligatory in the nature thereof in pursuance of these presents, shall be as binding upon said Company as if they had been fully signed by an authorized officer of the Company and sealed with the Company seal. This Power of Attorney is made and executed by authority of the following resolutions adopted by the Board of Directors of ATLANTIC SPECIALTY INSURANCE COMPANY on the twenty-fifth day of September, 2012:

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

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

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

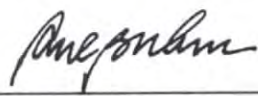
Resolved: That the signature of an Authorized Officer, the signature of the Secretary or the Assistant Secretary, and the Company seal may be affixed by facsimile to any power of attorney or to any certificate relating thereto appointing an Attorney-in-Fact for purposes only of executing and sealing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

IN WITNESS WHEREOF, ATLANTIC SPECIALTY INSURANCE COMPANY has caused these presents to be signed by an Authorized Officer and the seal of the Company to be affixed this twenty-seventh day of April, 2020.

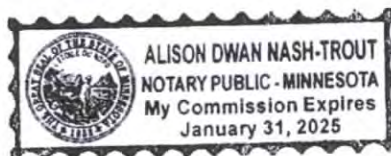
STATE OF MINNESOTA
HENNEPIN COUNTY



By


Paul J. Brehm, Senior Vice President

On this twenty-seventh day of April, 2020, before me personally came Paul J. Brehm, Senior Vice President of ATLANTIC SPECIALTY INSURANCE COMPANY, to me personally known to be the individual and officer described in and who executed the preceding instrument, and he acknowledged the execution of the same, and being by me duly sworn, that he is the said officer of the Company aforesaid, and that the seal affixed to the preceding instrument is the seal of said Company and that the said seal and the signature as such officer was duly affixed and subscribed to the said instrument by the authority and at the direction of the Company.

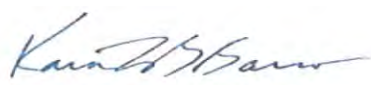



Notary Public

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 9th day of October, 2023.




Kara Barrow, Secretary

This Power of Attorney expires
January 31, 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 Valinor Pharma, LLC
 Pharmacy/Wholesaler License # (if applicable) N/A
 Physical Address 90 Washington Valley Road, Suite 10
 City Bedminster State NJ Zip 07921
 Mailing Address (if different from physical address) 150 N Riverside Plaza, Suite 3480
 City Chicago State IL Zip 60606
 Telephone (833) 233-0115 Website N/A
 Licensing Company Email info@valinorrx.com

Section 2: Personal Information

First Gregory Middle Brooks Last Bass
 Alias(es, nicknames, name changes, etc.) N/A
 Date of Birth [REDACTED] SSN or ITIN [REDACTED] Sex ☒ M ☐ F ☐ X
 Mailing Address 90 Washington Valley Rd, Suite 10
 City Bedminster State NJ Zip 07921
 Telephone [REDACTED] Email GBass@valinorrx.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 Brandeis University		From - To (MM/YY - MM/YY) 08/1992-12/1996	
Address 415 South Street	City Waltham	State MA	Zip 02453
Diploma/Degree obtained, if any Bachelor of Arts, Biology			
School Name Northwestern Lehigh High School		From - To (MM/YY - MM/YY) 08/1988-06/1992	
Address 6493 PA-309	City New Tripoli	State PA	Zip 18066
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) 01/01/2013 to present	Address [REDACTED]	City Furlong	State PA	Zip 18925
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	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 Valinor Pharma, LLC		From - To (MM/YY – MM/YY) 05/2023-Present	
Business Address 150 N Riverside Plaza, Suite 3480		City Chicago	State IL
		Zip 60606	
Phone + 1 (833) 233-0115	Title President		Number of Employed Hours 40h/week
Description of Duties See attached resume			
Business Name Novos Growth Partners		From - To (MM/YY – MM/YY) 08/2018-05/2023	
Business Address 150 N Riverside Plaza, Suite 3450		City Chicago	State IL
		Zip 60606	
Phone + 1 (877) 592-2337	Title EVP, GLOBAL MARKET ACCESS & COMMERCIAL		Number of Employed Hours 40h/week
Description of Duties See attached resume			
Business Name Lipocine		From - To (MM/YY – MM/YY) 1/2016-8/2018	
Business Address 675 Arapeen Drive Suite 202		City Salt Lake City	State UT
		Zip 84108	
Phone + 1 (801) 994-7383	Title EVP & CCO		Number of Employed Hours 40h/week
Description of Duties See attached resume			
Business Name Merz North America		From - To (MM/YY – MM/YY) 3/2014-12/2015	
Business Address 6501 Six Forks Road		City Raleigh	State NC
		Zip 27615	
Phone + 1 (919) 582-8000	Title VP, MANAGED MARKETS		Number of Employed Hours 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 manufacture or distribution of drugs or the practice of pharmacy?		X
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		X
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		X
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		X
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		X
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		X
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		X
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		X
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		X

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

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

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

Provide explanation below:

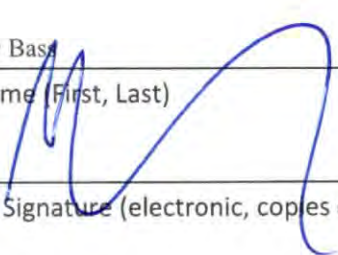
Original Signature (electronic, copies or stamps not accepted)

Date

I, Gregory Bass, certify that as the designated representative for
Valinor Pharma, LLC,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. GB I am at least 21 years of age;
3. GB 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. GB I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. GB I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. GB 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. GB I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Gregory Bass
 Print Name (First, Last)

 Original Signature (electronic, copies or stamps not accepted)

10/27/23
 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 Bass
 Print Name (First, Last)

 Original Signature (electronic, copies or stamps not accepted)

10/27/23
 Date

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

State of Illinois, ss. County of Cook

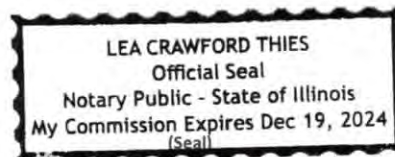
I, Gregory Bass, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation 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 27th day of October, 2023

Lea Crawford Thies
 Notary Public Signature



GREGORY BASS

Furlong, PA • [REDACTED]

[LinkedIn](#)

BioPharma Commercial Executive

Driving growth through dynamic organizational leadership, talent development, and innovative strategy.

Multifaceted and agile leader with extensive experience executing bold commercial strategy across sales, marketing, market access, and business development. Proven track record accelerating revenue and catalyzing success across lean-resourced startup, specialty pharma, and big pharma environments. Fosters and strengthens strategic brand and portfolio management to facilitate innovation, execution, and results, ensuring optimal patient access and reimbursement to treatment. Leverages bias for action and innate talent to anticipate complexities of commercializing and growing products and nimbly executes creative solutions. Applied data-driven perspectives to successfully launch 10 products throughout tenure, including oncology blockbuster. Built, restructured, and coached achievement-oriented, high-performing teams that rallied around organizational goals.

"Greg has delivered exceptional value and results to our partners. His combination of deep commercial expertise, strategic thinking shaped by his extensive years of interactions with the payer community and value influencers, and execution excellence drives performance in any setting. Greg is highly adept at anticipating issues, solving complex problems, and leading large cross-functional teams. His work ethic, integrity, attention to detail and personal accountability are second to none, and his unique and confident leadership will raise the level of any organization!"

CEO, Novos Growth Partners

Therapeutic Experience

Oncology / Immunology / Rheumatology / Gastroenterology / Dermatology /
Cardiology / Urology / Gynecology / Endocrinology / Neurology / Psychiatry /
Virology / Pulmonology

Core Competencies

- Executive / Team Leadership
- Talent Acquisition / Management
- Brand / Portfolio Management
- Product / Indication Launch
- Commercial Strategy / Execution
- Business Development
- P&L Management / Cost Control
- Pricing / Contracting / Gross-to-Net
- Health Economics / Value Evidence
- Channel Distribution / Supply Chain
- Market Access / Reimbursement
- Commercial / Government Payers
- Integrated Delivery Networks
- Group Purchasing Organizations
- Patient Services / Hub

Professional Experience

2022 to Present • **VALINOR PHARMA, LLC** • Chicago, IL

PRESIDENT

Responsible for all aspects of market access, trade, and distribution:

- Spearheaded negotiations and contract with all wholesale customers and managed care organizations
- Oversee activities of trade and distribution teams, including 3PL, customer service / customer operations, order management, and recordkeeping

2018 to 2022 • **NOVOS GROWTH PARTNERS** • Chicago, IL

Privately owned life-sciences strategic management consulting firm and commercial services provider that delivers comprehensive solutions to public / private pharmaceutical and biotech companies, private equity firms, and financial institutions.

EXECUTIVE VICE PRESIDENT, GLOBAL MARKET ACCESS & COMMERCIAL SOLUTIONS

Recruited by CEO to build market access function and organizational capabilities and simultaneously integrate into comprehensive platform, expanding the spectrum of solutions and services to drive growth. Served as a strategic operating partner to:

Virtus Pharmaceuticals (2020 – 2022)

- Directed commercial, distribution, supply chain, quality assurance, and regulatory affairs efforts across 37 products.
- Averted >50% revenue reduction of the company's largest revenue generator, levorphanol, by exiting purchasing consortia contracts and shifting distribution to direct purchasing specialty pharmacy network.
- Hired and deployed new sales force, launched HCP marketing campaign, and created patient services solutions that resulted in 70% revenue growth over 18 months for levorphanol in the specialty pharmacy channel, despite entry of 3 generics.

Nektar Therapeutics (2018 – 2020)

- Spearheaded development and execution of market access strategy, value proposition, pricing, reimbursement, and distribution, to advance pre-launch planning and launch readiness for Kyvoda™, an investigational opioid under FDA review.
- Conceived a path for coexistence of Kyvoda™ on formularies without payers violating pre-existing oxycodone-exclusive contracts by leveraging unique PEGylated side chain to establish new opioid class and optimize patient access.
- Conceptualized and championed Kyvoda™ product lifecycle strategy to unlock and expand the addressable market size by working cross functionally to successfully petition the FDA – post-NDA submission – to broaden indication that could triple the size of eligible patient population and add \$1.3B in peak sales.

2016 to 2018 • LIPOCINE • Salt Lake City, UT

Publicly traded company that develops biopharmaceuticals using proprietary drug delivery technologies in areas of metabolic and endocrine disorders, enabling absorption of highly water-insoluble drugs.

EXECUTIVE VICE PRESIDENT, CHIEF COMMERCIAL OFFICER (2017 – 2018)

Promoted to company officer and member of the senior executive leadership team. Helmed the transition from a clinical-stage to a commercial-stage company for anticipated approval of Tlando™, a novel oral testosterone replacement therapy.

- Applied an entrepreneurial mindset to expand market access strategy that addressed key patient and provider value drivers into a transformative commercial strategy that created best-in-class experiences.
- Led all commercial activities and collaborated with cross-functional partners to ensure launch readiness of Tlando™.
- Accountable for achieving Tlando™ profitability in first full launch year and P&L management.

VICE PRESIDENT, MARKET ACCESS (2016 – 2017)

Built out the core market access function, driving vision, strategy, and tactical execution to prepare for the company's first product launch and ensure quality, affordable, and profitable patient access to Tlando™.

- Devised a Tlando™ pre-launch and launch plan that accelerated entry to market dominated by generic competitors and intense payer utilization management by identifying and tapping \$400M market segment in \$2B therapeutic category while minimizing reliance on costly payer contracts.
- Focused investments on Tlando™ patient and provider support solutions and patient affordability, potentially creating 17-fold net sales gain.
- Established HUB and exclusive direct distribution through newly created specialty pharmacy network to support patient-centric approach and engagement and to compliantly and efficiently distribute Tlando™, a schedule III-controlled substance.

2014 to 2015 • MERZ NORTH AMERICA • Raleigh, NC

A 100-year-old+, private, family-owned specialty pharmaceutical company with approximately \$1B in annual revenue from neurology, dermatology, medical aesthetics, and consumer care products.

VICE PRESIDENT, MANAGED MARKETS

Member of North America Leadership team providing direction and alignment to transform managed markets function. Led payer marketing, pricing, contracting, channel strategy / distribution, patient services, field reimbursement, and account management.

- Championed new Xeomin® value proposition to inform and establish a disruptive botulinum toxin category growth strategy that was broadly adopted by payers, IDNs, and VISNs, mandating trial and failure of Xeomin® before market leader, Botox®.
- Designed push-through and pull-through programs to maximize Xeomin® advantaged access by driving HCP demand; forecasted an incremental 2-fold revenue increase over 3 years.
- Prevented a 93% drop in Prolaryn® hospital reimbursement by developing evidence rationale, gaining medical society support and engaging CMS to obtain new procedure-specific C-Code.

"Greg is a leader who inspires people to push toward excellence. His penchant for differentiated strategy development is best in class. Greg excels at providing meaningful feedback that his team members not only embrace, but act upon. Lastly, Greg has demonstrated a solid track record of not just meeting his assigned financial goals but surpassing them. Net/net...Greg Bass DELIVERS!"

Director, Merz North America

2005 to 2014 • JOHNSON & JOHNSON • Horsham, PA | Dallas, TX

Publicly traded broad-based global healthcare company with \$94B in annual revenue focused on three major business sectors: Pharmaceuticals, Medical Devices, and Consumer Health.

GROUP PRODUCT DIRECTOR, RHEUMATOLOGY MARKETING (2013 – 2014)

Appointed to lead the company's largest franchise, tasked with designing and implementing an impactful brand and marketing strategy. Steered competitive advantage for Stelara® psoriatic arthritis upon launch while simultaneously managing risk of revenue erosion for Remicade® and Simponi® for the same approved indication. Held P&L responsibility for \$2.5B.

- Effectively segmented and co-positioned products for different patient types to enhance market penetration, successfully increasing indication revenue by 20% in the first full year of indication launch.

SENIOR DIRECTOR, MANAGED MARKETS (2009 – 2013)

Promoted to lead account management strategy, implementation, and execution across public and private payers and IDNs, directing a team of 40 and accountable for optimizing patient access within a growing \$6B oncology and immunology product portfolio. Served as a member of the Janssen Biotech senior executive leadership team.

- *Launched first-in-class treatment for metastatic castration-resistant prostate cancer, Zytiga®, with innovative pricing and contracting strategy that created competitive barriers to entry and sustained market leadership over product lifecycle for the most successful oral oncology launch in history.*
- *Overcame restrictive competitor contracts by developing highly differentiated payer value proposition and value-based contracting strategy to secure immediate patient access at launch for Stelara®, the industry's most successful 2010 launch.*
- *Redefined Remicade® value proposition with aligned pricing and contracting strategy and alternative cost management solutions. New strategies expanded patient access and reduced payer discounts by 30%, improving product gross-to-net and clinic / hospital buy-and-bill viability.*
- *Recognized by Medical Directors and Pharmacy Directors as the top (1st) specialty account management team in Health Strategies Group and Health Industry Research Corporation annual surveys for consultative approach to reducing specialty pharmaceutical spend.*
- *Practiced, applied, and honed culture management, significantly increasing Gallup Q12 employee engagement scores during tenure. Ranked in the 14th percentile in 2009 and rose to the 77th percentile in 2012.*

EARLIER ROLES:**FIELD DIRECTOR, MANAGED MARKETS | STRATEGIC MARKET DIRECTOR, MANAGED MARKETS**

Johnson & Johnson (2005 – 2009)

SPECIALTY DISTRICT MANAGER, SALES

Warner Chilcott (Now AbbVie) (2004 – 2005)

PRIMARY CARE DISTRICT MANAGER, SALES | MANAGER, SALES OPERATIONS | MANAGER, INITIAL SALES TRAINING | SPECIALTY REPRESENTATIVE, SALES | HEALTHCARE REPRESENTATIVE, SALES

Pfizer (1997 – 2004)

Education & Awards

BRANDEIS UNIVERSITY • BACHELOR OF ARTS, BIOLOGY

JOHNSON & JOHNSON • CHAIRMAN'S AWARD | STANDARDS OF LEADERSHIP AWARD (MULTIPLE) | APEX AWARD | PRESIDENT'S CLUB AWARD (MULTIPLE)

PFIZER • VICE PRESIDENT'S CABINET AWARD (MULTIPLE) | CIRCLE OF EXCELLENCE (MULTIPLE) | DISTRICT MANAGER LEADERSHIP AWARD (MULTIPLE)

"Greg has an in-depth understanding of managed markets, marketing, and sales management across biologics. He balances being customer-centric yet corporate responsible. He is very bright with an incredible work ethic. Greg's strengths in strategy and practical tactics while "owning" the project allows his team to achieve results they did not know were possible."

Sr. Director, Johnson & Johnson



Employee List

Gregory Bass – President (on site employee)



November 16 2023

Via FedEx

Nevada State Board of Pharmacy
985 Damonte Ranch Pkwy Ste 206
Reno, NV, 89521
(775) 850-1440

RE: CHOW and CHOW Application

To Whom it May Concern:

On behalf of Valinor Pharma, LLC ("Valinor"), attached is Valinor's application.

Valinor Pharma, LLC is a privately held Virtual Manufacturer. Valinor Pharma, LLC's products are manufactured by a contract manufacturer and will be distributed to Wholesalers, Specialty Partners, Physician Offices and Retail Pharmacies by their 3rd Party Logistics Provider Cardinal Health 105, LLC where their sales records are stored.

I hope this narrative is helpful as you review Valinor's application. If you have a question regarding this application, please contact me via email at christina.burnam@twolabs.com. Please also address all written communications to me. My address is 212 W 8th Avenue, Tallahassee, Florida 32303.

Thank you in advance for your consideration.

Christina Burnam
Licensing Analyst
PharmaLicense

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: <u>Pfizer Inc.</u>		
Physical Address: <u>10616 82nd Ave.</u>		
City: <u>Pleasant Prairie</u> State: <u>WI</u> Zip: <u>53158</u>		
Mailing Address (if different from physical address): <u>10501 80th Avenue</u>		
City: <u>Pleasant Prairie</u> State: <u>WI</u> Zip: <u>53158</u>		
Telephone: <u>262-577-6054</u> Website: <u>www.pfizer.com</u>		
Name of Designated Representative (DR): <u>James Stedman</u>		
Licensing Company Email: <u>darren.nathan@pfizer.com</u> DR Email: <u>james.stedman@pfizer.com</u>		
Entities the Wholesaler will Serve (✓ all applicable)	Products to be Handled or Wholesaled (✓ all applicable)	Type of Wholesaling (✓ all applicable)
☒ Pharmacies ☒ Practitioners ☒ Hospitals ☒ Wholesalers ☐ Veterinarians ☐ Others:	☒ Dangerous Drugs ☐ Controlled Substances ☒ *Medical devices, equipment, supplies, gases ☐ Others:	☐ Manufacturer ☐ Repacker ☐ Reverse Distributor ☒ Warehouse ☐ Retail pharmacy wholesale distributor ☐ 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 June 23, 2023	Disposition Date	State TN	City Memphis	County Shelby
Case # CI 2022 99946		Governing, licensing, Arresting Presiding Body/Agency/Court California Board of Pharmacy		
Reason/Charge late filing of a new Designated Representative in Charge required within 30 days per California's regulations.				
Plaintiff/Defendant/Claimant/Respondent Darren Nathan			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity Pfizer Inc.				

Provide explanation below:

Pfizer Inc.'s Memphis, Tennessee facility received the attached Letter of Admonishment from the California Board of Pharmacy (dated June 23, 2023) for the late filing of a new Designated Representative in Charge required within 30 days per California's regulations. This citation number CI 2022 99946 was acknowledged by Pfizer Inc. via the attached response on July 19, 2023. No further action is required as the updated Designated Representative in Charge has already been processed by the California Board of Pharmacy. Per California's Business and Professions Code section 4315, this Letter "shall not be construed as a disciplinary action or discipline for the purposes of licensure or the reporting of discipline for licensure".



Original Signature (electronic, copies or stamps not accepted)

Sept 14, 2023

Date



To whom it may concern:

Pfizer Inc.'s Memphis, Tennessee facility received the attached Letter of Admonishment from the California Board of Pharmacy (dated June 23, 2023) alleging Pfizer Inc. operated without a Designated Representative in Charge. The Letter of Admonishment (citation number CI 2022 99946) was acknowledged by Pfizer Inc. via the attached response on July 19, 2023. No further action is required as the updated Designated Representative in Charge has been processed by the California Board of Pharmacy. Per California's Business and Professions Code section 4315, this Letter of Admonishment "shall not be construed as a disciplinary action or discipline for the purposes of licensure or the reporting of discipline for licensure".

Pfizer Inc
1855 Shelby Oaks Drive North
Memphis, TN 38134-7401
Tel 901 380-6368
Fax 800-310-4437



Darren Nathan
Compliance Lead

July 19, 2023

California State Board of Pharmacy
Attn: Suelynn Yee, Citation and Fine Analyst
2720 Gateway Oaks Drive, Suite 100
Sacramento, CA 95833

Re: CI 2022 99946
Pfizer Inc OSD 4069

Dear Analyst Yee,

I am writing to formally acknowledge the receipt of your Letter of Admonishment 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, dated June 23, 2023.

Pfizer takes this matter very seriously and strives to maintain a high level of compliance with the California Board of Pharmacy regulations going forward.

It is our understanding that I am currently the Designated Representative in Charge for the license in question and that the firm is now in compliance with Business and Professions Code § 4315; 4161(j).

A Designated Representative in Charge application for Nelson Zamora-Ramos was mailed to your office on March 9, 2023. Once his application has been approved, we will submit a request to add him as a Designated Representative in Charge for this license in addition to myself. Any assistance in processing the March 9th application will be most appreciated.

Should you have any further guidance, please do not hesitate to contact me at 901-380-6368.

Sincerely yours,

Darren Nathan

 Signer Name: Darren Nathan
Signing Reason: I am the author of this document
Signing Time: 19-Jul-2023 | 3:40:27 PM EDT
E1D3E5C9AE554407A00BFD5E7624F0CE

Darren Nathan
Compliance Lead



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



June 23, 2023

VIA CERTIFIED MAIL
LETTER OF ADMONISHMENT

PFIZER INC
ATTN: ALBERT BOURLA, CEO
1855 SHELBY OAKS DR N
MEMPHIS, TN 38134

RE: CI 2022 99946
PFIZER INC
OSD 4069

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; 4161(j) - A nonresident wholesaler or non resident third-party logistics provider shall identify and notify the board of a new designated representative in charge ceases to be the designated representative in charge

Failure to Notify within 30 Days – Business and Professions Code section 4161(j) requires a nonresident wholesaler or nonresident third-party logistics provider to identify and notify the Board of a new designated representative-in-charge (DRIC) or responsible manager (RMG) within 30 days of the date that the prior DRIC or RMG ceases to be the DRIC or RMG. Specifically, on March 3, 2022 the Board received an Application for Change of Designated Representative-In-Charge from Pfizer Inc., which had been signed under penalty of perjury by a corporate officer and the new designated representative-in-charge (DRIC). The form indicated that the prior DRIC, Cynthia Jones (EXC 19073), dissociated on February 1, 2022 and that Nelson Zamora-Ramos (DRL 40641) took over as the new DRIC the following day. However, DRL Zamora-Ramos was unable to be named as DRIC because he did not hold an EXC license. Pfizer Inc.'s Application for Change of Designated Representative-In-Charge was subsequently rejected. On March 14, 2023, the Board received an Application for Change of

Designated Representative-In-Charge from Pfizer Inc., which had been signed under penalty of perjury by a corporate officer and the new designated representative-in-charge (DRIC). The form indicated that the prior DRIC, Nelson Zamora-Ramos (DRL 40641), dissociated on March 1, 2023 and that Darren Nathan (EXC 23723) took over as the new DRIC the same day. Pfizer Inc. operated without a licensed DRIC for 392 days (February 2, 2022 – March 1, 2023).

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 July 23, 2023, 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.

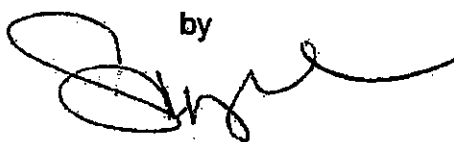
Unless it is dismissed following an office conference or you receive other instructions from the Board in writing, Pharmacy Law requires that you maintain and have readily available for inspection a copy of this Letter of Admonishment and any written corrective action plan, if any, for at least three 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 Suelynn Yee, Citation and Fine Analyst at (916) 518-3013.

Anne Sodergren

EXECUTIVE OFFICER

by



Suelynn Yee

Citation and Fine Analyst

INSTRUCTIONS

Read the Following Carefully and Thoroughly

You are hereby served with a Letter of Admonishment issued by the Executive Officer of the California State Board of Pharmacy or her designee. The following instructions are provided to assist you in your timely completion of the admonishment process. In response to this Letter of Admonishment you may contest the admonishment and request an office conference.

CONTESTING THE LETTER OF ADMONISHMENT - Bus. Prof. Code § 4315 subd. (c)(1).

If you wish to contest your Letter of Admonishment you may request an informal office conference by completing and submitting the attached form according to the following instructions:

- Complete and mail attached "Request for Office Conference" form to the board office no later than 30 days from the service of this Letter of Admonishment, to the address at the bottom of the form.
- You may submit any declarations and/or documents pertinent to the subject matter of the Letter of Admonishment as attachments to the request form or they may be submitted by you at the office conference.
- You will be advised by the board in writing as to the date and time of your appearance.
- You are allowed one postponement.

An office conference is not a hearing. It is an informal discussion of the events that took place, and an opportunity for you to present information and mitigating factors pertaining to the Letter of Admonishment that you would like considered. The Executive Officer and or her designee represent the Board of Pharmacy at this meeting. One other individual of your choice may accompany you to this meeting. Office conferences are not open to the public. There is no discovery available in this process. You will not be allowed to present or question witnesses. However, you may present any written statements or documents that you believe are relevant.

After your office conference, the Letter of Admonishment may be affirmed, modified or withdrawn. You will be advised of the decision in writing within 14 calendar days from the date of the conference. If the Letter of Admonishment is affirmed you will have 30 days from the date of the decision letter to submit any additional written corrective action plan information required. If the Letter of Admonishment is modified, the letter originally issued shall be considered withdrawn and a new letter will be issued. This decision shall be deemed to be the final administrative decision concerning the Letter of Admonishment.

If you have questions regarding any documents enclosed with the Letter of Admonishment, please contact Suelynn Yee, Citation and Fine Analyst at (916) 518-3013.

Mailing Address: State Board of Pharmacy
Attn: Suelynn Yee
2720 Gateway Oaks Drive, Suite 100
Sacramento, CA 95833
(916) 518-3013.

California State Board of Pharmacy
REQUEST FOR OFFICE CONFERENCE

Licensee: PFIZER INC

License No: OSD 4069

Citation Number : CI 2022 99946

I hereby acknowledge receipt of the Letter of Admonishment referenced above and notification of my rights to contest the citation.

Check ☐ I contest the Letter of Admonishment and request an Office Conference.

Check One:

☐ I contest the entire Letter of Admonishment or

☐ Specific violations for the following reasons (list each violation with your specific reason):

(Submit additional sheets if needed.)

Name: _____

Signature: _____ Dated: _____

Address of Service: _____

City: _____ State: _____ Zip: _____

Daytime Number: () _____ Email Address: () _____

NOTE: Any written documentation or evidence you wish to be considered for the office conference review or hearing should be submitted with this request.

Mailing Address: California State Board of Pharmacy
Attn: Citation and Fine Unit
2720 Gateway Oaks Drive, Suite #100
Sacramento, CA 95833
(916) 518-3100

DECLARATION OF SERVICE BY CERTIFIED MAIL**RE: PFIZER INC OSD 4069****LETTER OF ADMONISHMENT CI 2022 99946**

I declare:

I am employed in the County of Sacramento, California. I am over 18 years of age and not a party to the within entitled cause. My business address is 2720 Gateway Oaks Drive, Suite 100, Sacramento, California 95833.

On June 23, 2023, I served the attached:

Cover Letter, Instructions to Respondent, Letter of Admonishment, Request for Office Conference.

in said cause, by placing a true copy thereof enclosed in a sealed envelope with postage thereon fully prepaid by Certified Mail, in the United States mail at Sacramento, California, addresses as follows:

NAME

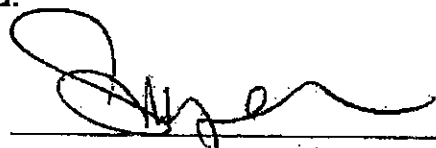
PFIZER INC
ATTN: ALBERT BOURLA, CEO
1855 SHELBY OAKS DR N
MEMPHIS, TN 38134

CERTIFIED MAIL NO

7021 1970 0001 5375 3500

I declare under penalty of perjury that the forgoing is true and correct.

Executed on June 23, 2023, at Sacramento, California.



DECLARANT

Sue Lynn Yee

Citation and Fine Analyst

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 as specific applicant location has not sold, dispensed or distributed products within the last year to Nevada

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: Pfizer Inc.

Mailing Address: 100 Route 206 North

City: Peapack State: NJ Zip: 07977

Telephone: 908-901-1641 Email: susan.grant@pfizer.com

Contact Person Name: Susan E. Grant

Date of SEC Registration: <u>03/18/1994</u>	SEC Registration Number: <u>78003</u>	Stock Exchange Symbol: <u>PFE</u>
---	---------------------------------------	-----------------------------------

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:		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 <u>all</u> Officers and Directors.	✓	✓		
• List the <u>top four</u> corporation shareholders and their percent ownership.	✓			
• List of <u>all</u> corporation shareholders and their percent ownership.		✓		
• List of <u>all</u> partners and their percent ownership.			✓	
• Certificate of Corporate Status or Certificate of Good Standing obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last 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/bopnv.gov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf .		✓	✓	✓
• Copy of a bond in an amount of \$100,000 made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the Surety Bond form at: http://bop.nv.gov/Services/newapps/Business/ .		✓	✓	✓

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

Pfizer Inc.

Facility Name

Darren Nathan

Print Name of Authorized Person Submitting Application



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

Sept. 14, 2023

Date

Board Use Only

Date Received: _____

Amount: _____

**POWER OF ATTORNEY
STATE CONTROLLED SUBSTANCE REGISTRATIONS
STATE WHOLESALE DISTRIBUTOR LICENSING/PERMIT APPLICATIONS
DRUG ENFORCEMENT ADMINISTRATION REGISTRATION APPLICATIONS AND
RENEWALS**

Name of Registrant: Pfizer Inc.

Known all by these presents that Pfizer Inc., a corporation organized and existing under the laws of Delaware, and with offices at 66 Hudson Boulevard East, New York, New York 10001-2192 (the "Corporation") do hereby, constitute and appoint Darren Nathan as its true and lawful attorney-in-fact, in its name, place, and stead, to do the following acts and things related to the pharmaceutical and consumer health distribution facilities of the Corporation:

1. In accordance with the regulations of the Drug Enforcement Administration, and state controlled substance regulations, to execute and verify the controlled substance distribution, import and export applications and renewals and all future amendments, as are necessary to permit the Corporation lawfully to distribute, import and export drug products regulated as controlled substances from its distribution sites, until this Power of Attorney is revoked. The Attorney-in-Fact understands that a copy of this Power of Attorney must accompany the state controlled substance application or Drug Enforcement Administration renewals.
2. In accordance with each State's administrative code to execute and verify the wholesale distributor licensing/permit applications and renewals and all future amendments, as are necessary to permit the Corporation lawfully to distribute pharmaceutical and consumer health products from its distribution sites, until this Power of Attorney is revoked. The Attorney-in-Fact understands that a copy of this Power of Attorney must accompany the state wholesale distributor licensing/permit application.

Pfizer Inc.

Signature: S. Grant
Susan Grant, Assistant Secretary

Date: July 17, 2023

State of New Jersey)
County of Hunterdon) SS.:

Sworn to and subscribed before me
This 17th day of July 2023

[Signature]
Notary Public

DARREN M. WELSH
Notary Public, State of New Jersey
Comm. # 2427729
My Commission Expires 12/7/2027

/ [NDC \(index.cfm\)](#)

National Drug Code Directory

Current through October 25, 2023

You have searched Finished drug products

Search Results: 'Pfizer Inc'

[Back to Search Page \(\)](#) | [Search Again \(\)](#)

CSV Excel

Display All 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	
+ ABRIILADA	0069-0319-01	40 mg/.8mL	SOLUTION	SUBCUTANEOUS	BLA761118	Pfizer Laboratories Div Pfizer Inc	0069-0319	adalimumab-afzb	ADALIMUMAB	HUMAN PRESCRIPTION DRUG	10/18/2023	1
+ ABRIILADA	0069-0325-01		KIT		BLA761118	Pfizer Laboratories Div Pfizer Inc	0069-0325	adalimumab-afzb		HUMAN PRESCRIPTION DRUG	10/18/2023	1
+ ABRIILADA	0069-0325-02		KIT		BLA761118	Pfizer Laboratories Div Pfizer Inc	0069-0325	adalimumab-afzb		HUMAN PRESCRIPTION DRUG	10/18/2023	1
+ ABRIILADA	0069-0328-01		KIT		BLA761118	Pfizer Laboratories Div Pfizer Inc	0069-0328	adalimumab-afzb		HUMAN PRESCRIPTION DRUG	10/18/2023	1
+ ABRIILADA	0069-0328-02		KIT		BLA761118	Pfizer Laboratories Div Pfizer Inc	0069-0328	adalimumab-afzb		HUMAN PRESCRIPTION DRUG	10/18/2023	1

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	
+ Zerontin	0071-2418-19	250 mg/5mL	SOLUTION	ORAL	ANDA880258	Parke-Davis Div of Pfizer Inc	0071-2418	Ethosuximide	ETHOSUXIMIDE	HUMAN PRESCRIPTION DRUG	06/01/2022	1
+ ZAVZPRET	0069-3500-02	10 mg/.1mL	SPRAY	NASAL	NDA216386	Pfizer Laboratories Div Pfizer Inc	0069-3500	zavegepant	ZAVEGEPANT HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG	06/01/2023	1
+ Zirabev	0069-0315-01	100 mg/4mL	INJECTION, SOLUTION	INTRAVENOUS	BLA761099	Pfizer Laboratories Div Pfizer Inc	0069-0315	bevacizumab-bwzz	BEVACIZUMAB	HUMAN PRESCRIPTION DRUG	01/13/2020	1
+ Zirabev	0069-0342-01	400 mg/16mL	INJECTION, SOLUTION	INTRAVENOUS	BLA761099	Pfizer Laboratories Div Pfizer Inc	0069-0342	bevacizumab-bwzz	BEVACIZUMAB	HUMAN PRESCRIPTION DRUG	01/13/2020	1
+ Zithromax	0069-4061-01	250 mg/1	TABLET, FILM COATED	ORAL	NDA050711	Pfizer Laboratories Div Pfizer Inc	0069-4061	azithromycin dihydrate	AZITHROMYCIN DIHYDRATE	HUMAN PRESCRIPTION DRUG	05/04/2020	1
+ Zithromax	0069-4061-89	250 mg/1	TABLET, FILM COATED	ORAL	NDA050711	Pfizer Laboratories Div Pfizer Inc	0069-4061	azithromycin dihydrate	AZITHROMYCIN DIHYDRATE	HUMAN PRESCRIPTION DRUG	07/18/2019	1
+ Zithromax	0069-9500-01	250 mg/1	TABLET, FILM COATED	ORAL		Pfizer Laboratories Div Pfizer Inc	0069-9500	azithromycin dihydrate	AZITHROMYCIN DIHYDRATE	HUMAN PRESCRIPTION DRUG	04/30/2020	1
+ Zithromax	0069-0400-10	500 mg/5mL	INJECTION, POWDER, LYOPHILIZED, FOR SOLUTION	INTRAVENOUS	NDA050733	Pfizer Laboratories Div Pfizer Inc	0069-0400	azithromycin dihydrate	AZITHROMYCIN DIHYDRATE	HUMAN PRESCRIPTION DRUG	03/07/2014	1
+ ZITHROMAX	0069-3051-07	1 g/1	POWDER, FOR SUSPENSION	ORAL	NDA050693	Pfizer Laboratories Div Pfizer Inc	0069-3051	AZITHROMYCIN DIHYDRATE	AZITHROMYCIN DIHYDRATE	HUMAN PRESCRIPTION DRUG	09/28/1994	1
+ ZITHROMAX	0069-3051-75	1 g/1	POWDER, FOR SUSPENSION	ORAL	NDA050693	Pfizer Laboratories Div Pfizer Inc	0069-3051	AZITHROMYCIN DIHYDRATE	AZITHROMYCIN DIHYDRATE	HUMAN PRESCRIPTION DRUG	09/28/1994	1
+ Zithromax	0069-3060-75	250 mg/1	TABLET, FILM COATED	ORAL	NDA050711	Pfizer Laboratories Div Pfizer Inc	0069-3060	azithromycin dihydrate	AZITHROMYCIN DIHYDRATE	HUMAN PRESCRIPTION DRUG	07/18/1996	1
+ Zithromax	0069-3070-30	500 mg/1	TABLET, FILM COATED	ORAL	NDA050784	Pfizer Laboratories Div Pfizer Inc	0069-3070	azithromycin dihydrate	AZITHROMYCIN DIHYDRATE	HUMAN PRESCRIPTION DRUG	05/24/2002	1

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	
+ Zithromax	0069-3070-75	500 mg/1	TABLET, FILM COATED	ORAL	NDA050784	Pfizer Laboratories Div Pfizer Inc	0069-3070	azithromycin dihydrate	AZITHROMYCIN DIHYDRATE	HUMAN PRESCRIPTION DRUG	05/24/2002	1
+ Zithromax	0069-3110-19	100 mg/5mL	POWDER, FOR SUSPENSION	ORAL	NDA050710	Pfizer Laboratories Div Pfizer Inc	0069-3110	azithromycin dihydrate	AZITHROMYCIN DIHYDRATE	HUMAN PRESCRIPTION DRUG	10/19/1995	1
+ Zithromax	0069-3120-19	200 mg/5mL	POWDER, FOR SUSPENSION	ORAL	NDA050710	Pfizer Laboratories Div Pfizer Inc	0069-3120	azithromycin dihydrate	AZITHROMYCIN DIHYDRATE	HUMAN PRESCRIPTION DRUG	10/19/1995	1
+ Zithromax	0069-3130-19	200 mg/5mL	POWDER, FOR SUSPENSION	ORAL	NDA050710	Pfizer Laboratories Div Pfizer Inc	0069-3130	azithromycin dihydrate	AZITHROMYCIN DIHYDRATE	HUMAN PRESCRIPTION DRUG	10/19/1995	1
+ Zithromax	0069-3140-19	200 mg/5mL	POWDER, FOR SUSPENSION	ORAL	NDA050710	Pfizer Laboratories Div Pfizer Inc	0069-3140	azithromycin dihydrate	AZITHROMYCIN DIHYDRATE	HUMAN PRESCRIPTION DRUG	10/19/1995	1
+ Zithromax	0069-3150-83	500 mg/5mL	INJECTION, POWDER, LYOPHILIZED, FOR SOLUTION	INTRAVENOUS	NDA050733	Pfizer Laboratories Div Pfizer Inc	0069-3150	azithromycin dihydrate	AZITHROMYCIN DIHYDRATE	HUMAN PRESCRIPTION DRUG	01/30/1997	1
+ Zosyn	0206-8860-02	2 g/50mL, 250 mg/50mL	INJECTION, SOLUTION	INTRAVENOUS	NDA050750	Wyeth Pharmaceuticals LLC, a subsidiary of Pfizer Inc.	0206-8860	TAZOBACTAM SODIUM and PIPERACILLIN SODIUM	PIPERACILLIN SODIUM; TAZOBACTAM SODIUM	HUMAN PRESCRIPTION DRUG	03/01/1998	1
+ Zosyn	0206-8861-02	3 g/50mL, 375 mg/50mL	INJECTION, SOLUTION	INTRAVENOUS	NDA050750	Wyeth Pharmaceuticals LLC, a subsidiary of Pfizer Inc.	0206-8861	TAZOBACTAM SODIUM and PIPERACILLIN SODIUM	PIPERACILLIN SODIUM; TAZOBACTAM SODIUM	HUMAN PRESCRIPTION DRUG	03/01/1998	1
+ Zosyn	0206-8862-02	4 g/100mL, 500 mg/100mL	INJECTION, SOLUTION	INTRAVENOUS	NDA050750	Wyeth Pharmaceuticals LLC, a subsidiary of Pfizer Inc.	0206-8862	TAZOBACTAM SODIUM and PIPERACILLIN SODIUM	PIPERACILLIN SODIUM; TAZOBACTAM SODIUM	HUMAN PRESCRIPTION DRUG	03/01/1998	1

Showing 1 to 445 of 445 entries

Previous 1 Next[Background Information \(https://www.fda.gov/Drugs/InformationOnDrugs/ucm142438.htm\)](https://www.fda.gov/Drugs/InformationOnDrugs/ucm142438.htm)Drug questions email: DRUGINFO@FDA.HHS.GOV (mailto:DRUGINFO@FDA.HHS.Gov)See also: [Drug Registration and Listing Instructions](#)<https://www.fda.gov/Drugs/GuidanceComplianceRegulatoryInformation/DrugRegistrationandListing/ucm078801.htm>[National Drug Code Directory Data Files \(https://www.fda.gov/Drugs/InformationOnDrugs/ucm142438.htm\)](https://www.fda.gov/Drugs/InformationOnDrugs/ucm142438.htm)

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

/ [WDD Home \(index.cfm\)](#)

Wholesale Distributor and Third-Party Logistics Providers Reporting

About this Database

(<https://www.fda.gov/Drugs/DrugSafety/DrugIntegrityandSupplyChainSecurity/DrugSupplyChainSecurityAct/ucm423749.htm>)

| [Back to Search Page \(index.cfm\)](#)

Search Results for: "pfizer"

Show 10 rowsCSV

Filter:

Facility Name	Facility Type	License Number	License State	License Expire	Reporting Year	Address	Facility Contact Name	Facility Contact Email
Pfizer Inc.	WDD	2815-45	US-WI	05/31/2024	2023	10501 80th Avenue Pleasant Prairie WI	Darren Nathan	darren.nathan@pfizer.com
Pfizer Inc.	WDD	2805-45	US-WI	05/31/2024	2023	10616 82nd Avenue Pleasant Prairie WI	Darren Nathan	darren.nathan@pfizer.com

Showing 1 to 2 of 2 entries

[Previous](#)[Next](#)



Company Information

Company Name: Pfizer Inc.
Address: 10616 82nd Ave., Pleasant Prairie, WI 53158
Phone: 262-577-6054
Website: www.pfizer.com
E-mail: james.stedman@pfizer.com

FEIN: 13-5315170
State of Formation: Delaware
Date Incorporated: 06/02/1942
File Number: 0383418

Ownership Information

Pfizer Inc. is a Publicly Traded company on the NASDAQ stock exchange under the symbol PFE.

Officer

Susan E. Grant - Assistant Secretary
Business Address: 100 Route 206 North, Peapack, NJ 07977
Business Phone: 908-901-1641

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PFIZER 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.



383418 8300

SR# 20233725004

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

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

Jeffrey W. Bullock, Secretary of State

Authentication: 204368369

Date: 10-13-23 •



(<http://dsps.wi.gov/>)

0510

Wisconsin Department of Safety and Professional Services

Credential/Licensing Search

Organization Search Results - Detail

Credential/License Summary for 2805

Name: PFIZER,INC.

Profession: WHOLESALE DISTRIBUTOR OF PRESCRIPTION DRUGS (45)

Credential/License Number: 2805-45

Location: PLEASANT PRAIRIE WI

Credential/License Type: regular

Status: License is current (Active)

Eligible To Practice: credential license is current

Credential/License current through: 5/31/2024

Granted date: 9/23/2016

Multi-state: N/A

Orders: NONE

Specialties: NONE

Other Names: PFIZER INC

ATTENTION: If a renewal application including payment is received by the renew by date (or Credential/License current through date), the credential holder is eligible to practice while the credential renewal is being processed. The credential holder must respond to any requests for information during the renewal process. See Wis. Stat. § 227.51(2).

[Requirement Code Description \(https://dsps.wi.gov/Documents/LicenseRequirementAcronyms.pdf\)](https://dsps.wi.gov/Documents/LicenseRequirementAcronyms.pdf)

[Return to Search Results \(/OrganizationLicense/SearchResults\)](/OrganizationLicense/SearchResults)

Consistent with The Joint Commission and NCQA standards for primary source verification. Data on this page is refreshed hourly.

Send questions or comments to dsps@wisconsin.gov (<mailto:dsps@wisconsin.gov>).



CERTIFICATE OF LIABILITY INSURANCE

0511
DATE (MM/DD/YYYY)
6/7/2023

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 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 Inc. 1166 Avenue of the Americas New York, NY 10036-2774	CONTACT NAME: PHONE (A/C, No, Ext): E-MAIL ADDRESS: FAX (A/C, No):
INSURED Pfizer Inc 66 Hudson Boulevard East New York, New York 10001 United States	INSURER(S) AFFORDING COVERAGE INSURER A : National Union Fire Insurance Company of Pittsburgh, PA INSURER B : INSURER C : INSURER D : INSURER E : INSURER F :
	NAIC # 19445

COVERAGES

CERTIFICATE NUMBER: 137749

REVISION NUMBER:

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR ☐ INCIDENTAL MEDICAL ☐ MALPRACTICE GEN'L AGGREGATE LIMIT APPLIES PER: ☒ POLICY ☐ PRO-JECT ☐ LOC OTHER:			GL 9584166	4/1/2023	4/1/2024	EACH OCCURRENCE \$ \$1,000,000.00 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ \$1,000,000.00 MED EXP (Any one person) \$ \$0.00 PERSONAL & ADV INJURY \$ \$1,000,000.00 GENERAL AGGREGATE \$ \$1,000,000.00 PRODUCTS - COMP/OP AGG \$ \$
	AUTOMOBILE LIABILITY ☐ ANY AUTO ☐ ALL OWNED AUTOS ☐ HIRED AUTOS ☐ SCHEDULED AUTOS ☐ NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB EXCESS LIAB DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						PER STATUTE ☐ OTH-ER ☐ E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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

Please see page 2 for any additional language.

CERTIFICATE HOLDER

Arkansas State Board of Pharmacy
101 East Capitol
Suite 218
Little Rock, AR 72201
United States

Attn: Administration

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 Inc. BY
Ricki Fitzsimmons

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**ADDITIONAL REMARKS SCHEDULE**

AGENCY Marsh USA Inc. 1166 Avenue of the Americas New York, NY 10036-2774	NAMED INSURED Pfizer Inc 66 Hudson Boulevard East New York, New York 10001 United States EFFECTIVE DATE:
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ADDITIONAL REMARKS

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

Additional Language or Endorsements:

Pfizer Inc
1855 Shelby Oaks Drive North
Memphis, TN 38134

Pfizer Inc
10501 80th Avenue
Pleasant Prairie, WI 53158

Pfizer Inc
10616 82nd Avenue
Pleasant Prairie, WI 53158

If there is a question regarding this certificate please contact Vickie Jackson
(Email: vickie.jackson@pfizer.com Phone: 212-733-7346)

UNITED STATES SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM 10-K

(Mark One)

☒ **ANNUAL REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934**

For the fiscal year ended December 31, 2022

☐ **TRANSITION REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934**

For the transition period from _____ to _____

Commission file number 1-3619



PFIZER INC.

(Exact name of registrant as specified in its charter)

Delaware

13-5315170

(State or other jurisdiction of incorporation or organization)

(I.R.S. Employer Identification Number)

66 Hudson Boulevard East, New York, New York 10001-2192

(Address of principal executive offices) (zip code)

(212) 733-2323

(Registrant's telephone number, including area code)

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

<u>Title of each class</u>	<u>Trading Symbol(s)</u>	<u>Name of each exchange on which registered</u>
Common Stock, \$.05 par value	PFE	New York Stock Exchange
1.000% Notes due 2027	PFE27	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 Exchange Act). Yes ☐ No ☒

The aggregate market value of the voting stock held by non-affiliates of the registrant, computed by reference to the closing price as of the last business day of the registrant's most recently completed second fiscal quarter, July 3, 2022, was approximately \$294 billion. This excludes shares of common stock held by directors and executive officers at July 3, 2022. Exclusion of shares held by any person should not be construed to indicate that such person possesses the power, directly or indirectly, 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 registrant has no non-voting common stock.

The number of shares outstanding of the registrant's common stock as of February 21, 2023 was 5,619,074,621 shares of common stock, all of one class.

DOCUMENTS INCORPORATED BY REFERENCE

Portions of the Proxy Statement for the 2023 Annual Meeting of Shareholders

Part III

JAMES STEDMAN

Creative problem solver, capable of balancing tactical actions with strategic planning. Coach, mentor, and developer of talent, dedicated to personal development and organizational growth. Experienced operational leader with a career track record of improving productivity and building strong relationships with both internal and external stakeholders.

EXPERIENCE

2022 – Present

Site Lead | Pfizer Pharmaceuticals | Pleasant Prairie, WI

- Contribute to the development and execution of the long-term direction for the U.S. Logistics Network to enable Trade and Distribution Commercial strategies and establish site performance goals that support Logistics Network, GSC, and Commercial priorities.
- Establish strong professional partnerships, service agreements, and communication processes with BU operational teams, GSC regional and global teams, Pfizer Global Supply sites, and external suppliers to deliver on agreed service levels.
- Provide direction, consultation and support for all logistics operations functions at the Site, leading a team of Operations Managers responsible for day-to-day operations of order picking, packing, and shipping, as well as inventory management.
- Set-up, support and sustain Tier 2 Integrated Manufacturing Excellence (IMEx) Ecosystems (Pfizer's Production System) to enable performance at the Site, including implementing Visual Management.
- Continuously improve performance levels and people/organizational capabilities in line with established objectives, working with local and regional/global teams.
- Develop and achieve annual budget and financial forecasts through ongoing management and Cost Improvement Projects.
- Develop and lead an engaged team of colleagues to deliver on business priorities while ensuring compliance with required regulations and practices.
- Ensure that all information management systems, data management processes, and interfaces operate appropriately to support all key site drivers for success and delivery of agreed service levels. These systems and processes may be local, enterprise, external, or cloud-based.
- Ensure consistent compliance with required regulatory agencies regulations, Pfizer policies, and procedures

2016 – 2022

Networks Ops and Analytics | Pfizer Pharmaceuticals | Memphis / Pleasant Prairie (Remote)

- Work directly with systems/BT/SAP resources to continue to develop and automate operational reporting capabilities for US Logistics sites.
- Establishes and monitors network operational metrics & KPIs. Align these metrics/KPIs to site's processes, Continuous improvements and other projects. Design network dashboards and operational reports.

- Support/evaluate business requirements and projects using analytical and operational methodologies
- Design and coordinate KPIs/metrics and analysis for monthly/quarterly Operational Review Meetings (ORM)
- Support Network sites during budget process/data analysis
- Delivers solutions in a manner that engages partners and produces desired outcomes.
- Work with site and senior leadership to analyze business needs and develop and monitor a strategic analytical plan.
- Support process improvements throughout the region and enable replication of good practices between Pfizer sites.
- Drive the development of next generation analytical tactics to meet business needs.
- Monitor and analyze performance through campaign dashboards and readouts - determine the data requirements, extract and manipulate the data and develop a coherent story with clear, easy-to-follow conclusions with actionable recommendations in a concise, organized fashion.
- Liaise with internal and external technical support leads to ensure consistency and accuracy of all measurable data across all digital and social data sources.

2015 – 2016

PCH LSP Manager | Pfizer Pharmaceuticals | DHL Logistics Center, Vonore TN

- PCH Commercial BU service commitments: execute customer order fulfillment in keeping with established SLAs, relationship management (operations, customer care, inventory planning.....), ensure budget attainment in LSP costs.
- LSP/Warehouse management: ensure inventory accuracy, appropriate product handling and storage, proper system interface operation, manage customer service inquiries/complaints, appropriate reporting and analysis of all distribution activities to achieve operational efficiencies.
- Compliance: maintain full compliance in quality, dangerous goods, security, EH&S, transportation by utilizing inspections, audits and active facilitation/participation in Pfizer market capability assessment program.
- Management and Controls: reporting of relevant KPIs, corrective actions, LSP invoice management/validation and support of PCH Director of Logistics with budget preparation.
- Continuous Improvement: work proactively with partners to identify innovation and opportunities for improvement to enhance performance productivity and cost while supporting business strategies in alignment with regional and global supply and logistics.
- Import/Customs Support: manage annual compliance with USDA via permit review, support import activities and ensure timely receipt/availability of PCH products into US market by working with customs compliance team.
- Other activities: (including but not limited to) monthly KPI reviews, QBRs, weekly/monthly conference calls with providers, point of contact for commercial business related to logistics opportunities/challenges, OS&D program management, LSP invoice management, periodic commercial business shipping requirements review, monthly compliance review.

2011 – 2015

Operational Excellence Manager / Workforce Deployment Manager / Interleaving Manager | Pfizer Pharmaceuticals | Memphis, TN

- Ensure efficient product flow and strategies are developed, implemented, and sustained

- Identify variances and coordinate continuous improvement through the use of lean methodologies
- Lead distribution and logistics operations to cost effectively provide high customer service levels
- Implement strategies to improve overall operations and inventory efficiencies while eliminating waste
- Initiate and coordinate major strategic projects across DC and LSP operations
- Provide support to Supply Chain in developing short and long-range strategic plans, policies, programs and growth objectives
- Work collaboratively with corporate leadership in developing and driving Operational and Performance
- SAP super user instrumental in success of 'Go-Live' strategy.
- Manage utilization of equipment and personnel to obtain maximum efficiency to meet performance goals.
- Oversee all aspects of LC operations ensuring all production, shipping, cost (labor) quality and safety goals are met.
- Ownership of daily workload schedule and flexing workforce requirements to ensure customer requirements are met.
- Implementation of Manhattan Associates Labor Management Program to establish an integrated discipline of operational utilization throughout all site functional areas and activities.
- Key participant in implementation of lean/strategic initiatives (6S/Visual Management/Std Work/VSM). Certified Kaizen Event Lead.
- Provide performance and recognition metrics daily/monthly/quarterly/annually.
- Participate in Business Unit KPI reviews and facilitate metrics for Site Balanced Scorecard Levels.
- Meets best in class performance goals while maintaining visibility to continual improvement.
- Direct budget responsibility for headcount for LC operations, with indirect support in OPEX and Transportation budget preparation.

2009 – 2011

Pharmaceutical Warehouse Supervisor | Wyeth Pharmaceuticals | Knoxville DC, Vonore TN

- Responsible for operational picking areas to ensure adherence to the company's established Compliance Policies, Procedures, Practices and Guidelines.
- Serve as a QMS Process Owner for applicable DC Procedures and Job Aids.
- Continuous Improvement Program coordinator for pharmaceutical department, and integral member of implementation teams.
- Operational understanding of Federal Regulations as applicable to Drug Product (i.e. cGMP's, CFR's 210, 211, 820, Part 11) FDA and safety Regulations (OSHA).
- SAP/BI Reporting specialist.
- Extensive SAP/WMS training and knowledge of additional warehousing conveyor product sorting software.
- Field tester and reviewer for DCR (document control review) program.
- Materials planner/buyer for all corrugated packaging required for DC product shipments.

EDUCATION

Bachelor of Science in Industrial Engineering | Kingston University | London, England
GPA: B

SKILLS

- Organizational Development
- Customer Needs Assessment
- Budget Management
- Cross-functional Team Leadership
- Exceptional communication
- Tactical Planning

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 Pfizer Inc. MDEG License # (if applicable) _____
 Physical Address 10616 82nd Ave.
 City Pleasant Prairie State WI Zip 53158
 Mailing Address (if different from physical address) 10501 80th Avenue
 City Pleasant Prairie State WI Zip 53158
 Telephone 262-577-6054 Website www.pfizer.com
 Licensing Company Email darren.nathan@pfizer.com

Section 2: Personal Information

First James Middle Gurney Last Stedman
 Alias(es, nicknames, name changes, etc.) _____
 Date of Birth SSN or ITIN Sex ☒ M ☐ F ☐ X
 Mailing Address
 City Pleasant Prairie State WI Zip 53158
 Telephone 262-577-6054 Email james.stedman@pfizer.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 630.125)	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 Kingston University		From - To (MM/YY - MM/YY) 10/90-05/94	
Address Penrhyn Road	City Kingston upon Thames, Surrey	State UK	Zip KT1 2EE.
Diploma/Degree obtained, if any Bachelor of Science in Industrial Engineering			
School Name Charterhouse School		From - To (MM/YY - MM/YY) 10/84-05/89	
Address Charterhouse School, Hurtmore Rd, Godalming GU7 2DX, United Kingdom	City	State UK	Zip
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) 07/13/2022-Present	Address [REDACTED]	City Pleasant Prairie	State WI	Zip 53158
From - To (MM/YY - MM/YY) 02/01/2003 07/12/2022	Address [REDACTED]	City Maryville	State TN	Zip 37801
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	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. (MDE 100.03-4)

Business Name Pfizer Inc.		From - To (MM/YY - MM/YY) 2022 - Present	
Business Address 10616 82 Ave		City Pleasant Prairie	State WI
		Zip 53158	
Phone 262-577-6054	Title Site Lead		Number of Employed Hours See attached resume
Description of Duties See attached resume			
Business Name Pfizer Inc.		From - To (MM/YY - MM/YY) 2016-2022	
Business Address 10616 82 Ave (Remote Work)		City	State TN/WI
		Zip	
Phone 262-577-6054	Title Networks Ops and Analytics		Number of Employed Hours See attached resume
Description of Duties See attached resume			
Business Name Pfizer Inc.		From - To (MM/YY - MM/YY) 2015-2016	
Business Address 98 Excellence Way		City Vonore	State TN
		Zip 37885	
Phone (423) 884-1210	Title PCH LSP Manager		Number of Employed Hours See attached resume
Description of Duties See attached resume			
Business Name Pfizer Inc.		From - To (MM/YY - MM/YY) 2011 - 2015	
Business Address 949 S Shady Grove Rd		City Memphis	State TN
		Zip 38120	
Phone (901) 215-1000	Title Operational Excellence Manager		Number of Employed Hours See attached resume
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			

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

Make copies of this page OR use a separate piece of paper if additional space is needed.			
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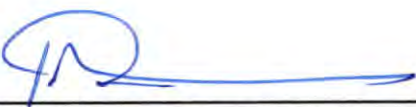
Section 8: Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		X
2. Have you been charged, arrested or convicted 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. 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)

14 SEP-2023
 Date

I, James Stedman, certify that as the MDEG Administrator for
Pfizer Inc.

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.

James Stedman
 Print Name (First, Last)


 Original Signature (electronic, copies or stamps not accepted)

14-SEP-2023
 Date

Board Use Only

Date Received: _____

List of Employees

10616 82nd Avenue, Pleasant Prairie, WI

Last Name	First Name
Aalsma	Derek
ALMANZA	EFRAIN
Anderson	Judie
ANDERSON	DANIEL
ANDERSON	Justin
Bane	Jerad
BARRETT	MONTE
Bedolla	Clara
BIELEN	MIRIAN
BLAIR	NANCY
Brewer	Court
Burrow	Eric
Cable	Kade
Castillo	Jorge
Colon	Melvin
Conzen	Brian
Corse	Kevin
Cumbo	Tony
DEPOY	LARRY
Desir	Yvalaine
DIXON	ANDREW
EDMONDSON	CHRISTOPHER
Emon	Joe
FEEST	Elizabeth
Fellows	Brett
Fox	Paul
Franczak	Cory
Fulford-Wint	Mallie
Garcia	Barbara
GREEN	JEFF
Hernandez	Jonathan
HUDSON	ANDREA
HUTCHINSON	CHRISTOPHER
IZAGUIRRE	JOSE
Jackson	Geraldine
Johnson	Willie
JOHNSON	ERIC
Jones	Arhonda
JONES	DAVID
Joyce	Craig
Juhnke	Kevin
KASPROWICZ	BILL
Kellum	Andy

LAMBRECHT	LAURIE
LARSON	LEE
Leibfritz	Melissa
LOPEZ	Michael
LOPEZ_REYES	VILMA
LUPO	DINO
MAULTSBY	DAVID
McGrain	Jacob
Melvin	Erin
Melvin	Samual
Metcalf	Brian
Miller	Michael
MINK	MATTHEW
Montague	Noah
MONTALVO	KAILEE
Neal	Graig
O'Hara	Greg
O'Shaughnessy	Dan
Paige	Daniel
Pease	Jeremy
PEREZ	JESSICA
PEREZ	JOSE
Peters	Joanne
PETERS	DAVID
Pitts	Latoya
PLAMBECK	COURTNEY
Pozos	Pedro
Pulice	Michael
Renagon	James
RODRIGUEZ	STEVEN
Rohling	Chris
RUFFOLO	BRUNELLA
Saiyou	Ganwou
SANCHEZ	PAUL
Seisser	David
Shallenberger	Elijah
SKURSKI	JUSTIN
Smith	Christopher
Smith	Isaiah
SOTO	GILBERT
Stackhouse	Manasseh
STEDMAN	JAMES
Sweeney	Marc
Theus	Michael
THOMPkins	Todd
TOYRA	PETER
UMSCHEID	JOEL

Vazquez	Arcadio
VILLA	ISMAEL
VILLALPANDO	SALVADOR
Welker	Brandie
WHITEHEAD	BRIAN
WIDRICK	DON
Williams	Dannett
WOODARD	ALTERRIO
Wood	Jim
YOUNG	OREYANTA
YOUNG	Quaterius
Zielsdorf	Les

Pfizer Inc. – License Application
Pleasant Prairie, WI
List of Potential Customers

NAME	CITY	STATE
MIDWEST VETERINARY SUPPLY INC	NORTH LAS VEGAS	Nevada
DODAAC: FM4852 99TH MDG	NELLIS AFB	Nevada
MOUNTAINVIEW HOSPITAL	LAS VEGAS	Nevada
SUNRISE HOSPITAL AND MEDICAL CTR	LAS VEGAS	Nevada
SPRING VALLEY MEDICAL CENTER	LAS VEGAS	Nevada
SOUTHERN HILLS HOSP & MED CTR	LAS VEGAS	Nevada
FAR WEST LAS VEGAS CONSOL DISTR CRT	LAS VEGAS	Nevada
VALLEY HOSPITAL MEDICAL CENTER	LAS VEGAS	Nevada
CENTENNIAL HILLS HOSP MED CENTER	LAS VEGAS	Nevada
HENDERSON HOSPITAL	HENDERSON	Nevada
NORTH VISTA HOSPITAL INC	NORTH LAS VEGAS	Nevada
SUMMERLIN HOSP CTR	LAS VEGAS	Nevada
ST ROSE DOMINICAN HOSPITAL	HENDERSON	Nevada
ST MARYS REGIONAL MEDICAL CENTER	RENO	Nevada
SAINT ROSE DOMINICAN HOSPITAL	LAS VEGAS	Nevada
DIGNITY HEALTH REHABILITATION HOSP	HENDERSON	Nevada
CARSON TAHOE REGIONAL HLTHCR INPAT	CARSON CITY	Nevada
RENOWN REGIONAL MED CTR INPAT	RENO	Nevada
UNIV MED CTR OF SOUTHERN NV INPAT	LAS VEGAS	Nevada
BANNER CHURCHILL COMM HOSP INPAT	FALLON	Nevada
UNIV MED CTR OF SOUTHERN NV NONGPO	LAS VEGAS	Nevada
HOPE CANCER CARE PAHRUMP	PAHRUMP	Nevada
CHILDRENS SPECIALTY CENTER OF NV	LAS VEGAS	Nevada
UNIV MED CTR OF SOUTHERN NV 340B	LAS VEGAS	Nevada
RENOWN REGIONAL MED CTR 340B	RENO	Nevada
HENRY SCHEIN INC	SPARKS	Nevada
CARDINAL HEALTH 108 LLC	RENO	Nevada
ACE SOUTHERN SURGICAL SOLUTIONS	RENO	Nevada
VAXSERVE INC	RENO	Nevada
HILCO VISION	NORTH LAS VEGAS	Nevada
VA MEDICAL CENTER	RENO	Nevada
UPS SUPPLY CHAIN SOLUTIONS INC	RENO	Nevada

Beneficial Owners

The following table shows only persons or entities known by us to be a beneficial owner of more than 5% of our common stock:

Name and Address of Beneficial Owner	Shares of Pfizer Common Stock	Percent of Class
The Vanguard Group⁽¹⁾ 100 Vanguard Boulevard Malvern, PA 19355	501,636,220 ⁽¹⁾	8.94%
BlackRock, Inc.⁽²⁾ 55 East 52nd Street New York, NY 10055	442,868,761 ⁽²⁾	7.90%
State Street Corporation⁽³⁾ State Street Financial Center One Lincoln Street Boston, MA 02111	284,943,697 ⁽³⁾	5.08%

(1) The information is based solely on a Schedule 13G/A filed by Vanguard on February 9, 2023 (the Vanguard 13G/A). According to the Vanguard 13G/A, includes sole voting power with respect to 0 shares, shared voting power with respect to 7,882,911 shares, sole dispositive power with respect to 477,690,927 shares, and shared dispositive power with respect to 23,945,293 shares.

(2) The information is based solely on a Schedule 13G/A filed by BlackRock on February 3, 2023 (the BlackRock 13G/A). According to the BlackRock 13G/A, includes sole voting power with respect to 402,717,540 shares, shared voting power with respect to 0 shares, sole dispositive power with respect to 442,868,761 shares, and shared dispositive power with respect to 0 shares.

(3) The information is based solely on a Schedule 13G/A filed by State Street on February 7, 2023 (the State Street 13G/A). According to the State Street 13G/A, includes sole voting power with respect to 0 shares, shared voting power with respect to 210,524,887 shares, sole dispositive power with respect to 0 shares, and shared dispositive power with respect to 284,152,008 shares.



Description of Operations

This Pfizer Inc. owned facility is responsible for the distribution of Pfizer's pharmaceutical drugs and devices manufactured by or on behalf of Pfizer Inc. and its subsidiaries.

This facility has 102 employees working on site during normal business hours.

This facility's hours of operation are 8:00 am – 4:30pm Monday through Friday.

NO. 2805 - 45

The State of Wisconsin
Department of Safety and Professional Services
PHARMACY EXAMINING BOARD

Hereby certifies that
PFIZER, INC.

was granted a license to practice as a

WHOLESALE DISTRIBUTOR OF PRESCRIPTION DRUGS

in the State of Wisconsin in accordance with Wisconsin Law

on the 23rd day of September in the year 2016.

The authority granted herein must be renewed each biennium by the granting authority.

In witness thereof, the State of Wisconsin

Pharmacy Examining Board

has caused this certificate to be issued under

the seal of the Department of Safety and Professional Services



State of Wisconsin

DEPARTMENT OF SAFETY AND PROFESSIONAL SERVICES

COMMITTED TO EQUAL OPPORTUNITY IN EMPLOYMENT AND LICENSING

WHOLESALE DISTRIBUTOR OF PRESCRIPTION DRUGS

No. 2805-45

Expires: 5/31/2024

PFIZER, INC.
10618 82ND AVE
PLEASANT PRAIRIE WI 53158
UNITED STATES

Dawn B. Livi
DPS Secretary

[Signature]
Chairperson

[Signature]
Secretary

This certificate was printed on the 18th day of April in the year 2022

4N

September 22, 2023

Re: Change of Ownership Notification.
Conversion of Returns 'R' Us, Incorporated to Returns 'R' Us LLC

Greetings,

I am providing notification that Returns 'R' Us, Inc. (the "Company") has undergone an internal reorganization and converted from an Illinois corporation to an Illinois limited liability company. The internal reorganization and conversion was completed on August 31st, 2023 (the "Reorganization").

As a result of the Reorganization, the following changes have occurred:

1. **The Company has converted its organization structure from a corporation to a limited liability company, which resulted in the legal entity and DBA name changing to Returns 'R' Us, LLC d/b/a Pharma Logistics LLC.** The sole purpose of the Conversion is to effect a change in the legal form of the Company from a corporation to a limited liability company under state law. There has been no change to the business, assets or liabilities of the Company as a result of the Conversion and will continue to operate its business in the same manner as immediately prior to the Conversion—the Company will continue to provide the same scope of services utilizing the same staff at the current facility location. Additionally, there will be no change to the Company's tax ID as a result of the Conversion.
2. **As a result of the internal reorganization, the Company's organizational chart has undergone upstream changes.** In pertinent part, Ritorno Midco, LLC is the Company's new 100% direct parent entity and Ritorno Holdings, Inc. is the Company's new 100% direct grandparent entity. Enclosed is a copy of the Company's pre- and post- Reorganization organizational charts for your reference.

We have submitted the necessary Illinois (home-state) applications to the Illinois Dept. of Financial Regulation (IDFPR). As a result, the following Illinois permits have been replaced:

- 004.000865 Wholesale Drug Distributor
- 304.006159 Controlled Substance Drug Distributor

The new home-state permits are:

- 004.005363 Wholesale Drug Distributor
- 304.008005 Controlled Substance Drug Distributor

The DEA did not require a new DEA Registration as a result of the Reorganization. Therefore, the Company will continue to operate under its current DEA registration (RP0225107).

Enclosed is a completed WDD application, required attachments and payment.

Should you have any questions or require any additional information or documentation, please reach out to me directly at 224-424-4469 or jcapelli@pharmalogistics.com.

Best Regards,
John Capelli

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 <u>01726</u>	☐ 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: <u>Returns 'R' Us, LLC dba Pharma Logistics LLC</u>		
Physical Address: <u>1801 North Butterfield Road</u>		
City: <u>Libertyville</u> State: <u>IL</u> Zip: <u>60048</u>		
Mailing Address (if different from physical address): <u>Same</u>		
City: _____ State: _____ Zip: _____		
Telephone: <u>888-729-7427</u> Website: <u>www.pharmalogistics.com</u>		
Name of Designated Representative (DR): <u>John A. Capelli</u>		
Licensing Company Email: <u>n/a</u> DR Email: <u>compliance@pharmalogistics.com</u>		
Entities the Wholesaler will Serve (✓ all applicable)	Products to be Handled or Wholesaled (✓ all applicable)	Type of Wholesaling (✓ all applicable)
☒ Pharmacies ☐ Practitioners ☒ Hospitals ☐ Wholesalers ☒ Veterinarians ☐ Others:	☒ Dangerous Drugs ☒ Controlled Substances ☐ *Medical devices, equipment, supplies, gases ☐ Others:	☐ Manufacturer ☐ Repacker ☒ Reverse Distributor ☐ Warehouse ☐ Retail pharmacy wholesale distributor ☐ 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:	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 Avenue 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 A. 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 <i>N/A</i> 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 <u>all</u> Officers and Directors.	✓	✓		
• List the <u>top four</u> corporation shareholders and their percent ownership.	✓			
• List of <u>all</u> corporation shareholders and their percent ownership.		✓		
• List of <u>all</u> partners and their percent ownership.			✓	
• Certificate of Corporate Status or Certificate of Good Standing obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last 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/bopnv.gov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf .		✓	✓	✓
• Copy of a bond in an amount of \$100,000 made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the Surety Bond form at: http://bop.nv.gov/Services/newapps/Business/ .		✓	✓	✓

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

Print Name of Authorized Person Submitting Application

John Capelli

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

9/28/2023

Date

Board Use Only

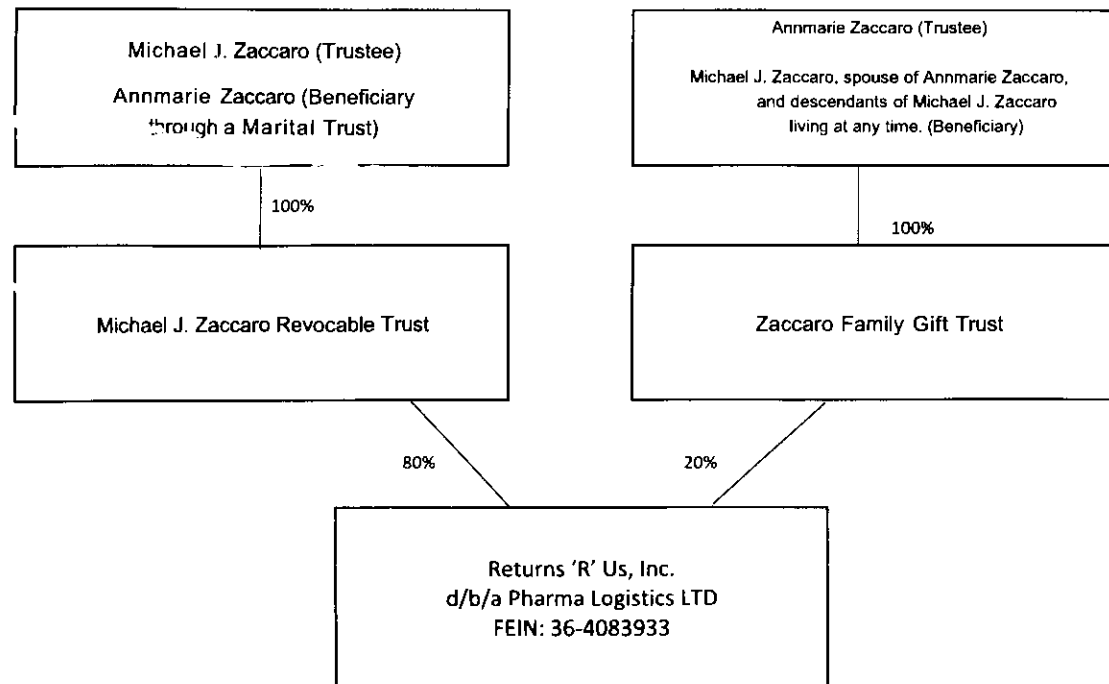
Date Received:

10/3/23

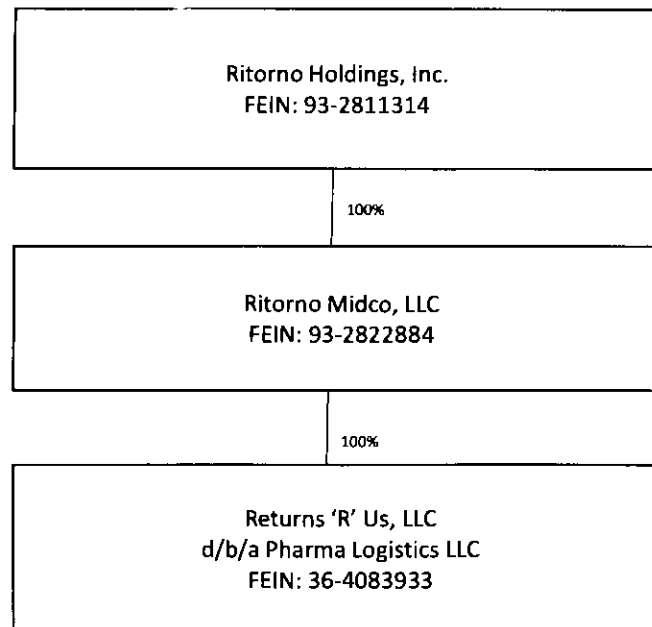
Amount:

1000-CK-4524

Returns 'R' Us, LLC
Pre-Conversion/Pre-Internal Reorganization Organization Chart



Returns 'R' Us, LLC
Post-Conversion/Post-Internal Reorganization Organization Chart



Officers & Designated Representatives

Corporation Name: Returns 'R' Us, LLC dba Pharma Logistics LLC
Address: 1801 N. Butterfield Rd, Libertyville, IL 60048
FEIN: 36-4083933

Name: Michael Joseph Zaccaro
Title: President and Secretary
Business Address: 1801 N Butterfield Rd, Libertyville, IL 60048
Home Address: [REDACTED]
Business Phone: 847.837.1224
Home Phone: [REDACTED]
SSN: [REDACTED]
Date of Birth: [REDACTED]

Name: Joel Sopoci
Title: Chief Logistics Officer
Business Address: 1801 N Butterfield Rd, Libertyville, IL 60048
Home Address: [REDACTED]
Business Phone: 847.837.1224
Home Phone: [REDACTED]
SSN: [REDACTED]
Date of Birth: [REDACTED]

Name: John Capelli
Title: Chief Compliance Officer and Designated Representative
Business Address: 1801 N Butterfield Rd, Libertyville, IL 60048
Home Address: [REDACTED]
Business Phone: 847.837.1224
Home Phone: [REDACTED]
SSN: [REDACTED]
Date of Birth: [REDACTED]

File Number

1364121-8



To all to whom these Presents Shall Come, Greeting:

I, Alexi Giannoulas, 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 .

Authentication #: 2327003906 verifiable until 09/27/2024

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

Alexi Giannoulas

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.

MARIO TRETO, JR.
SECRETARY

Cecilia Abundis

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

18259623

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

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

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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WINTRUST
INTERNATIONAL SERVICES

0546

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.

WINTRUST
INTERNATIONAL SERVICES

0547

UPON BEING NOTIFIED THAT THE DEMAND FOR PAYMENT WAS NOT EFFECTED IN CONFORMITY WITH THE CREDIT, THE BOARD MAY CORRECT ANY SUCH NON-CONFORMING DEMAND FOR PAYMENT PRIOR TO THE EXPIRATION DATE OF THIS LETTER OF CREDIT.

IT IS A CONDITION OF THIS LETTER OF CREDIT THAT IT SHALL BE DEEMED AUTOMATICALLY EXTENDED, ON THE EXPIRY DATE, WITHOUT AMENDMENT, FOR SUCCESSIVE PERIODS OF ONE (1) YEAR FROM THE PRESENT OR ANY FUTURE EXPIRY DATE HEREOF, UNLESS AT LEAST SIXTY (60) DAYS PRIOR TO THE THEN CURRENT EXPIRY DATE, WE SEND YOU NOTICE IN WRITING BY OVERNIGHT COURIER SERVICE TO THE ABOVE ADDRESS, THAT WE ELECT NOT TO EXTEND THIS LETTER OF CREDIT FOR ANY SUCH ADDITIONAL PERIOD.

ALL DRAWINGS UNDER THIS CREDIT SHALL BE PAID WITH OUR FUNDS. EACH DRAWING HONORED BY US HEREUNDER SHALL REDUCE THE PRINCIPAL SUM. BY PAYING TO THE BOARD AN AMOUNT DEMANDED IN ACCORDANCE HERewith, WE MAKE NO REPRESENTATIONS AS TO THE CORRECTNESS OF THE AMOUNT DEMANDED.

THIS CREDIT MAY BE CANCELLED PRIOR TO THE EXPIRATION DATE UPON RECEIPT BY US OF A CERTIFICATE OF CANCELLATION, WHICH (I) SHALL BE IN THE FORM OF EXHIBIT B ATTACHED HERETO, AND SHALL BE COMPLETED AND SIGNED BY ANY PERSON PURPORTING TO BE AN AUTHORIZED REPRESENTATIVE, AS DEFINED IN THE NEXT PARAGRAPH; AND (II) THE ORIGINAL OF THIS LETTER OF CREDIT AND ALL AMENDMENTS, IF ANY.

AN "AUTHORIZED REPRESENTATIVE" SHALL MEAN THE FOLLOWING PERSON: EXECUTIVE OFFICER OF THE NEVADA STATE BOARD OF PHARMACY AND SHALL BE SIGNED AS SUCH.

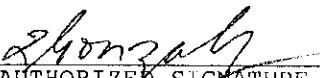
THIS CREDIT MAY NOT BE TRANSFERRED OR ASSIGNED EITHER IN WHOLE OR IN PART.

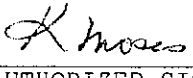
THIS CREDIT SHALL, IF NOT CANCELLED AS PROVIDED HEREIN, SHALL EXPIRE NO LATER THAN NOVEMBER 14, 2024 AT 4:00 P.M. CENTRAL TIME.

THIS LETTER OF CREDIT SHALL BE GOVERNED BY AND CONSTRUED IN ACCORDANCE WITH THE LAWS OF THE STATE OF ILLINOIS, INCLUDING THE UNIFORM COMMERCIAL CODE. UNLESS INCONSISTENT WITH ILLINOIS LAW, THIS LETTER OF CREDIT SHALL BE GOVERNED BY AND CONSTRUED IN ACCORDANCE WITH THE UNIFORM CUSTOMS AND PRACTICE FOR DOCUMENTARY CREDITS (2007 REVISION) THE INTERNATIONAL CHAMBER OF COMMERCE PUBLICATION NO. 600, HEREBY EXPRESSLY INCORPORATED BY REFERENCE.

PLEASE ADDRESS ALL CORRESPONDENCE REGARDING THIS LETTER OF CREDIT TO VILLAGE BANK & TRUST, N.A., C/O OUR SERVICE PROVIDER, WINTRUST FINANCIAL CORPORATION, ATTN: INTERNATIONAL SERVICES GROUP, 231 S. LASALLE STREET, 13TH FLOOR, CHICAGO, IL 60604 REFERENCING THE LETTER OF CREDIT NUMBER MENTIONED ABOVE. FOR TELEPHONE ASSISTANCE, PLEASE CONTACT THE STANDBY UNIT AT 1-312-981-0767 OR BY EMAIL TO OUR INTERNATIONAL SERVICES GROUP AT INTERNATIONALSERVICES@WINTRUST.COM.

VILLAGE BANK & TRUST, N.A.


AUTHORIZED SIGNATURE


AUTHORIZED SIGNATURE

WINTRUST
INTERNATIONAL SERVICES

EXHIBIT A
CERTIFICATE FOR DRAWING

IRREVOCABLE STANDBY LETTER OF CREDIT NO. 10001747 DATED: NOVEMBER 15, 2023

TO: VILLAGE BANK & TRUST, N.A.
C/O OUR SERVICE PROVIDER, WINTRUST FINANCIAL CORPORATION
ATTN: INTERNATIONAL SERVICES GROUP
231 S. LASALLE STREET, 13TH FLOOR
CHICAGO, IL 60604

BENEFICIARY:
NEVADA STATE BOARD OF PHARMACY
985 DAMONTE RANCH PKWY, SUITE 206
RENO, NV 89521

THE UNDERSIGNED, A DULY AUTHORIZED REPRESENTATIVE OF NEVADA STATE BOARD OF PHARMACY ("BOARD") (AS DEFINED IN THE ABOVE REFERENCED CREDIT), HEREBY CERTIFIES TO THE ISSUER THAT:

1. AN EVENT OF DEFAULT HAS OCCURRED AS DEFINED IN THE TERMS OF THE PROVISION OF NEVADA REVISED STATUE (NRS) 639.515 AND NEVADA ADMINISTRATIVE CODE (NAC) 639.5937.
2. THE UNDERSIGNED IS AUTHORIZED UNDER THE TERMS OF THE ABOVE-REFERENCED CREDIT TO PRESENT THIS CERTIFICATE AS THE SOLE MEANS OF DEMANDING PAYMENT ON THE CREDIT.
3. THE BOARD IS THEREFORE MAKING A DRAWING UNDER THE ABOVE-REFERENCED CREDIT IN THE AMOUNT OF \$_____.
4. THE AMOUNT DEMANDED DOES NOT EXCEED THE PRINCIPAL SUM.
5. SUMS RECEIVED SHALL BE USED BY THE BOARD IN ACCORDANCE WITH THE TERMS OF THE AGREEMENT.

THEREFORE, THE UNDERSIGNED HAS EXECUTED AND DELIVERED THIS CERTIFICATE AS OF THE ____ DAY OF _____ 20__.

NEVADA STATE BOARD OF PHARMACY

BY: _____
ITS: EXECUTIVE OFFICER



WINTRUST
INTERNATIONAL SERVICES

EXHIBIT B
CERTIFICATE FOR CANCELLATION

IRREVOCABLE STANDBY LETTER OF CREDIT NO. 10001747 DATED: NOVEMBER 15, 2023

TO: VILLAGE BANK & TRUST, N.A.
C/O OUR SERVICE PROVIDER, WINTRUST FINANCIAL CORPORATION
ATTN: INTERNATIONAL SERVICES GROUP
231 S. LASALLE STREET, 13TH FLOOR
CHICAGO, IL 60604

BENEFICIARY:
NEVADA STATE BOARD OF PHARMACY
985 DAMONTE RANCH PKWY, SUITE 206
RENO, NV 89521

THE UNDERSIGNED, A DULY AUTHORIZED REPRESENTATIVE OF THE NEVADA STATE BOARD OF PHARMACY ("BOARD") (AS DEFINED IN THE ABOVE REFERENCED CREDIT), HEREBY CERTIFIES TO THE ISSUER THAT:

1. THE LICENSE FOR WHICH THE CREDIT WAS ISSUED HAS EXPIRED OR OTHERWISE BECOME INOPERABLE, THEREBY MAKING THE CANCELLATION OF THE CREDIT APPROPRIATE.
2. THE BOARD THEREFORE REQUESTS THE CANCELLATION OF THE ABOVE-REFERENCED CREDIT.

THEREFORE, THE UNDERSIGNED HAS EXECUTED AND DELIVERED THIS CANCELLATION AS OF THE ____ DAY OF _____ 20____.

NEVADA STATE BOARD OF PHARMACY

BY: _____
ITS: EXECUTIVE OFFICER

29

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) WHO1726

Physical Address 1801 N Butterfield Rd

City Libertyville State Illinois Zip 60048

Mailing Address (if different from physical address) Same

City _____ State _____ Zip _____

Telephone [REDACTED] Website www.pharmalogistics.com

Licensing Company Email compliance@pharmalogistics.com

Section 2: Personal Information

First John Middle Anthony Last Capelli

Alias(es, nicknames, name changes, etc.) None

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

Mailing Address [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 Gateway Technical College		From - To (MM/YY - MM/YY) 10-1987 to 12/1987	
Address 3520 30th Ave	City Kenosha	State WI	Zip 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) 11/95 - present	Address [REDACTED]	City Burlington	State WI	Zip 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 Pharma Logistics		From - To (MM/YY - MM/YY) 03/2022 - Present	
Business Address 1801 North Butterfield Road		City Libertyville	State IL
Phone 888-729-7427	Title Director, Quality and Compliance	Zip 60048	
Description of Duties Responsible for ensuring organization compliance with local, state, and federal requirements.		Number of Employed Hours 3,160	
Business Name Inmar RX Solutions, Inc		From - To (MM/YY - MM/YY) 03/2019 - 01/2021	
Business Address 365 Vine Street		City Winston-Salem	State NC
Phone 800-765-1277	Title Manager, Regulatory and Compliance	Zip 27101	
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. Provides compliance guidance to facility operations and other		Number of Employed Hours 15,840	
Business Name FedEx Supply Chain dba Capital Returns, aka Genco		From - To (MM/YY - MM/YY) 04/2018 - 03/2019	
Business Address 6101 N. 64th Street		City Milwaukee	State WI
Phone 1.800.463.3339	Title Advisor, Healthcare Regulatory Compliance	Zip 53218	
Description of Duties Responsible for managing the healthcare reverse distribution activities to ensure compliance with all applicable local, state, and federal regulatory requirements, implementing updates and conduct internal compliance inspections as needed		Number of Employed Hours 1,920	
Business Name Qualanex, LLC		From - To (MM/YY - MM/YY) 08/2013/- 04/2018	
Business Address 1410 Harris Road		City Libertyville	State IL
Phone 1-800-505-9291	Title Director, Quality and Regulatory	Zip 60048	
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.		Number of Employed Hours 31,680	
Business Name		From - To (MM/YY - MM/YY)	
Business Address		City	State
Phone	Title	Zip	
Description of Duties		Number of Employed Hours	

Continue on next page if additional space is needed.

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

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

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

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

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

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

9/28/2023

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.

John Capelli

Print Name (First, Last)

John Capelli

9/28/2023

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 Lake

I, John Capelli, 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

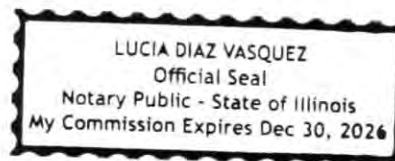
Original Signature

9/28/2023

Date

Subscribed and sworn to before me this 28 day of Sept 2023

[Signature]
Notary Public Signature



(Seal)

Employee List

Lender

Wintrust Bank

First Name	Last Name
Maria	Abarca
Craig	Alshouse
Teresa	Alvarez
Maria	Ambriz
Roslyn Shanta	Anderson
Sandra	Arias
Robert	Armstead
Nicole	Atherton
Corey	Austin
Jessica	Ayers
Cynthia	Bahena
Prisana	Baker
Britany	Barker
Juana	Barrera
Sandra Ivette	Bermudez Delgado
Maria	Betancourt
Ashley	Biagini
Benita	Blancas Arenales
Donna	Burke
Paul	Byrd
Claudia	Caballero
Esmeralda	Caballero
Juan	Cabral
John	Capelli
Maria del Carmen	Carranza
Maria Luz	Castillo
Evelina	Castillo Avila
Betsy	Castrejon
Emmanuel	Castro
Martha	Castro
Julius	Catalan
Jordan Carlo	Cerezo
Sung	Choi
Rajiv	Chopra
Martha	Cisneros
Matthew	Clausing
Maria	Cordova
Victor	Cortez
Nelson	Cruz
Nana Yaw	Danso
Maria	De Manriquez
Robert Louis	Debaets
Jazzmin	Delgado
Nancy	Delgado
Lindsey	Dellert

Nancy	Diehl
Douglas	Diesk
Francis	Domawee
Alicia	Flores
Jaime	Flores
Claudia	Gallegos
Esther	Garcia
Remedios	Gomez
Navin	Gopal
Kathy	Gorman
Carel	Graham
Carmen	Guardado
Jack	Gulino
Zulma	Guzman
Shing Tsai	Hang
Maria	Hernandez
Mashair	Hughes
Mohasamnang	Huon
Jeremy Louis	Jager
Miguel	Jalomo
Minerva	Jimenez Abrego
Dina	Johnson
Telisha	Johnson
Linda	Kalinowski
Joseph	Karolewicz
Mir	Khan
Connor	Kilgore
Holly	King
Garrett	Kubacki
Daniel	Langreder
Jaclyn	Lonergan
Annmarie	Lopez
Maria	Lopez
Rachael Corey	Major
Meilind	Mark
Irene	Marquez
Patricia	Mendoza
Joshua	Moore
Jose	Morales Vaquera
Matilde	Muniz Serrano
Rosanna	Nor um
Kyle	O'Grady
Hada	Padilla
Mitchell Lokahi	Pascua
Han	Pham
Sylwia	Piekarczyk
Elsa	Portillo

Gregory	Pruden
Nayeli	Quevedo Martinez
Elsie	Quintana De Jesus
Steven	Rahn
Rachel	Ramirez Torres
Adam	Ranchino
Jazmin	Rios-Martinez
Maria	Rivas Linares
Patrick	Ronayne
Patrick	Ruane
Bernardo	Ruiz
Joanna	Salazar
Fidelia	Salgado-Marcos
Angelica	Sanchez
Isabel	Sanchez Gomez
Cynthia	Sanders
Sergio	Santiago Vazquez
Komal	Sapra
John	Schoeps
Allison	Seidel
Michelle	Shepard
Marina	Silva
Joel	Sopoci
Kendal	Spoerl
Dylan	Tapia
Christopher David	Trexler
Nayda	Urbina
David	Valadez
Lucia	Vasquez
Alexander	Vilmin
Ellen	Vo
Logan	Wagner
Katherine	Wheeler
Debbie	Wolfe
Annmarie	Zaccaro
Michael	Zaccaro
Elsa	Zamora
Maria	Zamora

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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: <u>Eyenovia</u>		
Physical Address: <u>3505 Haven Avenue</u>		
City: <u>Redwood City</u> State: <u>CA</u> Zip: <u>94063</u>		
Mailing Address (if different from physical address): _____		
City: _____ State: _____ Zip: _____		
Telephone: <u>520-828-2131</u> Website: <u>www.eyenovia.com</u>		
Name of Designated Representative (DR): <u>Lilian Ofulue-Eze</u>		
Licensing Company Email: <u>LOfulue-Eze@eyenovia.com</u> DR Email: _____		
Entities the Wholesaler will Serve (✓ all applicable)	Products to be Handled or Manufactured (✓ all applicable)	Type of Wholesaling (✓ all applicable)
☒ Pharmacies ☒ Practitioners ☐ Hospitals ☒ Wholesalers ☐ Veterinarians ☐ Others:	☐ Dangerous Drugs ☐ Controlled Substances ☐ *Medical devices, equipment, supplies, gases ☒ Others: <u>Ophthalmic pharmaceutical product</u>	☒ Manufacturer ☐ Repacker ☐ Reverse Distributor ☐ Warehouse ☐ Retail pharmacy wholesale distributor ☐ 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): _____

Corporation Name: Eyenovia, Inc.

Mailing Address: 3505 Haven Avenue

City: Redwood City State: CA Zip: 94063

Telephone: 520-828-2131 Email: LOfulue-Eze@eyenovia.com

Contact Person Name: Lilian Ofulue-Eze

Date of SEC Registration: <u>1/25/2018</u>	SEC Registration Number: <u>333-222162</u>	Stock Exchange Symbol: <u>EYEN</u>
--	--	------------------------------------

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 5: 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 3: 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	Partnership	Sole Owner
• List of <u>all</u> Officers and Directors.	✓	✓		
• List the <u>top four</u> corporation shareholders and their percent ownership.	✓			
• List of <u>all</u> corporation shareholders and their percent ownership.		✓		
• List of <u>all</u> partners and their percent ownership.			✓	
• Certificate of Corporate Status or Certificate of Good Standing obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last 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 2)				
• 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.

Eyenovia, Inc.

Facility Name

Michael Rowe, CEO

Print Name of Authorized Person Submitting Application



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

9-29-23

Date

Board Use Only

Date Received: 10/10/23

Amount: 1000-CC

[Drug Databases \(https://www.fda.gov/Drugs/InformationOnDrugs/default.htm\)](https://www.fda.gov/Drugs/InformationOnDrugs/default.htm)

Drug Establishments Current Registration Site

[New Search \(default.cfm\)](#)

Search Results for **Eyenovia**

[CSVExcel](#)

Filter:

Firm Name	FDA Establishment Identifier	DUNS	Business Operations	Address	Expiration Date
Eyenovia, Inc.	3027571321	118796503	MANUFACTURE;	3505 Haven Avenue, Redwood City, California (CA) 94025, United States (USA)	12/31/2023

Showing 1 to 1 of 1 entries

[Previous](#)[Next](#)

Data Current through: Monday, Aug 28, 2023

[Return to Drug Firm Annual Registration Status Home Page \(default.cfm\)](#)

Michael Rowe	CEO
John Gandolfo	CFO
Bren Kern	COO
Sean Ianchulev	Chairman of the Board
Charles Mather	Director
Rachel Jacobson	Director
Ellen Strahlman	Director
Ram Palanki	Director

Delaware

The First State

Page 1

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



5573930 8300

SR# 20233332324

You may verify this certificate online at corp.delaware.gov/authver.shtmlA handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Jeffrey W. Bullock, Secretary of State

Authentication: 204031246

Date: 08-24-23

BOARD OF PHARMACY

LICENSING DETAILS FOR: WLS 8107

NAME: EYENOVIA INC.

LICENSE TYPE: WHOLESALER

LICENSE STATUS: CLEAR
ADDRESS

3505 HAVEN AVE
REDWOOD CITY CA 94063
SAN MATEO COUNTY

ISSUANCE DATE

AUGUST 17, 2023

EXPIRATION DATE

AUGUST 1, 2024

CURRENT DATE / TIME

SEPTEMBER 20, 2023
5:30:1 PM

LICENSE RELATIONSHIPS

NAME: OFULUE-EZE, LILIAN NDUBISI

ADDRESS NOT DISCLOSED

LICENSE/REGISTRATION TYPE: DESIGNATED
REPRESENTATIVE (WHOLESALER)

LICENSE NUMBER: 27101 **PRIMARY STATUS:** CLEAR

STATE OF CALIFORNIA
DEPARTMENT OF PUBLIC HEALTH
FOOD AND DRUG BRANCH
DRUG MANUFACTURING LICENSE

Eyenovia, Inc.
3505 Haven Avenue
Redwood City , CA 94063

LICENSE NUMBER: 113313
EXPIRATION DATE: 3/25/2025

The person named herein is licensed to manufacture drugs through the expiration date of this license. This license is issued in accordance with the California Health and Safety Code and is not transferable to any other person or place. The licensee is required by law to immediately notify the California Department of Public Health of any change in the information reported in the application.

Food and Drug Branch, 1500 Capitol Avenue, MS 7602, PO Box 997436, Sacramento, CA 95896-7435 (916) 650-6500

Item 12. Security Ownership of Certain Beneficial Owners and Management and Related Stockholder Matters.

The following table provides information as of December 31, 2022 about our common stock that may be issued upon the exercise of options, warrants and rights under all of our existing equity compensation plans (including individual arrangements):

Equity Compensation Plan Information

Plan Category	Number of securities to be issued upon exercise of outstanding options, warrants, and rights	Weighted-average exercise price of outstanding options, warrants and rights	Number of securities remaining available for future issuance under equity compensation plans (excluding securities reflected in column (a))
Equity compensation plans approved by security holders			
2014 Equity Incentive Plan, as amended	945,888	\$ 3.06	104,342
Amended and Restated 2018 Omnibus Stock Incentive Plan	4,640,365	3.49	906,903
Equity compensation plans not approved by security holders	—	—	—
Total	5,586,253	\$ 3.42	1,011,245

The following table sets forth certain information regarding the beneficial ownership of our common stock as of April 27, 2023, unless otherwise noted below, for the following:

- each person or entity known to own beneficially more than 5% of our outstanding common stock as of the date indicated in the corresponding footnote;
- the named executive officers set forth in the Summary Compensation Table;
- each director; and
- all current directors and executive officers as a group.

Applicable percentage ownership is based on 37,992,965 shares of our common stock outstanding as of April 27, 2023, unless otherwise noted below. Beneficial ownership is determined in accordance with the rules of the SEC, based on factors including voting and investment power with respect to shares. Common stock subject to options currently exercisable, or exercisable within 60 days after April 27, 2023 is deemed outstanding for the purpose of computing the percentage ownership of the person holding those securities, but are not deemed outstanding for computing the percentage ownership of any other person. Unless otherwise indicated, the address for each listed stockholder is c/o Eyenovia, Inc., 295 Madison Avenue, Suite 2400, New York, NY 10017.

Name of Beneficial Owner	Shares Beneficially Owned Number	Percentage
<i>Directors and Named Executive Officers</i>		
Michael Rowe ₍₁₎	389,790	1.0%
John Gandolfo ₍₂₎	380,290	*
Bren Kern	-	*
Tsontcho Ianchulev ₍₃₎	2,149,243	5.5%
Rachel Jacobson ₍₄₎	61,025	*
Charles E. Mather IV ₍₅₎	134,308	*
Ram Palanki	-	*
Ellen Strahman ₍₆₎	22,865	*
<i>All directors and executive officers as a group (8 persons)⁽⁷⁾</i>	3,137,521	7.8%
<i>5% Stockholders:</i>		
Stuart Grant ₍₈₎	5,784,181	15.0%

List of indebtedness of applicant
Bank Direct Capital
AVENUE VENTURE OPPORTUNITIES FUND, L.P.
AVENUE VENTURE OPPORTUNITIES FUND II, L.P.

49 This **Spectrum Policy** consists of the Declarations, Coverage Forms, Common Policy Conditions and 0574
31 other Forms and Endorsements issued to be a part of the Policy. This insurance is provided by the stock
BI insurance company of The Hartford Insurance Group shown below.
SBA

INSURER: SENTINEL INSURANCE COMPANY, LIMITED
ONE HARTFORD PLAZA, HARTFORD, CT 06155
COMPANY CODE: A

Policy Number: 57 SBA BI3149 SC



SPECTRUM POLICY DECLARATIONS

Named Insured and Mailing Address:
(No., Street, Town, State, Zip Code)

EYENOVIA INC
SEE FORM SS 12 35
295 MADISON AVE STE 2400
NEW YORK NY 10017

Policy Period: From 01/20/23 To 01/20/24 1 YEAR
12:01 a.m., Standard time at your mailing address shown above. **Exception:** 12 noon in New Hampshire.

Name of Agent/Broker: HEFFERNAN INSURANCE BROKERS
Code: 100101

Previous Policy Number: 57 SBA BI3149

Named Insured is: CORPORATION

Audit Period: ANNUAL

Type of Property Coverage: SPECIAL

Insurance Provided: In return for the payment of the premium and subject to all of the terms of this policy, we agree with you to provide insurance as stated in this policy.

TOTAL ANNUAL PREMIUM IS: \$15,056

NEW YORK FIRE FEE: \$ 7.65

Countersigned by *Susan L. Castaneda*
Authorized Representative

12/05/22
Date



IMPORTANT NOTICE TO POLICYHOLDERS

To help your insurance keep pace with increasing costs, we have increased your amount of insurance . . . giving you better protection in case of either a partial, or total loss to your property.

If you feel the new amount is not the proper one, please contact your agent or broker.

SPECTRUM POLICY DECLARATIONS (Continued)**POLICY NUMBER:** 57 SBA BI3149

Location(s), Building(s), Business of Named Insured and Schedule of Coverages for Premises as designated by Number below.

Location: 001 **Building:** 0018748 TECHNOLOGY WAY
RENO NV 89521**Description of Business:**

Life Science Manufacturing - Excluding Product Liability

Deductible: \$ 500 PER OCCURRENCE**BUILDING AND BUSINESS PERSONAL PROPERTY LIMITS OF INSURANCE****BUILDING**

NO COVERAGE

BUSINESS PERSONAL PROPERTY**REPLACEMENT COST** \$ 1,710,300**PERSONAL PROPERTY OF OTHERS****REPLACEMENT COST** NO COVERAGE**MONEY AND SECURITIES**INSIDE THE PREMISES \$ 10,000
OUTSIDE THE PREMISES \$ 5,000

SPECTRUM POLICY DECLARATIONS (Continued)**POLICY NUMBER:** 57 SBA BI3149

Location(s), Building(s), Business of Named Insured and Schedule of Coverages for Premises as designated by Number below.

Location: 001 **Building:** 001

**PROPERTY OPTIONAL COVERAGES APPLICABLE LIMITS OF INSURANCE
TO THIS LOCATION**

MANUFACTURERS STRETCH**FORM:** SS 04 28

THIS FORM INCLUDES MANY ADDITIONAL
COVERAGES AND EXTENSIONS OF
COVERAGES. A SUMMARY OF THE
COVERAGE LIMITS IS ATTACHED.

**LIMITED FUNGI, BACTERIA OR VIRUS
COVERAGE:**

\$ 50,000

FORM SS 40 93

THIS IS THE MAXIMUM AMOUNT OF
INSURANCE FOR THIS COVERAGE,
SUBJECT TO ALL PROPERTY LIMITS
FOUND ELSEWHERE ON THIS
DECLARATION.
INCLUDING BUSINESS INCOME AND EXTRA
EXPENSE COVERAGE FOR:

30 DAYS

SPECTRUM POLICY DECLARATIONS (Continued)**POLICY NUMBER:** 57 SBA BI3149

Location(s), Building(s), Business of Named Insured and Schedule of Coverages for Premises as designated by Number below.

Location: 002 **Building:** 001295 MADISON AVE STE 2400
NEW YORK NY 10017**Description of Business:**

Life Science Manufacturing - Excluding Product Liability

Deductible: \$ 500 PER OCCURRENCE**BUILDING AND BUSINESS PERSONAL PROPERTY LIMITS OF INSURANCE****BUILDING**

NO COVERAGE

BUSINESS PERSONAL PROPERTY**REPLACEMENT COST** \$ 29,600**PERSONAL PROPERTY OF OTHERS****REPLACEMENT COST** NO COVERAGE**MONEY AND SECURITIES**

INSIDE THE PREMISES \$ 10,000

OUTSIDE THE PREMISES \$ 5,000

SPECTRUM POLICY DECLARATIONS (Continued)**POLICY NUMBER:** 57 SBA BI3149

Location(s), Building(s), Business of Named Insured and Schedule of Coverages for Premises as designated by Number below.

Location: 002**Building:** 001**PROPERTY OPTIONAL COVERAGES APPLICABLE LIMITS OF INSURANCE
TO THIS LOCATION****MANUFACTURERS STRETCH****FORM: SS 04 28**

**THIS FORM INCLUDES MANY ADDITIONAL
COVERAGES AND EXTENSIONS OF
COVERAGES. A SUMMARY OF THE
COVERAGE LIMITS IS ATTACHED.**

SPECTRUM POLICY DECLARATIONS (Continued)**POLICY NUMBER:** 57 SBA BI3149

Location(s), Building(s), Business of Named Insured and Schedule of Coverages for Premises as designated by Number below.

Location: 003 **Building:** 0013501, 3503, 3505 AND 3507 HAVEN
AVENUE CA 94063**Description of Business:**

Life Science Manufacturing - Excluding Product Liability

Deductible: \$ 500 PER OCCURRENCE**BUILDING AND BUSINESS PERSONAL PROPERTY LIMITS OF INSURANCE****BUILDING**

NO COVERAGE

BUSINESS PERSONAL PROPERTY**REPLACEMENT COST** \$ 1,686,500**PERSONAL PROPERTY OF OTHERS****REPLACEMENT COST** NO COVERAGE**MONEY AND SECURITIES**INSIDE THE PREMISES \$ 10,000
OUTSIDE THE PREMISES \$ 5,000

SPECTRUM POLICY DECLARATIONS (Continued)**POLICY NUMBER:** 57 SBA BI3149

Location(s), Building(s), Business of Named Insured and Schedule of Coverages for Premises as designated by Number below.

Location: 003 **Building:** 001

**PROPERTY OPTIONAL COVERAGES APPLICABLE LIMITS OF INSURANCE
TO THIS LOCATION****MANUFACTURERS STRETCH****FORM:** SS 04 28

THIS FORM INCLUDES MANY ADDITIONAL
COVERAGES AND EXTENSIONS OF
COVERAGES. A SUMMARY OF THE
COVERAGE LIMITS IS ATTACHED.

**LIMITED FUNGI, BACTERIA OR VIRUS
COVERAGE:**

\$ 50,000

FORM SS 40 93

THIS IS THE MAXIMUM AMOUNT OF
INSURANCE FOR THIS COVERAGE,
SUBJECT TO ALL PROPERTY LIMITS
FOUND ELSEWHERE ON THIS
DECLARATION.

**INCLUDING BUSINESS INCOME AND EXTRA
EXPENSE COVERAGE FOR:**

30 DAYS

SPECTRUM POLICY DECLARATIONS (Continued)**POLICY NUMBER:** 57 SBA BI3149

Location(s), Building(s), Business of Named Insured and Schedule of Coverages for Premises as designated by Number below.

Location: 004 **Building:** 00123461 SOUTH POINTE, SUITE 390
LAGUNA HILLS CA 92653**Description of Business:**

Life Science Manufacturing - Excluding Product Liability

Deductible: \$ 500 PER OCCURRENCE**BUILDING AND BUSINESS PERSONAL PROPERTY LIMITS OF INSURANCE****BUILDING**

NO COVERAGE

BUSINESS PERSONAL PROPERTY**REPLACEMENT COST** \$ 22,100**PERSONAL PROPERTY OF OTHERS****REPLACEMENT COST** NO COVERAGE**MONEY AND SECURITIES**INSIDE THE PREMISES \$ 10,000
OUTSIDE THE PREMISES \$ 5,000

SPECTRUM POLICY DECLARATIONS (Continued)**POLICY NUMBER:** 57 SBA BI3149

Location(s), Building(s), Business of Named Insured and Schedule of Coverages for Premises as designated by Number below.

Location: 004 **Building:** 001

**PROPERTY OPTIONAL COVERAGES APPLICABLE LIMITS OF INSURANCE
TO THIS LOCATION**

MANUFACTURERS STRETCH**FORM:** SS 04 28

THIS FORM INCLUDES MANY ADDITIONAL
COVERAGES AND EXTENSIONS OF
COVERAGES. A SUMMARY OF THE
COVERAGE LIMITS IS ATTACHED.

**LIMITED FUNGI, BACTERIA OR VIRUS
COVERAGE:**

\$ 50,000

FORM SS 40 93

THIS IS THE MAXIMUM AMOUNT OF
INSURANCE FOR THIS COVERAGE,
SUBJECT TO ALL PROPERTY LIMITS
FOUND ELSEWHERE ON THIS
DECLARATION.

INCLUDING BUSINESS INCOME AND EXTRA
EXPENSE COVERAGE FOR:

30 DAYS

SPECTRUM POLICY DECLARATIONS (Continued)**POLICY NUMBER:** 57 SBA BI3149

Location(s), Building(s), Business of Named Insured and Schedule of Coverages for Premises as designated by Number below.

Location: 005 **Building:** 001

22931 TRITON WAY, SUITE #234
LAGUNA HILLS CA 92653

Description of Business:

Life Science Manufacturing - Excluding Product Liability

Deductible: NO COVERAGE

BUILDING AND BUSINESS PERSONAL PROPERTY LIMITS OF INSURANCE**BUILDING**

NO COVERAGE

BUSINESS PERSONAL PROPERTY**REPLACEMENT COST**

NO COVERAGE

PERSONAL PROPERTY OF OTHERS**REPLACEMENT COST**

NO COVERAGE

MONEY AND SECURITIES

INSIDE THE PREMISES

NO COVERAGE

OUTSIDE THE PREMISES

NO COVERAGE

SPECTRUM POLICY DECLARATIONS (Continued)**POLICY NUMBER:** 57 SBA BI3149

Location(s), Building(s), Business of Named Insured and Schedule of Coverages for Premises as designated by Number below.

Location: 006 **Building:** 001

9736 S. VIRGINIA ST STES F & G
RENO NV 89511

Description of Business:

Life Science Manufacturing - Excluding Product Liability

Deductible: \$ 500 PER OCCURRENCE**BUILDING AND BUSINESS PERSONAL PROPERTY LIMITS OF INSURANCE****BUILDING**

NO COVERAGE

BUSINESS PERSONAL PROPERTY

REPLACEMENT COST	\$ 285,300
-------------------------	------------

PERSONAL PROPERTY OF OTHERS

REPLACEMENT COST	NO COVERAGE
-------------------------	-------------

MONEY AND SECURITIES

INSIDE THE PREMISES	\$ 10,000
OUTSIDE THE PREMISES	\$ 5,000

SPECTRUM POLICY DECLARATIONS (Continued)**POLICY NUMBER:** 57 SBA BI3149

Location(s), Building(s), Business of Named Insured and Schedule of Coverages for Premises as designated by Number below.

Location: 006 **Building:** 001

**PROPERTY OPTIONAL COVERAGES APPLICABLE LIMITS OF INSURANCE
TO THIS LOCATION**

MANUFACTURERS STRETCH**FORM:** SS 04 28

THIS FORM INCLUDES MANY ADDITIONAL
COVERAGES AND EXTENSIONS OF
COVERAGES. A SUMMARY OF THE
COVERAGE LIMITS IS ATTACHED.

LIMITED FUNGI, BACTERIA OR VIRUS \$ 50,000
COVERAGE:

FORM SS 40 93

THIS IS THE MAXIMUM AMOUNT OF
INSURANCE FOR THIS COVERAGE,
SUBJECT TO ALL PROPERTY LIMITS
FOUND ELSEWHERE ON THIS
DECLARATION.
INCLUDING BUSINESS INCOME AND EXTRA
EXPENSE COVERAGE FOR:

30 DAYS

SPECTRUM POLICY DECLARATIONS (Continued)

POLICY NUMBER: 57 SBA BI3149

**PROPERTY OPTIONAL COVERAGES APPLICABLE LIMITS OF INSURANCE
TO ALL LOCATIONS**

ACTUAL LOSS SUSTAINED BUSINESS
INCOME & EXTRA EXPENSE - SPECIFIED
LIMIT COVERAGE: FORM SS 40 60

\$ 10,000

EQUIPMENT BREAKDOWN COVERAGE
COVERAGE FOR DIRECT PHYSICAL LOSS
DUE TO:
MECHANICAL BREAKDOWN,
ARTIFICIALLY GENERATED CURRENT
AND STEAM EXPLOSION

THIS ADDITIONAL COVERAGE INCLUDES
THE FOLLOWING EXTENSIONS

HAZARDOUS SUBSTANCES

\$ 50,000

EXPEDITING EXPENSES

\$ 50,000

MECHANICAL BREAKDOWN COVERAGE ONLY
APPLIES WHEN BUILDING OR BUSINESS
PERSONAL PROPERTY IS SELECTED ON
THE POLICY

IDENTITY RECOVERY COVERAGE
FORM SS 41 12

\$ 15,000

COMPUTERS AND MEDIA COVERAGE
FORM SS 04 41

DEDUCTIBLE: \$ 1,000

HIRED CAR PHYSICAL DAMAGE COVERAGE
FORM SS 04 84

LIMIT PER ACCIDENT

\$ 50,000

DEDUCTIBLE: \$ 500

SPECTRUM POLICY DECLARATIONS (Continued)

0588

POLICY NUMBER: 57 SBA BI3149

BUSINESS LIABILITY	LIMITS OF INSURANCE
LIABILITY AND MEDICAL EXPENSES	\$1,000,000
MEDICAL EXPENSES - ANY ONE PERSON	\$ 10,000
PERSONAL AND ADVERTISING INJURY	\$1,000,000
DAMAGES TO PREMISES RENTED TO YOU ANY ONE PREMISES	\$1,000,000
AGGREGATE LIMITS	
PRODUCTS-COMPLETED OPERATIONS	EXCLUDED
FORM SS 05 16	
GENERAL AGGREGATE	\$2,000,000
EMPLOYMENT PRACTICES LIABILITY	
COVERAGE: FORM SS 09 01	
EACH CLAIM LIMIT	\$ 10,000
DEDUCTIBLE - EACH CLAIM LIMIT	
NOT APPLICABLE	
AGGREGATE LIMIT	\$ 10,000

RETROACTIVE DATE: 01202015

This **Employment Practices Liability Coverage** contains claims made coverage. Except as may be otherwise provided herein, specified coverages of this insurance are limited generally to liability for injuries for which claims are first made against the insured while the insurance is in force. Please read and review the insurance carefully and discuss the coverage with your Hartford Agent or Broker.

The Limits of Insurance stated in this Declarations will be reduced, and may be completely exhausted, by the payment of "defense expense" and, in such event, The Company will not be obligated to pay any further "defense expense" or sums which the insured is or may become legally obligated to pay as "damages".

BUSINESS LIABILITY OPTIONAL
COVERAGES

HIRED/NON-OWNED AUTO LIABILITY \$1,000,000

UMBRELLA LIABILITY - SEE
SCHEDULE ATTACHED

SPECTRUM POLICY DECLARATIONS (Continued)**POLICY NUMBER:** 57 SBA BI3149**BUSINESS LIABILITY OPTIONAL COVERAGES
(Continued)****LIMITS OF INSURANCE****CYBERFLEX COVERAGE
FORM SS 40 26****UNMANNED AIRCRAFT LIABILITY
IS EXCLUDED
SEE FORM: SS 42 06**

SPECTRUM POLICY DECLARATIONS (Continued)**POLICY NUMBER:** 57 SBA BI3149**ADDITIONAL INSURED: THE FOLLOWING ARE ADDITIONAL INSURED FOR BUSINESS
LIABILITY COVERAGE IN THIS POLICY.****LOCATION** 001 BUILDING 001**TYPE** MANAGER LESSOR**NAME** SEE FORM IH 12 00**TYPE** PERSON ORGANIZATION**NAME** SEE FORM IH 12 00**LOCATION** 003 BUILDING 001**TYPE** MANAGER LESSOR**NAME** SEE FORM IH 12 00**LOCATION** 005 BUILDING 001**TYPE** MANAGER LESSOR**NAME** SEE FORM IH 12 00

SPECTRUM POLICY DECLARATIONS (Continued)

POLICY NUMBER: 57 SBA BI3149

Form Numbers of Forms and Endorsements that apply:

SS 00 01 03 14	SS 00 05 10 08	SS 00 07 07 05	SS 00 08 04 05
SS 00 38 04 04	SS 00 60 09 15	SS 00 61 07 19	SS 00 64 09 16
SS 84 08 09 07	SS 12 35 03 12	SS 01 21 02 20	SS 01 26 07 18
SS 01 49 04 06	SS 42 06 03 17	SS 04 19 04 09	SS 04 22 07 05
SS 04 28 09 07	SS 04 30 07 05	SS 04 38 09 09	SS 04 39 07 05
SS 04 41 03 18	SS 04 42 03 17	SS 04 44 07 05	SS 04 45 07 05
SS 04 46 09 14	SS 04 47 04 09	SS 04 80 03 00	SS 04 84 09 09
SS 04 86 03 00	SS 40 18 07 05	SS 40 26 03 17	SS 40 60 10 12
SS 40 93 07 05	SS 41 12 06 22	SS 41 51 10 09	SS 41 63 06 11
IH 10 01 09 86	SS 05 16 03 92	SS 05 18 07 92	SS 05 47 09 15
SS 50 04 06 04	SS 50 91 12 09	SS 51 11 03 17	IH 12 05 02 21
SS 09 01 12 14	SS 09 67 09 14	SS 09 70 12 14	SS 09 71 12 14
SS 09 80 12 14	106373	IH 99 40 04 09	IH 99 41 04 09
SX 80 01 06 97	SS 83 76 12 20	SS 89 93 07 16	SS 12 23 06 11
IH 12 00 11 85 ADDITIONAL INSURED - MANAGER/LESSOR			
IH 12 00 11 85 ADDITIONAL INSURED - PERSON-ORGANIZATION			
IH 12 00 11 85 LENDER'S LOSS PAYEE			

POLICY NUMBER: 57 SBA BI3149



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

AMENDMENT OF THE DECLARATIONS - ADDITIONAL PERSONS OR ORGANIZATIONS DESIGNATED AS NAMED INSUREDS

The following person(s) or organization(s) are added to the Declarations as Named Insureds:

EYENOVIA, INC C/O POINT GUARD PARTNERS

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)

Name of MDEG Eyenovia Inc MDEG License # (if applicable) See DRIC
 Physical Address 3505 Haven Ave
 City Redwood City State CA Zip 94603
 Mailing Address (if different from physical address) 295 Madison Avenue Suite 2400
 City New York State NY Zip 10017
 Telephone 510-828-2131 Website www.eyenovia.com
 Licensing Company Email Lofulue-eze@eyenovia.com

First Lilian Middle Ndubisi Last Ofulue-Eze
 Alias(es, nicknames, name changes, etc.) Lili
 Date of Birth [REDACTED] SSN or ITIN [REDACTED] Sex ☐ M ☒ F ☐ X
 Mailing Address [REDACTED]
 City Vacaville State CA Zip 95696
 Telephone 510-828-2131 Email [REDACTED]
 Are you a citizen of the United States? ☐ 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.)		✓

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?		✓

School Name University of California Berkeley, Extension		From - To (MM/YY - MM/YY) 01/2010 - 05/2011	
Address 1995 University Avenue	City Berkeley	State CA	Zip 94704
Diploma/Degree obtained, if any Certification in Pharmaceutical Regulatory Affairs			
School Name San Francisco State University		From - To (MM/YY - MM/YY) 01/1992 - 05/1994	
Address 1600 Holloway Avenue	City San Francisco	State CA	Zip 94132
Diploma/Degree obtained, if any BS Biochemistry/Chemistry			
School Name City College San Francisco		From - To (MM/YY - MM/YY) 1986 - 1990	
Address 50 Frida Kahlo Way	City San Francisco	State CA	Zip 94112
Diploma/Degree obtained, if any AS Science			
School Name Convent of Jesus & Mary		From - To (MM/YY - MM/YY) 05/1980 - 05/1982	
Address Crownhill Road, Harlesden	City London NW10, UK	State N/A	Zip N/A
Diploma/Degree obtained, if any General Certificate of Education (GCE's)			
School Name		From - To (MM/YY - MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

From - To (MM/YY - MM/YY) 05/16 - present	Address [REDACTED]	City Vacaville	State CA	Zip 95696
From - To (MM/YY - MM/YY) 12/14 - 05/16	Address [REDACTED]	City Vacaville	State CA	Zip 95688
From - To (MM/YY - MM/YY) 05/09 - 12/14	Address [REDACTED]	City San Leandro	State CA	Zip 94578
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip

Business Name Eyenovia Inc		From - To (MM/YY - MM/YY) 01/21 - Present	
Business Address 3505 Haven Avenue	City Redwood City	State CA	Zip 94603
Phone 510-828-2131	Title Site Quality Head	Number of Employed Hours 5,960	
Description of Duties Drug representative onsite that manages the quality system and ensures compliance for all materials and products received, fabricated or distributed; enforce compliance with current state and federal legislation for wholesalers.			
Business Name See attached CV for other positions		From - To (MM/YY - MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description 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.			

1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓
2. Have you been charged, arrested or convicted of a felony or misdemeanor in <u>any</u> state?		✓
3. Have you been the subject of a board citation or an administrative action whether completed or pending in <u>any</u> state? Include all public or private actions against a professional license, not limited to a suspension, revocation, surrender or other discipline.		✓

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

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

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

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

Date

I, Lilian Ofulue-Eze, certify that as the MDEG Administrator for
Eyenovia, Inc

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

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

Lilian Ofulue-Eze

Print Name (First, Last)

DocuSigned by:
LOE 
 Original Signature: (electronic copies and stamps not accepted)
 Signing Time: 11/10/2023 | 7:52:38 AM PST
 7F8C4F561F4F4F9BB3F8DECB5E9E6959

11/11/23
 11/10/2023

Date

Board Use Only

Date Received: 11/13/23

BOARD OF PHARMACY

LICENSING DETAILS FOR: EXC 27101

NAME: OFULUE-EZE, LILIAN NDUBISI

LICENSE TYPE: DESIGNATED REPRESENTATIVE (WHOLESALER)

LICENSE STATUS: CLEAR

ADDRESS NOT DISCLOSED

LICENSE RELATIONSHIPS

NAME: EYENOVIA INC.

LICENSE/REGISTRATION TYPE: WHOLESALER

LICENSE NUMBER: 8107 **PRIMARY STATUS:** CLEAR

ADDRESS :

3505 HAVEN AVE
REDWOOD CITY CA 94083
SAN MATEO COUNTY

0599

ISSUANCE DATE

JULY 27, 2023

EXPIRATION DATE

JULY 1, 2024

CURRENT DATE / TIME

NOVEMBER 10, 2023
8:02 AM

Lilian Ofulue-Eze

Vacaville, CA 95696; [REDACTED]

PROFESSIONAL PROFILE

Dedicated quality professional with experience spanning two decades in the Biotechnological, Pharmaceutical, Medical Device and Food industries.

Detailed oriented individual, passionate about creating, developing and improving quality systems, facilitating change management, and building internal and external positive working relationships to maximize success.

SKILLS & EXPERIENCE

- | | | |
|---|-------------------------------------|-------------------------------------|
| • NSF & SQF | • Small Molecule, Biologics, Device | • Strategic Planning |
| • 21 CFR Part 111, 114, 117, 210, 211, 812, 820 and 600's | • Complaints | • Organizational Planning |
| • Policy and SOP Writing | • ISO 90001 | • Global (US, EU, AU) |
| • Internal & External Auditing | • CAPA | • Training and Development |
| • GLP & GMP Compliance | • CMC | • Project Management |
| • USP/ICH/EU/HC Guidelines | • Validation | • Leadership & Succession Planning |
| • Regulatory FDA Compliance | • Method Qualification | • Post-submission Management |
| | • HIPPA | • Support Regulatory Filings (eCTD) |

PROFESSIONAL EXPERIENCE**Eyenovia Inc.****Redwood City, CA – January 2021 – Present****Site Quality Head (Redwood City)**

- Overseeing and managing quality and compliance functions for Eyenovia's pilot/small-scale manufacturing facility located in Redwood City, CA for Gen 1.0 & Gen 2.0 products
- Facilitate in the creation and qualification of Cleanroom and establishing EM Programs
- Directed all onsite and offsite product testing for lot release activities for Gen 1.0 & Gen 2.0 products
- Designed and developed GxP Quality Systems for pharma-related operations, as needed, in a development phase-appropriate manner for preclinical, clinical, and commercial production for Gen 1.0 & Gen 2.0
- Assist with GxP QA auditing and vendor qualification for pharma-related operations, including audits of GxP service providers such as API providers, Bulk Drug CMO and EBeam Sterilization CMO
- Direct regulatory agency inspection preparation activities and other QA activities such as GEMBA Walks, Internal Audits, and annual GMP training for pharma operations
- Direct and document failure investigations related to production, audit observations, OOS events, to ensure timely closure of CAPAs and audit activities
- Identify GxP risks and mitigation plans for novel drug filling processes and GMP manufacturing areas
- Identify resource requirements, in addition to recruiting, hiring, and professionally developing staff
- Maintain project budgets and schedules to support production to meet company product supply timelines
- Direct all aspect of the Eyenovia quality systems for pharma-related operations by generating procedures and obtaining local regulatory licensure for Drug Manufacturing, Device Manufacturing and Drug Wholesale Distribution from the state of California
- Actively participates in cross-functional teams, to provide feedback, and support company objectives
- Review, approve and release of production batch records
- Facilitated change control processes for site specific production

BioZone Laboratories/Canyon Formulations**Pittsburg, CA – August 2015 – February 2021****QA Manager August 2015 – January 2018; Director of Quality (January 2018 - February 2021);**

- Implemented and Directed Cannery program with the state of California for disposition of Medicinal Food
- Implemented and facilitated various aspects of the Medical Device product line
- Directed Analytical Development, QC (Analytical & Microbiology) and QA to fulfill company objectives
- Directed all dossier updates and established registrations with the FDA/California FDB
- Reviewed production process for conformance to quality standards
- Reported and tracked any significant deviations from quality standards and recommended CAPA's to appropriate management
- Established and executed regular training for employees on quality issues, and developed programs to encourage each employee to follow cGMP
- Participated in new product development programs to ensure proper quality assurance and control plans can be implemented prior to commercial phase production
- Established audit vendor supplier program, product retain program and document life cycle program
- Determined validity of customer complaints via customer contact, blueprint interpretation and/or inspection of returned goods
- Completed quality surveys received from current or potential customers
- Acted as liaison for all matters relating to quality of produced goods internally and externally
- Ensured compliance with established policies and procedures, paying special attention to safety regulations
- Developed and maintained an effective organization through the selection, training, compensation, motivation, termination and review of all assigned employees
- Hosted all PAI's and audits for Notified bodies, Regulatory Agencies and Customers
- Managed CMO's and labs by conducting external and internal audits
- Annual Product Review's, Management Review's and Quality Manual Updates
- Supervised up to 14 Analytical, QA/QC analyst
- Reviewed/Approved Equipment, Method, Process and Cleaning Validation Protocol & Reports
- Reviewed/Approved/Dispositioned QC Results and production records for commercial distribution

Corium International Inc. Menlo Park, CA May 2005 – August 2015 (Multiple Positions)

Senior Scientist II/Stability Coordinator/Group Leader	April 2014 – August 2015
Senior Scientist I/Stability Coordinator/Lab Head	July 2007 – April 2014
Scientist II	June 2006 – March 2007
Scientist I	May 2005 – June 2006

QA/RA Responsibilities:

- CMC support for ANDA approved products and pending ANDA applications filed with FDA
- Due diligence on IGG limits
- Controlled correspondence and current OGD, CDER & CBER guidance on NDA's and ANDA's
- Maintained all inventories and documentation of retains for intermediate and final products
- Involved in CAPA's, OOS and OOT investigations
- Designed stability protocols and maintained GMP stability lots, stability chamber monitoring reports for the facility
- Performed lot dispositioning of raw materials as well as final product labeling for human clinical trials in Australia
- Conducted monthly lab logbook audits and assist QA in performing audits in various areas in the current facility

QC/Analytical Responsibilities:

- Lead analytical development/support for 8 Phase I/II projects which encompass six small molecules, one peptide and cosmetics using a traditional Transdermal platform, a novel Microneedle device, Sublingual Films, Teeth Whitening technology and cosmetics; these projects came with seven direct reports
- Implemented a comprehensive stability program that covers all current projects in my current facility using FDA guidelines in part 210, 211, 820, 600's and the International Conference of Harmonization (ICH) Q7, Q1A (R2), Q2A & Q1E
- Reviewed, executed, and summarized multiple qualifications, validations, method development, method optimization projects, QC analytical data review/CoA's

- Facilitated multiple controlled substance projects (Fentanyl, Naloxone, Sufentanil) and adhered to DEA guidelines for tracking/control
- Guided outsourced testing

Non-clinical responsibilities:

- Executed and/or coordinated various non-clinical, and pre-clinical protocols for multiple Transdermal patches/devices/Cosmetics at various sites in Michigan and California
- Involved in data review and generating/editing work instructions used in Human Clinical Trials

VaxGen Inc.

South San Francisco, CA – August 2004 – May 2005

Senior Validation Analyst

- Coordinated and implemented activities related to the validation of current and provisional SOP's (SOP writing, prevalidation assays, write validation protocols, execute protocols and write reports), suitable for FDA licensure
- Facilitated the validation of LAL, SDS-CE, SDS-PAGE, HPLC-RP, Spore formation, pH, Osmolality and BCA to support an anti-Anthrax vaccine BLA.
- Wrote, reviewed, executed, validation protocols, reports and standard operating procedures in support of external submissions
- Plan short and long-term resource needs in support of VaxGen project timelines

Onyx Pharmaceuticals

Richmond, CA – May 2000 – January 2003

Team Leader

- Researched and developed a Dynamic Light Scattering method used to determine the purity and identity of Adenoviruses and an Infectivity determination assay using Flow Cytometry
- Evaluated a novel approach to determine Adenovirus impurities by using an online tri-modal DLS
- Cross-trained four analysts in assay services and successfully transferred a flow cytometry assay used for the determination of Adenovirus expression in HEK 293 cells from research, an LAL assay for residual Endotoxins in Dru Product, a Host Cell Protein ELISA and a Western Blot assay
- Developed an Assay Service team (5-people) to facilitate the optimization of Onyx-015 (An Adenovirus) manufacturing processes by providing analytical results from AEX-HPLC, Dynamic Light Scattering, CPE, Plaque, BCA, UV-VIS Spectroscopy, Picogreen, Western Blot, ELISA, Flow Cytometry, and SDS-PAGE test methods
- Assay Services results for Anion Exchange, Picogreen and SDS-PAGE results were used to recommend the elimination of Benzonase a costly reagent used in the midstream process of the Onyx-015 production
- Reviewed, approved, disseminated and maintained thousands of analytical results/samples used to support and initiate Adenovirus process changes and evaluate potential new products
- Coordinated the work of assay services acting as a liaison with process sciences and research to resolve complex assay issues, fulfilling the needs of Onyx-015, RB411 and other virus production projects enabling Onyx to meet company deadlines
- Served as a liaison with Xoma Inc. the CMO for Onyx-015 to prepare QC samples, resolve QC testing issues, and generate analytical data on various batches to optimize the scale-up process

Alza Corporation (Johnson & Johnson).

Palo Alto, CA – August 1996 – May 2000

Protein Analytical Chemist

- Performed HPLC method development validation, optimization, and the analysis of a linear peptide used for prostate cancer via a drug delivery osmotic pumping device.
- Designed and conducted analytical, computer-generated modeling to develop IEX and RP-HPLC methods
- Performed HPLC-SEC, RP-HPLC for content and purity stability analysis on samples used for the IND and NDA submissions
- Maintained large databases using excel for the ongoing Drug release rates of the current ICH batches used for the NDA submission of Viadur™

Systemix (Novartis)**Palo Alto, California (March 1994 -August 1996)****Research Associate II**

- Developed Western Blots, HPLC-SEC, IEF and SDS-PAGE assays for Systemix's proprietary antibodies and conjugates
- Performed stability studies on all in-house antibodies and conjugates via HPLC-SEC, UV Spectroscopy, SDS-PAGE and flow cytometry (for the functionality of specific antigens in stem cells).
- Performed quantitation via affinity chromatography on cell culture supernatants, and some N-terminal sequencing analysis on IgG's
- Determined the molecular weight of the heavy and light chains (IgG's) by using SDS-PAGE in conjunction with MALDI-TOF
- Generated and reviewed the analytical packages for CMC section of IND of 5 Mabs and four monoclonal conjugates
- Maintained adherent and suspension cell lines, familiar with ATCC cell handling and passage protocol
- Supported media preparation using sterile techniques
- Moonlighted in manufacturing to help purify the Bone Marrow of patients with multiple myeloma by isolating their Monocytes and staining them with five conjugated monoclonal antibodies

EDUCATION

- Bachelor of Science, Biochemistry; Minor in Chemistry – San Francisco State University, San Francisco, CA 1994

AFFILIATIONS/CERTIFICATIONS

- Regulatory Affairs Certification – University of California, Berkeley Extension, CA (2012)
- RAPS (2011)
- ASQ (2021)

Eyenovia Redwood City Employee Roster

- Matthew Finch – Director of Portfolio Strategy and Management
- Youngmin Jo – QA/QC Analyst
- Brian Le – Manufacturing Technician II
- Peter Le – Lead Operator
- Jose Alberto Leon Armenta – Senior Supply Chain Manager
- Benjamin Matthias – Staff Engineer
- Lilian Ofulue-Eze – Site Quality Head
- Robert Richardson – General Manager II
- Jorge Ruano-Torres – Production Manager
- Vanessa Urgel – Manufacturing Technician I
- Leo Jose Villanueva – Manufacturing Technician I
- Wei Tong Yuan – Engineer I

Table of Contents

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
WASHINGTON, DC 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: 001-38365

EYENOVIA, INC.

(Exact name of Registrant as Specified in Its Charter)

DELAWARE (State or Other Jurisdiction of Incorporation or Organization)	47-1178401 (I.R.S. Employer Identification No.)
295 Madison Avenue, Suite 2400 NEW YORK, NY	10017
(Address of Principal Executive Offices)	(Zip Code)

Registrant's telephone number, including area code: (833) 393-6684
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	EYFN	The Nasdaq Stock Market LLC

Securities registered pursuant to Section 12(g) of the Act: none

Indicate by check mark if the registrant is a well-known seasoned issuer, as defined in Rule 405 of the Securities Act. Yes ☐ No ☒

Indicate by check mark if the registrant is not required to file reports pursuant to Section 13 or 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: ☐

Non-accelerated filer: ☒

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 ☒

Auditor PCAOB ID Number: 688

Auditor Name: Marcum LLP

Auditor Location: New York, NY

The aggregate market value of the voting and non-voting common equity held by non-affiliates computed by reference to the price at which the common equity was last sold as of June 30, 2022 (based on the closing price of \$1.95 on June 30, 2022, the last trading day of the registrant's most recently completed second fiscal quarter), was approximately \$53,095,760. Common stock held by each officer and director and by each person known to the registrant who owned 10% or more of the outstanding common stock have been excluded in that such persons may be deemed to be affiliates. This determination of affiliate status is not necessarily a conclusive determination for other purposes.

The number of outstanding shares of the registrant's common stock was 37,991,746 as of March 28, 2023.

DOCUMENTS INCORPORATED BY REFERENCE

Portions of the registrant's proxy statement for its 2023 Annual Meeting of Stockholders currently scheduled to be held on June 12, 2023 are incorporated by reference into Part III hereof.

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Eyenovia, Inc.
Form 10-K
For Year Ended December 31, 2022

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Table of Contents**PART I****CAUTIONARY NOTE REGARDING FORWARD-LOOKING STATEMENTS**

This Annual Report on Form 10-K contains "forward-looking statements" that involve risks and uncertainties, as well as assumptions that, if they never materialize or prove incorrect, could cause our results to differ materially from those expressed or implied by such forward-looking statements. The statements contained in this Annual Report on Form 10-K that are not purely historical are forward-looking statements within the meaning of Section 27A of the Securities Act of 1933, as amended, or Securities Act, and Section 21E of the Securities Exchange Act of 1934, as amended, or Exchange Act. Such forward-looking statements include our estimates regarding expenses, future revenue, capital requirements and our need for additional financing and other financial items; any statements of the plans, strategies and objectives of management for future operations; any statements about the advantages of our product candidates and platform technology; estimates regarding the potential market opportunity for our product candidates and platform technology; statements regarding our clinical trials; factors that may affect our operating results; statements about our ability to establish and maintain intellectual property rights; statements about our ability to retain key personnel and hire necessary employees and appropriately staff our operations; statements related to future capital expenditures; statements related to future economic conditions or performance; and other matters that do not relate strictly to historical facts or statements of assumptions underlying any of the foregoing. Forward-looking statements are often identified by the use of words such as, but not limited to, "anticipate," "believe," "can," "continue," "could," "estimate," "expect," "intend," "may," "might," "will," "plan," "project," "seek," "should," "target," "would," and similar expressions or variations intended to identify forward-looking statements. These statements are based on the beliefs and assumptions of our management based on information currently available to management. Such forward-looking statements are subject to risks, uncertainties and other important factors that could cause actual results and the timing of certain events to differ materially from future results expressed or implied by such forward-looking statements. Factors that could cause or contribute to such differences include, but are not limited to, those discussed in the section titled "Summary Risk Factors" described below and "Risk Factors" included in Item 1A of Part I of this Annual Report on Form 10-K, and the risks discussed in our other U.S. Securities and Exchange Commission, or SEC, filings. Furthermore, such forward-looking statements speak only as of the date of this report. Except as required by law, we undertake no obligation to update any forward-looking statements to reflect events or circumstances after the date of such statements.

As used in this report, the terms "Eyenovia, Inc.," "Eyenovia," "Company," "company," "we," "us," and "our" mean Eyenovia, Inc. and its subsidiaries unless the context indicates otherwise.

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Summary Risk Factors

Some of the factors that could materially and adversely affect our financial condition, results of operations, cash flow, the market price of shares of our common stock or our prospects include, but are not limited to, the following. You should read this summary together with the more detailed description of each risk factor contained in Item 1A "Risk Factors" in this Annual Report on Form 10-K.

Risks Related to Our Financial Position and Need for Additional Capital

- We might not be able to continue as a going concern, which would likely cause our stockholders to lose most or all of their investment.
- Adverse developments affecting the financial services industry could adversely affect our current and projected business operations and its financial condition and results of operations.
- We will need to raise additional capital in order to continue developing our product candidates and to manufacture and commercialize them.
- We have incurred operating losses since our inception. We expect to continue to incur losses for the foreseeable future and might never achieve or maintain profitability.
- Our relatively short operating history may make it difficult for investors to evaluate the success of our business to date and to assess our future viability.

Risks Related to Development and Commercialization of Our Product Candidates

- We are dependent on the success of our Mydcomb1, MicroPine, and MicroLine product candidates and our and our licensees ability to develop, obtain marketing approval for and successfully commercialize these product candidates.
- Delays in the commencement or completion of clinical testing of product candidates we are developing or may develop in the future may occur and could result in significantly increased costs and longer timelines and could impact our ability to ever become profitable.
- Our product candidates may cause undesirable side effects or have other properties that could delay or prevent their regulatory approval and limit the commercial profile of an approved label, and such side effects or other properties could result in significant negative consequences following any marketing approval of any of our product candidates.
- We might not be able to develop marketable products utilizing our technology and we might not be able to identify and successfully implement an alternative product development strategy.
- If the market opportunities for our product candidates are smaller than we believe they are, our product revenues may be adversely affected and our business may suffer.
- The commercial success of our product candidates will depend in large part on the degree of market acceptance among ophthalmologists and optometrists, patients, patient advocacy groups, third-party payors and the medical community.

Risks Related to Regulatory Approval of Our Product Candidates and Other Legal Compliance Matters

- The regulatory approval processes of the U.S. Food and Drug Administration, or FDA, and comparable foreign authorities are lengthy, time-consuming and inherently unpredictable. If we are not able to obtain required regulatory approval for any of our current or future product candidates, our business may be materially and adversely affected.
- Even if we receive regulatory approval for any of our product candidates, we will be subject to ongoing regulatory obligations and continued regulatory review, which may result in significant additional expense. Additionally, our product candidates, if approved, could be subject to post-market study requirements, marketing and labeling restrictions, and even recall or market

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withdrawal if unanticipated safety issues are discovered following approval. In addition, we may be subject to penalties or other enforcement action if we fail to comply with regulatory requirements.

Risks Related to Our Business Operations and Managing Growth

- We are highly dependent on the services of our senior management team, including our Chief Executive Officer, and if we are not able to retain these members of our management team or recruit and retain additional management, clinical, scientific and sales personnel, our business will be harmed.
- We have limited corporate infrastructure and may experience difficulties in managing growth.

Risks Related to Our Dependence on Third Parties

- We rely on third parties to conduct, supervise, and monitor our clinical trials and perform some of our research and preclinical studies. If these third parties do not satisfactorily carry out their contractual duties or fail to meet expected deadlines, our development programs may be delayed or subject to increased costs, each of which may have an adverse effect on our business and prospects.
- We are contracting with third parties for the manufacture of components of our product candidates, particularly for commercialization, just as we do to provide materials required for the production of the Optejet and for some of our current research and development activities. This reliance on third parties increases the risk that we will not have sufficient quantities of our product candidates or such quantities at an acceptable cost, which could delay, prevent or impair our development and commercialization efforts.
- If we, our service providers or our third-party manufacturers fail to comply with environmental, health and safety laws and regulations, we could become subject to fines or penalties or incur costs that could harm our business.

Risks Related to Our Intellectual Property and Potential Litigation

- Our success depends on our ability to protect our intellectual property and proprietary technology.
- Our patents covering our proprietary technology may be subject to challenge, narrowing, circumvention and invalidation by third parties.
- We cannot be sure that we were the first to make the technologies claimed in our patents or patent applications or that we were the first to file for patent protection.
- The patent application process is subject to numerous risks and there can be no assurance that we will be successful in obtaining patents for which we have applied.
- Obtaining and maintaining patent protection of our technologies depends on compliance with various procedural, document submission, fee payment and other requirements imposed by governmental patent agencies, and our patent protection could be reduced or eliminated for non-compliance with these requirements.
- We may become involved in lawsuits to protect or enforce our patents or other intellectual property, which could be expensive, time consuming and unsuccessful.
- If we fail to comply with our obligations under our existing and any future intellectual property licenses with third parties, we could lose license rights that are important to our business.

Table of Contents***Risks Related to Ownership of Our Common Stock***

- A significant portion of our total outstanding shares may be sold into the market in the near future, which could cause the market price of our common stock to drop significantly, even if our business is performing well.
- The price of our common stock has been, and may continue to be, volatile and may fluctuate substantially, which could result in substantial losses for purchasers of our common stock.
- We have broad discretion in the use of our cash, including the net proceeds from our financings, and might not use them effectively.

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Item I. Business.

Corporate Information

We were organized as a corporation under the laws of the State of Florida on March 12, 2014 under the name "PGP Holdings V, Inc." On May 5, 2014, we changed our name to Eyenovia, Inc. On October 6, 2014, we reincorporated in the State of Delaware by merging into Eyenovia, Inc., a Delaware corporation. Our principal executive office is located at 295 Madison Avenue, Suite 2400, New York, NY 10017, and our phone number is (833) 393-6684. Our website is www.eyenovia.com. Information contained on, or that can be accessed through, our website is not incorporated by reference into this report, and you should not consider information on our website to be part of this report.

Overview

We are a pre-commercial ophthalmic technology company developing the Optejet® delivery system both for use in combination with our own drug-device therapeutics and for out-licensing for use in combination with therapeutics for additional indications. Our aim is to improve the delivery of topical ophthalmic medication through the ergonomic design of the Optejet which facilitates ease-of-use and delivery of more physiologically appropriate medication volume, with the goal to reduce side effects and improve tolerability, and introduce digital health technology to improve therapy compliance and ultimately medical outcomes.

The ergonomic and functional design of the Optejet® allows for horizontal drug delivery and eliminates the need to tilt the head back or the manual dexterity to squeeze a bottle, in order to administer medications. Drug is delivered in a microscopic array of droplets faster than the blink reflex to help ensure instillation success. The precise delivery of a low-volume columnar spray by the Optejet® minimizes contamination with a non-protruding nozzle and self-closing shutter. In clinical trials, the Optejet® has demonstrated that its targeted delivery achieves a high rate of successful administration, with 98% of sprays being accurately delivered upon first attempt compared to the established rate reported with traditional eye drops of ~ 50%.

A more physiologically appropriate volume of medication in the range of seven to nine microliters is delivered by the Optejet, which is approximately one fifth of the 35 to 50 microliter dose typically delivered in a single eye drop. A lower volume of medication exposes the ocular surface to less active ingredient and preservatives, potentially reducing ocular stress and surface damage and improving tolerability. The lower volume also minimizes the potential for drugs to enter systemic circulation, with the goal of avoiding some common side effects that are related to overdosing of the eye.

We are developing versions of the Optejet with on-board digital technology to provide reminders via Bluetooth to smart devices and date and time stamp device use. This information can then be used by practitioners and health care systems to measure treatment compliance and improve medical decision making. In this way, the Optejet could serve as an extension of the physician's office by providing information that is not currently possible to collect except through the use of diaries.

Our drug-device therapeutic programs include MicroPine, MicroLine and Mydcombi™. MicroPine is our first-in-class topical therapy for the treatment of progressive myopia, a back-of-the-eye ocular disease associated with pathologic axial elongation and sclero-retinal stretching. In the United States, myopia is estimated to affect approximately 25 million children, with up to five million considered to be at high risk for progressive myopia. In February 2019, the FDA accepted our investigational new drug application, or IND, to initiate a Phase III registration trial of MicroPine, or the CHAPERONE study, to reduce the progression of myopia in children. The first patient was enrolled in the CHAPERONE study in June 2019. On October 9, 2020, we entered into a license agreement, or the Bausch License Agreement, with Bausch + Lomb, pursuant to which Bausch + Lomb may develop and commercialize MicroPine in the United States and Canada. Under the terms of the Bausch License Agreement, we received an upfront payment of \$10.0 million and we may receive up to a total of \$35.0 million in additional payments, based on the achievement of certain regulatory and launch-based milestones. Bausch + Lomb also will pay royalties to Eyenovia on a tiered basis (ranging from mid-single digit to mid-teen percentages) on gross profits from sales of MicroPine in the United States and Canada, subject to certain adjustments. Under the terms of the Bausch License Agreement, Bausch + Lomb assumed sponsorship of the IND as well as ownership and the costs related to the ongoing CHAPERONE study.

We have also successfully expanded our manufacturing capabilities through a partnership with Coastline International, Inc. located in Tijuana, Mexico, and the construction of our own fill and finish facility in Redwood City, California. As of the date of filing, we are up-to-date supplying clinical product for this study.

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MicroLine is our investigational pharmacologic treatment for presbyopia. Presbyopia is a non-preventable, age-related hardening of the lens, which causes the gradual loss of the eye's ability to focus on near objects and impairs near visual acuity. Allergan recently launched Vuity™, a pilocarpine drug product for the treatment of presbyopia. Our second Phase III study, VISION-2, used the same drug, delivered with the advantages of the Optejet®. We released positive top-line results from VISION-2 in the fourth quarter of 2022.

Mydcombi™ is our fixed combination formulation of tropicamide-phenylephrine for mydriasis and a novel approach for the over 100 million office-based comprehensive and diabetic eye exams estimated to be performed every year in the United States. We completed two Phase III trials for Mydcombi and announced positive results from these studies, known as MIST-1 and MIST-2, and have submitted a New Drug Application, or NDA, to the FDA seeking approval to market the product in the U.S. In October 2021, we received a complete response letter, or CRL, in response to our NDA, which in part informed us that pre-filled or co-packaged ophthalmic drug dispenser products like Mydcombi have been reclassified as drug-device combination products. This reclassification was based upon the U.S. Court of Appeals for the D.C. Circuit's decision in Genus Medical Technologies v. FDA, not involving Eyenovia, which ordered that products meeting the statutory definition of a device, but were previously classified by the FDA as drugs must be regulated as devices. Before this ruling, the FDA regulated pre-filled or co-packaged ophthalmic dispensers as part of the approved ophthalmic drug distributed and sold with the dispenser. After the ruling, however, the dispenser must be considered as a distinct device constituent part of a drug-device combination product. We resubmitted the NDA on November 8, 2022, and the FDA is currently reviewing our application with a Prescription Drug User Fee Act (PDUFA) target action date of May 8, 2023.

On August 10, 2020, we entered into a license agreement, or the Arctic Vision License Agreement, with Arctic Vision (Hong Kong) Limited, or Arctic Vision, which was amended on September 14, 2021, pursuant to which Arctic Vision may develop and commercialize MicroPine, MicroLine and Mydcombi in Greater China (mainland China, Hong Kong, Macau and Taiwan) and South Korea. Under the terms of the Arctic Vision License Agreement, as amended, we received an upfront payment of \$4.25 million before any payments to Senju Pharmaceutical Co., Ltd., or Senju. In addition, we may receive up to a total of \$39.7 million in additional payments, based on various development and regulatory milestones, including the initiation of clinical research and approvals in Greater China and South Korea, and development costs. Arctic Vision also will purchase its supply of MicroPine, MicroLine and Mydcombi from Eyenovia or, for such products not supplied by Eyenovia, pay a mid-single digit percentage royalty on net sales of such products, subject to certain adjustments. We will pay between 30 and 40 percent of such payments, royalties, or net proceeds of such supply to Senju pursuant to an exclusive license agreement with Senju dated March 8, 2015, as amended.

We are in active discussions with manufacturers of existing and late-stage ophthalmic medications to explore whether development with the Optejet technology can solve unmet medical and business needs. Some of those business needs could include extension of exclusivity under the Optejet patents, improvement in a drug's tolerability profile, or potential improvement in treatment compliance.

The following summarizes our product pipeline and anticipated milestones:

Product Candidate	Indication	Next Expected Milestones
MicroLine	Improvement in Near Vision (Presbyopia)	Pre-NDA meeting April 2023
MicroPine	Pediatric Myopia Progression (Near-Sightedness)	Phase III CHAPERONE IND transferred to Bausch + Lomb
Mydcombi	Pharmaceutical Mydriasis (Pupil Dilation)	Potential FDA approval date May 8, 2023

Our Strategy

Our goal is to become a leading developer and provider of advanced ophthalmic therapies based upon our microdose array print (MAP) platform technology and digital health platform for interactive patient care. These unique products would be commercialized by us and/or our partners globally. The key elements of our strategy to achieve this goal are:

Establish a portfolio of first-in-class piezo-print micro-therapeutic products for multiple eye treatments through the 505(b)(2) pathway with the FDA. We are focused on integrating our next-generation technology with therapeutic compounds already well established in the topical treatment of ophthalmic indications. We believe that the 505(b)(2) registration pathway, which reduces development risk compared to new molecular entity programs by working with known compounds with well-established safety and efficacy profiles, will be available for our development pipeline. We believe our pipeline of patented micro-therapeutic product

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candidates is highly differentiated by our improved tolerability and enhanced compliance profile and that our late-stage development programs could lead to additional NDA submissions in novel indications where the products can have unique dosing and therapeutic profiles. We believe that this could lead to favorable pricing and a reduced risk of generic competition.

Improve clinical outcomes and patient experiences while providing an improved tolerability profile with our microdose therapeutics. We believe the Optejet will allow for high precision targeted microdosing for multiple eye treatments, while eliminating ophthalmic over-dosing and reducing ocular exposure to toxic preservatives and pharmacologic ingredients compared to conventional eye drop delivery mechanisms. Our clinical trials have demonstrated similar efficacy to eye drops, improved side effect profile and enhanced patient experience with the Optejet as compared to conventional eye drops.

Leverage our electronic, smartphone-enabled "e-health" technology to introduce and develop patient-specific compliance monitoring program. The Optejet's mobile e-health technology is designed to track when a patient administers treatments, allowing physicians to monitor patient compliance more accurately. We believe this could enhance patient compliance and improve compliance monitoring by empowering patients and physicians with access to dynamic, real-time monitoring and compliance data for a more intelligent, informed and personalized therapeutic paradigm.

Develop next-generation targeted microdose treatments for other ophthalmic diseases independently or in collaboration with third parties. The Optejet also may be suitable for new molecular entities and applications. Leveraging our existing platform technology, we plan to continue developing, either independently or through strategic relationships with third parties, other product candidates for various eye diseases that can be administered using the Optejet and additional applications for the Optejet.

Develop therapeutic solutions for ophthalmic conditions with high unmet needs and no approved therapy. We plan to target chronic ophthalmic conditions with a high unmet medical need. By leveraging our piezo-print microdosing technology, we aim to reach conditions where there are no approved drug therapies. For example, our MicroPine program involves a proprietary formulation of low-dose atropine intended to slow myopia progression in the pediatric population. There are currently no commercially-available medical therapies in the United States to treat this indication.

Limitations of Conventional Eye Therapies

Our microdosing platform technology aims to address the following issues associated with conventional eye drop-based therapies:

Dosing and ease of administration

Multiple third-party studies have confirmed challenges with administering conventional eye drops, which include overdosing, poor compliance, imprecise dosing, variability in drop size, and difficulty with self-administration. One study in patients who were experienced in using eye drops and undergoing treatment for glaucoma for at least six months documented that nine out of ten patients were unable to administer treatment correctly at the end of the six-month study. Patients on average administered almost twice the necessary number of drops with a mean number of drops instilled at 1.8 (± 1.2) and one patient administered up to eight drops at one time. In addition, approximately 75% of patients risked bottle contamination or potential ocular trauma by having the eye drop container touch their eyes. Another larger study in 139 patients demonstrated that the proportion of patients able to correctly administer their eye drops was only 22%–30%. Similarly, other studies have demonstrated that the vast majority of patients either overdose or do not administer the required therapy to the eye correctly, which may lead to additional side effects or lack of efficacy.

Side effects associated with conventional eye drop therapies

Topical eye therapies are administered using traditional eye drop pipette approaches. While average tear volume of the eye is 6–8 μL , current eye drop therapies can involve administration of 30–50 μL of liquid containing preservatives and pharmaceutical ingredients. Thus, traditional drops can severely overdose the eye, which, depending on the ingredients, can be associated with ocular side effects including hyperemia, or increased blood flow to the eye, redness, discomfort, stinging, blurred vision, burning, itching, excessive tearing, eye pain, iris pigment changes, foreign body sensation, pigment discoloration, periorbital dermatitis and sunken eye. For some topical medications, there also can be cardiovascular side effects such as changes in heart rate and arrhythmia that are caused when medications are absorbed into the circulation system from overdosing both through conjunctiva absorption and when drugs flow into the nose through the naso-lacrimal duct and are absorbed into the systemic circulation or swallowed. For example, phenylephrine can cause cardiovascular adverse reactions including an increase in blood pressure, syncope, myocardial infarction, tachycardia,

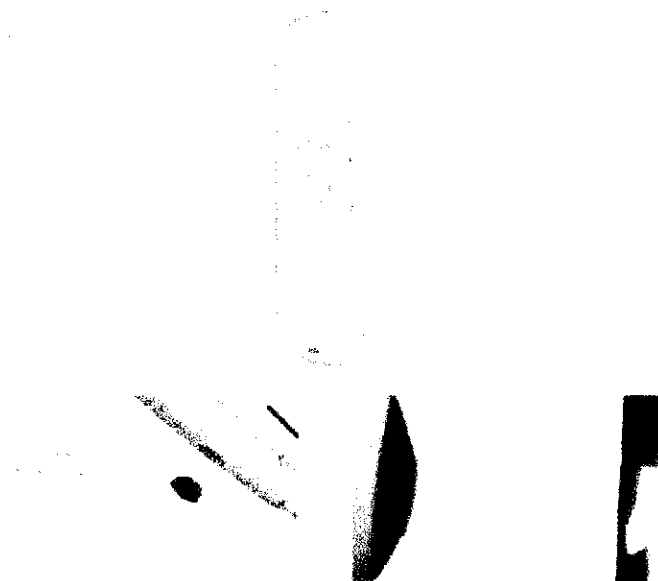
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arrhythmia and subarachnoid hemorrhage. Severe respiratory reactions and cardiac reactions, including death due to bronchospasm in patients with asthma, and rarely death in association with cardiac failure, have been reported following systemic or ophthalmic administration of timolol maleate.

Mydcombi contains tropicamide and phenylephrine. However, as demonstrated in our two Phase III studies for this product candidate, patients administering Mydcombi reported few ocular adverse events and no systemic adverse events when they administered our microdosed product candidate. Compared with historical data for traditional eye drops, Mydcombi appeared to be much better tolerated, with low systemic absorption of phenylephrine alone.

With the Optejet platform technology, we believe that the known adverse event profile of pilocarpine, including headaches, also may be moderated to make MicroLine the preferred choice for presbyopia over other potential pilocarpine drop options. The same is true with MicroPine, where we believe that microdosing may result in a better tolerated product for children using topical ophthalmic atropine.

Our Solution: The Optejet



The Optejet dispenser delivers doses of approximately 7-9 μL , directly coating the corneal surface where 80% of intraocular drug penetration occurs. We believe that microdosing may reduce drug and toxic preservative exposure by more than 75%, thus reducing ocular irritation, and resulting in potentially gentler treatments without compromising the desired clinical effect.

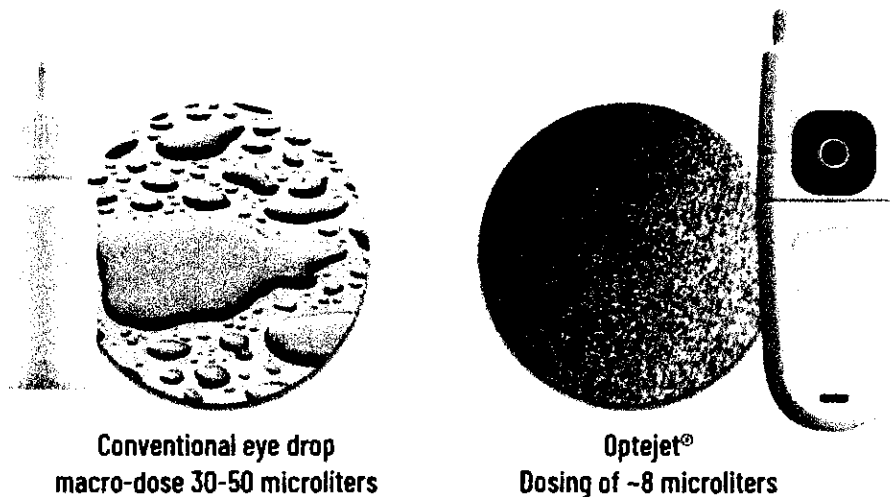
We believe that we are one of the only companies with clinical stage technology for targeted microdosing of ophthalmic investigational therapies having fully completed the Phase III clinical studies needed and made an NDA submission. The Optejet is based on MAP, which is also used for pixel-sharp high-precision inkjet printing. The technology is optimized for and applied in ophthalmic delivery to achieve microdosing that can be many times more precise than conventional eye droppers. In addition, our smart, electronic system provides the capability to track when patients administer their medications and deliver this information to patients and physicians via Bluetooth connectivity. Thus, physicians can make decisions regarding therapeutic regimens with knowledge of patient compliance.

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The FDA has determined that our products will be treated as combination drug/device products, with CDER as the lead reviewing center. As such, we do not anticipate needing separate FDA approval for the Optejet dispenser alone.

Microdose administration of topical ophthalmic drugs with the Optejet has been tested in preclinical models and clinical trials and shown to provide many advantages over administrations of eye drops. Key advantages of the Optejet include:

Dose reduction: Our microdose delivery technology is designed to achieve precise volumetric control at the microliter level to deliver approximately 8 μL , which is the physiologic capacity of the tear film. This compares favorably to the volume of an eye drop (30–50 μL), which can result in overdosing, ocular toxicity and systemic leaching into the plasma.



Targeted dose instillation: The Optejet allows for targeted delivery to the ocular surface and cornea, avoiding the conjunctival cul-de-sac. The micro-jet spray created by the piezo-electric vibrations is columnated and focused to provide accurate delivery to the corneal surface where the majority of ocular penetration occurs. Additionally, the Optejet is designed with an LED targeting mechanism to facilitate proper positioning and objective alignment, thus increasing the likelihood of successful dose delivery.



Speed of delivery: Our piezo-print technology is similar to high-precision ink-jet printing. Unlike a simple aerosolized mechanism, the Optejet is designed with ejection control that creates a fast and targeted micro-jet delivery. Solution is dispensed to the

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ocular surface in less than 100 milliseconds between the time the first droplet hits the corneal surface to the completion of dose delivery, which is faster than the average involuntary blink response time.



Smart electronics: A key feature of the Optejet is the embedded electronic, Bluetooth enabled “e-health” system, which we believe is the first intelligent electronic delivery system for ophthalmic therapies. Our electronic functions are designed to enable patients and physicians to track when doses are administered. We believe this technology will improve compliance and chronic disease management by empowering patients and physicians with access to dynamic, real time monitoring and compliance data for a more intelligent and personalized therapeutic paradigm. Recent changes in payment codes now provide a way for healthcare providers to bill for this important service.

Clinical Trial Results

We have an established platform for microdose administration of ophthalmic solutions. Our preclinical and clinical studies suggest that a microdose of approximately 8 μ L of medication results in clinical efficacy comparable to that of traditional eye drops, with the advantages of fewer ocular side effects and less systemic exposure. We can use our platform technology with either new or existing molecular entities. We have chosen the latter path for our initial pipeline product candidates.

Prior to initiation of our Phase III clinical studies, we conducted multiple preclinical and early phase studies to validate our piezo-print microdose delivery platform. Data from a canine model of glaucoma demonstrated more than 40% IOP lowering effect at microdose of 8–9 μ L latanoprost. Another independent microdose study published in the Journal of Investigative Ophthalmology and Visual Science in 2014 further demonstrated that 3 μ L microdose with timolol 0.5% can reduce systemic plasma levels of the drug by a factor of 17.

Diurnal IOP Lowering Effect of a Microdose of Latanoprost Delivered by Pipette vs. Piezo-Print Dispenser in a Canine Model

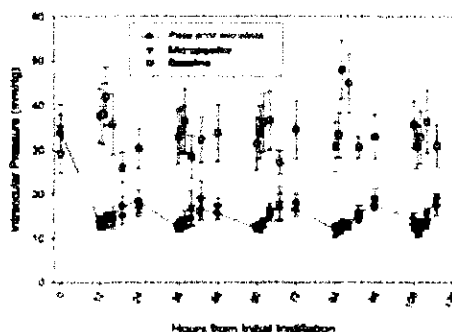
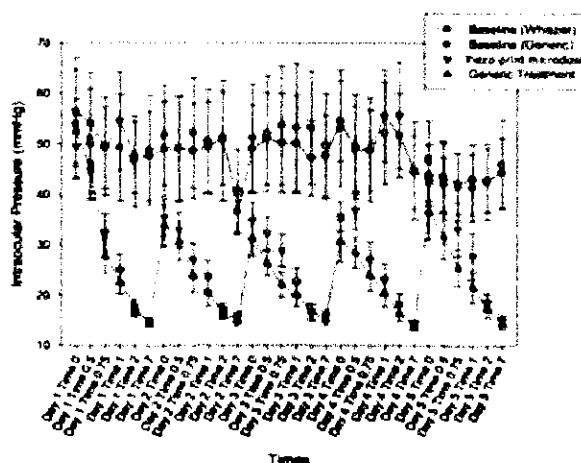


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IOP Lowering Effect of Micro-Therapeutic Dose of Latanoprost in Canine Model



The Phase II EYN-1601 clinical trial compared the mydriatic effect of phenylephrine 10% microdosed (~7 μ L in volume) with the Optejet (EYN) to phenylephrine 10% (PE 10%) and phenylephrine 2.5% (PE 2.5%) eye drops (each ~32 μ L in volume) in 24 eyes. At 75-minute peak dilation, our microdose provided similar mydriatic results (at approximately 1/4 of the dose exposure) to the 10% phenylephrine drops, and superior activity compared to 2.5% phenylephrine drops.

Shown below is mean pupil diameter change from baseline for the 24 eyes studied. The asterisk at t=75 min indicates EYN is statistically better than PE 2.5% ($p=0.009$).

PUPIL DIAMETER, INCREASE FROM BASELINE, MM

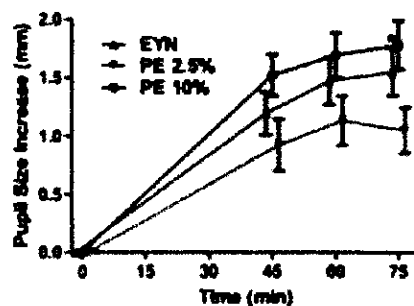
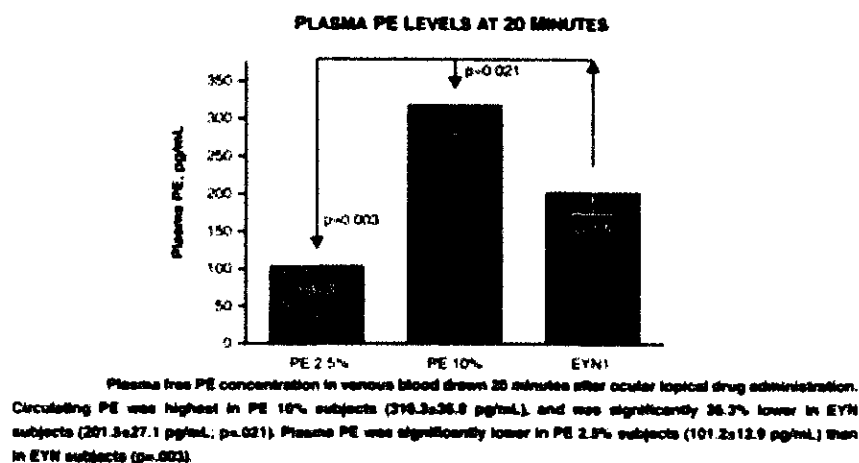


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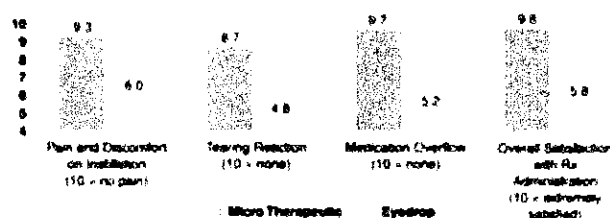
This study was also informative with regard to systemic drug exposure of these topical treatments. As shown below, microdosed phenylephrine 10% (EYN1) demonstrated 35–40% lower plasma levels as compared with phenylephrine 10% eye drops (PE 10%).



As shown in the table below, there were also fewer ocular adverse events in the microdosed group (EYN) suggesting an improvement in tolerability as compared to 10% phenylephrine eye drops (PE 10%).

OCULAR ADVERSE EVENTS BY TREATMENT		
Adverse Event Description	PE 10% (Eyedrops)	EYN (PE 10% microdose)
Ocular blurriness	1	0
Ocular burning/stinging/irritation	4	1
Ocular dryness	2	0
<i>Subtotal by Treatment Group</i>	7	1

The EYE-103 study investigated a combination of phenylephrine and tropicamide microdose treatment administered using the Optejet compared to conventional eye drops in 102 subjects (204 eyes). In this study, microdosing produced equivalent pupil dilation to eye drops and 91% of participants preferred medication administration with the Optejet versus eye drops (6% preferred eye drops, while 3% expressed no preference [$p < 0.0001$]). On a scale of 1 to 10, with 10 being most favorable, general satisfaction scores were higher with Optejet administration versus eye drops (9.8 ± 0.6 for Optejet vs 5.8 ± 3.0 for eye drops). Ocular comfort scores were nearly two times better with the Optejet than with eye drops.

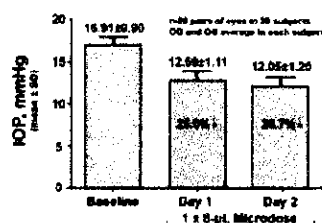


In 2018, Eyenovia completed a third early phase trial (EYN-POC-PG-21) to extend the findings of the two previous trials evaluating Optejet administration of mydriatic agents. This study was a single-center, open-label, prospective, crossover design evaluating the usability, patient tolerability, and proof-of-concept of microdose administration of commercial latanoprost 0.005% using

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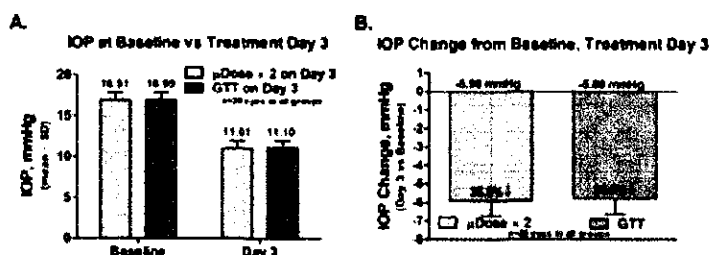
the Optejet. Thirty healthy volunteer subjects (60 eyes) were evaluated for eligibility and consented to study participation. Subsequently, at each of three treatment visits, IOP was measured in the morning. Afterwards, on Treatment Days 1 and 2, a single 8- μ L microdose of latanoprost 0.005% ophthalmic solution was administered to each eye using the Optejet. On the morning of Treatment Day 3, each subject received 2 $\times$ 8- μ L Optejet microdoses (administered approximately 5 minutes apart) in one eye and the other eye received a single eye drop of latanoprost 0.005% ophthalmic solution. For each treatment day, IOP was measured 1, 7, 12, and 24 hours after receiving medication and a mean diurnal IOP was calculated from the four readings. As shown below, mean IOP after medication administration on Days 1 and 2 was lowered by 25.0% and 28.7%, respectively.

Mean Bilateral IOP at Baseline, Days 1 & 2



Mean bilateral IOP and percent change in IOP in eyes dosed using the Optejet through Treatment Day 2 (N = 29 pairs of eyes from 29 evaluable subjects)

As shown below, on Day 3, mean IOP was 35.5% lower than baseline for eyes receiving microdose latanoprost 0.005% using the Optejet, and 35.0% lower than baseline for eyes receiving a single drop of latanoprost 0.005%.



IOP AT DAY 3 (N=29 EYES OF 29 SUBJECTS PER TREATMENT)

No clinically significant changes were noted in slit lamp observations (including hyperemia) for any subjects who received study treatment and no adverse events were reported. Subjects reported no-to-negligible ocular discomfort after medication administration using the Optejet.

Investigator-administered medication using the Optejet was evaluated in 60 eyes (1 spray/cyc) on Days 1 and 2, and in 30 eyes (2 sprays/cyc) on Day 3. Optejet administration was successful on the first attempt in 172 of the 180 cases (96%). Subject head movement and/or blinking and investigator proficiency with Optejet use resulted in the need for additional administration in the remaining 4% of cases, the majority of which (6/8) occurred on Day 1. Administration success was achieved on the first attempt on all Day 3 cases. There were no reports of unintentional overdosing, tear fluid overflow, or the dispenser nozzle touching the eye.

In a separate evaluation, subjects were trained on Optejet self-administration with sterile water and then asked to demonstrate Optejet use in each eye during the afternoon of each treatment day. By the afternoon of Day 3, qualified Eyenovia representatives judged that almost 90% of subjects were able to demonstrate accurate self-administration using the Optejet.

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This study demonstrated Optejet medication administration to be easy to perform, safe, and comfortable to study subjects. Additionally, Optejet microdose administration of 0.005% latanoprost resulted in mean IOP reduction similar to reported literature for use of latanoprost 0.005% ophthalmic solution administered as traditional eye drops.

Based on the results of these studies further validating microdose delivery of ophthalmic medication, we initiated Phase III programs in mydriasis in late 2018, progressive myopia in 2019, and presbyopia in 2020.

Our Product Candidates

Eyenovia is currently focused on three programs: MicroLine (for presbyopia), MicroPine (for progressive myopia) and Mydcombi (for mydriasis).

MicroLine

MicroLine is our proprietary microdosed version of pilocarpine, a well-understood ophthalmic medication that can dose-dependently induce miosis, or a contraction of the pupil. It is a direct acting cholinergic parasympathomimetic agent that stimulates muscarinic acetylcholine receptors present on smooth muscles, including those in the iris and ciliary body. As a result, pilocarpine causes contraction of the iris sphincter muscle, which causes miosis.

Reducing pupil size with pilocarpine has been shown to improve near visual acuity in individuals who have presbyopia. In Benozzi et al, 2012, subjects aged 45–50 years who bilaterally self-administered both pilocarpine 1% and diclofenac 0.1% eyedrops every six hours during the day for up to five years reported good improvement in near vision without compromising distance vision. Thus, pilocarpine's miotic effect may be useful in treating the increasingly compromised near vision that parallels the development of presbyopia.

Background of Presbyopia and Market Opportunity

Presbyopia is the gradual decrease in the ability of the eye's natural lens to accommodate in near vision, resulting in a loss of focus on near objects. In general, onset is around age 40 and is almost universal in adults over the age of 60. In the United States, there are approximately 113 million people with presbyopia; 53 million of them are between the ages of 40 and 55.

For many people, presbyopia is among the first overt signs of aging. There are psychological factors accompanying the use of spectacles and bifocals for the first time, as well as situational inconvenience for either not being able to see well or having to use a vision aiding device. With MicroLine, we plan to introduce a pharmaceutical option for improving near vision that can work as a companion to spectacles, for when patients wish not to use their reading glasses. Our market research indicates the highest interest in the product concept among people aged 40 to 55 years who otherwise have normal vision and household income in the top half of the country, representing a potential market of approximately 18 million people.

Phase III Clinical Development Programs

We are evaluating whether topical ocular microdosing of pilocarpine using the Optejet dispenser in presbyopic individuals can effectively improve near vision without compromising distance vision and without causing the undesirable side effects of traditionally administered pilocarpine. Our initial Phase III Study, VISION-1, showed that pilocarpine 2% provided a statistically superior improvement in functional near vision and an acceptable safety profile in presbyopic subjects with baseline distance-corrected near visual acuity better than 20/80. Our second Phase III study, VISION-2 evaluated the safety, tolerability, and efficacy of Optejet-administered microdosing of pilocarpine 2% as an ophthalmic spray versus placebo. The results of VISION-1 and VISION-2 are being presented to the FDA in a pre-NDA meeting scheduled for April 2023.

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MicroPine

A key therapeutic program for Eyenovia is our first-in-class topical treatment for progressive myopia, a back-of-the-eye disease.

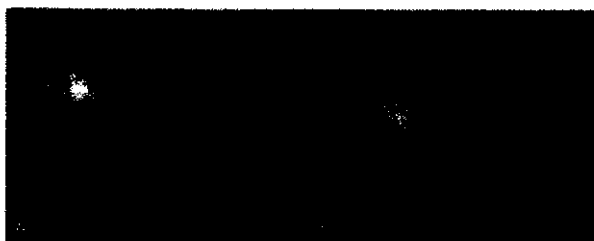
Background of Progressive Myopia and Market Opportunity

Myopia is an ocular disorder that results in blurry vision when looking at distant objects. This happens when the eyeball is too long or corneal curvature is too steep causing light entering the eye to be incorrectly focused. Myopia is one of the most common refractive errors seen in children. Myopia that is present in young children tends to increase through the school years. As myopia progresses, so does the risk of retinal detachment, cataracts, myopia maculopathy and even blindness. It is estimated that over 25 million children in the United States suffer from progressive myopia, with approximately 5 million children being at high risk.

Examples of Retinal Changes Due to Myopia



Progressive Myopia with Retinal Atrophy Changes



While currently there are no FDA-approved therapies for myopia progression, there is growing evidence of the therapeutic benefit of topical atropine ophthalmic solution, an anticholinergic agent used for pupil dilation and treatment of lazy eye, as a treatment to slow progression. Academic groups have demonstrated that low dose atropine solution reduces myopia progression 60-70%, with sustained effect through three years. A recent therapeutic evidence assessment and review by the American Academy of Ophthalmology, indicates Level 1 (highest) evidence of efficacy for low dose atropine for reduction of progressive myopia (Ophthalmology 2017;124:1857-1866; Ophthalmology 2016; 123(2) 391:399). While atropine 1% ophthalmic solution is FDA-approved and commercially available in the United States for pupil dilation and treatment of lazy eye, commonly reported side effects such as burning and stinging during drop administration, and blurred vision and light sensitivity associated with its use make it undesirable for the

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: <u>Karuna Therapeutics, Inc.</u>		
Physical Address: <u>99 High Street, 26th Floor</u>		
City: <u>Boston</u> State: <u>MA</u> Zip: <u>02110</u>		
Mailing Address (if different from physical address): <u>99 High Street, 26th Floor</u>		
City: <u>Boston</u> State: <u>MA</u> Zip: <u>02110</u>		
Telephone: <u>857-449-2244</u> Website: <u>http://karunatx.com</u>		
Name of Designated Representative (DR): <u>Patrick Bedell</u>		
Licensing Company Email: <u>licensing@karunatx.com</u> DR Email: <u>pbedell@karunatx.com</u>		
Entities the Wholesaler will Serve (✓ all applicable)	Products to be Handled or Wholesaled (✓ all applicable)	Type of Wholesaling (✓ all applicable)
☒ Pharmacies ☒ Practitioners ☒ Hospitals ☒ Wholesalers ☐ Veterinarians ☒ Others: Specialty Pharmacies, Specialty Distributors, Military, Assisted living/long-term care	☒ Dangerous Drugs ☐ Controlled Substances ☐ *Medical devices, equipment, supplies, gases ☐ Others:	☐ Manufacturer ☐ Repacker ☐ Reverse Distributor ☐ Warehouse ☐ Retail pharmacy wholesale distributor ☒ 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: 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): Karuna Therapeutics, Inc.

Corporation Name: Karuna Therapeutics, Inc.

Mailing Address: 99 High Street, 26th Floor

City: Boston State: MA Zip: 02110

Telephone: 857-449-2244 Email: licensing@karunatx.com

Contact Person Name: Troy Ignelzi

Date of SEC Registration: <u>03/29/2019</u>	SEC Registration Number: <u>1771917</u>	Stock Exchange Symbol: <u>KRXT</u>
---	---	------------------------------------

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:		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 <u>all</u> Officers and Directors.	✓	✓		
• List the <u>top four</u> corporation shareholders and their percent ownership.	✓			
• List of <u>all</u> corporation shareholders and their percent ownership.		✓		
• List of <u>all</u> partners and their percent ownership.			✓	
• Certificate of Corporate Status or Certificate of Good Standing obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last 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.

Karuna Therapeutics, Inc.
Facility Name

Troy Ignelzi
Print Name of Authorized Person Submitting Application


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

6/5/2023
Date

Board Use Only	Date Received: <u>9/12/23</u>	Amount: <u>1000-CK-19136</u>
----------------	-------------------------------	------------------------------

**Company Information**

Company Name: Karuna Therapeutics, Inc.
Address: 99 High Street, 26th Floor
City, State, Zip: Boston, MA 02110
Phone: 857-449-2244
Website: <http://karunatx.com>
E-mail: licensing@karunatx.com

FEIN: 27-0605902
State of Formation: Delaware
Date Incorporated: 07/24/2009
File Number: 4713286

Ownership Information

Karuna Therapeutics, Inc. is a Publicly Traded company on the NASDAQ stock exchange under the symbol KRTX.

Officers**William Meury, President and Chief Executive Officer**

Business Address: 99 High Street, 26th Floor, Boston, MA 02110
Business Phone: 857-449-2244
Email: bmeury@karunatx.com

Troy Ignelzi, Chief Financial Officer

Business Address: 99 High Street, 26th Floor, Boston, MA 02110
Business Phone: 269-567-8991
Email: tignelzi@karunatx.com

Will Kane, Chief Commercial Officer

Business Address: 99 High Street, 26th Floor, Boston, MA 02110
Business Phone: 857-449-2234
Email: wkane@karunatx.com

The Commonwealth of Massachusetts

DEPARTMENT OF PUBLIC HEALTH, DRUG CONTROL PROGRAM

250 WASHINGTON STREET BOSTON, MA 02108

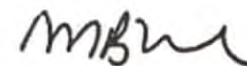
CONTROLLED SUBSTANCES REGISTRATIONS

In Accordance with Massachusetts General Laws Chapter 94C, Section 7

NUMBER	ISSUED	EXPIRES	TYPE
MA0001165	11/15/2022	11/15/2023	Virtual Drug Manufacturers

ISSUED TO

KARUNA THERAPEUTICS, INC
99 HIGH STREET
26TH FLOOR
BOSTON, MA 02110
ATTN: ROBERT SWOBODA VICE PRESIDENT, PROGRAM
MANAGEMENT



COMMISSIONER OF PUBLIC HEALTH

RECIPIENT'S COPY

NEW

CONTROLLED SUBSTANCES REGISTRATIONS

In Accordance with Massachusetts General Laws Chapter 94C, Section 7

NUMBER	ISSUED	EXPIRES	TYPE
MA0001165	11/15/2022	11/15/2023	Virtual Drug Manufacturers

ISSUED TO

KARUNA THERAPEUTICS, INC
99 HIGH STREET
26TH FLOOR
BOSTON, MA 02110
ATTN: ROBERT SWOBODA VICE PRESIDENT, PROGRAM MANAGEMENT



NEW

Delaware

The First State

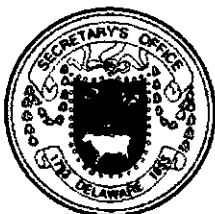
Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "KARUNA 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 FOURTEENTH DAY OF SEPTEMBER, 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 "KARUNA THERAPEUTICS, INC." WAS INCORPORATED ON THE TWENTY-FOURTH DAY OF JULY, A.D. 2009.

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



4713286 8300

SR# 20233489221

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

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

Authentication: 204160470

Date: 09-14-23



Description of Operations

Karuna is a Virtual Manufacturer. Karuna's products are manufactured by a Contract Manufacturer and will be distributed to Wholesalers, Specialty Distributors, Specialty Pharmacies, Pharmacies, Physicians, Long Term Care, And Military by their Third-Party Logistics Provider, Cardinal Health 105, Inc. , who is licensed to ship pharmaceutical products into your state. Sales records are stored at the 3PL facility and electronically copied to Karuna.

Contract Manufacturer Information:

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

Catalent Kansas City
10245 Hickman Mills Dr
Kansas City, MO 64137
FDA Establishment Number: 3002929455

Contact Person: Melissa Zuzenak
Contact Number: (816) 767-3781

Catalent Winchester
1100 Enterprise Dr
Winchester, KY 40391
FDA Establishment Number: 1000122400

Contact Person: G. Keith Arvin
Contact Number: (859) 745-2200 x8139

PCI Rockford
4545 Assembly Drive
Rockford, IL 61109
FDA Establishment Number: 1421377

Contact Person: Brad Disch
Contact Number: (815) 484-8967



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

Labeler Code:

83115

Third Party Logistic information:

For distribution into the commercial supply channels, Cardinal Health 105, Inc. acts as Karuna's Third Party Logistics (3PL) provider to manage the storage and distribution of Karuna's product to Wholesalers, Specialty Distributors, Specialty Pharmacies, Pharmacies, Physicians, Long Term Care, And Military throughout the United States. Cardinal Health 105, Inc. 's address is:

Cardinal Health 105, Inc.
501 Mason Road, Suite 200, LaVergne, TN 37086
Contact Person: Keegan Chamberlain
Contact Number: (615) 793-1757

Karuna's hours of operation are 9:00 am – 5:00pm Monday through Friday.



Product List

PDUFA DATE: Pending

[illegible]

**UNITED STATES
SECURITIES AND EXCHANGE COMMISSION**
Washington, D.C. 20549

FORM 10-K

(Mark One)

☒ **ANNUAL REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934**

For the fiscal year ended December 31, 2021
OR

☐ **TRANSITION REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934**

For the transition period from _____ to _____
Commission file number: 001-38958

Karuna Therapeutics, Inc.

(Exact name of registrant as specified in its charter)

Delaware

(State or other jurisdiction of
incorporation or organization)

27-0605902

(I.R.S. Employer
Identification Number)

99 High Street

02110

(Zip Code)

26th Floor

Boston

Massachusetts

(Address of principal executive offices)

(857) 449-2244

(Registrant's telephone number, including area code)
Securities registered pursuant to Section 12(b) of the Act:

Title of each class
Common Stock, \$0.0001 Par Value

Trading Symbol(s)
KRTX

Name of exchange on which registered
The Nasdaq Global Market

Securities registered pursuant to Section 12(g) of the Act:
None

Indicate by check mark if the registrant is a well-known seasoned issuer, as defined in Rule 405 of the Securities Act. ☒ Yes ☐ No

Indicate by check mark if the registrant is not required to file reports pursuant to Section 13 or Section 15(d) of the Act. ☐ Yes ☒ No

Indicate by check mark whether the registrant (1) has filed all reports required to be filed by Section 13 or 15(d) of the Securities Exchange Act of 1934 during the preceding 12 months (or for such shorter period that the registrant was required to file such reports), and (2) has been subject to such filing requirements for the past 90 days. ☐ Yes ☒ No

Indicate by check mark whether the registrant has submitted electronically every Interactive Data File required to be submitted pursuant to Rule 405 of Regulation S-T (\$232.405 of this chapter) during the preceding 12 months (or for such shorter period that the registrant was required to submit such files). ☐ Yes ☒ No

Indicate by check mark whether the registrant is a large accelerated filer, an accelerated filer, a non-accelerated filer, a smaller reporting company or an emerging growth company. See the definitions of "large accelerated filer," "accelerated filer," "smaller reporting company," and "emerging growth company" in Rule 12b-2 of the Exchange Act.

☒ Large accelerated filer

☐ Non-accelerated filer

☐ 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 new or revised financial accounting standards provided pursuant to Section 13(a) of the Exchange Act. ☐

Indicate by check mark whether the registrant has filed a report on and attestation to its management's assessment of the effectiveness of its internal control over financial reporting under Section 404(b) of the Sarbanes-Oxley Act (15 U.S.C. 7262(b)) by the registered public accounting firm that prepared or issued its audit report. ☐

Indicate by check mark whether the registrant is a shell company (as defined in Rule 12b-2 of the Exchange Act). Yes ☐ No ☒

The aggregate market value of the registrant's common stock, \$0.0001 par value per share, held by non-affiliates of the registrant, based on the last sale price of the Common Stock at the close of business on June 30, 2021, was \$3,026.7 million. For purposes of foregoing calculation only, all directors and executive officers of the registrant are assumed to be affiliates of the registrant.

As of February 15, 2022, there were 29,808,281 shares of the registrant's Common Stock, \$0.0001 par value per share, outstanding.

DOCUMENTS INCORPORATED BY REFERENCE

Portions of the registrant's Proxy Statement for its 2021 Annual Meeting of Stockholders, which the registrant intends to file with the Securities and Exchange Commission not later than 120 days after the registrant's fiscal year ended December 31, 2021, are incorporated by reference into Part III of this Annual Report on Form 10-K.

Karuna Therapeutics, Inc. Index

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FORWARD-LOOKING STATEMENTS

This Annual Report on Form 10-K of Karuna Therapeutics, Inc. contains or incorporates statements that constitute forward-looking statements within the meaning of the federal securities laws. Any express or implied statements that do not relate to historical or current facts or matters are forward-looking statements. In some cases, you can identify forward-looking statements by terminology such as “may,” “will,” “could,” “should,” “expects,” “intends,” “plans,” “anticipates,” “believes,” “estimates,” “predicts,” “projects,” “seeks,” “endeavor,” “potential,” “continue” or the negative of these terms or other comparable terminology.

These forward-looking statements include, among other things, statements about:

- the timing, progress and results of preclinical studies and clinical trials for KarXT in our current indications and other product candidates we may develop, including statements regarding the timing of initiation and completion of studies or trials and related preparatory work and the period during which the results of the trials will become available;
- our research and development plans, including our plans to explore the therapeutic potential of KarXT in additional indications;
- our plans to develop and commercialize KarXT and other product candidates;
- the timing of and our ability to obtain and maintain marketing approvals for our product candidates;
- the rate and degree of market acceptance and clinical utility of any product candidates for which we receive marketing approval;
- our commercialization, marketing and manufacturing capabilities and strategy;
- our intellectual property position and strategy;
- our ability to identify additional product candidates with significant commercial potential;
- the ability and efforts of our licensee, Zai Lab (Shanghai) Co., Ltd. (Zai), to successfully develop and commercialize KarXT, if approved, in mainland China, Hong Kong, Macau, and Taiwan, also referred to as Greater China, under the terms and conditions of our license agreement;
- our plans to enter into collaborations for the development and commercialization of product candidates and the potential benefits of any such future collaboration;
- our estimates regarding expenses, future revenue, capital requirements and needs for additional financing;
- our ability to raise additional capital in sufficient amounts or on terms acceptable to us;
- our ability to retain the continued service of our key professionals and to identify, hire and retain additional qualified professionals;
- developments relating to our competitors and our industry; and
- the impact of government laws and regulations.

Although we believe that the expectations reflected in these forward-looking statements are reasonable, these statements relate to our strategy, future operations, future financial position, future revenue, projected costs, prospects, plans, objectives of management and expected market growth, and involve known and unknown risks, uncertainties and other factors that may cause our actual results, levels of activity, performance or achievements to be materially different from any future results, levels of activity, performance or achievements expressed or implied by these forward-looking statements. You are urged to carefully review the disclosures we make concerning these risks and other factors that may affect our business and operating results under "Item 1A. Risk Factors" in this Annual Report on Form 10-K, as well as our other reports filed with the Securities and Exchange Commission. Any public statements or disclosures by us following this Annual Report on Form 10-K that modify or impact any of the forward-looking statements contained in this Annual Report on Form 10-K will be deemed to modify or supersede such statements in this Annual Report on Form 10-K. You are cautioned not to place undue reliance on these forward-looking statements, which speak only as of the date of this document. The Company does not intend, and undertakes no obligation, to update any forward-looking information to reflect events or circumstances after the date of this document or to reflect the occurrence of unanticipated events, unless required by law to do so.

Summary Risk Factors

The principal risks we face are as follows:

- We are a clinical-stage biopharmaceutical company and we have incurred significant losses since our inception. We anticipate that we will continue to incur significant losses for the foreseeable future.
- Our business substantially depends upon the successful development of KarXT. If we are unable to obtain regulatory approval for or successfully commercialize KarXT, our business may be materially harmed.
- Our operations in foreign jurisdictions, and those of our collaborators, may be impacted by economic, political and social conditions in such jurisdictions, as well as government policies, any of which could impact our ability to operate in such jurisdictions.
- The regulatory approval processes of the FDA and comparable foreign authorities are lengthy, time-consuming and inherently unpredictable, and if we are ultimately unable to obtain regulatory approval for our product candidates, our business will be substantially harmed.
- The results of early-stage clinical trials and preclinical studies may not be predictive of future results. Initial data in our clinical trials may not be indicative of results obtained when these trials are completed or in later stage trials.
- Our product candidates may cause undesirable side effects or have other properties that could delay or prevent their regulatory approval, limit the commercial profile of an approved label, or result in significant negative consequences following regulatory approval, if obtained.
- We may seek to establish collaborations and, if we are not able to establish them on commercially reasonable terms, we may have to alter our development and commercialization plans.
- Our commercial success depends on our ability to protect our intellectual property and proprietary technology.
- If we fail to comply with our obligations in our current and future intellectual property licenses with third parties, we could lose rights that are important to our business.

PART I

Except where the context otherwise requires or where otherwise indicated, the terms "Karuna," "we," "us," "our," "our company," "the company," and "our business" refer to Karuna Therapeutics, Inc. and its consolidated subsidiary.

ITEM 1. BUSINESS

Overview

We are a clinical-stage biopharmaceutical company driven to create and deliver transformative medicines for people living with psychiatric and neurological conditions. Our pipeline is built on the broad therapeutic potential of our proprietary lead product candidate, KarXT (xanomeline-trospium), an oral modulator of muscarinic receptors that are located both in the central nervous system, or CNS, and various peripheral tissues. KarXT combines xanomeline, a novel muscarinic agonist, with trospium, an approved muscarinic antagonist, to preferentially stimulate muscarinic receptors in the CNS. We are initially developing KarXT for the treatment of psychosis in adults with schizophrenia as well as for the treatment of psychosis in Alzheimer's disease, or AD, which is the most prevalent subtype of dementia related psychosis, or DRP.

Psychosis is a prominent and debilitating symptom that occurs in many neuropsychiatric disorders, including schizophrenia, dementia, bipolar disorder, major depressive disorder and inflammatory neurological diseases, such as multiple sclerosis. Schizophrenia is a chronic disabling disorder that is typically diagnosed in the late teenage years or early adulthood and is characterized by recurring episodes of psychosis requiring long-term treatment with antipsychotic drugs in most patients. The World Health Organization ranks psychosis as the third-most disabling medical condition in the world. It is estimated that more than 21 million people are living with schizophrenia worldwide, with approximately 2.7 million in the United States, or approximately 0.5% to 1.0% of the United States population. Patients with schizophrenia experience psychotic symptoms, also known as positive symptoms, such as hallucinations and delusions. As a result of the disease, patients with schizophrenia also experience negative symptoms, such as amotivation, flat affect and social withdrawal as well as cognitive impairment.

Dementia affects an estimated 8.4 million people in the United States and includes subtypes of patients living with AD dementia, dementia with Lewy Body, vascular dementia, frontotemporal dementia and Parkinson's disease dementia. Patients with DRP share many characteristics and often exhibit similar psychiatric symptoms irrespective of their underlying neurodegenerative disease. Our evaluation of KarXT for the treatment of dementia-related psychosis will initially focus on psychosis in AD, which is the most prevalent cause of dementia, accounting for an estimated 60% to 80% of all cases. Up to 50% of AD patients exhibit psychiatric symptoms, which often leads to institutional care in a hospital or nursing home. Our initial focus on the AD dementia subtype reflects various strategic development, regulatory and commercial considerations, and we remain interested in exploring KarXT in other dementia subtypes in future development programs. We plan to share details of our Phase 3 program evaluating KarXT for the treatment of psychosis in AD in the first half of 2022 prior to the program's initiation in mid-2022.

Worldwide sales of antipsychotic drugs exceeded \$11 billion in 2019 and are expected to exceed \$20 billion by 2026, despite a highly generic market. Several branded market-leading antipsychotic medicines have each achieved worldwide annual sales in excess of \$5 billion. Despite the large number of antipsychotic drugs developed over the last 20 years, current medicines have undergone only modest innovation relative to first generation drugs developed in the 1950s. In many patients, current antipsychotics are hampered by modest efficacy, significant side effects and safety concerns. At least half of patients fail to adequately respond to antipsychotic drugs. Additionally, in many patients, these treatments are associated with severe side effects including sedation, extrapyramidal side effects, such as motor rigidity, tremors and slurred speech, and significant weight gain resulting in the complications of diabetes, hyperlipidemia, hypertension and cardiovascular disease. The clinical benefit of current antipsychotics is further limited by poor adherence. In a 1,493-patient clinical trial funded by the National Institutes of Health, approximately 75% of patients reported discontinuing their antipsychotic medication within 18 months of starting treatment.

Current antipsychotic treatments work primarily by inhibiting D2 dopamine receptors and frequently 5HT-2A serotonin receptors and are often used by physicians to address a wide range of psychiatric conditions, including schizophrenia, bipolar disorder and psychotic depression, as well as psychosis and agitation in elderly patients with dementia. Muscarinic receptor agonists emerged in the 1990s as a potential alternative approach for treating psychosis. There are five distinct muscarinic receptors, M1 through M5, which are found in the CNS as well as various peripheral tissues. The link between muscarinic receptor stimulation in the CNS, particularly the stimulation of M1 and M4 receptors, and the reduction of symptoms of psychosis and improvement in cognition, has been well studied and is supported by data from preclinical studies and two third-party clinical trials published in peer reviewed journals. However, the successful development of a therapeutic agent targeting muscarinic receptors has been limited by undesirable side effects that are believed to arise primarily as a result of stimulation of muscarinic receptors in peripheral tissues. We believe a therapeutic agent that can preferentially target and stimulate muscarinic receptors in the CNS, but not in peripheral tissues, has the potential to treat psychosis in schizophrenia and DRP, including the associated agitation in patients with DRP. We also believe the preferential stimulation of M1 and M4 muscarinic receptors in the CNS may address the negative symptoms of schizophrenia, such as apathy, reduced social drive and loss of motivation, as well as cognitive symptoms, such as deficits in working memory and attention, all of which currently lack any approved treatments. This approach has the potential to produce a differentiated therapy relative to current D2 dopamine and 5HT-2A serotonin receptor-based antipsychotic drugs and to beneficially impact the lives of millions of patients with psychiatric conditions and cognitive disorders.

We are initially developing KarXT for the treatment of acute psychosis in adults with schizophrenia. KarXT combines xanomeline, a muscarinic receptor agonist that preferentially stimulates M1 and M4 muscarinic receptors, and trospium, an approved muscarinic receptor antagonist that does not measurably cross the blood-brain barrier, confining its effects to peripheral tissues. M1 and M4 muscarinic receptors are the receptor subtypes believed to mediate the antipsychotic and procognitive effects of xanomeline and other muscarinic agonists. Results from preclinical studies and clinical trials conducted by third parties support the hypothesis that xanomeline can reduce psychosis and improve cognition. To our knowledge, xanomeline is the only muscarinic orthosteric agonist that has demonstrated therapeutic benefit in schizophrenia and AD. Like all muscarinic orthosteric agonists studied to date, however, xanomeline's tolerability has been limited by side effects arising from muscarinic receptor stimulation in peripheral tissues, leading to nausea, vomiting, diarrhea and increased salivation and sweating, collectively referred to as cholinergic adverse events. Trospium is a muscarinic receptor antagonist approved in the United States and Europe for the treatment of overactive bladder that inhibits all five muscarinic receptor subtypes in peripheral tissues. We believe that the combination xanomeline and trospium in KarXT has the potential to preferentially stimulate M1 and M4 muscarinic receptors in the brain without stimulating muscarinic receptors in peripheral tissues in order to achieve meaningful therapeutic benefit in patients with psychotic and cognitive disorders.

The EMERGENT program is our clinical program evaluating KarXT for the treatment of schizophrenia, and includes the completed positive Phase 2 EMERGENT-1 trial and four ongoing Phase 3 trials. In November 2019, we announced positive results from our EMERGENT-1 trial, a Phase 2 clinical trial evaluating KarXT for the treatment of acute psychosis in adults with schizophrenia. In this trial, KarXT met the trial's primary endpoint with a statistically significant ($p < 0.0001$) and clinically meaningful 11.6 point mean reduction in Positive and Negative Syndrome Scale, or PANSS, total scores over placebo at week 5 (-17.4 KarXT vs. -5.9 placebo). We also observed a statistically significant 3.2 point mean reduction from baseline in the PANSS-positive subscale (-5.6 KarXT v. -2.4 placebo) and a statistically significant 2.3 point mean reduction from baseline in the PANSS-negative subscale (-3.2 KarXT v. -0.9 placebo) at week five ($p < 0.0001$ and $p < 0.001$, respectively). The PANSS total score, PANSS-positive subscale, and the PANSS-negative subscale had statistically significant separation at every assessment throughout the trial. Following the positive results of our Phase 2 EMERGENT-1 trial, we had an End-of-Phase 2 meeting with the U.S. Food and Drug Administration, or FDA, in which the FDA confirmed that our completed Phase 2 EMERGENT-1 trial, along with one successful Phase 3 efficacy and safety trial, and additional safety data to meet regulatory requirements, would be acceptable to support a New Drug Application, or NDA, filing in schizophrenia.

In addition to our completed positive Phase 2 EMERGENT-1 trial, our EMERGENT program includes two Phase 3 trials evaluating the efficacy and safety of KarXT compared to placebo (EMERGENT-2 and EMERGENT-3, which are similar in design to EMERGENT-1), and two Phase 3 trials evaluating the long-term safety of KarXT (EMERGENT-4 and EMERGENT-5). All Phase 3 trials within our EMERGENT program are currently enrolling, with details as follows:

- EMERGENT-2:** A five-week inpatient trial evaluating the efficacy and safety of KarXT compared to placebo in 246 adults with schizophrenia in the U.S. Enrollment for this trial began in December 2020 and we anticipate reporting topline data in mid-2022.
- EMERGENT-3:** A five-week inpatient trial evaluating the efficacy and safety of KarXT compared to placebo in 246 adults with schizophrenia in the U.S. and Ukraine. Enrollment for this trial began in the second quarter of 2021 and we anticipate reporting topline data in the second half of 2022.
- EMERGENT-4:** A 52-week outpatient, open-label extension trial evaluating the long-term safety and tolerability of KarXT in 350 adults with schizophrenia who completed EMERGENT-2 or EMERGENT-3. Enrollment for this trial began in the first quarter of 2021.
- EMERGENT-5:** A 52-week outpatient, open-label trial evaluating the long-term safety and tolerability of KarXT in up to 600 adults with schizophrenia in the U.S. and Puerto Rico who were not enrolled in EMERGENT-2 or EMERGENT-3. Enrollment for this trial began in the second quarter of 2021.

We plan to utilize the data from the EMERGENT clinical program to help guide future development plans for KarXT in negative and cognitive symptoms of schizophrenia, for which there are currently no approved treatments.

Given the unique mechanism of action of KarXT in comparison to existing standard of care therapies, we believe there is the potential for therapeutic benefit as both a monotherapy and as an adjunctive therapy for the treatment of schizophrenia. In November 2021, we initiated our Phase 3 ARISE trial evaluating the safety and efficacy of KarXT compared to placebo as an adjunctive treatment in adults with schizophrenia who have an inadequate response to their current antipsychotic therapy. This six-week, 1:1 randomized, double-blind, placebo-controlled Phase 3 trial will enroll approximately 400 adults with schizophrenia who have not achieved an adequate response to their current atypical antipsychotic treatment. Upon completion of the trial at week 6, participants will have the opportunity to enroll in a 52-week outpatient, open-label extension trial evaluating the long-term safety and tolerability of KarXT when dosed with atypical antipsychotic treatment.

We are also developing KarXT as a potential treatment for DRP, with an initial focus on psychosis in AD. In June 2021 we announced results from our multi-cohort, placebo-controlled Phase 1b trial evaluating the safety and tolerability of KarXT in healthy elderly volunteers. Results from the trial suggest that potentially therapeutic doses of KarXT can be administered to elderly adults while maintaining a favorable tolerability profile, and support the advancement of KarXT into a Phase 3 program. Our initial focus on the AD dementia subtype reflects various strategic development, regulatory and commercial considerations, and we remain interested in exploring KarXT in other dementia subtypes in future development programs. We plan to share details of our Phase 3 program evaluating KarXT for the treatment of AD psychosis in the first half of 2022 prior to the program's initiation in mid-2022.

We have assembled a team whose members have extensive expertise in the research, development and commercialization of numerous CNS agents, as well as deep familiarity with the biology of neuropsychiatric disorders, such as schizophrenia and DRP, including the role of muscarinic receptors in potential treatment of these diseases. We plan to leverage this expertise to develop a pipeline of product candidates targeting a broad range of psychiatric and neurological conditions.

Our co-founder and Chief Operating Officer, Andrew Miller, Ph.D., was responsible for identifying, developing and testing the initial hypothesis supporting a combination of xanomeline and trospium. We have since assembled a team of employees and advisors who have expertise and extensive experience in developing psychiatric and neurological drugs, including several former scientists at Eli Lilly and Company, or Eli Lilly, who were actively involved in xanomeline's initial development. Steven Paul, M.D., our Chief Executive Officer, President and Chairman, was formerly the Executive Vice President for Science and Technology and President of the Lilly Research Laboratories at Eli Lilly, where he helped develop the antipsychotic drug Zyprexa and the antidepressant Cymbalta. Dr. Paul was the senior author of the initial publication evaluating xanomeline's effects in treating psychosis and agitation in patients with AD. Stephen Brannan, M.D., our Chief Medical Officer, was previously the Therapeutic Head of Neuroscience at Takeda Pharmaceutical Company Ltd. Alan Breier, M.D., our Chief Clinical Advisor and Chair of our Scientific Advisory Board, was previously Chief Medical Officer at Eli Lilly.

Pipeline

We are advancing a pipeline of therapeutic programs to address the positive, negative and cognitive symptoms associated with schizophrenia and DRP. We are leveraging our expertise and experience to explore the development of KarXT for additional CNS disorders, as well as advance our other muscarinic-targeted drug candidates and a target-agnostic drug discovery program through our collaboration with PsychoGenics, Inc.



Muscarinic Receptor Biology in the Nervous System

Neurotransmitters are chemical messengers secreted by neurons, or nerve cells, to facilitate information flow and communication with other cells, such as muscle or similar nerve cells, in both the central and peripheral nervous systems. As a result, stimulating or inhibiting neurotransmission can have a profound effect on the overall function of an organism. There are many identified neurotransmitters with a variety of structures and functions. One of the key neurotransmitters in the brain is acetylcholine, for which there are two different receptor classes: ion channel-gated nicotinic receptors, and G protein-coupled muscarinic receptors. Within the muscarinic receptor family, there are five subtypes, M1 through M5, all of which are expressed in the brain and in peripheral tissues.

Muscarinic receptors serve a number of key physiological roles including in cognitive, behavioral, sensory, motor and autonomic processes. Disruption of muscarinic receptor signaling is believed to contribute to psychosis and cognitive impairment in a wide variety of diseases, including schizophrenia and AD. Conversely, third-party preclinical and clinical data suggest that the enhancement of muscarinic receptor signaling leads to improvement in these same symptoms. M1 and M4 muscarinic receptors in particular have been reported to be under-expressed in the brains of patients with schizophrenia. In animal behavioral models, drug candidates that selectively stimulated M1 and M4 muscarinic receptors have demonstrated improvements in psychosis and cognition. Third-party clinical data suggest that stimulation of M1 and M4 muscarinic receptors may similarly be therapeutically beneficial for the treatment of patients with these symptoms. Conversely, inhibition of these receptors has been observed to disrupt memory and cognition, as well as to exacerbate psychosis in patients with schizophrenia.

The stimulation of muscarinic receptors in peripheral tissues can have significant physiological consequences. In peripheral tissues, such as the gastrointestinal and genitourinary tracts, and salivary and sweat glands, M2 and M3 muscarinic receptors are prominently expressed and have specialized functions. In the gastrointestinal tract, muscarinic receptors play a significant role in regulating gastrointestinal motility. Dosing with agonists that stimulate these muscarinic receptors can lead to diarrhea and increased motility, while dosing with muscarinic antagonists can lead to constipation and decreased motility. In the bladder, stimulation or inhibition of muscarinic receptors modulates bladder contraction leading to increases or decreases in urinary frequency, respectively. Similarly, stimulation of muscarinic receptors in salivary glands and sweat glands can lead to increased salivation and sweating, respectively.

Background and Rationale for KarXT

We have designed our lead product candidate, KarXT, to preferentially stimulate M1 and M4 receptors in the brain, without stimulating muscarinic receptors in peripheral tissues outside the CNS. We assessed the potential of over 7,000 possible combinations of muscarinic receptor agonists and antagonists to find an optimized combination that could preferentially stimulate muscarinic receptors in the CNS to improve the symptoms of psychosis, while avoiding stimulation of muscarinic receptors in the peripheral tissues and the associated side effects. As a result of our research, we identified xanomeline and trospium as the most promising pairing for development. Trospium is a potent and effective muscarinic receptor antagonist that does not measurably cross the blood-brain barrier, confining its effects to peripheral tissues. We believe that the combination of xanomeline, a centrally-acting muscarinic agonist, and trospium, a peripherally-acting muscarinic antagonist, will have the therapeutic benefits of xanomeline but with markedly reduced side effects. Based on our clinical data with KarXT, either co-administered or co-formulated, and clinical data of xanomeline published by third parties, we believe that KarXT has potential therapeutic benefit in multiple CNS disorders, including the treatment of the positive, negative and cognitive symptoms of schizophrenia, psychosis and agitation associated with dementia, including AD.

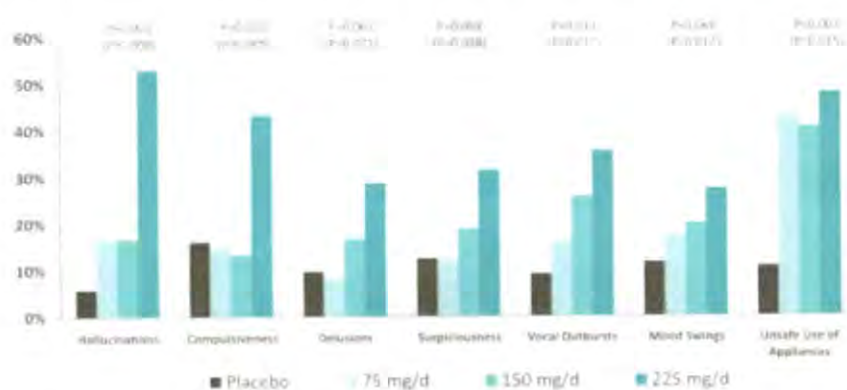
Xanomeline Background

Xanomeline as a treatment for psychosis and related neuropsychiatric disorders has been examined in clinical trials enrolling over 1,000 subjects or patients conducted by us and third parties, with 68 patients being dosed for at least one year and a maximum treatment duration of almost four years. We believe that the results from these clinical trials, as well as results from numerous preclinical studies, supports the further development of xanomeline, in the form of KarXT, as an antipsychotic and procognitive therapeutic agent.

Xanomeline for the Treatment of Psychotic Symptoms and Agitation in AD

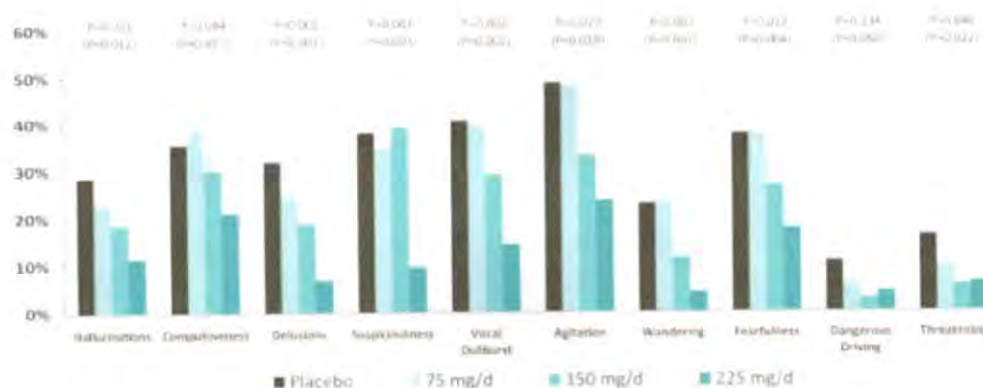
Eli Lilly conducted a 343-patient, randomized, double-blind, placebo-controlled Phase 2 clinical trial of xanomeline in patients with mild to moderate AD, administering up to 225 mg of xanomeline daily (75 mg three times a day, or TID), for 24 weeks. In this clinical trial, 87 patients received placebo, while 85, 83 and 87 patients received 75-150-225 mg of xanomeline, respectively. One patient who entered the trial was assigned to a group but never received study drug or placebo. As shown in the figure below, patients on xanomeline were observed to have dose-dependent decreases in multiple psychotic symptoms and related behaviors, including hallucinations, delusions and agitation, as compared to patients on placebo. For instance, one of the 17 patients (6%) in the placebo arm who presented with hallucinations at baseline had a remission of symptoms while receiving treatment, compared to nine of the 17 patients (53%) in the high-dose xanomeline arm ($p=0.003$). These responses were seen as early as two to three weeks after commencement of dosing with xanomeline. Xanomeline was also observed to reduce the emergence of psychotic symptoms over the course of the six-month trial in patients who did not have psychotic symptoms at the initiation of the trial. For example, 32% of patients in the placebo arm developed delusions during the trial compared to only 7% in the high-dose xanomeline treatment arm ($p=0.001$). A dose-response analysis across the 75-150-225 mg xanomeline dose levels reported increasing effects of xanomeline for several symptoms ($P<0.05$), suggesting that exploration of xanomeline doses above 75 mg TID has the potential for additional therapeutic benefits.

Effects of Xanomeline on Psychotic and Related Behavioral Symptoms in AD



p-value represents the comparison of the 225 mg xanomeline arm compared to placebo and, in the case of the *p*-value in parenthesis, the dose-response analysis.

Effects of Xanomeline on Emergence of Psychosis and Related Behaviors in AD Over Six Months



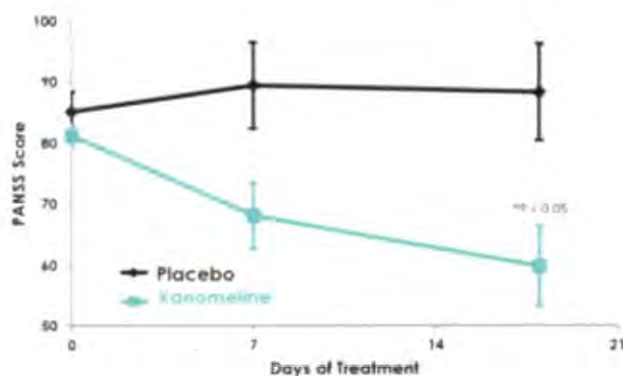
p-value represents the comparison of the 225 mg xanomeline arm compared to placebo and, in the case of the *p*-value in parenthesis, the dose-response analysis.

In this same trial, cognitive symptoms of patients with AD treated with xanomeline also showed improvements compared to placebo as measured by both the ADAS-Cog and the CIBIC+, suggesting that xanomeline may also improve cognition. The Alzheimer's Disease Assessment Scale-Cognitive Subscale, or ADAS-Cog, is one of the most frequently used tests to measure cognition while the Clinician Interview-Based Impression of Change plus caregiver interview, or CIBIC+, examines disease severity and changes in behavior, cognition and overall function on a scale of 1 to 7, where 1 means markedly improved and 7 means markedly worse. There were high rates of patient discontinuation in the mid-dose (48%) and high-dose (59%) xanomeline cohorts driven in part by side effects, compared to discontinuation rates of 35% and 19% for the placebo and low-dose xanomeline groups, respectively. This high discontinuation rate led to a substantial reduction of statistical power in this trial. Despite this reduction in statistical power, patients in the mid-dose cohort showed a statistically significant benefit on the CIBIC+ as compared to placebo ($p=0.02$, 4.11 vs. 4.34, respectively). An analysis of patients who completed the trial identified a mean benefit of 2.84 units on the ADAS-Cog for the 225 mg xanomeline arm over placebo ($p<0.05$), which is similar to the effect seen with donepezil, an approved treatment for the cognitive impairment associated with AD.

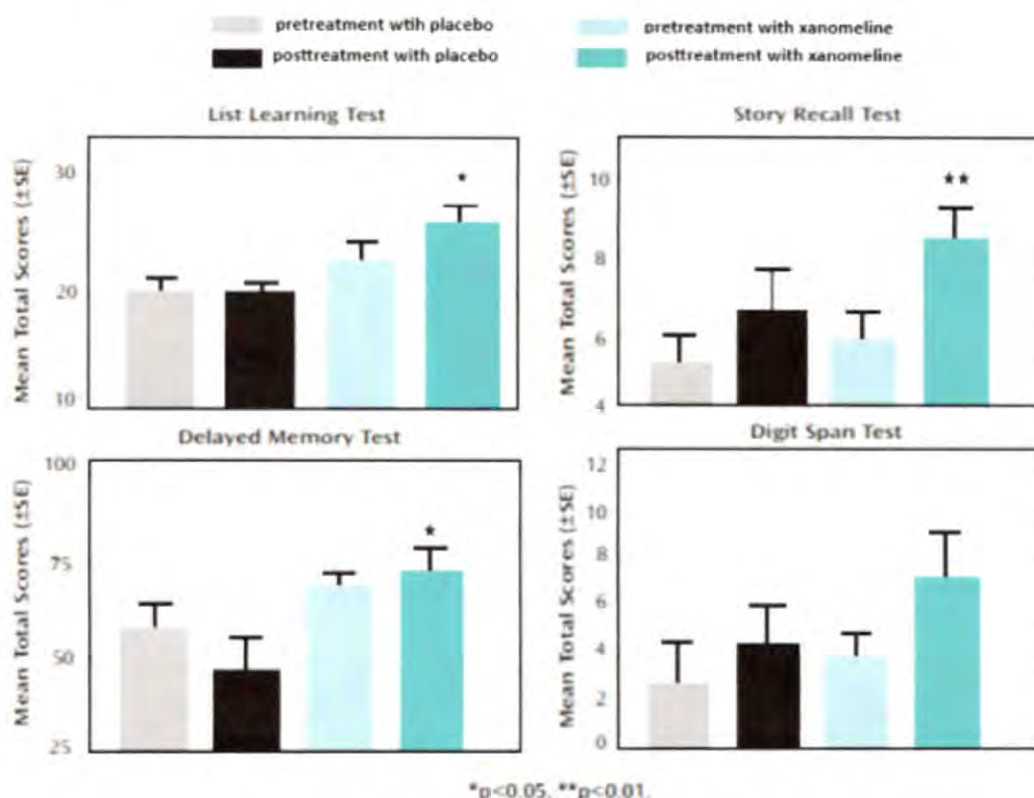
Xanomeline for the Treatment of Psychotic Symptoms in Schizophrenia

A randomized, double-blind, placebo-controlled, Phase 2 trial of xanomeline was conducted in 20 patients with schizophrenia with acute psychosis, as a collaboration between Eli Lilly and the Indiana University School of Medicine. This monotherapy trial used the PANSS as a primary endpoint. The PANSS is a set of measurements used for evaluating symptom severity in patients with schizophrenia and the change in PANSS score has been used as the primary endpoint in many registrational trials of antipsychotic medicines. As depicted in the figure below, a clinically meaningful and statistically significant 24-point PANSS score difference was observed between xanomeline and placebo after 18 days of treatment, which was the pre-specified analysis time point. By comparison, meta-analyses of published clinical trials of currently approved antipsychotic medicines report an average difference of nine to ten points in PANSS score versus placebo. Historically, changes as small as five points have supported the approval of current antipsychotics. While this xanomeline trial was designed primarily to evaluate changes in positive symptoms, a six-point improvement in negative symptoms, as measured by the PANSS-negative subscale, was also observed in patients treated with xanomeline as compared to placebo. Improvements in cognitive symptoms, including list learning ($p<0.05$), story recall ($p<0.01$), delayed memory ($p<0.05$) and digit span tests were also observed in patients treated with xanomeline as compared to placebo.

Effects of Xanomeline on Psychotic Symptoms in Patients with Schizophrenia



Effects of Xanomeline on Cognition in Patients with Schizophrenia

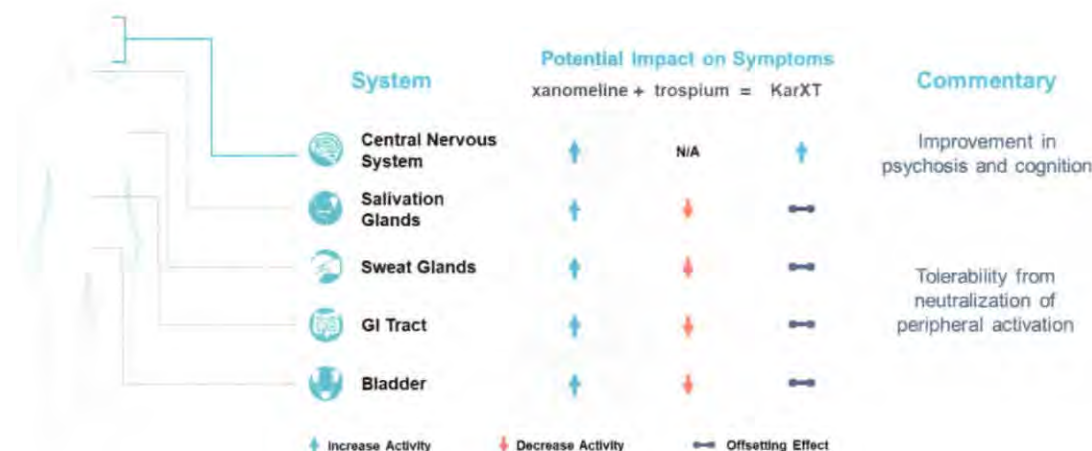


Limitations of Xanomeline

Despite xanomeline's promising therapeutic benefit in treating psychosis and related behavioral symptoms in patients with schizophrenia and AD, its potential has been limited by cholinergic side effects, which are believed to result from the stimulation of muscarinic receptors in peripheral tissues. These side effects led to a 59% dropout rate in the high-dose xanomeline group compared to 35% on placebo in Eli Lilly's six-month AD trial. Syncope, which is a temporary loss of consciousness, was observed in the AD trial (12.6% on high dose xanomeline versus 4.6% on placebo), but not in the schizophrenia trial, in which patients are generally much younger than patients in the AD trial and therefore less prone to syncope. Xanomeline treatment was also associated with transient increases in heart rate and liver function tests, both of which returned to baseline with continued treatment. Electrocardiograms showed no meaningful changes in cardiac conductivity, including QTc interval.

Our KarXT Programs

We specifically designed KarXT, a proprietary combination of xanomeline and trospium, to unlock the therapeutic potential of xanomeline by overcoming its limiting side effects resulting from the stimulation of muscarinic receptors in peripheral tissues. We initially selected xanomeline based on the results of the two third-party, randomized, double-blind, placebo-controlled clinical trials, as well as the results of a wide variety of preclinical studies conducted by third parties, which supported the further development of xanomeline, in the form of KarXT, as an antipsychotic and procognitive therapeutic agent. We selected trospium to counteract xanomeline's undesirable peripheral side effects for a number of reasons, but importantly because trospium does not measurably cross the blood-brain barrier and therefore would not be expected to negate the therapeutic benefits of xanomeline in the CNS. Trospium is generically available in the United States and European Union for the treatment of overactive bladder and is well-tolerated with limited side effects, that include dry mouth and constipation. Since xanomeline and trospium compete for the same muscarinic receptors in peripheral tissues, but with opposing effects, we believe their combination has the potential to reduce the cholinergic side effects of xanomeline. We believe that there are no overlaps in the drug metabolism pathways of xanomeline and trospium and therefore we do not anticipate any significant adverse drug-drug interactions with the combination. Our Phase 1 and Phase 2 clinical trial data suggests that each of xanomeline and trospium do not affect the other's pharmacokinetics or systemic exposure.



We believe that the novel mechanism of KarXT has the potential to provide meaningfully better outcomes for patients suffering from schizophrenia and other neuropsychiatric conditions without the debilitating side effects of current D2 dopamine receptor-based therapies, including sedation, extrapyramidal side effects, such as motor rigidity, tremors and slurred speech, and significant weight gain resulting in the complications of diabetes, hyperlipidemia, hypertension and cardiovascular disease. We obtained an exclusive license to xanomeline from Eli Lilly along with a large database of preclinical and clinical data generated by Eli Lilly supporting xanomeline's development. Our team of employees and advisors includes several former scientists at Eli Lilly who were actively involved in xanomeline's preclinical and clinical development to help us advance the development of KarXT.

Proof of Concept of KarXT

Phase 1 Clinical Trials

We observed KarXT's ability to ameliorate the side effects of xanomeline in our randomized, double-blind, placebo-controlled, Phase 1 clinical trial in 70 healthy volunteers conducted under our investigational NDA. In this trial, we compared the tolerability profile and pharmacokinetics of xanomeline administered with placebo against KarXT co-administered as xanomeline in combination with trospium. Volunteers in this trial first received 40 mg (20 mg twice a day, or BID) of either trospium or placebo for two days, and then received 225 mg of xanomeline (75 mg TID) in addition to their existing regimen of trospium or placebo for seven days. We selected the 225-mg (75 mg TID) dose for evaluation in our trial due to the results of this dose in Eli Lilly's schizophrenia and AD trials of xanomeline. As depicted in the table below, we observed that the addition of trospium to xanomeline was associated with clinically meaningful reductions in the rate of the most common treatment-emergent cholinergic adverse events, or ChAEs, than reported with xanomeline plus placebo, including nausea, vomiting, diarrhea and excess sweating and salivation. The overall ChAE rate was 64% on xanomeline plus placebo compared to 34% on KarXT ($p=0.016$). The rate of ChAEs for volunteers receiving KarXT (34%) was similar to the rate observed in volunteers receiving placebo during the lead-in period (32%), suggesting that the tolerability of KarXT was more similar to the placebo lead-in period than to treatment with xanomeline plus placebo.

ChAE Incidence Rates	Xanomeline+ placebo N=33	KarXT N=35	% Reduction in Incidence Rates
Any Cholinergic AE ($p=0.016$)	64%	34%	46%
Nausea	24%	17%	29%
Vomiting	15%	6%	62%
Diarrhea	21%	6%	73%
Sweating	49%	20%	59%
Salivation	36%	26%	29%

We observed no meaningful differences between the KarXT and xanomeline plus placebo treatment groups in heart rate, blood pressure or any electrocardiogram parameters. Only one volunteer discontinued treatment due to treatment emergent adverse events in the KarXT arm, and this discontinuation was voluntary, not at the discretion of the investigator. Two episodes of syncope were observed on xanomeline plus placebo while none were observed with KarXT. We did not observe syncope in the KarXT arm of this trial (or in any other subject treated with KarXT in any of our trials, representing over 140 patients). Rates of postural dizziness were reduced by approximately 57% in patients treated with KarXT as compared to patients treated with xanomeline plus placebo. Overall, we considered treatment with xanomeline 225 mg combined with trospium 40 mg administered over seven days to be well-tolerated.

Phase 1 Multiple Ascending Dose Clinical Trial

We have also completed a randomized, double-blind, placebo-controlled multiple ascending dose Phase 1 clinical trial of KarXT. This trial evaluated BID dosing of our proprietary KarXT co-formulation containing fixed ratios of xanomeline and trospium, rather than the TID dosing previously used with xanomeline. We designed our Phase 1 clinical trial based on the improved tolerability of KarXT over xanomeline plus placebo observed in our prior Phase 1 clinical trial and the dose-dependent clinical activity observed in the Eli Lilly AD trial of xanomeline. In particular, Eli Lilly observed that the antipsychotic effect of xanomeline improved when the dose was increased from 25 mg to 50 mg to 75 mg, all administered TID, suggesting that the dose response may extend beyond 75 mg TID and that doses of xanomeline higher than 75 mg TID may lead to additional therapeutic benefit. Based on these observations, we set out to (i) test our co-formulation using BID dosing, (ii) explore higher doses of xanomeline and (iii) optimize the ratio of xanomeline and trospium. Healthy volunteers enrolled in this trial received 50 mg of xanomeline plus 20 mg of trospium (50/20 mg) both BID, on days one and two. From days three to seven, volunteers received BID doses of xanomeline and trospium in ratios of either 100/20 mg, 125/40 mg, 150/20 mg or 150/40 mg (xanomeline/trospium) in different dosing cohorts. The trial was designed to randomize up to 24 volunteers in each of the four cohorts, with a 3:1 randomization of KarXT to placebo.

In this trial, administration of KarXT co-formulation provided robust xanomeline and trospium exposures as measured by plasma levels. In particular, KarXT containing xanomeline 100 mg BID provided drug exposures equivalent to, or higher than, 75 mg of xanomeline TID when administered alone. KarXT was also well-tolerated in volunteers at dose levels of 100 mg and 125 mg of xanomeline BID when paired with 20 mg and 40 mg of trospium, respectively.

Eighteen volunteers received KarXT in the 100/20 mg cohort. In this group, 16 volunteers experienced either no ChAEs (n=11; 61%) or mild, transient ChAEs (n=5; 28%). The majority of ChAEs were reported for less than one hour over the seven days of treatment and the longest duration reported was a total of 15 hours over the course of treatment. Two volunteers (11%) experienced transient ChAEs that were rated as moderate, with the longest ChAE lasting a total of approximately 11 hours over the course of treatment. Given the transient and generally mild nature of the ChAEs, we considered the 100/20 mg dose level of KarXT well tolerated. Eighteen volunteers were given the 125/40 mg dose level of KarXT, of which 11 volunteers (61%) reported no ChAEs and seven volunteers (39%) reported mild, transient ChAEs. These mild ChAEs lasted less than three hours over the course of the seven-day treatment period. The increased dose of trospium (40 mg BID) was associated with reports of mild anticholinergic adverse events, including dry mouth, constipation, blurred vision and urinary hesitancy, suggesting a decreased trospium dose level may be more appropriate to pair with 125 mg BID of xanomeline. Xanomeline doses of 150 mg in KarXT led to increased reporting of moderate ChAEs and were therefore less well-tolerated than either the 100 or 125 mg xanomeline doses.

In this Phase 1 clinical trial, we observed that KarXT doses containing either 100 mg or 125 mg of xanomeline administered BID were well-tolerated when paired with trospium. Importantly, the 100 mg BID dose level administered in our co-formulation provided blood exposures equal to or greater than those observed by us and Eli Lilly with 75 mg TID xanomeline, which was observed to have beneficial effects on psychosis and cognition in both schizophrenia and AD. While a minority of patients still experienced ChAEs, these were predominately mild and transient in nature. We believe this tolerability profile has the potential to provide a substantial improvement over current antipsychotic medicines, which are often not tested at therapeutic doses in healthy volunteers due to their poor tolerability. Based on the results of this trial, we identified 100/20 mg and 125/30 mg BID as the doses and ratios of xanomeline to trospium to evaluate in our Phase 2 clinical trial of KarXT for acute psychosis in patients with schizophrenia.

We submitted an Investigational New Drug, or IND, application to the FDA for KarXT for the treatment of schizophrenia which went into effect in August 2016.

NEED LIST OF EMPLOYEES AT FACILITY

Preferred/First Name	Last Name	Department Description
Emily	Abraham	General and Administrative
Wendy	Adams	Research and Development
Dipak	Aggarwal	Research and Development
Aida	Ajaz	Research and Development
Aryn	Allender	General and Administrative
Chris	Aluise	Research and Development
Tina	Ambrose	Research and Development
Metodija	Andonov	Research and Development
Giorgio	Attardo	Research and Development
Jaana	Babb	Commercial
Sumit	Bajaj	Research and Development
Gary	Baker	Research and Development
Sade	Barnes	Research and Development
Pat	Bedell	Commercial
Michelle	Bice	Commercial
Digant	Bodawala	Research and Development
Jason	Boggs	Research and Development
Patrick	Boland	Research and Development
Michael	Bouchon	Research and Development
Mark	Boyer	Research and Development
Steve	Brannan	Research and Development
Jason	Brown	General and Administrative
Austin	Brumber	General and Administrative
Poom	Bunchatheeravate	Research and Development
Cynthia	Cao	Research and Development
Amber	Casares	General and Administrative
Michael	Catarina	General and Administrative
Megan	Chamberlain	Research and Development
Soumya	Chaturvedi	Research and Development
Chetnaben	Chauhan	Research and Development
May	Chou	Research and Development
Julie	Ciardiello	General and Administrative
Marcin	Cieslik	General and Administrative
Amy	Claxton	Research and Development
Jackie	Cohen	Commercial
Roger	Collins	General and Administrative
Tricia	Cotter	Research and Development
Pat	Czyzycki	Research and Development
Jackie	Dalrymple	Research and Development
Eliesha	Daniels	Research and Development
Kevin	Darsney	General and Administrative
Adam	Davey	General and Administrative
Reilly	Decker	Commercial

Ling	Deng	Research and Development
Adam	Denman	Commercial
Nicholas	Doherty	General and Administrative
Ashley	Dong	General and Administrative
Robin	Donohoe	General and Administrative
Kathy	Dorsey	Research and Development
Haley	Dowling	General and Administrative
Angela	Driscoll	General and Administrative
Srinivas	Duggirala	Research and Development
Veena	Edara	Research and Development
Carrie	Edwards Wolkoff	Commercial
Paul	Ellison	Research and Development
John	Engelhart	Research and Development
Keith	Engelke	Research and Development
Joy	Evans	Commercial
Andy	Feinstein	Commercial
Dawn	Fenton	Research and Development
Chris	Fernandez Nunez	General and Administrative
Lisa	Filaferro	General and Administrative
Brittany	Finocchio	Research and Development
Anthony	Garcia	General and Administrative
Kevin	Gardinier	Research and Development
Brenna	Gates	Research and Development
Josh	Giguere	Research and Development
Rajesh	Gill	Commercial
Shruthi	Giridhar	Research and Development
Christopher	Girolamo	Research and Development
Tanya	Glidden	General and Administrative
Roger	Glogowski	General and Administrative
Jose	Gomez	General and Administrative
Vijaya	Gondi	Research and Development
Hanifah	Gordon	Research and Development
Adam	Grenier	Research and Development
Ana	Grenier	Research and Development
Patrick	Grogan	General and Administrative
Paul	Grosenstein	Research and Development
Aastha	Gupta	Research and Development
Venu	Gurijala	Research and Development
Kit	Hale	Research and Development
Crystal	Henderson	Research and Development
Cat	Hernandez	General and Administrative
Sundarkia	Hill	Research and Development
Sara	Hill	Research and Development
Cyndi	Hillery	General and Administrative

Stephanie	Hodges	General and Administrative
William	Horan	Research and Development
Robb	Host	Commercial
Kelsee	Howes	Research and Development
Dingfei	Hu	Research and Development
Hongbing	Huang	Research and Development
Lisa	Hughes	Research and Development
Allison	Hughes	Research and Development
Melinda	Hurley	General and Administrative
Tracy	Huynh	Research and Development
Troy	Ignelzi	General and Administrative
Nic	James	Research and Development
Rachel	Jarvis	Research and Development
Jeffy	Jimenez	Research and Development
Jonathan	Jones	Research and Development
Meagan	Kalpokis	General and Administrative
Praveen	Kandi	Research and Development
Judy	Kando	Research and Development
William	Kane	Commercial
Minsu	Kang	Research and Development
Nirav	Kapadia	Research and Development
Jorden	Kass	Research and Development
Andy	Katsiaras	Research and Development
Inder	Kaul	Research and Development
Madeline	Kelble	General and Administrative
Mia	Kelley	General and Administrative
MaryAnn	Kempker	Research and Development
Tiffany	Kershaw	Research and Development
Timothy	Ketts Craven	Research and Development
Samuel	Keutzer	Research and Development
Nathan	Khaw	General and Administrative
Jessica	Kim	Research and Development
Bruce	Kinon	Research and Development
John	Klecker	Research and Development
Ella	Kleynerman	Research and Development
Jeffrey	Knappen	Commercial
Christine	Korbmacher	Research and Development
Ken	Kramer	Research and Development
Rosemary	Kufuor	Research and Development
Srikanth	Kurra	Research and Development
Mary Jane	Labro	Research and Development
Loan	LaCoy	General and Administrative
Joan	Lammatao	Research and Development
Micah	Lands	Research and Development

Mark	LaPre	General and Administrative
Scott	Laranjo	Commercial
Briana	Lauziere	Research and Development
Megan	Leader	Research and Development
Kevin	Lee	Research and Development
Chen-Ming	Lee	Research and Development
Emily	Lefler	Research and Development
Katie	Leonard	General and Administrative
Emily	Leone	Research and Development
Stephanie	Leone	General and Administrative
Brittany	Levy	Research and Development
Xiaohai	Li	Research and Development
Justin	Linder	General and Administrative
Wilson	Liu	Research and Development
Yan	Lu	Research and Development
Ian	Luksha	Research and Development
Chris	MacKenzie	General and Administrative
Michelle	Mack-Williams	Research and Development
Rosemarie	Magsombol	Research and Development
Teryn	Maihiot	Research and Development
Raj	Malla	General and Administrative
Denis	Mandel	General and Administrative
Ron	Marcus	Research and Development
Aaron	Maskery	General and Administrative
Jon	Masters	General and Administrative
Jean	Mastrangelo	Research and Development
Matt	McClellan	Commercial
Becca	McGarry	Research and Development
Kelly	McGrath	General and Administrative
Dave	McKinzie	Research and Development
Alicia	Meli	Research and Development
Bill	Meury	General and Administrative
Andrew	Miller	General and Administrative
Laura	Miller	Research and Development
Scott	Mills	Commercial
Jay	Miranda Valdes	Research and Development
Sanam	Mirza	Research and Development
Jeff	Moehlenkamp	Research and Development
Shannon	Moesaa	General and Administrative
James	Monn	Research and Development
Justina	Moore	General and Administrative
Uche	Mordi	Research and Development
Abbey	Morelli	General and Administrative
Karen	Morris	Research and Development

Joseph	Mort	Research and Development
Muqeem	Mughal	Research and Development
Ariana	Mullin	Research and Development
Susan	Mulvaney	General and Administrative
Srinath	Muppalaneni	Research and Development
Jason	Myers	Research and Development
Maiko	Nagura	Research and Development
Nichole	Neugebauer	Research and Development
Erin	Newton	Commercial
Daniel	Nickle	Research and Development
Rachel	Noe	Research and Development
TJ	Northam	Research and Development
Keisha	Novak	Research and Development
Kristi	Olney	General and Administrative
Jonalyn	Ongos	Research and Development
Maria	Oquendo	Research and Development
Amanda	Orban	General and Administrative
Bryan	Pacheco	General and Administrative
Joshua	Page	General and Administrative
Donald	Pardy	Research and Development
Karl	Park Jr	General and Administrative
Deb	Parker	Research and Development
Quinn	Parks	Research and Development
Nimesh	Patel	Research and Development
Hetviben	Patel	Research and Development
Tej	Patel	Research and Development
Roshni	Patel	Research and Development
Steven	Paul	Research and Development
Robert	Pearce	Commercial
Harish	Penumetcha	Research and Development
Michele	Perry	Research and Development
Harlie	Phillips	Research and Development
Catie	Pian	Research and Development
Matthew	Pompile	Research and Development
Michael	Popiolek	Research and Development
Deb	Porter	Research and Development
Gregg	Pratt	Research and Development
Michael	Priest	Research and Development
Stuart	Ragins	Commercial
Pallavi	Rahate	Research and Development
Edwin	Raj	Research and Development
Christine	Ramirez	General and Administrative
Ian	Ramsay	Research and Development
Joel	Rando	General and Administrative

Uma	Raul	Research and Development
Joe	Reis	Commercial
Ryan	Ribaudó	Research and Development
Wes	Ripley	Research and Development
Corie	Robinson	Research and Development
Roberto	Rodriguez Espinal	General and Administrative
Jonathan	Rosin	General and Administrative
James	Royster	Commercial
Shiling	Ruan	Research and Development
Joseph	Ryan	Research and Development
Tim	Sainz	Commercial
Moudjibou	Salawu	General and Administrative
David	Salim	Research and Development
Misty	Salmi-Pennington	Research and Development
Manisha	Sarin	Research and Development
Colin	Sauder	Research and Development
Sharon	Sawchak	Research and Development
Sarah	Schihl	Research and Development
Ally	Schulz	Research and Development
Cindy	Schwartz	Commercial
Nicole	Scognamiglio	Research and Development
Mary	Seeland	Research and Development
Cecile	Seraphin	Research and Development
Chirag	Shah	Research and Development
Xin	Shang	Research and Development
Jimmy	Shannon	Research and Development
Molly	Silva	General and Administrative
Erin	Simpson	General and Administrative
David	Small	Research and Development
Renee	Smith	General and Administrative
Alexis	Smith	General and Administrative
Joshua	Smoke	Research and Development
Lauren	Sneider	General and Administrative
Julie	Snyder	Commercial
Christie	Spadafora	Research and Development
Lori	Spencer	General and Administrative
John	Staiger	Research and Development
Tatham	Stevens	Research and Development
Emily	Stratten	Commercial
Mehak	Suddle	Research and Development
Janet	Surovcik	Commercial
Aga	Sus	Research and Development
Murugu	Swaminathan	Research and Development
Michael	Swartz	Research and Development

Andrine	Swensen	Research and Development
Rob	Swoboda	Research and Development
Kathryn	Tabb	General and Administrative
Emily	Thackara	General and Administrative
Tayaramma	Thatava	Research and Development
Arthur	Thomas	Commercial
Adiyam	Tikabo	Research and Development
Jon	Trinidad	Research and Development
Frank	Truslow	General and Administrative
Tara	Turnas	Research and Development
Ankita	Tyagi	Research and Development
Laura	Ueki	Research and Development
Sai	Uppalapati	Research and Development
Farhan	Valsadia	General and Administrative
Kathy	Van Sickle	Research and Development
Alexander	Vandell	Research and Development
Rolando	Veloso	Research and Development
Rajender	Vemula	Research and Development
Ann	Vento	Research and Development
Monica	Voudris-Waldman	Research and Development
Prashanthi	Vunnava	Research and Development
Scott	Vuocolo	Research and Development
Chunmao	Wang	Research and Development
Meiyao	Wang	Research and Development
Carolyn	Watson	Research and Development
Jennifer	Wilbanks	Research and Development
Yukun	Wu	Research and Development
Cindy	Wu	Research and Development
Clo	Xavier	General and Administrative
Tim	Xu	General and Administrative
Sai	Yanamandra	Research and Development
Hsuan-Ming	Yao	Research and Development
Paul	Yeung	Research and Development
Samantha	Yohn	Research and Development
Brent	Young	Commercial
Yinyan	Zhao	Research and Development
Huijuan	Zhong	Research and Development
Li	Zhong	Research and Development
Julia	Zhou	Research and Development
Haiyuan	Zhu	Research and Development
Gerard	Zitnik	Research and Development
Andrew	Zoltan	General and Administrative
Janny	Zou	Research and Development



August 28, 2023

Via Fed Ex

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

To Whom It May Concern:

On behalf of Karuna Therapeutics, Inc. ("Karuna") attached is Karuna's application for Licensure.

Karuna is a clinical-stage biopharmaceutical company driven to create and deliver transformative medicines for people living with psychiatric and neurological conditions. Karuna prides themselves on their deep expertise in neuroscience and inventive thinking around drug discovery and development. Since their inception, they have worked relentlessly to advance a pipeline of novel medicines with the goal of making a profound difference in the lives of those affected by these complex conditions.

Karuna is a "Virtual Manufacturer" whose products are manufactured by a contract manufacturer and distributed by a Third-Party Logistics Provider, who meets licensure requirements to ship pharmaceutical products into your state. At no time is commercial product manufactured at, stored at, or distributed from Karuna's office. Karuna's product is not a controlled substance. Accordingly, Karuna is not required to obtain a DEA registration. At the time of this filing, Karuna only holds a license in their home state of Massachusetts.

I hope this narrative is helpful as you review Karuna's application. If you have a question regarding this application, please contact me at 315-883-7728 or via email at nanette.mcmahon-white@twolabs.com. Please also address all written communication to me. My address is 121 Vieau Drive, Syracuse, NY 13207.

Thank you in advance for your consideration.

Nanette McMahon-White
Licensing Analyst
Commercial-Regulatory



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 WH02861	☒ 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: <u>Spectrum Pharmaceuticals, Inc.</u>		
Physical Address: <u>18200 Von Karman Avenue, Suite 700</u>		
City: <u>Irvine</u> State: <u>CA</u> Zip: <u>92612</u>		
Mailing Address (if different from physical address): <u>100 S. Saunders Rd</u>		
City: <u>Lake Forest</u> State: <u>IL</u> Zip: <u>60045</u>		
Telephone: <u>949-788-6700</u> Website: <u>https://www.sppirx.com/</u>		
Name of Designated Representative (DR): <u>Rajiv Modha</u>		
Licensing Company Email: <u>SPPI Licensing@assertiotx.com</u> DR Email: <u>[REDACTED]</u>		
Entities the Wholesaler will Serve (✓ all applicable)	Products to be Handled or Wholesaled (✓ all applicable)	Type of Wholesaling (✓ all applicable)
☐ Pharmacies ☐ Practitioners ☒ Hospitals ☐ Wholesalers ☐ Veterinarians ☒ Others: Specialty Pharmacies, Specialty Distributors	☒ Dangerous Drugs ☐ Controlled Substances ☐ *Medical devices, equipment, supplies, gases ☐ Others:	☐ Manufacturer ☐ Repacker ☐ Reverse Distributor ☐ Warehouse ☐ Retail pharmacy wholesale distributor ☒ 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

Name: See attached DOO			
Address: _____	City: _____	State: _____	Zip: _____
Name: _____			
Address: _____	City: _____	State: _____	Zip: _____
Name: _____			
Address: _____	City: _____	State: _____	Zip: _____
Name: _____			
Address: _____	City: _____	State: _____	Zip: _____

State of Incorporation: DE		
Parent Company (if any): Assertio Holdings, Inc.		
Corporation Name: Spectrum Pharmaceuticals, Inc		
Mailing Address: 100 S. Saunders Rd		
City: Lake Forest	State: IL	Zip: 60045
Telephone: (224) 416-6291	Email: SSchlessinger@assertiotx.com	
Contact Person Name: Daniel Peisert		
Date of SEC Registration: 6/21/2004	SEC Registration Number: 1808665	Stock Exchange Symbol: ASRT

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

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

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
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:



Original Signature (electronic, copies or stamps not accepted)
Daniel Peisert, Director, CEO, & President

10/11/23
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 Virtual Manufacturer - Labeler Code: 76961 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 <u>all</u> Officers and Directors.	✓	✓		
• List the <u>top four</u> corporation shareholders and their percent ownership.	✓			
• List of <u>all</u> corporation shareholders and their percent ownership.		✓		
• List of <u>all</u> partners and their percent ownership.			✓	
• Certificate of Corporate Status or Certificate of Good Standing obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last 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.

Spectrum Pharmaceuticals, Inc.

Facility Name

Daniel Peisert

Print Name of Authorized Person Submitting Application



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

10/11/23

Date

Board Use Only

Date Received: 11/1/23

Amount: \$1000 - checks 267



Description of Operations

Spectrum Pharmaceuticals, Inc is a Virtual Manufacturer. Spectrum Pharmaceuticals, Inc's products are manufactured by a Contract Manufacturer and will be distributed to Hospital Pharmacies, Specialty Pharmacies and Specialty Distributors by their Third-Party Logistics Provider, Integrated Commercialization Solutions, who are licensed to ship pharmaceutical products into your state.

Spectrum Pharmaceuticals, Inc has 10 employees working on site during normal business hours of operation which are 9:00 am – 5:00pm Monday through Thursday & Friday-9:00am-12:00pm.

Labeler Code:

76961

Contract Manufacturer Information:

Ajinomoto and AndersonBrecon manufacture Spectrum Pharmaceuticals, Inc's product and packages finished product. At no time does Ajinomoto and AndersonBrecon own the product, contract with Spectrum Pharmaceuticals, Inc's customers, invoice, nor sell a Spectrum Pharmaceuticals, Inc product. Spectrum Pharmaceuticals, Inc's products are not Controlled Substances

Ajinomoto Althea, Inc.

11040 Roselle Street
San Diego, CA 92121
FDA Establishment Number: 3004575449
Contact Person: Jennifer Vavala
858-281-7604

PCI Pharma Services (AndersonBrecon)

4545 Assembly Drive
Rockford, IL 61109
FDA Establishment Number: 1421377
Victoria Theus
815-484-8831

Third Party Logistic information:

For distribution into the commercial supply channels, Integrated Commercialization Solutions acts as Spectrum Pharmaceuticals, Inc's Third Party Logistics (3PL) provider to manage the storage and distribution of Spectrum Pharmaceuticals, Inc's product-throughout the United States. Integrated Commercialization Solutions' address is:

Integrated Commercialization Solutions
420 International Blvd. Suite 500
Brooks, Kentucky 40109
Contact Person: Eric Mutschler 469-365-7648

Drug Databases (<https://www.fda.gov/Drugs/InformationOnDrugs/default.htm>)

National Drug Code Directory

Current through August 30, 2023

You have searched Finished drug products

Search Results: 'Spectrum Pharma'

[Back to Search Page \(1\)](#) | [Search Again \(1\)](#)

CSV Excel

Display records per page

Search for text in the table:

Proprietary Name	NDC Package Code	Strength	Dosage Form	Route	Appl. No.	Labeler Name	Product NDC	Suspensory Name	Substance Name	Product Type Name	Start Marketing Date	End Marketing Date	Market Category
Robeson	76961-101-01	13.2 mg/mL	INJECTION, SOLUTION	SUBCUTANEOUS	BLA761148	Spectrum Pharmaceuticals, Inc.	76961-101	eflaprogestin	EFLAPROGESTIN	HUMAN PRESCRIPTION DRUG	10/18/2022	N/A	BLA

Showing 1 to 1 of 1 entries

Previous Next

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

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

See also: [Drug Registration and Listing Instructions \(https://www.fda.gov/Drugs/GuidanceComplianceRegulatoryInformation/DrugRegistrationandListing/ucm078801.htm\)](https://www.fda.gov/Drugs/GuidanceComplianceRegulatoryInformation/DrugRegistrationandListing/ucm078801.htm)

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

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

Verified
m.t. 11/17/23



Re-defining Cancer Care
Company Information

Spectrum Pharmaceuticals, Inc
18200 Von Karman Avenue, Suite 700
Irvine, CA 92612
949-788-6700
www.sppirx.com
SPPILicensing@assertiotx.com

FEIN: 93-0979187
State of Formation: Delaware
Date Incorporated: 05/07/1997

Ownership Information

Spectrum Pharmaceuticals, Inc is 100% owned by Assertio Holdings (ASRT) which is publicly traded on the New York Stock exchange.

Assertio Holdings 100 South Sanders Road, Lake Forest, IL 60045:
Phone# 224-419-7106
FEIN: 85-0590378

Officers

Daniel Peisert, CEO and President

Business Address: 100 South Saunders Road, Lake Forest, IL 60045
Business Phone: (224) 419-7106
Company Ownership: 1%
Email: [REDACTED]

Paul Schwichtenberg, Chief Financial Officer, Senior VP of Finance

Business Address: 100 South Saunders Road, Lake Forest, IL 60045
Business Phone: (224) 419-7106
Company Ownership: 1%
Email: [REDACTED]



Board of Pharmacy
2720 Gateway Oaks Dr, Suite 100
Sacramento CA 95833



SPECTRUM PHARMACEUTICALS INC
18200 VON KARMAN AVE STE 700
IRVINE CA 92612



Board of Pharmacy



Wholesale Drug Permit

LICENSE NO. WLS 8212

ISSUE DATE

FEBRUARY 03, 2023

SPECTRUM PHARMACEUTICALS INC
18200 VON KARMAN AVE STE 700
IRVINE CA 92612

The above is licensed with the State Board of Pharmacy as a Corporation.

CORPORATION
RAJIV MODHA

EXEMPTEE IN CHARGE

The official status of this license can be verified at www.pharmacy.ca.gov

PLACE RENEWAL LICENSE HERE

VALID UNTIL FEBRUARY 01, 2024

RECEIPT NUMBER

00735631

This original license must be kept for the life of the license and posted in public view.

In accordance with section 4080 of the Business and Professions Code, the business named above is hereby licensed at the above address, and is subject to the rules and regulations of the California State Board of Pharmacy.

This permit is NONTRANSFERABLE and must be renewed annually on or before the indicated date. Contact the California State Board of Pharmacy within 30 days when there is a change of ownership, including corporate officer, shareholder (more than 10 percent share change), designated representative, manager or vice president of operations. If you are planning to change location or designated representative-in-charge, the approval must be in advance of the change.

CALIFORNIA STATE BOARD OF PHARMACY
2720 GATEWAY PARK DRIVE, SUITE 400
SAN FRANCISCO, CA 94103
(916) 518-3100

----- POST IN PUBLIC VIEW -----

0670

BOARD OF PHARMACY

LICENSING DETAILS FOR: WLS 8212

NAME: SPECTRUM PHARMACEUTICALS INC

LICENSE TYPE: WHOLESALER

LICENSE STATUS: CLEAR

ISSUANCE DATE

FEBRUARY 3, 2023

EXPIRATION DATE

FEBRUARY 1, 2024

CURRENT DATE / TIME

OCTOBER 30, 2023
7:40:17 AM

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

ADDRESS

18200 VON KARMAN AVE STE 700
IRVINE CA 92612
ORANGE COUNTY

LICENSE RELATIONSHIPS

NAME: MODHA, RAJIV

ADDRESS NOT DISCLOSED

LICENSE/REGISTRATION TYPE: DESIGNATED
REPRESENTATIVE (WHOLESALER)

LICENSE NUMBER: 24289 **PRIMARY STATUS:** CLEAR

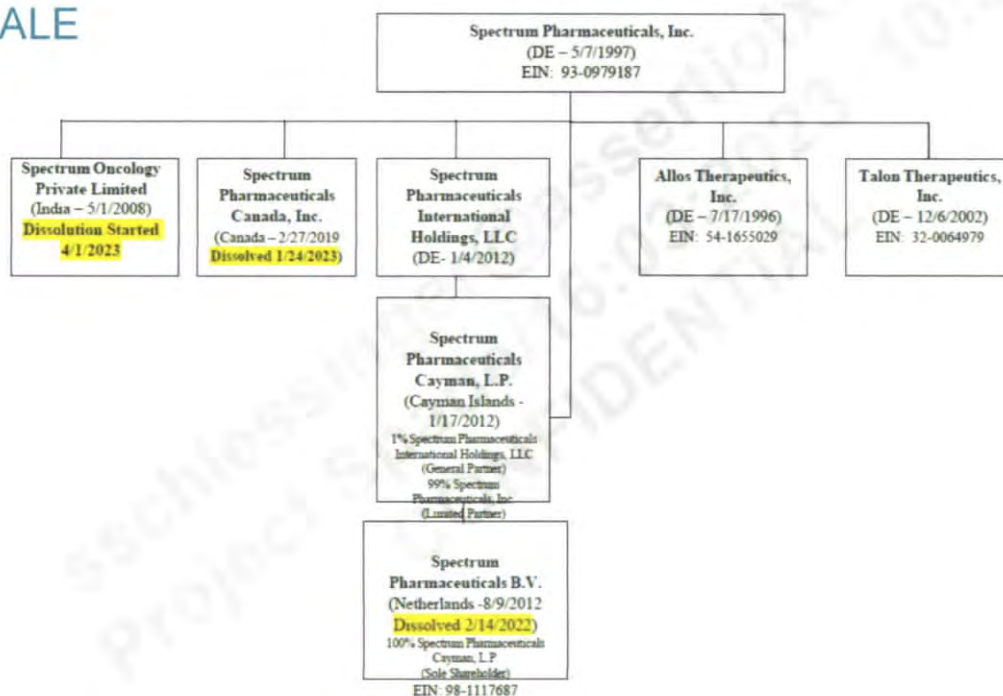


Exhibit A

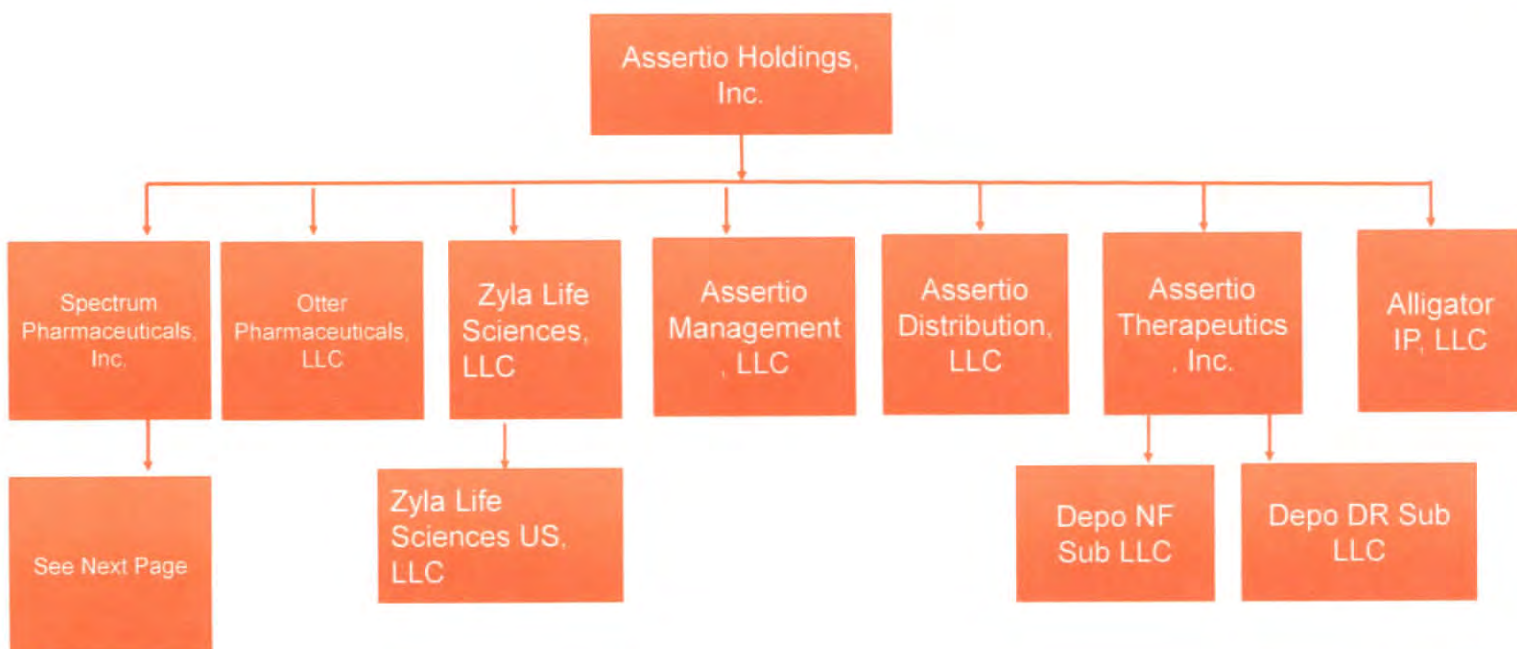
Pre and Post Org Charts

Assertio Holdings, Inc. Legal Entity Org. Chart (all Delaware Entities – except for certain Spectrum subs)

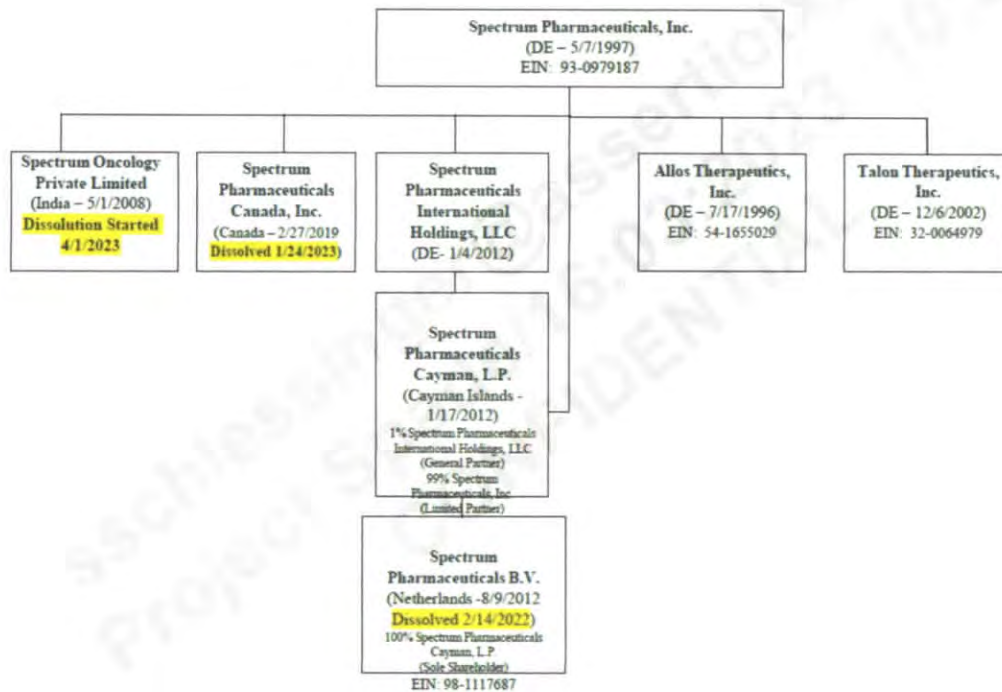
PRE-SALE



Assertio Holdings, Inc. Legal Entity Org. Chart (all Delaware Entities – except for certain Spectrum subs)



Assertio Holdings, Inc. Legal Entity Org. Chart (all Delaware Entities – except for certain Spectrum subs)



Email: [REDACTED]

SUMMARY

I am a pharmaceutical/biotech leader with experience of achieving quality, compliance and business goals; hands-on experience of managing analytical R & D, quality control, quality assurance, quality management systems, qualification of manufacturing and laboratory areas, qualification of manufacturing and packaging equipment, manufacturing/packaging process validation, computer systems validation, method validation, cleaning/hold-time validation, shipping validation, serialization of commercially distributed products, GXP compliance, vendor management, external/internal audits, managing international regulatory inspections and authoring CMC filings for biologics drug substance and drug product, chemically synthesized API's, tablets, capsules, liposomal formulations, lyophilized products. Management and leadership experience gained at small and large pharmaceuticals as well as service-oriented organizations such as CRO, CMO and consulting firm. Worked in Europe, Canada, and USA. Familiar with GMP (CFR 21 Part 210, 211, 600), ICH Q, CFR 21 Part 11, GLP (CFR 21 Part 58), GCP (ICH E6(R2), CFR 21 Part 50, 54, 56, 312, 314 and 320 and DEA regulations. Have worked with organizations with on-site manufacturing and testing as well as virtual organizations.

EXPERIENCE**Spectrum Pharmaceuticals Inc., Irvine, CA**Feb 2022 – Current: **Department Head, Quality (QC, QA (CMC and Clinical))**May 2020 – Jan 2022 **Director, Quality Systems (QC, QA (CMC and Clinical))**Jan 2018 – Mar 2019 **Director, Pharmaceutical Operations and Supply Chain**Jul 2015 – Dec 2017 **Director, QA/QC***Spectrum is a virtual company with one commercial biologic and a few products in development***Duties:**

Quality

Assure GMP, GLP, GCP compliance of drug development programs and commercial products

Pharmaceutical Operations and Supply Chain

Manage Zevalin's supply chain and regulatory CMC requirements

Acrotech Biopharmaceuticals Inc., East Windsor, NJFeb 2019 - Mar 2020 **Director, Pharmaceutical Operations and Supply Chain***Acrotech is a virtual company with seven commercial products acquired from Spectrum Pharmaceuticals Inc.***Duties:**

Manage Zevalin's supply chain and regulatory CMC requirements

Qualitest, Inc., Huntsville, ALMay 2013 – Jun 2015 **Director QA/QC (R&D)****Duties:**

To assure product quality and regulatory compliance (CMC) of drug products in development and the R&D facility

Regeneron Pharmaceuticals, Inc., 81 Columbia Turnpike, Rensselaer, NY 12144Oct 2011 – May 2013 **Associate Director, Quality Systems (Inspection Readiness)***(Manufacturer of commercial biologic drug substance and drug product)***Duties:**

Prepare the site for and host regulatory inspections

Goodwin Biotechnology Inc., Plantation, FLNov 2009 – Sept 2011 **Director, QA/QC***Goodwin Biotechnology Inc. is a contract R&D and manufacturing organization specializing in biologics***Duties:**

Manage QA/QC function

Penwest Pharmaceuticals Co., Patterson, NY (now a part of Endo Pharmaceuticals)May 2005 – Nov 2009 **Director, QA/QC***Penwest was a specialty pharma with patented controlled release drug delivery systems for solid dosage forms*

Email: [REDACTED]

Duties:

To assure product quality and regulatory compliance (CMC) of drug products in development and the R&D facility

NeoPharm Inc., Waukegan, IL

Jul 2003 – May 2005 **Director R&D QA & Regulatory Affairs**

Duties:

To assure product quality and regulatory compliance (CMC) of drug products in development and the R&D facility

PharmEng Technology Inc., Markham, ON, Canada

Jan 2000 – Jul 2003 **Senior GMP/GLP/Compliance/Validation Consultant**

Duties:

Provide cost effective regulatory compliance solutions (GLP and GMP), including phase-appropriate quality systems to small start-up companies as well as large multi-national pharmaceutical companies in the US and Canada, 30 organizations in total

Project lead: development and execution of master validation plans; technical assessment of manufacturing processes as part of due diligence

Brantford Chemicals Inc., Brantford, Ontario, Canada

Apr 1999 – Jan 2000 **Technical Liaison** (*a unique role created to improve regulatory compliance and operational efficiency*)

(*A generic API Manufacturing Facility*)

Duties:

Perform gap assessments, revise governance procedures to align R&D, Process Development, Commercial Manufacturing, Analytical R&D, Quality Control and Regulatory Affairs; identify and correct significant issues with product quality and regulatory compliance

ClinTrials BioResearch Ltd. (CTBR), Montreal, Canada

Jun 1994 – Apr 1999 **Scientific Director Analytical Chemistry**

(*CTBR, now Charles Rivers Laboratories, is a contract research organization specializing in preclinical testing services under GLP*)

Duties:

Manage the Analytical department that performed testing of novel compounds and biological samples (blood, plasma, various tissues)

London International Group, (LIG), Cambridge, UK

Oct 1988 – Jun 1994 **Manager, Analytical Chemistry**

LIG was manufacturer of branded healthcare products with world-wide operations

Duties:

Provide analytical testing services to drug/process development projects and participate in technology transfer

EDUCATION

M.Sc. Analytical Chemistry, University of Woolwich, London, UK

B.Sc. Chemistry, York University, UK

Employees in CA

Azarbal, Linda	Irvine	CA
Dishon, Michele	Irvine	CA
Flores, Emiliano	El Cajon	CA
Kanse, Niles	Irvine	CA
Khaja, Raheemuddin	Simi Valley	CA
McCormick, Brian	Carlsbad	CA
Modha, Rajiv	Riverside	CA
Morita, Linda	Huntington Beach	CA
Roberson, Suzanne	Irvine	CA
Robles, Anna	Rancho Santa Margarita	CA
Schwartz, Fred	Orange	CA
Srivastava, Ritesh	Santa Monica	CA
Stone, Sean	Sacramento	CA
Tejwani, Karishma	Tustin	CA
Togni, Rowena	Ladera Ranch	CA
Torres, Irina	Tustin	CA

**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

November 10, 2023
Date of Report (Date of earliest event reported)

ASSERTIO HOLDINGS, INC.

(Exact name of registrant as specified in its charter)

Delaware
(State or Other Jurisdiction of
Incorporation)

001-39294
(Commission
File Number)

85-0598378
(IRS Employer
Identification Number)

100 South Saunders Rd., Suite 300
Lake Forest, IL 60045
(Address of principal executive offices) (Zip Code)

(224) 419-7106
(Registrant's telephone number, including area code)

N/A
(Former Name or Former Address, if Changed Since Last Report)

Check the appropriate box below if the Form 8-K filing is intended to simultaneously satisfy the filing obligation of the registrant under any of the following provisions:

- ☐ 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 Stock, \$0.0001 par value	ASRT	The Nasdaq Stock Market LLC

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 5.02 Departure of Directors or Certain Officers; Election of Directors; Appointment of Certain Officers; Compensatory Arrangements of Certain Officers

Appointment of Sravan Emany to the Board of Directors

Effective November 14, 2023, the Board of Directors (the “Board”) of Assertio Holdings, Inc. (the “Company”) increased the size of the Board from six to seven members, pursuant to the Company’s Bylaws, and appointed Sravan Emany to the Board, to fill the vacancy created by the increase in the number of directors. In connection with his appointment to the Board, Mr. Emany was appointed as a member of the Audit Committee of the Board.

Mr. Emany, 46, has served as Senior Vice President and Chief Financial Officer of Ironwood Pharmaceuticals, a Nasdaq listed healthcare company, since December 2021. Prior to joining Ironwood, Mr. Emany served as Corporate Vice President, Commercial Excellence and Chief Strategy Officer of Integra LifeSciences Holdings Corporation, a publicly traded global healthcare company, from March 2020 until December 2021 and as Vice President of Strategy, Treasury and Investor Relations from February 2018 to March 2020. Prior to Integra, Mr. Emany served in various mergers and acquisitions investment banking roles at Bank of America and BofA Securities (formerly Bank of America Merrill Lynch) from September 2008 to February 2018, culminating in his service as managing director in the mergers and acquisitions group where he led numerous mergers and acquisitions in the healthcare sector. Mr. Emany also served in various other financial roles, including with Goldman Sachs Group and Morgan Stanley. The Board considered Mr. Emany’s experience and expertise within the following areas relevant to the Company and its business in concluding that he should serve on the Board: Financial Management; Mergers and Acquisitions; Corporate Strategy; and Corporate Management. Mr. Emany holds a B.A. in international relations from The Johns Hopkins University and an M.A. in international relations and international economics from The Johns Hopkins School of Advanced International Studies.

In connection with his service on the Board, Mr. Emany is entitled to receive the compensation and equity awards applicable to all of the Company’s non-employee directors, as more particularly described in the Company’s Non-Employee Director Compensation and Grant Policy filed as Exhibit 10.8 to the Company’s Annual Report on Form 10-K filed with the Securities and Exchange Commission on March 8, 2023. The Company has also entered into its standard form of indemnification agreement with Mr. Emany.

SIGNATURES

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

Date: November 14, 2023

ASSERTIO HOLDINGS, INC.

By: /s/ Daniel A. Peisert
Name: Daniel A. Peisert
Title: President and Chief Executive Officer

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE RESTATED CERTIFICATE OF "SPECTRUM PHARMACEUTICALS, INC.", FILED IN THIS OFFICE ON THE EIGHTEENTH DAY OF JUNE, A.D. 2018, AT 1:49 O'CLOCK P.M.

A FILED COPY OF THIS CERTIFICATE HAS BEEN FORWARDED TO THE NEW CASTLE COUNTY RECORDER OF DEEDS.



2742853 8100
SR# 20185212347

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

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

Authentication: 202904298
Date: 06-18-18

State of Delaware
Secretary of State
Division of Corporations
Delivered 01:49 PM 06/18/2018
FILED 01:49 PM 06/18/2018
SR 20185212347 - File Number 2742853

RESTATED
CERTIFICATE OF INCORPORATION
OF
SPECTRUM PHARMACEUTICALS, INC.

The present name of the Corporation is Spectrum Pharmaceuticals, Inc. The Corporation was incorporated under the name "NeoTherapeutics, Inc." by the filing of its original Certificate of Incorporation with the Secretary of State of the State of Delaware on May 7, 1997. This Restated Certificate of Incorporation of the Corporation, which restates and integrates and also further amends the provisions of the Corporation's Certificate of Incorporation, as amended, was duly adopted in accordance with the provisions of Sections 242 and 245 of the General Corporation Law of the State of Delaware. The Certificate of Incorporation of the Corporation, as amended, is hereby amended, integrated and restated to read in its entirety as follows:

ARTICLE 1

The name of this Corporation is Spectrum Pharmaceuticals, Inc.

ARTICLE 2

The registered office of the Corporation in the State of Delaware is Corporation Trust Center, 1209 Orange Street, in the City of Wilmington, County of New Castle 19801. The name of the registered agent at such address is The Corporation Trust Company.

ARTICLE 3

The purpose of the Corporation is to engage in any lawful act or activity for which corporations may be organized under the Delaware General Corporation Law, as amended from time to time.

ARTICLE 4

The aggregate number of shares of all classes of stock which the Corporation shall have authority to issue is 305,000,000 shares, consisting of (a) 300,000,000 shares of Common Stock, \$.001 par value per share (the "**Common Stock**"), and (b) 5,000,000 shares of Preferred Stock, \$.001 par value per share (the "**Preferred Stock**").

The Board of Directors is authorized, subject to limitations prescribed by law, to provide for the issuance of the shares of Preferred Stock in one or more series, and by filing a certificate as required by the General Corporation Law of the State of Delaware, to establish from time to time the number of shares to be included in each such series, and to fix the designation, powers, preferences and relative, participating, optional or other special rights of the shares of each such series and any qualifications, limitations or restrictions thereof.

ARTICLE 5

A director of this Corporation shall not be personally liable to the Corporation or its stockholders for monetary damages for breach of fiduciary duty as a director, provided that this provision shall not eliminate or limit the liability of a director: (i) for any breach of his duty of loyalty to the Corporation or its stockholders; (ii) for acts or omissions not in good faith or which involve intentional misconduct or a knowing violation of the law; (iii) under Section 174 of the Delaware General Corporation Law; or (iv) for any transaction from which the director derives an improper personal benefit. If the Delaware General Corporation Law is hereafter amended to authorize corporate action further limiting or eliminating the personal liability of directors, then the liability of the directors of the Corporation shall be limited or eliminated to the fullest extent permitted by the Delaware General Corporation Law, as so amended from time to time. Any repeal or modification of this Article 5 by the stockholders of the Corporation shall be prospective only, and shall not adversely affect any limitation on the personal liability of a director of the Corporation existing at the time of such repeal or modification.

ARTICLE 6

Elections of directors need not be by written ballot unless otherwise provided in the Bylaws of the Corporation.

ARTICLE 7

The Board of Directors of the Corporation shall have the power to make, alter, amend, change, add to or repeal the Bylaws of the Corporation.

ARTICLE 8

Any action which may be taken at any annual or special meeting of stockholders may be taken without a meeting, without prior notice and without a vote, if and only if a consent or consents in writing, setting forth the action so taken, is signed by the holders of all of the outstanding shares of capital stock of the Corporation entitled to vote on that action.

IN WITNESS WHEREOF, Spectrum Pharmaceuticals, Inc. has caused this Restated Certificate of Incorporation to be executed by its duly authorized officer on this 18th day of June, 2018.

SPECTRUM PHARMACEUTICALS, INC.

By: _____



Name: Joseph W. Turgeon
Title: President & Chief Executive Officer

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)

Where is the facility located?		☐ Nevada ☒ Out-of-State
Section 1: Facility Information		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 2: General Information		
Facility Name: <u>AXELARA INC</u>		
Physical Address: <u>3350 LASSES BLVD</u>		
City: <u>SAN ANTONIO</u> State: <u>TX</u> Zip: <u>78223</u>		
Mailing Address (if different from physical address): <u>2414 BABCOCK RD SUITE #111</u>		
City: <u>San Antonio</u> State: <u>TX</u> Zip: <u>78229</u>		
Telephone: <u>214-797-7172</u> Website: <u>N/A</u>		
Name of Designated Representative (DR): <u>SURYANARAYANA RAJU SAGI</u>		
Licensing Company Email: <u>AXELARAINC@GMAIL.COM</u> DR Email: <u>RAJUSAGI@GMAIL.COM</u>		
Products to be handled or manufactured (check all applicable)	Products to be handled or manufactured (check all applicable)	Type of wholesaler (check all applicable)
☒ Pharmacies ☒ Practitioners ☒ Hospitals ☒ Wholesalers ☐ Veterinarians ☐ Others:	☒ Dangerous Drugs ☐ Controlled Substances ☐ *Medical devices, equipment, supplies, gases ☐ Others:	☐ Manufacturer ☐ Repacker ☐ Reverse Distributor ☐ Warehouse ☒ Retail pharmacy wholesale distributor ☐ Others:

Section 3: 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)

9/1/23
Date

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were not reported or discontinued within the last year.

Name: N/A
 Address: _____ City: _____ State: _____ Zip: _____
 Name: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Name: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Name: _____
 Address: _____ City: _____ State: _____ Zip: _____

Section 4: Publicly Traded Corporation

State of Incorporation: _____
 Parent Company (if any): _____
 Corporation Name: _____
 Mailing Address: _____
 City: _____ State: _____ Zip: _____
 Telephone: _____ Email: _____
 Contact Person Name: _____
 Date of SEC Registration: _____ SEC Registration Number: _____ Stock Exchange Symbol: _____

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

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

Owner's Name: SURYANARAYANA RAJU SAGI
 Business Name: AXELARA INC
 Business Address: 3350 LASSES BLVD
 City: SAN ANTONIO State: TX Zip: 78223
 Telephone: 2147977172 Email: AXELARAINC@GMAIL.COM

Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:	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 2: 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	Foreign Firm	Other
• List of <u>all</u> Officers and Directors.	✓	✓		
• List the <u>top four</u> corporation shareholders and their percent ownership.	✓			
• List of <u>all</u> corporation shareholders and their percent ownership.		✓		
• List of <u>all</u> partners and their percent ownership.			✓	
• Certificate of Corporate Status or Certificate of Good Standing obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last 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).	✓	✓	✓	✓
Section 3: Submit Fingerprints if your company is not accredited by NABP and/or FDA regulated by the FDA				
• 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.

AXELARA INC

Facility Name

SURYANARAYANA RAJU SAGI

Print Name of Authorized Person Submitting Application



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

9/1/2023

Date

Board Use Only

Date Received: 9/1/23

Amount: 1000-CL-124



Franchise Tax Account Status

As of : 09/21/2023 17:08:44

This page is valid for most business transactions but is not sufficient for filings with the Secretary of State

AXELARA INC

Texas Taxpayer Number 32081102751

Mailing Address [REDACTED] MEDICAL DR APT 1818 SAN ANTONIO, TX 78229-2295

② Right to Transact Business in Texas ACTIVE

State of Formation TX

Effective SOS Registration Date 09/20/2021

Texas SOS File Number 0804238628

Registered Agent Name SURYANARAYANA R SAGI

Registered Office Street Address [REDACTED] MEDICAL DRIVE APT 1818 SAN ANTONIO, TX 78229

- ★ 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.

AXELARA INC ^{Dot}
 [REDACTED] MEDICAL DR STE 1818
 SAN ANTONIO TX 78229



TEXAS DEPARTMENT OF STATE HEALTH SERVICES
 REGULATORY LICENSING UNIT



AXELARA INC
 3350 LASSES BLVD
 SAN ANTONIO, TX 78223

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 # 1003379

Expires: January 6, 2024

NON-TRANSFERABLE

John Doe
 Commissioner

515355



3225 Monier Circle, Ste 100
 Rancho Cordova, CA 95742
 Toll Free (877) 654-2327
 CA License #0M07762

AXELARA INC.
 985 Damonte Ranch Pkwy Suite 206
 RENO, NV 89521

STATEMENT

For Period 1/01/2023 Thru 12/31/2023
Printed on 9/18/2023 at 10:01AM

Check list carefully, if list is correct, please remit TOTAL DUE indicated Below.

<u>BOND #/ INVOICE #</u>	<u>PRINCIPAL/OBLIGEE/BOND TYPE</u>	<u>EFFECTIVE/ EXPIRATION DATE</u>	<u>GROSS PREMIUM</u>	<u>INVOICE AMOUNT</u>	<u>PAYMENT</u>	<u>AMOUNT DUE</u>
PB11562509772 R1 298995	AXELARA INC. Nevada State Board Of Pharmacy Nevada - Pharmaceutical Wholesaler	10/26/2023 10/26/2024	\$1,000.00	\$1,100.00	\$0.00	\$1,100.00
Total Due:						\$1,100.00

IMPORTANT:
AVOID \$35 COMMERCIAL BOND REINSTATEMENT FEE BY PAYING PRIOR TO EFFECTIVE DATE ABOVE.

Surety1 Goes Green!

You can now pay for your bond online at www.surety1.com
 Surety1 will only be sending out one paper invoice per renewal

Philadelphia Indemnity Insurance Company

BOND RIDER**ATTACHED TO AND FORMING A PART OF:****Bond Number:** PB11562509772**Principal:** AXELARA INC.**Obligee:** NEVADA STATE BOARD OF PHARMACY**Surety:** Philadelphia Indemnity Insurance Company**Effective** 9/21/2023

It is agreed that the address shall change-

From: 985 Damonte Ranch Pkwy Suite 206 RENO, NV 89521

To: 3350 Lasses Blvd, San Antonio, TX 78223

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 stated as above. Provided, however, that the liability of the company under the attached bond as changed by this order shall not be cumulative.

Signed & Sealed Date: 9/26/2023

Principal: AXELARA INC.**Surety:** Philadelphia Indemnity Insurance Company

By:  _____

 _____
Ryan Tash, Attorney-in-Fact

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 T. Page, Ryan Tash, & Susan Fournier of Surety Solutions Insurance Services, 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 SEAL TO BE AFFIXED BY ITS AUTHORIZED OFFICE THIS 5TH DAY OF MARCH, 2021.

(Seal)



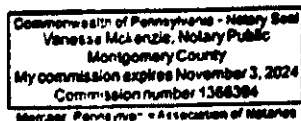
John Glomb

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



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 26 day of September, 2023



Edward Sayago

Edward Sayago, Corporate Secretary
PHILADELPHIA INDEMNITY INSURANCE COMPANY

Superseding 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. PB11562509772

Application/License No. _____

AXELARA INC. _____, doing or intending to do business as a
Applicant/Principal
 pharmaceutical wholesaler, whose address for purposes of service is
985 Damonte Ranch Pkwy Suite 206 RENO, NV 89521, as
Address of Applicant/Principal
 PRINCIPAL, and Philadelphia Indemnity Insurance Company, a
Surety Company
 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 #100, Bala Cynwyd, PA 19004 - 0950 as
Address of Surety

SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of ONE HUNDRED THOUSAND DOLLARS (\$100,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on 10/22/2022.
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 9th day of March, 2023.

APPLICANT/PRINCIPAL

SURETY

COMPANY



Authorized Representative



Surety Company's Representative

Ryan Tash, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

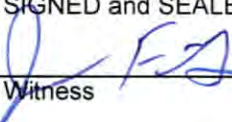
Witness



Witness

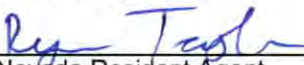
SIGNED and SEALED in the presence of:

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 **John T. Page, Ryan Tash, & Susan Fournier of Surety Solutions Insurance Services, 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 SEAL TO BE AFFIXED BY ITS AUTHORIZED OFFICE THIS 5TH DAY OF MARCH, 2021



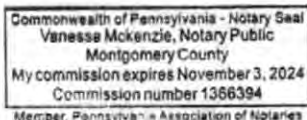
(Seal)

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



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 9 day of March, 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

Designated Representative Application

Rev (05/12/2022)

Name of Pharmacy/Wholesaler AXELARA INC

Pharmacy/Wholesaler License # (if applicable) _____

Physical Address 3350 LASSES BLVD

City SAN ANTONIO State TX Zip 78223

Mailing Address (if different from physical address) 2414 BABCOCK RD, STE 111

City San Antonio State Tx Zip 78229

Telephone 214-797-7172 Website _____

Licensing Company Email Rg AxelaraInc@gmail.com

First SURYANARAYANA Middle R Last SAGI

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

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

Mailing Address [REDACTED]

City SAN ANTONIO State TX Zip 78229

Telephone 214-797-7172 Email [REDACTED]

Are you a citizen of the United States? ☐ 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.)		✓

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 Nitte Gulabi Shetty institute of pharmaceutical science		From - To (MM/YY - MM/YY) 02-01-1196 to 02-01-2002	
Address Paneer, India	City Mangalore	State Karnataka	Zip 575018
Diploma/Degree obtained, if any BACHELORS OF PHARMACY			
School Name Long Island Univerity		From - To (MM/YY - MM/YY)	
Address 1 University Plz	City Brooklyn	State NY	Zip 11201
Diploma/Degree obtained, if any Masters in Pharmacology			
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) 11/27/2020- Present	Address [REDACTED]	City san antonio	State TX	Zip 78229
From - To (MM/YY - MM/YY) 11/1/2017- 11/26/2020	Address [REDACTED]	City san antonio	State TX	Zip 78229
From - To (MM/YY - MM/YY) 10/01/2016- 11-01/2017	Address [REDACTED]	City Tomball	State TX	Zip 77375
From - To (MM/YY - MM/YY) 01/01/2013- 9/30/2016	Address [REDACTED]	City Plano	State TX	Zip 75023
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	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 ALLAYMEDS INC		From - To (MM/YY - MM/YY) 06-06-2022 TO PRESEN	
Business Address 2414 BABCOCK RD STE 111		City SAN ANTONIO	State TX
Phone 2108096607	Title PHARMACIST	Zip 78229	
Number of Employed Hours 2000			
Description of Duties Management role, Verify prescription			

Business Name ASPCARES INC		From - To (MM/YY - MM/YY) 10/01/2019-05-30-2022	
Business Address 2414 BABCOCK RD STE 106		City SAN ANTONIO	State TX
Phone 214-797-7172	Title Director Of Operations	Zip 78229	
Number of Employed Hours 4000			
Description of Duties Manament Role, Daily Routine Operations			

Business Name LIFECARE PHARMACY		From - To (MM/YY - MM/YY) 10/01/2017- 09/30/2019	
Business Address 1313 VETERANS AVE		City CRYSTAL CITY	State TX
Phone 830-374-3436	Title PHARMACIST	Zip 78839	
Number of Employed Hours 2200			
Description of Duties Pharmacist- Verify Prescriptions and Manage the pharmacy and take care of daily operations			

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

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

Continue on next page if additional space is needed.

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

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)

9/1/23
Date

I, SURYANARAYANA RAJU SAGI, certify that as the designated representative

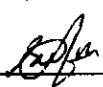
for Axelara Inc

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. RS I am at least 21 years of age;
3. RS 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. RS I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. RS I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. RS 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. RS I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

SURYANARAYANA RAJU SAGI

Print Name (First, Last)


Original Signature (electronic, copies or stamps not accepted)

9/1/23
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.

Suryanarayana Sasi
Print Name (First, Last)

[Signature]
Original Signature (electronic, copies or stamps not accepted)

8/31/23
Date

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

State of Texas, ss. County of Bexar

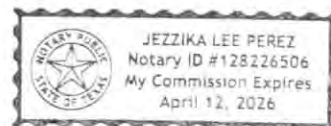
I, Suryanarayana R Sasi, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge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

[Signature]
Original Signature

8/31/23
Date

Subscribed and Sworn to before me this 31 day of August 2023

[Signature]
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 (05/18/2023)

Section 1: Pharmacy/MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site AXELARA INC
 Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable) _____
 Physical Address 3350 LASSES BLVD
 City SAN ANTONIO State TX Zip 78223
 Mailing Address (if different from physical address) 2414 BABCOCK RD, STE 111
 City SAN ANTONIO State TX Zip 78229
 Telephone 214-797-7172 Website _____
 Licensing Company Email AXELARAINC@GMAIL.COM

Section 2: Personal Information

First SURYANARAYANA Middle RAJU Last SAGI
 Alias(es, nicknames, name changes, etc.) _____
 Date of Birth _____ SSN or ITIN _____ Sex ☒ M ☐ F ☐ X
 Mailing Address _____
 City SAN ANTONIO State TX Zip 78229
 Telephone 2147977172 Email _____
 Are you a citizen of the United States? ☐ Yes ☒ No

Section 3: Military Service (MRS 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: Family/Child Support (NRS 445.010, NRS 445.020)

	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 Nitte Gulabi Shetty institute of pharmaceutical science		From - To (MM/YY - MM/YY) 02-01-1996 to 02-01-2002	
Address Paneer, India	City Mangalore	State Karnataka	Zip 575018
Diploma/Degree obtained, if any Bachelors of Pharmacy			
School Name Long island University		From - To (MM/YY - MM/YY) 02-01-2002 to 02-01-2004	
Address Masters in Pharmacology	City Brooklyn	State NY	Zip 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			

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
		SAN ANTONIO	TX	78229
From - To (MM/YY - MM/YY)	Address	City	State	Zip
		SAN ANTONIO	TX	78229
From - To (MM/YY - MM/YY)	Address	City	State	Zip
		Tomball	TX	77375
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip

Business Name ALLAYMEDS INC				From - To (MM/YY - MM/YY) 06-06-2022 TO PRESEN	
Business Address 2414 BABCOCK RD		City SAN ANTONIO		State TX	Zip 78229
Phone 210-809-6607		Title PHARMACIST			
Description of Duties MANAGEMENT ROLE, Verify prescriptions					
Business Name ASPCARES INC				From - To (MM/YY - MM/YY) 10-01-2019 to 05-30-2022	
Business Address 2414 Babcock rd Ste 106		City San Antonio		State TX	Zip 78229
Phone 214-797-7172		Title Director of Operations			
Description of Duties Operations Manager					
Business Name Lifecare Pharmacy				From - To (MM/YY - MM/YY) 01-01-2017 to 09-01-2019	
Business Address 1313 VETERANS AVE		City CRYSTAL CITY		State TX	Zip 78839
Phone 830-374-3436		Title Pharmacist			
Description of Duties Verify Prescriptions					
Business Name				From - To (MM/YY - MM/YY)	
Business Address		City		State	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			

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

Make copies of this page OR use a separate piece of paper if additional space is needed.			
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1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacture or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

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

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

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

Provide explanation below:



 Original Signature (electronic, copies or stamps not accepted)

9/1/23

 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.

Suryanarayana Sasi
Print Name (First, Last)

[Signature]
Original Signature (electronic, copies or stamps not accepted)

8/31/23
Date

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

State of Texas, ss. County of Bexar

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

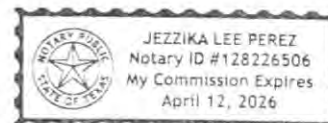
[Signature]
Original Signature

8/31/23
Date

Subscribed and Sworn to before me this 31 day of August 2023

Notary Public Signature

[Signature]



(Seal)

Employee List :

Suryanarayana Raju Sagi

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 _____	☐ 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: <u>Crane Worldwide Logistics, LLC</u>		
Physical Address: <u>13320 John F Kennedy Blvd</u>		
City: <u>Houston</u> State: <u>TX</u> Zip: <u>77039</u>		
Mailing Address (if different from physical address): <u>c/o State License Servicing, 1751 State Route 17A, Suite 3</u>		
City: <u>Florida</u> State: <u>NY</u> Zip: <u>10921</u>		
Telephone: <u>(845) 544-2482</u> Website: <u>www.craneww.com</u>		
Name of Designated Representative (DR): <u>Michael Edward Parker Sr.</u>		
Licensing Company Email: <u>CWL@sisny.com</u> DR Email: <u>marcel.parker@craneww.com</u>		
Entities the Wholesaler will Serve (✓ all applicable)	Products to be Handled or Wholesaled (✓ all applicable)	Type of Wholesaling (✓ all applicable)
☐ Pharmacies ☐ Practitioners ☒ Hospitals ☐ Wholesalers ☒ Veterinarians ☐ Others: <u>Patients, Distributions sites within organization, US Govt</u>	☒ Dangerous Drugs ☐ Controlled Substances ☒ *Medical devices, equipment, supplies, gases ☐ Others:	☐ Manufacturer ☐ Repacker ☐ Reverse Distributor ☐ Warehouse ☐ Retail pharmacy wholesale distributor ☒ Others: <u>3PL</u>

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: <u>Terumo BCT, Inc</u>	City: <u>Lakewood</u>	State: <u>CO</u>	Zip: <u>80215</u>
Address: <u>10810 W Collins Ave</u>			
Name: _____	City: _____	State: _____	Zip: _____
Address: _____			
Name: _____	City: _____	State: _____	Zip: _____
Address: _____			
Name: _____	City: _____	State: _____	Zip: _____
Address: _____			

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): James R Crane (90.4%) Other Individuals with less than 5% each (9.6%)

Corporation/Organization Name: Crane Worldwide Logistics, LLC

Mailing Address: c/o State License Servicing 1751 State Route 17A, Suite 3

City: Florida State: NY Zip: 10921

Telephone: (845) 544-2482 Email: CWL@slny.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:		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 <u>all</u> Officers and Directors.	✓	✓		
• List the <u>top four</u> corporation shareholders and their percent ownership.	✓			
• List of <u>all</u> corporation shareholders and their percent ownership.		✓		
• List of <u>all</u> partners and their percent ownership.			✓	
• Certificate of Corporate Status or Certificate of Good Standing obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last 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.

Crane Worldwide Logistics, LLC

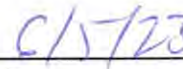
Facility Name

Dylan Morgan Ross

Print Name of Authorized Person Submitting Application



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



Date

Board Use Only

Date Received: 6/22/23

Amount: 1000.00 CK-75082

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 InformationName of Pharmacy/MDEG/Wholesaler Crane Worldwide Logistics, LLC

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

Physical Address 13320 John F Kennedy BlvdCity HoustonState TXZip 77039Mailing Address (if different from physical address) c/o State License Servicing 1751 State Route 17A, Suite 3City FloridaState NYZip 10921Telephone (845) 544-2482Website www.craneww.comLicensing Company Email CWL@slny.com**Section 2: Personal Information**First JamesMiddle RLast CraneAlias(es, nicknames, name changes, etc.) N/A

Date of Birth [REDACTED]

SSN or ITIN [REDACTED]

Sex

☒ M☐ F☐ X

Mailing Address [REDACTED]

City HoustonState TXZip 77019

Telephone [REDACTED]

Email jcrane@crane-group.comAre you a citizen of the United States? ☒ Yes☐ No**Section 3: Military Service (NRS 622.120)**

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

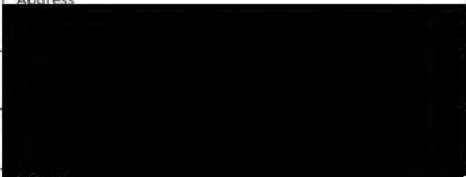
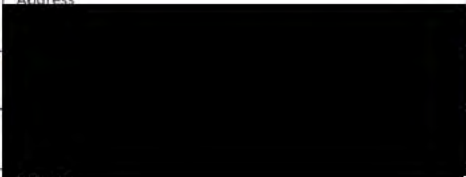
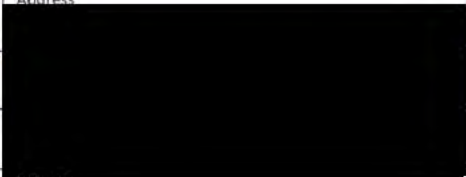
Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)

	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 <u>Lutheran North High School</u>		From - To (MM/YY - MM/YY) <u>8/1968 - 5/1972</u>	
Address <u>5401 Lucas and Hunt Rd.</u>	City <u>Saint Louis</u>	State <u>MO</u>	Zip <u>63121</u>
Diploma/Degree obtained, if any <u>High school Diploma</u>			
School Name <u>Central Missouri State</u>		From - To (MM/YY - MM/YY) <u>8/1972 - 5/1976</u>	
Address <u>108 W. South St.</u>	City <u>Warrensburg,</u>	State <u>MO</u>	Zip <u>64093</u>
Diploma/Degree obtained, if any <u>Bachelor's Degree</u>			
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) <u>10/2019 - Present</u>	Address 	City <u>Houston</u>	State <u>TX</u>	Zip <u>77019</u>
From - To (MM/YY - MM/YY) <u>2015 - 2019</u>		City <u>Houston</u>	State <u>TX</u>	Zip <u>77002</u>
From - To (MM/YY - MM/YY) <u>2012 - 2015</u>		City <u>Houston</u>	State <u>TX</u>	Zip <u>77006</u>
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	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 Crane Worldwide Logistics, LLC		From - To (MM/YY - MM/YY) 2008 - present	
Business Address 13320 John F Kennedy Blvd	City Houston	State TX	Zip 77039
Phone (281) 443-2777	Title Chairman & CEO		
Description of Duties			
Business Name Houston Astros Baseball Club		From - To (MM/YY - MM/YY) 11/2011 - present	
Business Address 501 Crawford St	City Houston	State TX	Zip 77002
Phone (713) 259-8000	Title Chairman & owner		
Description of Duties Chairman & owner			
Business Name Nabors Industries		From - To (MM/YY - MM/YY) 1/2012 - present	
Business Address 515 West Greens Rd.	City Houston	State TX	Zip 77067
Phone (281) 874-0035	Title Chairman of Technology & Safety		
Description of Duties Board of Directors			
Business Name CargoJet		From - To (MM/YY - MM/YY) 9/2018 - 4/2021	
Business Address 2281 North Sheridan Way	City Mississauga, Canada	State	Zip L5K2S3
Phone (905) 822-1147	Title Chairman of the board		
Description of Duties Board Member			
Business Name Crane Capital Group		From - To (MM/YY - MM/YY)	
Business Address 501 Crawford St. Suite 500	City Houston	State TX	Zip 77002
Phone (713) 259-8902	Title		
Description of Duties			
Continue on next page if additional space is needed.			

Business Name <u>Crane Capital Holdings Ltd., a Texas Limited Partnership</u>		From - To (MM/YY - MM/YY) <u>2007-present</u>	
Business Address <u>501 Crawford St. Suite 500</u>		City <u>Houston</u>	State <u>TX</u>
Phone <u>(713)259-8902</u>	Title <u>Owner</u>		
Description of Duties <u>Personal investment holding company and it has made numerous investments in private equity and real estate that well exceed one billion dollars. Primary investments still held listed above.</u>			

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

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

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

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

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

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

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

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

Provide explanation below:

N/A

James R. Cline
Original Signature (electronic, copies or stamps not accepted)

N/A

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 R Crane

Print Name (First, Last)

James R Crane
Original Signature (electronic, copies or stamps not accepted)

6/1/2023
Date

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

State of Texas, ss. County of Harris

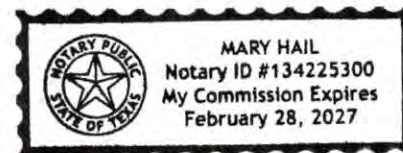
I, James R Crane, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation 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.

James R Crane
Original Signature James R Crane

6/1/2023
Date

Subscribed and Sworn to before me this 1 day of June.

Mary Hail
Notary Public Signature



(Seal)

Crane Worldwide Logistics, LLCList of Corporate Officers

Chad Richard Taylor – Secretary, Treasurer ✓

Dylan Morgan Ross - CFO ✓

James R Crane – Chairman & CEO ✓

Jared Crane - President ✓

Michael Slaughter – V.P. Finance ✓

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CRANE WORLDWIDE LOGISTICS LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-EIGHTH DAY OF APRIL, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CRANE WORLDWIDE LOGISTICS LLC" WAS FORMED ON THE SEVENTEENTH DAY OF JUNE, A.D. 2008.



4563035 8300

SR# 20231696567

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

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

Authentication: 203242562

Date: 04-28-23



TEXAS
Health and Human
Services

Texas Department of State Health Services

Jennifer A. Shuford, M.D., M.P.H.
Commissioner

May 1, 2023

Jennifer Glasser
State License Servicing, Inc.
jglasser@slny.com

CFN: 2112114
Lic.: 1003620
Type: 2501
File: 6830

Re: License Verification

Dear Jennifer Glasser:

This letter shall serve as a verification of licensure for the following firm:
CRANE WORLDWIDE LOGISTICS LLC
13320 John F Kennedy Blvd
Houston, TX 77039

License No.	1003620
Type of license:	Prescription Drug Distributor
Status of license:	Current
Date license issued:	04/26/2023
Date license expires:	03/06/2025
Disciplinary action:	None

The firm is in good standing as of the date of this letter.

If you have questions or need additional information, please contact me at 512-834-4503, via fax at (512) 834-6759, or email me at justin.arnold@dshs.texas.gov.

Sincerely,

A handwritten signature in blue ink that reads "Justin Arnold".

Justin Arnold, RS
Medical Research Specialist
Drugs and Medical Devices Unit
Consumer Protection Division

Mailing address:

Justin Arnold
Drugs and Medical Devices Unit, MC 1987
PO Box 149347
Austin, TX 78714-9347



License Number: 1003620

Current Date: 06/21/2023 10:00 AM

Name:

CRANE WORLDWIDE LOGISTICS LLC

License Type:

Prescription Drug Distributor

License Status:

Current

Expiry Date:

03/06/2025

Effective Rank Date:

04/26/2023

Modifier(s):

Other Operation

Prescription

Addresses

Mailing Address

Address

CRANE WORLDWIDE LOGISTICS LLC C/O STATE
LICENSING SERVICING
FLORIDA , NY
OUT OF STATE/UNKNOWN
10921

Physical Loc

Address

CRANE WORLDWIDE LOGISTICS LLC
13320 JOHN F KENNEDY BLVD
HOUSTON , TX
HARRIS
77039
US

Food & Drug Owner

Licensee's Role:

Food & Drug License

Related Party Role:

Food & Drug Owner

Related Party Name

License

Address

Owner #

HOUSTON , TX

CRANE WORLDWIDE LOGISTICS
LLC

Status:

Current

HARRIS

Expiration
Date:

77073

US

0732



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

11/29/2022

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 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 Arthur J. Gallagher Risk Management Services, Inc. 2345 Grand Blvd., Suite 400 Kansas City MO 64108	CONTACT NAME: Desiree Statler PHONE (A/C, No, Ext): 816-329-0853 FAX (A/C, No): 816-218-0853 E-MAIL ADDRESS: Desiree.Statler@ajg.com														
INSURED Crane Worldwide Logistics, LLC 1500 Rankin Road Houston TX 77073	<table border="1"> <thead> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A: Market American Insurance Company</td> <td>28932</td> </tr> <tr> <td>INSURER B: Everest National Insurance Company</td> <td>10120</td> </tr> <tr> <td>INSURER C: Everest Denali Insurance Company</td> <td>16044</td> </tr> <tr> <td>INSURER D: Everest Premier Insurance Company</td> <td>16045</td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </tbody> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Market American Insurance Company	28932	INSURER B: Everest National Insurance Company	10120	INSURER C: Everest Denali Insurance Company	16044	INSURER D: Everest Premier Insurance Company	16045	INSURER E:		INSURER F:	
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INSURER E:															
INSURER F:															

COVERAGES

CERTIFICATE NUMBER: 1726816706

REVISION NUMBER:

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

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD / WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
C	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR ☐ Gen Agg \$10M Cap GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☒ PRO-JECT ☒ LOC OTHER:		RM8GL00048-221	11/30/2022	11/30/2023	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$1,000,000 MED EXP (Any one person) \$10,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000 OTHER: \$
B	AUTOMOBILE LIABILITY ☒ ANY AUTO ☐ OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☒ HIRED AUTOS ONLY ☒ NON-OWNED AUTOS ONLY		RM8CA00059-221	11/30/2022	11/30/2023	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ OTHER: \$
	UMBRELLA LIAB ☐ OCCUR EXCESS LIAB ☐ CLAIMS-MADE DED ☐ RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ OTHER: \$
D D D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	RM8WC00066-221 RM8WC00067-221 RM8WC00068-221	11/30/2022 11/30/2022 11/30/2022	11/30/2023 11/30/2023 11/30/2023	☒ PER STATUTE ☐ OTH-ER E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE - EA EMPLOYEE \$1,000,000 E.L. DISEASE - POLICY LIMIT \$1,000,000
A	MTC		MKLM3IM0054139	11/30/2022	11/30/2023	Any One Vehicle: Deductible: \$250,000 \$25,000

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

CERTIFICATE HOLDER

CANCELLATION

Evidence Of Coverage
USA

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

AUTHORIZED REPRESENTATIVE

© 1988-2015 ACORD CORPORATION. All rights reserved.



Crane Worldwide Logistics, LLC

Corporate Address: 1500 Rankin Road, Houston, TX 77073 USA
 FEIN: 98-0591054
www.crane.com

Drug Labeler Code: N/A
 Incorporation State: DE
 Incorporation Date: 6/17/2008

FACILITY INFORMATION

Code	Address	FDA	DEA	DUNS	VAWD	Phone	Fax
HOU	13320 John F Kennedy Blvd Houston, TX 77039 County: Harris	N/A	N/A - No CS	119003162	No	(281) 443-2777	(281) 869-5199

FACILITY DESIGNATED REPRESENTATIVES

Name	Address	Title	Prescribing Authority
Clay Brandon Cross	[REDACTED]	District Director	All states except CA, IL, LA, NV, UT, VA
Michael Edward Parker Sr.	[REDACTED]	Quality Compliance Manager	CA, IL, LA, NV, UT, VA Only

OWNERSHIP

Name	Address	Title	Percent of Ownership	Prescribing Authority
James R Crane	[REDACTED]	Chairman & CEO	90.4	
Other Individuals with Less Than 5% Each			9.6	

LIST OF OFFICERS

Name	Address	Title	Prescribing Authority
James R Crane	[REDACTED]	Chairman & CEO	
Jared Crane		President	
Dylan Morgan Ross		CFO	
Michael Slaughtier		V.P. Finance	
Chad Richard Taylor		Secretary, Treasurer	

REGISTERED AGENT IN ALL APPLICABLE STATES

Name
Crane Worldwide Logistics, LLC
Corporate Creations Network Inc.
Triple B Forwarders



Insurance | Risk Management | Consulting

Crane World
Logistics, LLC
1500 Rankin Road
Houston, TX 77073

710011000
www.aig.com

February 22, 2023

VIA UPS

Kyle Miller
Crane Worldwide Logistics, LLC
1500 Rankin Road
Houston, TX 77073

Re: Name of Principal: Crane Worldwide Logistics, LLC
Name of Obligor: Nevada State Board of Pharmacy
Type of Bond: License & Permit
Bond Number: 9137047

Kyle:

In accordance with your request, enclosed please find the rider changing the address from 5560 E Tropical Parkway North, Las Vegas, NV to 13320 JFK Blvd, Houston, TX on the above captioned bond. An authorized individual of the Principal should sign the rider before it is filed with the obligee.

Should you have any questions, please do not hesitate to contact this office.

Sincerely,

Donna Irigoyen

Donna Irigoyen
Senior Client Service Manager

Donna_irigoyen@aig.com



GENERAL SURETY RIDER

To be attached and form a part of

Bond No. 9137047

For NV Pharmaceutical Wholesaler Bond (License & Permit) : License & Permit (900)

Dated effective 01/10/2023 (MONTH, DAY, YEAR)

Executed by Crane Worldwide Logistics, LLC, as Principal, (PRINCIPAL)

And by Swiss Re Corporate Solutions Premier Insurance Corporation, as Surety, (SURETY)

And in favor of Nevada State Board of Pharmacy (OBLIGEE)

In consideration of the mutual agreements herein contained the Principal and the Surety hereby consent to changing

INFORMATION	FROM	TO
Principal Address	5560 E. Tropical Parkway North	13320 JFK Blvd
Principal City	Las Vegas	Houston
Principal State	Nevada	Texas
Principal Zip	89115	77039
Rider Attorney Infact Name		William T. Krumm

Nothing herein contained shall vary, alter or extend any provision or condition of this bond except as herein expressly stated.

This rider is effective

01/10/2023

(MONTH, DAY, YEAR)

Signed and Sealed

02/22/2023

(MONTH, DAY, YEAR)

Crane Worldwide Logistics, LLC
PRINCIPAL



By: Ray White

Corporate Counsel
TITLE

Swiss Re Corporate Solutions Premier Insurance Corporation

BY: William T. Krumm SURETY

William T Krumm, Attorney-in-Fact

SWISS RE CORPORATE SOLUTIONS

SWISS RE CORPORATE SOLUTIONS AMERICA INSURANCE CORPORATION ("SRCSAIC")
 SWISS RE CORPORATE SOLUTIONS PREMIER INSURANCE CORPORATION ("SRCSPIC")

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, each does hereby make, constitute, and appoint: William T. Krumm

Principal: Crane Worldwide Logistics, LLC

Obligee: Nevada State Board of Pharmacy

Bond Description: NV Pharmaceutical Wholesaler Bond (License & Permit) : License & Permit (900)

Bond Number: 9137047

Bond Amount: See Bond Form

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:

FIFTY MILLION (\$50,000,000.00) 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 9th of May 2012:

"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."



By Erik Janssens
 Erik Janssens, Senior Vice President of SRCSAIC & Senior Vice President of SRCSPIC

By Gerald Jagrowski
 Gerald Jagrowski, Vice President of SRCSAIC & Vice President of SRCSPIC

IN WITNESS WHEREOF, SRCSAIC and SRCSPIC have caused their official seals to be hereunto affixed, and these presents to be signed by their authorized officers this 10TH day of NOVEMBER, 20 22

State of Illinois
 County of Cook



Swiss Re Corporate Solutions America Insurance Corporation
 Swiss Re Corporate Solutions Premier Insurance Corporation

On this 10TH 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 Gerald Jagrowski, Vice President of SRCSAIC and Vice President of SRCSPIC, 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.



Christina Manisco
 Christina Manisco, Notary

I, Jeffrey Goldberg, the duly elected Senior Vice President and Assistant Secretary of SRCSAIC and SRCSPIC, 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, which is still in full force and effect.

IN WITNESS WHEREOF, I have set my hand and affixed the seals of the Companies this 22nd day of February, 2023.

Jeffrey Goldberg
 Jeffrey Goldberg, Senior Vice President &
 Assistant Secretary of SRCSAIC and
 SRCSPIC

STATE OF TEXAS

)
) ss.
)

COUNTY OF HARRIS

Before me Melissa S. Thomas, Notary Public in and for the State of Texas, personally appeared Tanya White, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is subscribed to the within instrument and acknowledged to me that he/she executed the same in his/her authorized capacity(ies), and that by his/her signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

Witness my hand and official seal hereto affixed the day and year first above written.



Signed: Melissa S. Thomas
 Printed Name: Melissa S. Thomas
 Date: 3/2/2023

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 Crane Worldwide Logistics, LLC MDEG License # (if applicable) _____
 Physical Address 13320 John F Kennedy Blvd
 City Houston State TX Zip 77039
 Mailing Address (if different from physical address) 22527 Millgate Drive c/o State License Servicing, 1751 State Route 17A, Suite 3
 City Spring State TX Zip 77373
 Telephone (845) 544-2482 Website www.cranewww.com
 Licensing Company Email CWL@slsny.com

Section 2: Personal Information

First Michael Middle Edward Last Parker
 Alias(es, nicknames, name changes, etc.) N/A
 Date of Birth [REDACTED] SSN or ITIN [REDACTED] Sex ☒ M ☐ F ☐ X
 Mailing Address [REDACTED]
 City Spring State TX Zip 77373
 Telephone [REDACTED] Email marcel.parker@cranewww.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 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 Le Cordon Bleu, Culinary Institution		From - To (MM/YY - MM/YY) - 2014	
Address 1451 Center Crossing Rd	City Las Vegas	State NV	Zip 89144
Diploma/Degree obtained, if any A.A. Culinary Arts			
School Name Merritt College		From - To (MM/YY - MM/YY)	
Address 12500 Campus Dr	City Oakland	State CA	Zip 94619
Diploma/Degree obtained, if any A.S. Computer Electronics			
School Name Ohlone College		From - To (MM/YY - MM/YY)	
Address 43600 Mission Boulevard	City Fremont	State CA	Zip 94539
Diploma/Degree obtained, if any general education credits			
School Name Newark High		From - To (MM/YY - MM/YY)	
Address campus closed	City Newark	State CA	Zip 94560
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) 05/2023 - present	Address 	City Spring	State TX	Zip 89032
From - To (MM/YY - MM/YY) 11/2020 - 05/2023		City North Las Vegas	State NV	Zip 89032
From - To (MM/YY - MM/YY) 04/2020 - 11/2020		City Las Vegas	State NV	Zip 89115
From - To (MM/YY - MM/YY) 05/2018 - 04/2020		City Las Vegas	State NV	Zip 89115
From - To (MM/YY - MM/YY) 12/2015 - 05/2018		City North Las Vegas	State NV	Zip 89032
From - To (MM/YY - MM/YY) 02/2013 - 12/2015		City Boulder City	State NV	Zip 89005
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	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 Crane Worldwide Logistics, LLC		From - To (MM/YY - MM/YY) 10/2022 - Present	
Business Address 13320 John F Kennedy Blvd	City Houston	State TX	Zip 77039
Phone (281) 443-2777	Title Quality Compliance Manager	Number of Employed Hours ~ 2,253 hrs	

Description of Duties

responsible for the implementation of a quality management program and ongoing maintenance/adherence to said program relating to medical device and pharma products including supporting the operations management to ensure compliance with regulatory agencies and client needs.

Business Name IMI Precision Engineering		From - To (MM/YY - MM/YY) 04/2022 - 10/2022	
Business Address 10000 Banbury Cross Dr	City Las Vegas	State NV	Zip 89144
Phone 702-243-7727	Title Quality Assurance Manager	Number of Employed Hours ~ 1,730 hrs	

Description of Duties

Quality Management Representative, chair Management Review meetings. Develop and maintain the Quality Management System in compliance with ISO 9001:2015, ISO 13485:2016 standards, FDA 21 CFR, HACCP, cGMP, GDP, and corporate global policies

Business Name Reckitt		From - To (MM/YY - MM/YY) 04/2022 - 10/2022	
Business Address 4800 E Tropical Pkwy	City Las Vegas	State NV	Zip 89115
Phone 702-800-8648	Title Quality Assurance Manager	Number of Employed Hours ~ 4,160 hrs	

Description of Duties

Key interface for all External/ Internal audits of processes and the QMS (Quality Management System). Quality review and approval/release of CMO production product release documentation including Quality Lab Certificate of Analysis (COA) and Manufacturing Certificate of Conformance (COC)

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

Description 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.			
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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

Original Signature (electronic, copies or stamps not accepted)

N/A

Date

I, Michael Edward Parker Sr., certify that as the MDEG Administrator for
Crane Worldwide Logistics, LLC,

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

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

Michael Edward Parker Sr.

Print Name (First, Last)

MParker

Original Signature (electronic, copies or stamps not accepted)

6/5/2023

Date

Board Use Only

Date Received: 6-22-23

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 InformationName of Pharmacy/Wholesaler Crane Worldwide Logistics, LLC

Pharmacy/Wholesaler License # (if applicable) _____

Physical Address 13320 John F Kennedy BlvdCity HoustonState TXZip 77039Mailing Address (if different from physical address) c/o State License Servicing 1751 State Route 17A, Suite 3City FloridaState NYZip 10921Telephone (845) 544-2482Website www.cranewww.comLicensing Company Email CWL@slny.com**Section 2: Personal Information**First MichaelMiddle EdwardLast ParkerAlias(es, nicknames, name changes, etc.) Michael Edward Parker Sr.

Date of Birth _____

SSN or ITIN _____

Sex ☒ M ☐ F ☐ X

Mailing Address _____

City SpringState TXZip 77373

Telephone _____

Email marcel.parker@cranewww.comAre you a citizen of the United States? ☒ Yes ☐ No**Section 3: Military Service (NRS 622.120)**

1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)

Yes

No

✓

2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)

✓

3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)

✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)

1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)

Yes

No

2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?

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 Le Cordon Bleu, Culinary Instution		From - To (MM/YY - MM/YY) 2014	
Address 1451 Center Crossing Rd	City Las Vegas	State NV	Zip 89144
Diploma/Degree obtained, if any A.A. Culinary Arts			
School Name Merritt College		From - To (MM/YY - MM/YY) 1988	
Address 12500 Campus Dr	City Oakland	State CA	Zip 94619
Diploma/Degree obtained, if any A.S. Computer Electronics			
School Name Ohlone College		From - To (MM/YY - MM/YY) 1977 - 1986	
Address 43600 Mission Boulevard	City Fremont	State CA	Zip 94539
Diploma/Degree obtained, if any			
School Name Newark High		From - To (MM/YY - MM/YY) 09/1973 - 06/1974	
Address campus closed	City Newark High	State CA	Zip 94560
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) 05/2023 - present	Address [REDACTED]	City Spring	State TX	Zip 77373
From - To (MM/YY - MM/YY) 11/2020 - 05/2023	[REDACTED]	City N Las Vegas	State NV	Zip 89032
From - To (MM/YY - MM/YY) 04/2020 - 11/2020	[REDACTED]	City Las Vegas	State NV	Zip 89115
From - To (MM/YY - MM/YY) 05/2018 - 04/2020	[REDACTED]	City Las Vegas	State NV	Zip 89115
From - To (MM/YY - MM/YY) 12/2015 - 05/2018	[REDACTED]	City N Las Vegas	State NV	Zip 89030
From - To (MM/YY - MM/YY) 2/2013 - 12/2015	[REDACTED]	City Boulder City	State NV	Zip 89005
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	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 Crane Worldwide Logistics, LLC		From - To (MM/YY - MM/YY) 10/2022 - Present	
Business Address 13320 John F Kennedy Blvd		City Houston	State TX
Phone (281) 443-2777	Title Quality Compliance Manager		Zip 77039
Description of Duties responsible for the implementation of a quality management program and ongoing maintenance/adherence to said program relating to medical device and pharma products including supporting the operations management to ensure			
Business Name IMI Precision Engineering		From - To (MM/YY - MM/YY) 04/2022 - 10/2022	
Business Address 10000 Banbury Cross Dr		City Las Vegas	State NV
Phone 702-243-7727	Title Quality Assurance Manager		Zip 89144
Description of Duties Quality Management Representative, chair Management Review meetings. Develop and maintain the Quality Management System in compliance with ISO 9001:2015, ISO 13485:2016 standards, FDA 21 CFR, HAACP, cGMP, GDP, and corporate global policies			
Business Name Reckitt		From - To (MM/YY - MM/YY) 03/2020 - 02/2022	
Business Address 4800 E Tropical Pkwy		City Las Vegas	State NV
Phone 702-800-8648	Title Quality Assurance Manager		Zip 89115
Description of Duties Key interface for all External/ Internal audits of processes and the QMS (Quality Management System). Quality review and approval/release of CMO production product release documentation including Quality Lab Certificate of Analysis (COA) and Manufacturing Certificate of Conformance (COC)			
Business Name		From - To (MM/YY - MM/YY)	
Business Address		City	State
Phone	Title		Zip
Description of Duties			
Business Name		From - To (MM/YY - MM/YY)	
Business Address		City	State
Phone	Title		Zip
Description of Duties			

Continue on next page if additional space is needed.

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

N/A

Date

I, Michael Edward Parker Sr., certify that as the designated representative for
Crane Worldwide Logistics, 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.

Michael Edward Parker Sr.

Print Name (First, Last)


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

6/5/2023
 (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.

Michael Edward Parker Sr.

Print Name (First, Last)

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

6/6/2023
Date

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

State of TEXAS, ss. County of Harris

I, Michael Parker, 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.

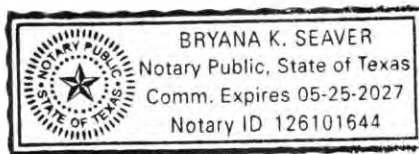
MParker
Original Signature

Michael Edward Parker Sr.

6/6/2023
Date

Subscribed and Sworn to before me this 6th day of June 2023

Bryana K. Seaver
Notary Public Signature



(Seal)

Crane (Houston) JFK location employee list

Michael Edward Parker - Site Designated Representative

Robert Dickey - Sr. Whse Supervisor

Chris Simmon – Material Handler II

Todd Seaver – Account Operations Coordinator

Remick Wright – Material Handler II

Tristan Jarves – Client Service Specialist

Gerardo Soto – Material Handler II

Israel Hinojosa – Material Handler II

Joshua Carreron – Material Handler II

Roy Espino – Material Handler II

James Braxton – Material Handler II

Tanner Gipson – Operations Specialist

Rolando Morado – Material Handler II

Scott Smylie – Material Handler II

Richard Lopez – Account Operations Coordinator

Celeste Pacheco – Operations Specialist

Simon Salinas – Material Handler II

Adam Alvarado – Warehouse Lead

Patrick Keys – Account Lead - Warehouse

Richard Wind - Whse Supervisor I

Donterious Richardson – Material Handler II

Brandon Parkos – Material Receipt Clerk

Alexxis Smith – Material Handler II

Sean Gerke – Inventory Control Specialist - Warehouse

Raymond Walker – Material Handler II

Jessica Charboneau Account Lead - Warehouse

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)

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: <u>Veterinary Service, Inc</u>		
Physical Address: <u>1607 N. Plaza Dr,</u>		
City: <u>Visalla, CA 93291</u> State: _____ Zip: _____		
Mailing Address (if different from physical address): <u>SAME</u>		
City: _____ State: _____ Zip: _____		
Telephone: <u>559-651-1633</u> Website: <u>www.vsl.cc</u>		
Name of Designated Representative (DR): <u>Shannon Musselman</u>		
Licensing Company Email: <u>michelle.garcia@vsl.cc</u> DR Email: <u>Shannon.musselman@vsl.cc</u>		
Entities the Wholesaler will Serve (✓ all applicable)	Products to be Handled or Wholesaled (✓ all applicable)	Type of Wholesaling (✓ all applicable)
☐ Pharmacies ☐ Practitioners ☐ Hospitals ☒ X Wholesalers ☒ X Veterinarians ☐ Others:	☒ Dangerous Drugs ☐ Controlled Substances ☐ *Medical devices, equipment, supplies, gases ☒ Others: OTC, Veterinary Drugs.	☐ Manufacturer ☐ Repacker ☐ Reverse Distributor ☐ Warehouse ☒ X Retail pharmacy wholesale distributor
☒ X Others: Animal Health Products		

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: Durvet, Inc
 Address: PO Box 801190 City: Kansas City State: MO Zip: 64180-0190
 Name: Zoetis US LLC
 Address: PO Box 419022 City: Boston State: MA Zip: 02241-9022
 Name: Boehringer Ingelheim Animal Health US
 Address: PO Box 22748 City: NewYork State: NY Zip: 10087-2748
 Name: Elanco US Inc
 Address: PO Box 735197 City: Dallas State: TX Zip: 75373-5197

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

Section 7: Sole Owner

Owner's Name: John D Harkey, Jr
 Business Name: Veterinary Service, Inc
 Business Address: 1607 N. Plaza Dr
 City: Visalia, CA 93291 State: _____ Zip: _____
 Telephone: 559-651-1633 Email: jharkey@harkey.net

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	Partnership	Sole Owner
• List of <u>all</u> Officers and Directors.	✓	✓		
• List the <u>top four</u> corporation shareholders and their percent ownership.	✓			
• List of <u>all</u> corporation shareholders and their percent ownership.		✓		
• List of <u>all</u> partners and their percent ownership.			✓	
• Certificate of Corporate Status or Certificate of Good Standing obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last 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/ .		✓	✓	✓

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 <u>all</u> Officers and Directors.	✓	✓		
• List the <u>top four</u> corporation shareholders and their percent ownership.	✓			
• List of <u>all</u> corporation shareholders and their percent ownership.		✓		
• List of <u>all</u> partners and their percent ownership.			✓	
• Certificate of Corporate Status or Certificate of Good Standing obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last 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.

Veterinary Service, Inc

Facility Name

Michelle Garcia

Print Name of Authorized Person Submitting Application

Michelle Garcia

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

8/31/23

Date

Board Use Only	Date Received: <u>9/21/23</u>	Amount: <u>1000-CC</u>
----------------	-------------------------------	------------------------

VETERINARY SERVICE, INC / Corporate Officer/ Board Members
Duties and Qualifications

2022-04-01		Branch Location	Duties	% of Ownership
President	Bradley A Gohr			
		Albany, OR	Chief Executive Officer	0%
Secretary/Treasure	Loyal R Burns III			
		Albany, OR	Chief Operating Officer	0%
Chairman of the Board	John D. Harkey Jr			
		Texas	Sole Owner	100%



COGS



BA20221216271



STATE OF CALIFORNIA
Office of the Secretary of State
STATEMENT OF INFORMATION
CORPORATION

California Secretary of State
1500 11th Street
Sacramento, California 95814
(916) 653-3516

For Office Use Only

-FILED-

File No.: BA20221216271

Date Filed: 12/7/2022

Entity Details

Corporation Name VETERINARY SERVICE, INC.
Entity No. 0390744
Formed In CALIFORNIA

Street Address of Principal Office of Corporation

Principal Address 1600 N CARPENTER RD STE D
MODESTO, CA 95351-1185

Mailing Address of Corporation

Mailing Address PO BOX 538
SALIDA, CA 95368-0538
Attention

Street Address of California Office of Corporation

Street Address of California Office None

Officers

Officer Name	Officer Address	Position(s)
BRAD GOHR	3700 WESTERN WAY NE STE A ALBANY, OR 97321	Chief Executive Officer
+ Charles Smith	1600 N CARPENTAR RD. STE D MODESTO, CA 95351	Chief Financial Officer
+ Loyal Burns	3700 WESTERN WAY NE STE A ALBANY, OR 97321	Secretary

Additional Officers

Officer Name	Officer Address	Position	Stated Position
None Entered			

Directors

Director Name	Director Address
+ BRAD GOHR	3700 WESTERN WAY NE A ALBANY, OR 97321
+ LOYAL BURNS	3700 WESTERN WAY NE A ALBANY, OR 97321
+ JOHN HARKEY JR	1600 N CARPENTER RD STE D MODESTO, CA 95351-1185
+ JD McCULLOCH	1600 N CARPENTER RD STE D MODESTO, CA 95351-1185

The number of vacancies on Board of Directors is: 0

Agent for Service of Process

Agent Name CHARLES SMITH

B1300-6323 12/07/2022 12:22 PM Received by California Secretary of State

Agent Address	1600 N CARPENTER RD STE D MODESTO, CA 95351
Type of Business Type of Business	DISTRIBUTOR OF ANIMAL HEALTH CARE PRODUC
Email Notifications Opt-in Email Notifications	Yes, I opt-in to receive entity notifications via email.
Labor Judgment	No Officer or Director of this Corporation has an outstanding final judgment issued by the Division of Labor Standards Enforcement or a court of law, for which no appeal therefrom is pending, for the violation of any wage order or provision of the Labor Code.
Electronic Signature	☒ By signing, I affirm that the information herein is true and correct and that I am authorized by California law to sign. Charles A Smith Signature 12/07/2022 Date



Board of Pharmacy



ORIGINAL CERTIFICATE

Wholesale Drug Permit

LICENSE NO. WLS 8132

ISSUE DATE APRIL 13, 2023

VETERINARY SERVICE, INC
1607 N PLAZA DR
VISALIA CA 93291

The above is licensed with the State Board of Pharmacy as a Corporation.

CORPORATION
CHRISTINA M. ATSM

EXEMPTEE IN CHARGE

The official status of this license can be verified at www.pharmacy.ca.gov

PLACE RENEWAL LICENSE HERE

VALID UNTIL APRIL 01, 2024

RECEIPT NUMBER 00727928

This original license must be kept for the life of the license and posted in public view.

In accordance with section 4060 of the Business and Professions Code, the business named above is hereby licensed at the above address, and is subject to the rules and regulations of the California State Board of Pharmacy.

This permit is NONTRANSFERABLE and must be renewed annually on or before the indicated date. Contact the California State Board of Pharmacy within 30 days when there is a change of ownership, location, corporate officer, shareholder (more than 10 percent share change), designated representative-in-charge, manager or vice president of operations. If you are planning to change location or designated representative-in-charge, the approval must be in advance of the change.

CALIFORNIA STATE BOARD OF PHARMACY
2720 GATEWAY OAKS DRIVE, SUITE 100
SACRAMENTO, CA 95833
(916) 518-3100

----- POST IN PUBLIC VIEW -----

04/13/23
04/13/23



Board of Pharmacy

ORIGINAL CERTIFICATE



Veterinary Food-Animal Drug Retailer Permit

LICENSE NO. VET 162

ISSUE DATE APRIL 14, 2023

VETERINARY SERVICE, INC
1607 N PLAZA DR
VISALIA CA 93291

The above is licensed with the State Board of Pharmacy as a Veterinary Food-Animal Drug Retailer.

CORPORATION
CHRISTINA M. ATSM

EXEMPTEE IN CHARGE

The official status of this license can be verified at www.pharmacy.ca.gov

PLACE RENEWAL LICENSE HERE

VALID UNTIL APRIL 01, 2024

RECEIPT NUMBER 00727829

This original license must be kept for the life of the license and posted in public view.

In accordance with section 4196(a) of the Business and Professions Code, the business named above is licensed at the above address and is subject to the rules and regulations of the California State Board of Pharmacy.

This permit is not transferable to new owners or to a new location, and must be renewed annually on or BEFORE the expiration date. The board must approve all changes in location and most changes in ownership BEFORE the change occurs. Contact the Board of Pharmacy for specific information on requirements.

When there is a change in corporate officers, major shareholders, manager or vice president of operations, contact the Board of Pharmacy within 30 days to notify us of the change and for specific instructions.

If an exemptee leaves the employment of this firm, the firm must return the exemption certificate to the board immediately. To operate, the firm must be in the charge of a qualified exemptee or licensed pharmacist.

CALIFORNIA STATE BOARD OF PHARMACY
2720 GATEWAY OAKS DRIVE, SUITE 100
SACRAMENTO, CA 95833
(916) 518-3100

----- POST IN PUBLIC VIEW -----

Veterinary Service, Inc - State Licenses				
Expires	In/Out State	Type of License	State	Issued by State of
4/1/24	In State	Wholesale Distributor	CA	California
4/1/24	In State	Vet Food-Animal Drug	CA	California
4/1/24	In State	Wholesale Distributor	CA	California
4/1/24	In State	Vet Food-Animal Drug	CA	California
4/1/24	In State	HYP0	CA	California
9/1/24	In State	Wholesale Distributor	OR	Oregon
10/1/23	Out of State	Wholesale Distributor	CA	Arizona
9/13/24	Out of State	Wholesale Distributor	CA	Texas
9/17/24	Out of State	Wholesale Distributor	OR	Washington

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. 0722488

Application/License No. _____

Veterinary Service, Inc., doing or intending to do business as a
 Applicant/Principal
 pharmaceutical wholesaler, whose address for purposes of service is
1607 N. Plaza Dr. Visalia, CA 93291, as
 Address of Applicant/Principal
PRINCIPAL, and HARCO National Insurance Company, a
 Surety Company
 corporation organized under the laws of the state of Illinois
 State of Incorporation
 and authorized to transact a general surety business in the State of

Nevada, whose address for purposes of service is
702 Oberlin Road, Raleigh North Carolina 27605, as
 Address of Surety

SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of 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 September 7, 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
7th day of September, 2023.

APPLICANT/PRINCIPAL
 COMPANY

Michelle Garcia
 Authorized Representative

SURETY
 Harco National Insurance Company

[Signature]
 Surety Company's Representative

Doreen A. Green, 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

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

CIVIL CODE § 1189

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

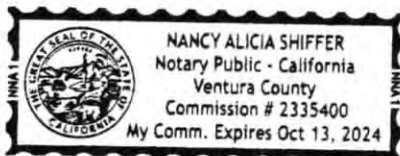
State of California)
County of Ventura)
On September 7, 2023 before me, Nancy Alicia Shiffer, Notary Public
Date Here Insert Name and Title of the Officer
personally appeared Doreen A. Green
Name(s) of Signer(s)

who proved to me on the basis of satisfactory evidence to be the person~~(s)~~ whose name~~(s)~~ is/~~are~~
subscribed to the within instrument and acknowledged to me that he/~~she/they~~ executed the same in
his/~~her/their~~ authorized capacity~~(ies)~~, and that by his/~~her/their~~ signature~~(s)~~ on the instrument the person~~(s)~~,
or the entity upon behalf of which the person~~(s)~~ acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature [Signature]
Signature of Notary Public



Place Notary Seal Above

OPTIONAL

Though this section is 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: **none**

Capacity(ies) Claimed by Signer(s)

Signer's Name: Doreen A. Green

- ☐ Corporate Officer — Title(s): _____
☐ Partner — ☐ Limited ☐ General
☐ Individual ☒ Attorney in Fact
☐ Trustee ☐ Guardian or Conservator
☐ Other: _____

Signer Is Representing: _____

Signer's Name: n/a

- ☐ Corporate Officer — Title(s): _____
☐ Partner — ☐ Limited ☐ General
☐ Individual ☐ Attorney in Fact
☐ Trustee ☐ Guardian or Conservator
☐ Other: _____

Signer Is Representing: _____

POWER OF ATTORNEY
HARCO NATIONAL INSURANCE COMPANY
INTERNATIONAL FIDELITY INSURANCE COMPANY

Bond # 0722488 0770

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

DOREEN A. GREEN, BENJAMIN WOLFE, MICHAEL J. COLZANI, KATHLEEN EARLE, JEANNETTE COWING, STEVEN N. PASSERINE, DANIEL L. CENTONI

San Ramon, 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



STATE OF NEW JERSEY
County of Essex

Kenneth Chapman

Executive Vice President, Harco National Insurance Company
and International Fidelity Insurance Company

STATE OF ILLINOIS
County of Cook



On this 31st day of December, 2018, before me came the individual who executed the preceding instrument, to me personally known, and, being by me duly sworn, said he is the therein described and authorized officer of **HARCO NATIONAL INSURANCE COMPANY** and **INTERNATIONAL FIDELITY INSURANCE COMPANY**; that the seals affixed to said instrument are the Corporate Seals of said Companies; that the said Corporate Seals and his signature were duly affixed by order of the Boards of Directors of said Companies.



IN TESTIMONY WHEREOF, I have hereunto set my hand affixed my Official Seal, at the City of Newark, New Jersey the day and year first above written.

Shirelle A. Outley a Notary Public of New Jersey
My Commission Expires April 4, 2023

CERTIFICATION

I, the undersigned officer of **HARCO NATIONAL INSURANCE COMPANY** and **INTERNATIONAL FIDELITY INSURANCE COMPANY** do hereby certify that I have compared the foregoing copy of the Power of Attorney and affidavit, and the copy of the Sections of the By-Laws of said Companies as set forth in said Power of Attorney, with the originals on file in the home office of said companies, and that the same are correct transcripts thereof, and of the whole of the said originals, and that the said Power of Attorney has not been revoked and is now in full force and effect.

IN TESTIMONY WHEREOF, I have hereunto set my hand on this day, September 07, 2023

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)

Name of Pharmacy/Wholesaler Veterinary Service, Inc.
Pharmacy/Wholesaler License # (if applicable) _____
Physical Address 1607 N. Plaza Dr.
City Visalia State CA Zip 93291
Mailing Address (if different from physical address) _____
City _____ State _____ Zip _____
Telephone 559-651-1633 Website _____
Licensing Company Email _____

First Shannon Middle Christin Last Musselman
Alias(es, nicknames, name changes, etc.) Goforth, Oliveira
Date of Birth _____ SSN or ITIN _____ Sex ☐ M ☒ F ☐ X
Mailing Address _____
City Hanford State CA Zip 93230
Telephone _____ Email Shannon.Musselman@VSI.cc
Are you a citizen of the United States? ☒ 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

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?

.

School Name Hanford High School		From - To (MM/YY - MM/YY)	
Address 120 E. Grangeville Blvd	City Hanford	State CA	Zip 93230
Diploma/Degree obtained, if any Yes			
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			

From - To (MM/YY - MM/YY)	Address	City	State	Zip
1999-2015	[REDACTED]	Lumare	CA	93245
From - To (MM/YY - MM/YY)	Address	City	State	Zip
2015-Present	[REDACTED]	Hanford	CA	93230
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	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 Veterinary Service, Inc		From - To (MM/YY - MM/YY) 1997 - Present	
Business Address 1607 N. Plaza Dr.		City Visalia	State CA
Phone 559-651-1633	Title Operations Manager	Zip 93291	
Number of Employed Hours 54,080			
Description of Duties Contact Veterinarians, Create Scripts, type Scripts, label Scripts Script inventory, maintain Script room.			

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

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

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

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

Continue on next page if additional space is needed.

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

1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		X
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacture or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		X
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		X
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		X
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		X
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		X
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		X
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		X
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		X

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, Shannon Musselman, certify that as the designated representative for
Veterinary Service, Inc

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.

Shannon Musselman

Print Name (First, Last)

Shannon Musselman

Original Signature (electronic, copies or stamps not accepted)

8/4/23
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.

Shannon Musselman

Print Name (First, Last)

Shannon Musselman

Original Signature (electronic, copies or stamps not accepted)

8/4/23

Date

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

State of California, ss. County of Tulare

Shannon Musselman, 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.

Shannon Musselman

Original Signature

8/4/23

Date

Subscribed and Sworn to before me this 4th day of August, 2023

[Signature]

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 Veterinary Service, Inc
 Pharmacy/MDEG/Wholesaler License # (if applicable) _____
 Physical Address 1607 N. Plaza Dr
 City Visalia, State CA Zip 93291
 Mailing Address (if different from physical address) SAME
 City _____ State _____ Zip _____
 Telephone 559-651-1633 Website www.vsi.cc
 Licensing Company Email michelle.garcia@vsi.cc

Section 2: Personal Information

First John Middle D Last Harkey, Jr
 Alias(es, nicknames, name changes, etc.) _____
 Date of Birth [REDACTED] SSN or ITIN [REDACTED] Sex ☒ M ☐ F ☐ X
 Mailing Address [REDACTED]
 City Dallas, TX 75205 State _____ Zip _____
 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?		X

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 Stanford University Graduate School of Business		From - To (MM/YY - MM/YY) 1985-1987	
Address 655 Knight Way	City Stanford	State CA	Zip 94305
Diploma/Degree obtained, if any Master of Business Administration			
School Name University of Texas School of Law		From - To (MM/YY - MM/YY) 1983-1986	
Address 727 E. Dean Keaton Street	City Austin	State TX	Zip 78705
Diploma/Degree obtained, if any Juris Doctor			
School Name University of Texas at Austin		From - To (MM/YY - MM/YY) 1979-1983	
Address	City Austin	State TX	Zip 78712
Diploma/Degree obtained, if any Bachelors Degree - Business Honors			
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) 2018-Present	Address [REDACTED]	City Dallas	State TX	Zip 75205
From - To (MM/YY - MM/YY) 2004-2018	Address [REDACTED]	City Dallas	State TX	Zip 75205
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	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)	
JDH Investment Management, LLC			2007-present	
Business Address		City	State	Zip
12200 N. Stemmons Fwy, Ste 100		Dallas	TX	75234
Phone	Title			
972-888-8199	CEO			
Description of Duties				
Chief Executive Officer of Private Investment company				
Business Name			From - To (MM/YY - MM/YY)	
Consolidated Restaurant Operations, Inc.			1998-present	
Business Address		City	State	Zip
12200 N. Stemmons Fwy, Ste 100		Dallas	TX	75205
Phone	Title			
972-888-8199	CEO			
Description of Duties				
Chief Executive 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			

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

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

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

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

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

Provide explanation below:

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.

John D. Harkey, Jr.

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

5/12/2023

Date

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

State of Texas, ss. County of Dallas

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

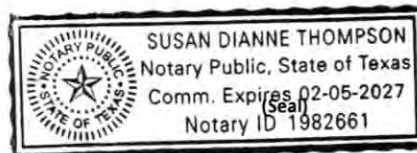
Original Signature

5/12/2023

Date

Subscribed and Sworn to before me this 12th day of May, 2023

Notary Public Signature



4U

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)

4

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 04071	☐ Retail/Community ☐ Hospital (# beds _____) ☐ Internet ☐ Nuclear ☒ Other: Mail-Order, Closed-Door	☐ 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 ☒ Tuesday ☒ Wednesday ☒ Thursday ☒ Friday ☒ Saturday ☐ Sunday ☐ Holidays		☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12) ☒ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12) ☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12) ☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)	

Section 1: General Information

Pharmacy Name: Apostrophe Pharmacy LLC

Physical Address: 1440 N. Fiesta Blvd., Suite 100

City: Gilbert State: AZ Zip: 85233

Mailing Address (if different from physical address): [Same as physical address]

City: _____ State: _____ Zip: _____

Telephone: 480-621-8274 Toll Free # (NAC 639.708, NRS 639.23286): 844-333-6693

Fax: 480-210-8364 Contact Email: pharmacy@apostrophe.com

Website: www.apostrophepharmacy.com

Nevada Business License # (if applicable) N/A

Supervising/Managing Pharmacist Name (NRS 639.220): Luke Wright

Supervising/Managing Pharmacist NV Pharmacist Registration #: 21377

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: <u>Luke Wright</u>	NV Pharmacist Registration #: <u>21377</u>
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: <u>NA</u>	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): Apostrophe Pharmacy Holdings Inc.

Corporation/Organization Name: Apostrophe Pharmacy LLC

Mailing Address: 1440 N. Fiesta Blvd., Suite 100

City: Gilbert State: AZ Zip: 85233

Telephone: 844-333-6693 Email: entities@forhims.com

Contact Person Name: Kristen Hundt

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: _____

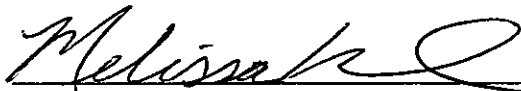
Section 9: Statement of Responsibility. MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the President (title) for Apostrophe 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).

Melissa Baird

Print Name of Authorized Person



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

7/5/23

Date

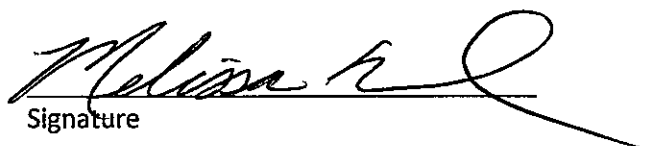
Section 10: Affidavit for Pharmacies - MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding.

Affidavit for Pharmacy License

I, Melissa Baird hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

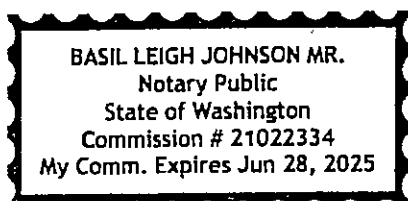
1. I am the President (title) for Apostrophe Pharmacy LLC (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge 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.


Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 6th day of June, 2023

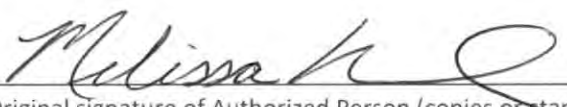

Basil L. Johnson
Notary Public



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.

Melissa Baird, President

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)

7/5/23
Date

Board Use Only

Date Received: 7/26/23

Amount: 500-CL- 405290

Apostrophe

APOSTROPHE PHARMACY LLC
1440 N. Fiesta Blvd. Suite 100 Gilbert, AZ 85233
(480) 621-8274 | pharmacy@apostrophe.com

October 6, 2023

VIA EMAIL TO CNALLY@PHARMACY.NV.GOV

Candy M. Nally
Licensing Specialist
Nevada State Board of Pharmacy
985 Damonte Ranch Pkwy, Suite 206
Reno, NV 89521

**RE: Deficiency Response – Change of Ownership
Apostrophe Pharmacy LLC – Gilbert, AZ
Nevada Pharmacy License No.: PH04071**

Dear Ms. Nally:

Please be advised that a change of ownership application for the above-referenced pharmacy was previously submitted to the Nevada Board of Pharmacy on July 24, 2023. We are in receipt of the deficiency email dated August 18, 2023, a copy of which is included for your reference. Please find our response to each request below.

Request: Page 3, which is attached, indicates the pharmacy has had discipline action. The required documentation was not included with the application. Please provide by email.

Response: Please see attached letter previously submitted to the Nevada Board of Pharmacy on August 22, 2023 providing the requested information regarding the pharmacy's disciplinary history.

Additionally, as noted in the pharmacy's letter to the Nevada State Board of Pharmacy on August 9, 2023, the effective date of the change of ownership is now on or around **October 10, 2023**. Should you have any questions or require additional information please contact me at khundt@apostrophe.com or (727) 510-6547. Thank you for your consideration.

Sincerely,

Kristen Hundt

Kristen Hundt
Encls.

Apostrophe

APOSTROPHE PHARMACY LLC
1440 N. Fiesta Blvd. Suite 100 Gilbert, AZ 85233
(480) 621-8274 | pharmacy@apostrophe.com

VIA UPS GROUND

August 18, 2023

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

RE: Corrected Application History
Apostrophe Pharmacy, LLC – Gilbert, AZ
Nevada Pharmacy License No.: PH04071

Dear Mr. Wuest:

Please be advised that this letter provides notice of a recently discovered application denial for Apostrophe Pharmacy, LLC (“Apostrophe”).

Apostrophe is in the process of completing a parent-level ownership change and updating its officers. Effective October 10, 2023, the new owner of Apostrophe will be Apostrophe Pharmacy Holdings, Inc. The transaction has revealed a previously undisclosed application denial.

In 2019, Apostrophe began the process of seeking a nonresident pharmacy license in Utah. Apostrophe Pharmacy received notice from the Utah Board of Pharmacy on March 01, 2019, that the initial application was incomplete, due to missing business registration paperwork. Utah requires applications to be created on an online portal, so the application was paused, and the draft was saved while the pharmacy worked on obtaining the required additional information. When the pharmacy staff returned to complete the application, too much time had elapsed and the application draft expired. Though this was simply administrative in nature and not based on any adverse findings or adverse actions, Utah classified the application as “denied” because Utah does not differentiate between abandoned or incomplete applications in the portal and applications that have been completed and denied for a substantive reason.

Unfortunately, the pharmacy did not realize the incomplete application would be labeled a "denial." This was recently discovered when preparing ownership change materials for Utah. The denial classification is being reported out of an abundance of caution.

Please do not hesitate to contact me via email at luke@apostrophe.com or via telephone at (480) 466-6718 if you have any questions.

Sincerely,

Luke Wright
Pharmacist-in-Charge

Apostrophe Pharmacy LLC – Nevada Non-Resident Pharmacy Application**Officer and Ownership Information**

Name	Address	RPH?	% of Ownership
Melissa Baird	1440 N. Fiesta Blvd., Suite 100 Gilbert, AZ 85233	No.	0%

The Pharmacy is wholly owned by

Apostrophe Pharmacy LLC

FEIN: 83-2171743

1440 N. Fiesta Blvd., Suite 100

Gilbert, AZ 85233

The sole member of Apostrophe Pharmacy LLC is:

Apostrophe Pharmacy Holdings Inc.

FEIN: 93-1444365

1440 N. Fiesta Blvd., Suite 100

Gilbert, AZ 85233

**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

Executive Director
Arizona State Board of Pharmacy

Date: 07/24/2023

**CERTIFICATION OF ARIZONA STATE BOARD OF PHARMACY
PERMIT FOR THE ENTITY LISTED BELOW :**

This document is not a license/registration/permit but serves as the primary source of verification.

Name : Apostrophe Pharmacy, LLC
Address : 1440 N. Fiesta Blvd Suite 100 Gilbert AZ 85233
Registration No : Y007880
Permit Type : Pharmacy
Sub Type : Limited Service
Date Issued : 02/06/2019
Expiration Date : 10/31/2024
Status : OPEN
Discipline : No

A handwritten signature in cursive script, appearing to read "Kam Gandhi".

Kam Gandhi

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:

Apostrophe Pharmacy LLC

ACC file number: 1901016

was incorporated under the laws of the State of Arizona on 09/19/2018, 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: 01/12/2023



A handwritten signature in cursive script, reading "Kim Battista".

Kim Battista, Interim Executive Director



Arizona State Board of Pharmacy

PHARMACY SECURITY/EQUIPMENT INSPECTION on 09/23/2022 for Apostrophe Pharmacy, LLC

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S = SATISFACTORY C/P = NEED TO COMPLETE OR PROVIDE U = UNSATISFACTORY N/A = NOT APPLICABLE

DEMOGRAPHICS

AZ permit# :

Y007880

AZ Permit Exp.Date :

10/31/2022

Business Name :

Apostrophe Pharmacy, LLC

Address :

1440 N. Fiesta Blvd Suite 100

Zip :

85233

City :

Gilbert

State :

AZ

Phone :

480-621-8274

Email :

luke@apostrophe.com

Inspection Date :

09/23/2022

PIC :

Luke Wright

Pic License Exp Date :

10/31/2022

DEA # :

Pending new

Inspection type :

Relocation

ACTIVITIES

1	Nonsterile Compounding	☒ YES ☐ NO
2	Nonsterile Hazardous Compounding	☒ YES ☐ NO
3	Sterile Compounding	☐ YES ☒ NO
4	Sterile Hazardous Compounding	☐ YES ☒ NO

Hospital Facility Data

Licensed Beds

DHS License #

PHARMACY DEPARTMENT

1	Size/Personnel 8558 Sq Ft allowing 140 staff	☒ S ☐ OC/P ☐ OU ☐ ON/A R4-23-609(A); R4-23-655(B)(C); R4-23-670 to 675
2	Shelves	☒ S ☐ OC/P ☐ OU ☐ ON/A R4-23-609(A); R4-23-611(A)(2); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)
3	Design-efficient, safe pharmacy practice	☒ S ☐ OC/P ☐ OU ☐ ON/A R4-22-609(A); R4-23-655(C); R4-23-672(A); R4-23-673(A)(B); R4-23-674(A)(3); R4-23-675(A)
4	Counter	☒ S ☐ OC/P ☐ OU ☐ ON/A R4-23-609(B); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)



Arizona State Board of Pharmacy

PHARMACY SECURITY/EQUIPMENT INSPECTION on 09/23/2022 for Apostrophe Pharmacy, LLC

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S = SATISFACTORY C/P = NEED TO COMPLETE OR PROVIDE U = UNSATISFACTORY N/A = NOT APPLICABLE

5	Aisles	OS OC/P OU ON/A R4-23-609(C); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)
6	Consultation area mail order	OS OC/P OU ON/A R4-23-609(D)
7	Enclosed (barrier) Incorporates entire building	OS OC/P OU ON/A R4-23-609(F); R4-23-655(D); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675
8	Entry doors RPH only-some doors sealed shut	OS OC/P OU ON/A R4-23-609(F); R4-23-610(B); R4-23-655(D); R4-23-657(A)(2); R4-23-672(A)(F)(2); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)
9	Lighting	OS OC/P OU ON/A R4-23-609(G); R4-23-655(E); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)
10	Temperature controlled/Ventilation	OS OC/P OU ON/A R4-23-609(G); R4-23-655(E); R4-23-656(3); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)
11	Working counter barrier	OS OC/P OU ON/A R4-23-609(H)
12	Receiving/checking area	OS OC/P OU ON/A R4-23-610(E); R4-23-655(E); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)
13	Opening for Rx receipt when closed	OS OC/P OU ON/A R4-23-610(F)
14	Walls	OS OC/P OU ON/A R4-23-611(A)(2); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)
15	Ceilings	OS OC/P OU ON/A R4-23-611(A)(2); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)
16	Windows	OS OC/P OU ON/A R4-23-611(A)(2); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)
17	Floors	OS OC/P OU ON/A R4-23-611(A)(2); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)
18	Restroom	OS OC/P OU ON/A R4-23-611(A)(4)(5); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)
19	Sink (hot and cold running water)	OS OC/P OU ON/A R4-23-611(A)(9); R4-23-656(2); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)



Arizona State Board of Pharmacy

PHARMACY SECURITY/EQUIPMENT INSPECTION on 09/23/2022 for Apostrophe Pharmacy, LLC

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S = SATISFACTORY C/P = NEED TO COMPLETE OR PROVIDE U = UNSATISFACTORY N/A = NOT APPLICABLE

20	Nonsterile compounding area 752 sq ft	OS OC/P OU ON/A R4-23-410(E)
----	--	---------------------------------

SECURITY

1	Controlled substances Does not dispense however has DEA certificate for billing-new address pending	OS OC/P OU ON/A R4-23-609(E); R4-23-657(A)(1); R4-23-658(E); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)
2	Pharmacist access	OS OC/P OU ON/A R4-23-609(F); R4-23-610(B); R4-23-657(A)(1); R4-23-671(B)(1); R4-23-672(A)(B)(F); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)
3	Additional pharmacy drug storage areas	OS OC/P OU ON/A R4-23-609(G)(2); R4-23-655(E); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)
4	Filled Rx medication storage	OS OC/P OU ON/A R4-23-610(G); R4-23-673(E); R4-23-674(C); R4-23-675(C)
5	Remote drug storage (hospitals)	OS OC/P OU ON/A R4-23-654(O); R4-23-672(C)

PHARMACY LIBRARY

1	Pharmacology or Toxicology reference	OS OC/P OU ON/A R4-23-612(A)(9); R4-23-656(1); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)
2	Therapeutics reference	OS OC/P OU ON/A R4-23-612(A)(9); R4-23-656(1); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)
3	Drug compatibility reference	OS OC/P OU ON/A R4-23-612(A)(9); R4-23-656(1); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)
4	Drug product equivalency reference	OS OC/P OU ON/A R4-23-612(A)(9); R4-23-656(1); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)
5	Sterile products reference	OS OC/P OU ON/A R4-23-612(A)(9); R4-23-656(1); R4-23-670(B)(6); R4-23-672(A); R4-23-673(C); R4-23-675(A)
6	Policy and procedure manual-pharmacy operations	OS OC/P OU ON/A R4-23-610(A); R4-23-653(A); R4-23-658(A); R4-23-671(E); R4-23-672(A)(G); R4-23-673(G); R4-23-674(F); R4-23-675(D)
7	Policy and procedure manual-technicians	OS OC/P OU ON/A R4-23-610(A); R4-23-653; R4-23-672(A)(G); R4-23-673(C); R4-23-674(F); R4-23-675(D)
8	Policy and procedure manual-automation	OS OC/P OU ON/A R4-23-614; R4-23-615; R4-23-616; R4-23-654(D); R4-23-701.02; R4-23-701.04
9	Policy and procedure manual-compounding	OS OC/P OU ON/A R4-23-410; R4-23-670



Arizona State Board of Pharmacy

PHARMACY SECURITY/EQUIPMENT INSPECTION on 09/23/2022 for Apostrophe Pharmacy, LLC

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S = SATISFACTORY C/P = NEED TO COMPLETE OR PROVIDE U = UNSATISFACTORY N/A = NOT APPLICABLE

10	Arizona statutes/rules	Ⓢ OC/P OU ON/A R4-23-612(A)(8); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)
11	Current antidote/drug interaction information	Ⓢ OC/P OU ON/A R4-23-612(A)(12); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)
12	Poison Control # displayed	Ⓢ OC/P OU ON/A R4-23-612(A)(13); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)

PHARMACY EQUIPMENT/FORMS

1	Refrigerator	Ⓢ OC/P OU ON/A R4-23-609(G)(1); R4-23-612(A)(1); R4-23-656(4); R4-23-670; R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)
2	Freezer	Ⓢ OC/P OU ON/A R4-23-609(G)(1); R4-23-612(A)(1); R4-23-656(4); R4-23-670(B)(3); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)
3	Computer-security/data storage	Ⓢ OC/P OU ON/A R4-23-408
4	Computer-patient profiles	Ⓢ OC/P OU ON/A R4-23-408(B)(3)
5	Computer-single drug usage report	Ⓢ OC/P OU ON/A R4-23-408(B)(4)
6	Computer-pharmacist log book/hard copy print out	Ⓢ OC/P OU ON/A R4-23-408(C)(4)
7	Prescription label	Ⓢ OC/P OU ON/A ARS 32-1963.01; ARS 32-1968; R4-23-612(A)(10); R4-23-658(D)(1)(2); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)(D); R4-23-701.01(2); R4-23-703(C)
8	Federal transfer labels	Ⓢ OC/P OU ON/A R4-23-612(A)(10); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A); R4-23-701.01(2)
9	Warning labels	Ⓢ OC/P OU ON/A R4-23-612(A)(10); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A); R4-23-701.01(2)
10	Written patient information	Ⓢ OC/P OU ON/A R4-23-402(C)(4); R4-23-402(I)
11	Consultation log	Ⓢ OC/P OU Ⓢ N/A R4-23-402(G)
12	Federal medication guides	Ⓢ OC/P OU ON/A 21 CFR part 208
13	Hospital IV label	Ⓢ OC/P OU Ⓢ N/A R4-23-658
14	Generic Rx blanks	Ⓢ OC/P OU ON/A R4-23-402(A); R4-23-407(D)



Arizona State Board of Pharmacy

PHARMACY SECURITY/EQUIPMENT INSPECTION on 09/23/2022 for Apostrophe Pharmacy, LLC

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S = SATISFACTORY C/P = NEED TO COMPLETE OR PROVIDE U = UNSATISFACTORY N/A = NOT APPLICABLE

15	Immunization administration recordkeeping	OS OC/P OU ☒ N/A R4-23-411(F)
16	Schedule V register	OS OC/P OU ☒ N/A R4-23-612(A)(2)
17	Methamphetamine precursor sales log	OS OC/P OU ☒ N/A ARS 32-1977
18	Red C stamp	OS OC/P OU ☒ N/A R4-23-612(A)(11); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)
19	CSPMP reporting 0 reporting daily	☒ OS OC/P OU ON/A R4-23-502
20	Graduates	☒ OS OC/P OU ON/A R4-23-612(A)(3); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)
21	Mortar & Pestle	☒ OS OC/P OU ON/A R4-23-612(A)(4); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)
22	Steel spatulas	☒ OS OC/P OU ON/A R4-23-612(A)(5); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)
23	Rubber (nonmetallic) spatula	☒ OS OC/P OU ON/A R4-23-612(A)(5); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)
24	Approved Rx balance	☒ OS OC/P OU ON/A R4-23-612(A)(6); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)
25	Weights for Rx balance	☒ OS OC/P OU ON/A R4-23-612(A)(6); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)
26	Ointment tile	☒ OS OC/P OU ON/A R4-23-612(A)(7); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)
27	Automated storage and distribution system (patient access)	OS OC/P OU ☒ N/A R4-23-614(A)(B)(1)(2)
28	Automated storage and distribution system (hospital)	OS OC/P OU ☒ N/A R4-23-614(A)(B)(1)(3); R4-23-654(D)
29	Mechanical storage and counting device	OS OC/P OU ☒ N/A R4-23-615
30	Mechanical counting device	OS OC/P OU ☒ N/A R4-23-616
31	Emergency drug supply units (LTC)	OS OC/P OU ☒ N/A R4-23-701.02



Arizona State Board of Pharmacy

PHARMACY SECURITY/EQUIPMENT INSPECTION on 09/23/2022 for Apostrophe Pharmacy, LLC

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S = SATISFACTORY C/P = NEED TO COMPLETE OR PROVIDE U = UNSATISFACTORY N/A = NOT APPLICABLE

32	Automated emergency drug supply units (LTC)	OS OC/P OU ☒ N/A R4-23-701.02(E)
33	Automated dispensing system (LTC)	OS OC/P OU ☒ N/A R4-23-701.04

STERILE PRODUCT COMPOUNDING AREA/EQUIPMENT:

1	Size	OS OC/P OU ☒ N/A R4-23-670(A)
2	Dedicated to compounding sterile products	OS OC/P OU ☒ N/A R4-23-670(A)(1); R4-23-656(5)
3	Isolated from other pharmacy functions	OS OC/P OU ☒ N/A R4-23-670(A)(2)
4	Restricts entry/access	OS OC/P OU ☒ N/A R4-23-670(A)(3)
5	Free from unnecessary disturbances airflow	OS OC/P OU ☒ N/A R4-23-670(A)(4)
6	Nonporous and cleanable floor	OS OC/P OU ☒ N/A R4-23-670(A)(5)
7	Nonporous and cleanable walls	OS OC/P OU ☒ N/A R4-23-670(A)(5)
8	Nonporous and cleanable ceiling	OS OC/P OU ☒ N/A R4-23-670(A)(5)
9	Environment ISO 7	OS OC/P OU ☒ N/A R4-23-670(A)(6)
10	Hood ISO 5	OS OC/P OU ☒ N/A R4-23-670(B)
11	Prep area ISO 7/ISO 8	OS OC/P OU ☒ N/A R4-23-110; R4-23-670(E)(F)

NOTES

Relocation

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
FA8150790	06-30-2024	\$888

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
3N,4	RETAIL PHARMACY	06-02-2021

APOSTROPHE PHARMACY, LLC 1440 N. FIESTA BLVD. SUITE 100 GILBERT, AZ 85233

U.S. DEPARTMENT OF JUSTICE
 DRUG ENFORCEMENT ADMINISTRATION

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.

Form DEA-223 (9/2016)

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
FA8150790	06-30-2024	\$888

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
3N,4	RETAIL PHARMACY	06-02-2021

APOSTROPHE PHARMACY, LLC 1440 N. FIESTA BLVD. SUITE 100 GILBERT, AZ 85233

U.S. DEPARTMENT OF JUSTICE
 DRUG ENFORCEMENT ADMINISTRATION

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

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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.



ARIZONA STATE BOARD OF PHARMACY
P.O. Box 18520 Phoenix, AZ 85005
602-771-ASBP (2727)
FAX: 602-771-2749
<http://www.azpharmacy.gov>

Receipt Date: 10/17/2022
Receipt
Number: 2022140928
Receipt Amount \$: 480.00

0807

Pharmacy - Limited Service

Closed Door, Compounding - Non-Sterile, Mail Order

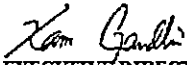
Issued to :

PERMIT NO
Y007880

EXPIRES
10/31/2024

Apostrophe Pharmacy, LLC
Apostrophe Pharmacy LLC
1440 N. FIESTA BLVD SUITE 100
GILBERT, AZ 85233

Apostrophe Pharmacy, LLC
1440 N. FIESTA BLVD SUITE 100
GILBERT, AZ 85233


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 : Apostrophe Pharmacy LLC
LICENSE NUMBER : Y007880
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.

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 InformationName of Pharmacy/Wholesaler Apostrophe Pharmacy LLCPharmacy/Wholesaler License # (if applicable) PH04071Physical Address 1440 N. Fiesta Blvd., Suite 100City GilbertState AZZip 85233Mailing Address (if different from physical address) [Same as physical address above]

City _____ State _____ Zip _____

Telephone 480-621-8274 Website www.apostrophepharmacy.comLicensing Company Email pharmacy@apostrophe.com**Section 2: Personal Information**First Luke Middle Thomas Last Wright

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

Date of Birth _____ SSN or ITIN _____ Sex ☒ M ☐ F ☐ XMailing Address 1440 N. Fiesta Blvd., Suite 100City GilbertState AZZip 85233Telephone _____ Email luke@apostrophe.comAre you a citizen of the United States? ☒ Yes ☐ No

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

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 Westwood High School		From - To (MM/YY - MM/YY) 2001-2004	
Address 945 W Rio Salado Pkwy	City Mesa	State AZ	Zip 85201
Diploma/Degree obtained, if any High school diploma obtained			
School Name Mesa Community College		From - To (MM/YY - MM/YY) 2003-2011	
Address 1833 W Southern Avenue	City Mesa	State AZ	Zip 85202
Diploma/Degree obtained, if any			
School Name Lipscomb University		From - To (MM/YY - MM/YY) 2012-2016	
Address 1 University Park Dr	City Nashville	State TN	Zip 37204
Diploma/Degree obtained, if any PharmD			
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) 11/20 - Present	Address W. 8th Place	City Mesa	State AZ	Zip 85201
From - To (MM/YY - MM/YY) 08/17 - 10/20	Address W. Fairway Circle	City Mesa	State AZ	Zip 85201
From - To (MM/YY - MM/YY) 07/16 - 08/17	Address E. 1st Place	City Mesa	State AZ	Zip 85203
From - To (MM/YY - MM/YY) 07/13 - 07/16	Address Reelfoot Cir	City Nashville	State TN	Zip 37214
From - To (MM/YY - MM/YY) 07/12 - 07/13	Address Ellington Cir	City Nashville	State TN	Zip 37211
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	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 Apostrophe Pharmacy LLC		From - To (MM/YY - MM/YY) 01/2019 - Present	
Business Address 1440 N. Fiesta Blvd., Suite 100	City Gilbert	State AZ	Zip 85233
Phone 480-621-8274	Title Pharmacist in Charge	Number of Employed Hours 9360	
Description of Duties Dispensing prescription, Compounding, Managing pharmacy.			

Business Name Vertis Custom Pharmacy		From - To (MM/YY - MM/YY) 04/17-01/19	
Business Address 9343 E Bahia Dr. STE 200	City Scottsdale	State AZ	Zip 85260
Phone 602-362-2190	Title Pharmacist	Number of Employed Hours 3,640	
Description of Duties Dispensing prescription, Verification of prescriptions, Managing pharmacy.			

Business Name Walgreens Mail Service		From - To (MM/YY - MM/YY) 09/16 - 04/17	
Business Address 8350 S River Pkwy	City Tempe	State AZ	Zip 85284
Phone 480-752-5500	Title Pharmacist	Number of Employed Hours 1,352	
Description of Duties Final Verification of prescriptions.			

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

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

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

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

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

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

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

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

Date

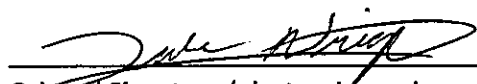
I, Luke Wright, certify that as the designated representative for
Apostrophe Pharmacy LLC

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. LW I am at least 21 years of age;
3. LW 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. LW I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. LW I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. LW 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. LW I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Luke Wright

Print Name (First, Last)



Original Signature (electronic, copies or stamps not accepted)

7/6/2023

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.

Luke Wright

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

Date

7/6/23

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

State of Arizona, ss. County of Maricopa

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

Original Signature

Date

7/6/2023

Subscribed and Sworn to before me this 4 day of July 2023.

Notary Public Signature



(Seal)

**Apostrophe Pharmacy LLC
Pre and Post Organizational Chart**

Prior to August 8, 2023

Effective August 8, 2023

Benjamin Holber (Sole Member)

100%

Apostrophe Pharmacy LLC
FEIN: 83-2171743
Sole Member: Benjamin Holber

Melissa Baird (Sole Shareholder)

100%

Apostrophe Pharmacy Holdings Inc.
FEIN: 93-1444365

100%

Apostrophe Pharmacy LLC
FEIN: 83-2171743
Sole Member: Apostrophe Pharmacy
Holdings Inc.
President: Melissa Baird

4V

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 ☒ Tuesday ☒ Wednesday ☒ Thursday	☒ Friday ☐ Saturday ☐ Sunday ☐ Holidays	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12) ☒ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12) ☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12) ☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)	

Section 1: General Information

Pharmacy Name: Musely Compounding Pharmacy East LLC
 Physical Address: 305 Shawnee North Dr, Suite 600
 City: Suwanee State: GA Zip: 30024
 Mailing Address (if different from physical address): Same
 City: _____ State: _____ Zip: _____
 Telephone: 470-238-3001 Toll Free # (NAC 639.708, NRS 639.23286): 866-807-3001
 Fax: 470-238-3438 Contact Email: musely2@gmail.com
 Website: n/a
 Nevada Business License # (if applicable) _____
 Supervising/Managing Pharmacist Name (NRS 639.220): Dustin Hirsh
 Supervising/Managing Pharmacist NV Pharmacist Registration #: 23637

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: <u>Dustin Hirsh</u>	NV Pharmacist Registration #: <u>23637</u>
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)?		X
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?		X
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?		X
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?		X
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)?		X

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: <u>N/A</u>	Credentials: _____	%: _____
Name: _____	Credentials: _____	%: _____
Name: _____	Credentials: _____	%: _____
Name: _____	Credentials: _____	%: _____
Name: _____	Credentials: _____	%: _____

- The Board shall not issue a license to conduct a pharmacy:
 - To any practitioner; or
 - To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
- This section does not:
 - Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
 - 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: DelawareParent Company (if any): Trusper Inc (DBA Musely)Corporation/Organization Name: Musely Compounding Pharmacy East LLCMailing Address: 305 Shawnee North Dr, Suite 600City: Suwanee State: GA Zip: 30024Telephone: 866-807-3001 Email: musely2@gmail.comContact Person Name: Steve BuchananDoes the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☒ No**Section 7: Partnership**

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ LimitedDoes the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No**Section 8: Sole Owner**

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the Manager (title) for Musely Compounding Pharmacy East 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).

Steve Buchanan

Print Name of Authorized Person



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

7/25/23

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, Steve Buchanan 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 Musely Compounding Pharmacy East 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 _____ day of _____, 20____

Notary Public

See attached
Jurat / Acknowledgment
A.S.
7/25/23

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*

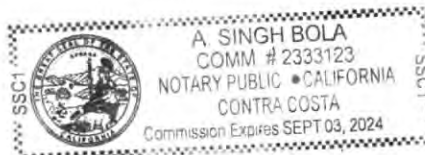
County Of: *Contra Costa*

Subscribed and sworn to (or affirmed) before me on the 25th day of July, 2023
by Steven M. Buchanan,

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

A Singh

A. Singh Bola – Notary Public



Seal

Title of Document:

Affidavit For Pharmacy License

Total Number of Pages: 02

Notary Commission Expiration Date: 09/03/2024

Notary Commission Number: #233123

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.

Steve Buchanan

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)

7/25/23

Date

Board Use Only

Date Received: 9/13/23

Amount: 500-00

Georgia Drugs and Narcotics Agency
254 Washington Street SW - G2000
Atlanta, Georgia 30334

RETAIL

Pharmacy Permit Inspection Form

Board Office: 404-651-8000
Board Fax: 470-386-6137
GDNA Office: 404-656-5100
GDNA Fax: 404-651-8210
GDNA Toll Free: 800-656-6568

Pharmacy Information									
Inspection Type:	New Store Inspection (Pending Approval)					Application #1939941			
Permit Type Primary:	Independent 10-01					Permit Type Secondary:			
Pharmacy Name	Musely Compounding Pharmacy East LLC					County:	Gwinnett		
						Date:	03/07/2023		
Pharmacy Permit #:	Pending	Exp Date:	Pending	DEA:	Pending	Exp Date:	Pending		
Street Address:	305 Shawnee N Drive, Ste 600								
City:	Suwanee		State:	GA	Zip:	30024	Hours:	M-F 7AM-3:30	
Phone:	470-238-3001		Fax:	470-238-3438		Pharmacy Email:	musely2@gmail.com		
Pharmacist-In-Charge:	Dustin Ray Hirsch			License #:	RPH027445		Exp Date:	12/31/2024	
Other Employees									
						Exp Date:			
						Exp Date:			
						Exp Date:			
						Exp Date:			
						Exp Date:			
						Exp Date:			
						Exp Date:			
Last GDNA Inspection Date	N/A			Inspected By:	N/A				
Recommendations Made:	N/A			Corrections Made:	N/A				
Criteria	Satisfactory	Comments							
1. Pharmacy License	N/A								
2. DEA Permit	N/A								
3. Pharmacist/Intern License	N/A								
4. Dangerous Drug Rxs	N/A								
5. Schedule II Rxs	N/A								
6. Schedule III, IV, V Rxs	N/A								
7. Refill Records / Computer Printout Records	N/A								
8. Exempt Narcotic Book	N/A								
9. PSE Logbook and Combat Meth Certificate	N/A								
10. Drug Distribution Records (Non-Rx Sales)	N/A								
11. DEA Biennial Inventory	N/A								
12. Drug Purchase Records (Invoices/Order Forms)	N/A								
13. Rx Department Security / Authorized Access Only	Yes								
14. Rx Department Sanitation / Orderly	Yes								
15. Adequate Pharmacy Temperature Control	Yes								
16. Rx Drug Stock (Adulterated / Misbranded)	N/A								
17. Laws / Rules / Appropriate Reference Material	Yes								
18. Required Equipment for Pharmacy Type	Yes								
19. Exemption Documentation / Other Reports	N/A								
20. Policies & Procedures Manual (if required)	N/A								
21. Patient Counseling / Patient Profile Records	N/A								
22. Safety Concerns, i.e. Adequate Staffing	N/A								
23. Proper Supervision of Pharmacy Technicians	N/A								
24. List Drug Suppliers and Reverse Distributors:									

GDNA considers this document confidential for use between GDNA, the Board of Pharmacy, and the registrant
Page 1 of 2

Revised 07/30/2020

Georgia Drugs and Narcotics Agency
254 Washington Street SW - G2000
Atlanta, Georgia 30334

RETAIL

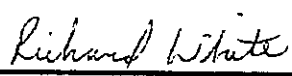
Pharmacy Permit Inspection Form

Board Office: 404-651-8000
Board Fax: 470-386-6137
GDNA Office: 404-656-5100
GDNA Fax: 404-651-8210
GDNA Toll Free: 800-656-6568

Compounding	Does this Pharmacy Compound Medication?		N/A	
	Type of Compounding Conducted			
25. Was a GDNA non-sterile compounding inspection conducted during this visit?			N/A	
26. Was a GDNA sterile compounding inspection conducted during this visit?			N/A	
27. Is this pharmacy registered with the FDA as a 503B Outsourcing Facility?			N/A	
28. Does this pharmacy receive compounded products from outside sources?			N/A	
If yes, provide names of suppliers:				
Vaccinations	Does this pharmacy administer vaccinations via protocol?		N/A	
29. Types of vaccinations administered:				
Influenza	N/A	Shingles	N/A	Pneumococcal
			N/A	Meningitis
				Other
				N/A
		Satisfactory	Comments	
30. Vaccination Protocol Agreement		N/A		
31. Signed & Notarized Affidavit		N/A		
32. Liability Insurance for each Vaccinating Pharmacist		N/A		
33. Immunization cards issued		N/A		
34. Attempt to contact PCP within 72hrs		N/A		
35. Reporting vaccinations to G.R.I.T.S.		N/A		
36. Supervision during administration		N/A		
Delivery by Mail	Does the pharmacy deliver prescription medications to the patient via mail or common carrier?		N/A	
		Satisfactory	Comments	
37. Controlled substance prescriptions sent signature required		N/A		
38. Temperature sensitive Rx's packed correctly		N/A		
39. Proper documentation maintained by pharmacy		N/A		
40. Replacement of compromised Rx shipment		N/A		
Recommendations / Comments				
The minimum required equipment for a retail pharmacy is located in the new pharmacy with the exception of a sink with hot and cold running water is not in the prescription department. The PIC states the sink will be installed in approximately 2 weeks. PIC to send proof of sink installed before inspection can be processed. The new pharmacy provides sufficient space and meets minimum floor space requirements. The new pharmacy meets the minimum security requirements allowing it to be closed and locked to prevent unauthorized entry. Discussed upcoming USP 795 and USP 800 revisions and compliance requirements and BOP Rule 480-48 Delivery by Mail requirements. *Recommend approval once sink installed and proof in working order. Email to: richard.white@gdna.ga.gov This inspection report has been read and explained to the pharmacist whose name appears below. Explanations include any observed violations, deficiencies, or comments, and such are based on state/federal laws and rules pertaining to the practice of pharmacy in the State of Georgia. I do affirm the information I have given pursuant to this inspection is true and correct to the best of my knowledge. This inspection report is not intended to be all inclusive, and there may be deficiencies, non-compliance, or violations of the laws and rules not detected and noted in this report.				
Pharmacist's Email: DustinHirsh@gmail.com				
Printed Name:		Dustin Ray Hirsh		
Printed Name:		Richard White		


Signature: Pharmacist-in-Charge or on Duty
Today's Date: 03/07/2023




Special Agent, Georgia Drugs & Narcotics Agency

Name: Musely Compounding Pharmacy East LLC

Owner:

DBA:

Address: 305 Shawnee N Drive Ste 600
Suwanee GA 30024

Profession: Pharmacy **License No:** PHRE011089 **License Status:** Active

License Type: Retail Pharmacy **Obtained By Method:** Application **License Subtype:**

Issue Date: 3/16/2023 **Expiration Date:** 6/30/2025 **Last Renewal Date:**

- Public Board Orders -

If a public board order exists, it may be listed below.

Public Board Order means that there is a public document concerning the licensee.

The existence of a public Board order does not necessarily mean the licensee is currently under any type of disciplinary action.

Please understand that the absence of a scanned order linked to this record does not necessarily mean that no public actions exist.

No scanned public board order documents exist.

Relationship: Supervisor

Prerequisite Licensee: Hirsh, Dustin Ray **Prerequisite License:** [RPH027445](#)

Association Date: 3/16/2023 **Expiration Date:**

Data current as of: July 18, 2023 15:4:28

This website is to be used as a primary source verification for licenses issued by the Boards of Dentistry and Pharmacy. Paper verifications are available for a fee. Please contact the Boards of Dentistry and Pharmacy at 404-651-8000.

Musley Compounding Pharmacy East LLC

Steve Buchanan-Manager
Address: [REDACTED] Amanda Court
Alamo, Ca 94507
[REDACTED]

steve@musley.com

Ownership 0%

Trusper Inc-Parent Company
Address: 3300 Central Expressway Suite C
Santa Ana, CA 95051
[REDACTED]

steve@musely.com

Ownership 100%



STATE OF GEORGIA
 Georgia Board of Pharmacy
 Retail Pharmacy
LICENSE NO. PHRE011089 Status: Active

Musely Compounding Pharmacy East LLC
 305 Shawnee N Drive Ste 600
 Suwanee GA 30024

Expires: 06/30/2025
 Issued: 03/16/2023

Pharmacist in Charge RPH027445

Dustin Ray Hirsh

Real-time license verification is available at gadch.mylicense.com/verification

Above is your wall certificate license to practice as a **Retail 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
 Retail Pharmacy
LICENSE NO. PHRE011089 Status: Active
 Musely Compounding Pharmacy East LLC
 305 Shawnee N Drive Ste 600
 Suwanee GA 30024

Expires: 06/30/2025 Pharmacist in Charge RPH027445
 Issued: 03/16/2023 Dustin Ray Hirsh
 Real-time license verification is available at gadch.mylicense.com/verification

STATE OF GEORGIA**Secretary of State****Corporations Division****313 West Tower****2 Martin Luther King, Jr. Dr.****Atlanta, Georgia 30334-1530****CERTIFICATE OF EXISTENCE**

I, **Brad Raffensperger**, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

Musely Compounding Pharmacy East LLC**a Foreign Limited Liability Company**

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

Docket Number : 25647908
Date Inc/Auth/Filed: 02/17/2023
Jurisdiction : Delaware
Print Date : 07/17/2023
Form Number : 211

*Brad Raffensperger*

Brad Raffensperger
Secretary of State

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 Museley Compounding Pharmacy East
 Pharmacy/Wholesaler License # (if applicable) _____
 Physical Address 305 Shawnee North Dr Ste 600
 City Sumner State GA Zip 30024
 Mailing Address (if different from physical address) _____
 City _____ State _____ Zip _____
 Telephone 866-807-3001 Website _____
 Licensing Company Email _____

Section 2: Personal Information

First Dustin Middle Roy Last Hirsch
 Alias(es, nicknames, name changes, etc.) _____
 Date of Birth _____ SSN or ITIN _____ Sex ☒ M ☐ F ☐ X
 Mailing Address Peachtree St NE Unit 2906
 City Atlanta State GA Zip 30306
 Telephone _____ Email _____
 Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)

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

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 Duquesne University		From - To (MM/YY - MM/YY) 08/2006 - 05/2011	
Address 600 Forster Ave	City Pittsburgh	State PA	Zip 15282
Diploma/Degree obtained, if any Phyrom D			
School Name North Hills High School		From - To (MM/YY - MM/YY) 08/2003 - 06/2006	
Address 53 Rochester Rd	City Pittsburgh	State PA	Zip 15224
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) 04/21 - present	Address Leachtree St NE unit 2906	City Atlanta	State GA	Zip 30308
From - To (MM/YY - MM/YY) 08/18 - 04/21	Address 1st Peachtree St NW unit 1009	City Atlanta	State GA	Zip 30308
From - To (MM/YY - MM/YY) 09/16 - 08/18	Address Hagerman Rd NW	City Atlanta	State GA	Zip 30316
From - To (MM/YY - MM/YY) 09/15 - 09/16	Address Birmingham Ln #304	City Memphis	State TN	Zip 38125
From - To (MM/YY - MM/YY) 06/15 - 09/15	Address Irene Blvd #202	City Memphis	State TN	Zip 38125
From - To (MM/YY - MM/YY) 05/14 - 06/15	Address 6th St NE #1403	City Atlanta	State GA	Zip 30308
From - To (MM/YY - MM/YY) 06/15 - 05/14	Address Ponte De Leon Avenue #3204	City Atlanta	State GA	Zip 30308
From - To (MM/YY - MM/YY)	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 5,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above:

Business Name <i>Musely Compounding Pharmacy East</i>		From - To (MM/YY - MM/YY) <i>01/23 - Present</i>	
Business Address <i>305 Shaver W Drive Ste 600</i>	City <i>Sumner</i>	State <i>GA</i>	Zip <i>30024</i>
Phone <i>866-807-3001</i>	Title <i>PII</i>	Number of Employed Hours <i>1200</i>	
Description of Duties <i>Compound dermatology products & dispense to patients nationwide.</i>			
Business Name <i>walgreens</i>		From - To (MM/YY - MM/YY) <i>04/22 - 01/23</i>	
Business Address <i>595 Piedmont Ave Ste 100</i>	City <i>Atlanta</i>	State <i>GA</i>	Zip <i>30308</i>
Phone <i>404-685-4665</i>	Title <i>Health Outcomes Pharmacist</i>	Number of Employed Hours <i>1560</i>	
Description of Duties <i>call Georgia patients and counsel them on diabetes, blood pressure & cholesterol meds.</i>			
Business Name <i>CTCARY</i>		From - To (MM/YY - MM/YY) <i>02/20 - 11/21</i>	
Business Address <i>610 celebrate life pkwy</i>	City <i>Newnan</i>	State <i>GA</i>	Zip <i>30265</i>
Phone <i>678-552-2013</i>	Title <i>Oncology Pharmacist</i>	Number of Employed Hours <i>3120</i>	
Description of Duties <i>Dispense & counsel patients on oral oncology as well as work with doctors to choose therapy for patients.</i>			
Business Name <i>Northside Hospital</i>		From - To (MM/YY - MM/YY) <i>08/14 - 02/20</i>	
Business Address <i>1100 Johnson Ferry Rd NE</i>	City <i>Atlanta</i>	State <i>GA</i>	Zip <i>30342</i>
Phone <i>404-303-3450</i>	Title <i>Oncology Pharmacist</i>	Number of Employed Hours <i>720</i>	
Description of Duties <i>Rotate between infusion clinics & oral therapy providing care for cancer patients</i>			
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 manufacture or distribution of drugs or the practice of pharmacy?		X
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		X
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		X
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		X
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		X
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		X
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		X
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		X
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		X

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

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

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

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

Date

I, Dustin Hirsch, certify that as the designated representative for
Musey Compounding Pharmacy EGA

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. RA I am at least 21 years of age;
3. RA 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. RA I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. RA I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. RA 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. RA I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Dustin Hirsch
 Print Name (First, Last)

[Signature]
 Original Signature (electronic, copies or stamps not accepted)

08/03/21
 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.

Dustin Hirsh

Print Name (First, Last)

[Signature]

Original Signature (electronic, copies or stamps not accepted)

8/14/2023

Date

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

State of Georgia, ss. County of Gwinnett

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

[Signature]

Original Signature

8/14/2023

Date

Subscribed and Sworn to before me this 04 day of 08/2023.

[Signature] Sana Hanif

Notary Public Signature

Commission Expires 07/12/2027



(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 Musely Compounding Pharmacy East, LLC

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

Physical Address 305 Shawnee N. Drive Ste 600

City Suwanee State GA Zip 30024

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone _____ Website www.musely.com

Licensing Company Email musely2@gmail.com

Section 2: Personal Information

First Steven Middle Michael Last Buchanan

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

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

Mailing Address Amanda Court

City Alamo State CA Zip 94507

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?		

Personal History Application

(Applicant's Initials SB)

1 of 7

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)		
Santa Clara University		9/00 - 12/04		
Address	City	State	Zip	
500 El Camino Real	Santa Clara	CA	95053	
Diploma/Degree obtained, if any				
BS Finance, BSC Economics				
School Name		From - To (MM/YY - MM/YY)		
Monte Vista High School		9/96 - 6/00		
Address	City	State	Zip	
3131 Stone Valley Rd	Danville	CA	94526	
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
6/19 - Present	██████████ Amanda Court	Alamo	CA	94507
From - To (MM/YY - MM/YY)	Address	City	State	Zip
12/14-6/19	██████████ Ygnacio Valley Road #219	Walnut Creek	CA	94596
From - To (MM/YY - MM/YY)	Address	City	State	Zip
6/13-12/14	██████████ Mott Drive	Alamo	CA	94507
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	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 Trusper Inc (DBA Musely)			From - To (MM/YY - MM/YY) 12/20 - present	
Business Address 12101 Stonebrook Drive		City Los Altos Hills	State CA	Zip 94022
Phone (866) 540-1122	Title VP of Finance and Operations			
Description of Duties VP of Finance and Operations				
Business Name Stockwell AI			From - To (MM/YY - MM/YY) 6/18 - 7/20	
Business Address 405 14th St Fl 7		City Oakland	State CA	Zip 94612
Phone (510) 269-7423	Title Vp Finance			
Description of Duties Run all financial aspect of organization				
Business Name Officengine			From - To (MM/YY - MM/YY) 8/16-6/18	
Business Address 1322 Webster St Ste 402		City Oakland	State CA	Zip 94612
Phone (415) 259-1323	Title Director of Client Services			
Description of Duties Run all departments in business				
Business Name SMB Yoga LLC			From - To (MM/YY - MM/YY) 1/13-8/16	
Business Address 555 Ygnacio Valley Road #219		City Walnit Creek	State CA	Zip 94596
Phone 925-708-1881	Title Owner and Yoga Teacher			
Description of Duties Owner and Yoga Teacher				
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 manufacture or distribution of drugs or the practice of pharmacy?		✓
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

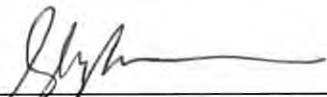
Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement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

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

NA

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)

8/24/23
 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.

Steve Buchanan

Print Name (First, Last)

[Signature]

Original Signature (electronic, copies or stamps not accepted)

8/24/23

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

See attached
Jurat/Acknowledgment
JL 08/24/23

(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

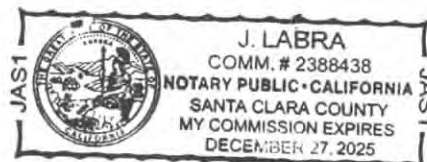
County Of: Contra Costa

Subscribed and sworn to (or affirmed) before me on the 24th day of Aug., 2023

by Steven Buchanan _____,
proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.



Signature: J. Labra



Title of Document: Personal History Application

Total Number of Pages: 8

Notary Commission Expiration Date: December 27, 2025

Notary Commission Number: 2388438

4W

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 ☒ Tuesday ☒ Wednesday ☒ Thursday ☒ Friday ☐ Saturday ☐ Sunday ☐ Holidays		☒ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12) ☐ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12) ☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12) ☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)	

Section 1: General Information

Pharmacy Name: The transplant pharmacy
 Physical Address: 630 Lakeland East drive
 City: Flowerd State: ms Zip: 39232
 Mailing Address (if different from physical address): Same
 City: _____ State: _____ Zip: _____
 Telephone: 769.230.8335 Toll Free # (NAC 639.708, NRS 639.23286): 888.426.6015
 Fax: 769.230.8335 Contact Email: ~~emphise@transplantpharmacy.com~~
 Website: thetransplantpharmacy.com J Gully@caretx.com
 Nevada Business License # (if applicable) _____
 Supervising/Managing Pharmacist Name (NRS 639.220): James Gully Laura Nelson
 Supervising/Managing Pharmacist NV Pharmacist Registration #: - 23996

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: <u>None</u>	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: <u>N/A</u>	Credentials: _____	%: _____
Name: _____	Credentials: _____	%: _____
Name: _____	Credentials: _____	%: _____
Name: _____	Credentials: _____	%: _____
Name: _____	Credentials: _____	%: _____

- The Board shall not issue a license to conduct a pharmacy:
 - To any practitioner; or
 - To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
- This section does not:
 - Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
 - 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 CorporationState of Incorporation: DelawareParent Company (if any): Care DxCorporation Name: The transplant pharmacy llcMailing Address: 1 Tower place 9th floorCity: South San Francisco State: CA Zip: 94080Telephone: 769.230.8335 Email: ~~James~~ JGulley@caredx.comContact Person Name: James GulleyDate of SEC Registration: 12/21/98 SEC Registration Number: 333-196494 Stock Exchange Symbol: CDADoes the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☒ Yes ☐ No**Section 6: Non-Publicly Traded Corporation or Company**

State of Incorporation/Organization: _____

Parent Company (if any): _____

Corporation/Organization Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☐ No**Section 7: Partnership**

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ LimitedDoes the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No**Section 8: Sole Owner**

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the Stuart Federman, senior manager (title) for the transplant 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).

Stuart Federman

Print Name of Authorized Person



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

12/19/2022

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, James Gully 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 Vice President (title) for The transplant 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 21st day of August, 20 23


Notary Public

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.

Stuart Federman

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)

12/19/22

Date

Board Use Only

Date Received: 9/11/23

Amount: 500-CK-20209



0854

630 Lakeland East Dr. Flowood, MS 39232
Phone: (769) 230-8335 Fax: (769) 230-8337
Toll Free Phone: (888) 426-6015
www.TheTransplantPharmacy.com

List of owners:

The Transplant Pharmacy, LLC is a single member LLC. The single member (100%) owner of The Transplant Pharmacy, LLC is CareDx, Inc (a publicly traded company). Being a publicly traded company (FEIN: 94-3316839), there are no individual owners with more than 5% ownership.

The Transplant Pharmacy, LLC has one officer, James "Jay" Gulley, listed below.

List of officer:

Vice President: James R Gulley Jr. [REDACTED] SS: [REDACTED] [REDACTED] Autumn Ridge Lane,
Madison, MS 39110; email: [REDACTED]

Top Institutional Holders

Holder	Shares	Date Reported	% Out	Value
ARK Investment Management, LLC	5,787,120	Sep 29, 2022	10.81%	63,195,350
Vanguard Group, Inc. (The)	5,065,489	Sep 29, 2022	9.46%	55,315,140
State Street Corporation	4,246,025	Sep 29, 2022	7.93%	46,366,593
Blackrock Inc.	4,011,668	Sep 29, 2022	7.49%	43,807,414
ArrowMark Colorado Holdings LLC	3,088,505	Sep 29, 2022	5.77%	33,726,474
Bellevue Group AG	2,601,446	Sep 29, 2022	4.86%	28,407,790
Sumitomo Mitsui Trust Holdings, Inc.	2,487,161	Sep 29, 2022	4.65%	27,159,798
Nikko Asset Management Americas, Inc.	2,487,161	Sep 29, 2022	4.65%	27,159,798
Fred Alger Management, LLC	1,981,164	Sep 29, 2022	3.70%	21,634,311
ClearBridge Investments, LLC	1,664,147	Sep 29, 2022	3.11%	18,172,485

Top Mutual Fund Holders

Holder	Shares	Date Reported	% Out	Value
ARK ETF Tr ARK Genomic Revolution ETF	6,345,121	Nov 29, 2022	11.85%	69,288,721
SPDR (R) Ser Tr SPDR (R) S&P (R) Biotech ETF	3,822,704	Nov 29, 2022	7.14%	41,743,927
Alger Small Cap Focus Fund	2,083,850	Jul 30, 2022	3.89%	22,755,642
Vanguard Total Stock Market Index Fund	1,607,708	Sep 29, 2022	3.00%	17,556,171
Vanguard Small Cap Index Fund	1,358,542	Sep 29, 2022	2.54%	14,835,278
Baron Discovery Fund	1,189,029	Sep 29, 2022	2.22%	12,984,196
Legg Mason Clearbridge Small Cap Growth Fd	1,190,297	Oct 30, 2022	2.22%	12,998,043
Delaware Ivy Small Cap Growth Fund	1,164,138	Sep 29, 2022	2.17%	12,712,387
iShares Russell 2000 ETF	1,157,733	Nov 29, 2022	2.16%	12,642,444
Vanguard Explorer Fund, Inc.	979,594	Jul 30, 2022	1.83%	10,697,166



MISSISSIPPI

Board of Pharmacy



Permit #
18369 / 1.1

Pharmacy
Community - Independent

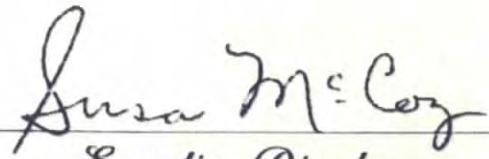
**The Transplant Pharmacy LLC
DBA The Transplant Pharmacy**

Permit Holder:
James R Gulley

630 Lakeland East Drive, Suite B
Flowood, MS 39232
Rankin

This permit is not transferable or assignable.

Issued: 12/04/2021
Renewed: 12/04/2021
Expires: 12/31/2023


Executive Director

Mississippi Board of Pharmacy | 6360 I-55 North | Suite 400 | Jackson, MS 39211
Phone: 601-899-8880 | Fax: 601-899-8851



Mississippi Board of Pharmacy

Inspection Details

Name	Permit #	DEA #:	Assigned To
The Transplant Pharmacy LLC	18369 [1.1]	DEA Expiration:	
DBA	CS #	Inspection Date	
The Transplant Pharmacy	CS-19104 - 05/05/2022 (Close)	11/30/2022	
Address	Compounding #	Inspection User	
630 Lakeland East Drive, Suite B Flowood, MS 39232 Rankin	Person In Charge James R Gulley	Ramsey, James	

Comments

None

Community

Answer	Question
1) Satisfactory	Pharmacist on duty.
2) Satisfactory	Pharmacy clean and orderly.
3) Satisfactory	Prescriptions being properly filed. (Article XIII) (Any RX not maintained in a paper file must be printed and provided to an agent immediately)
4) Satisfactory	Outdated drugs in stock.
5) Satisfactory	Handling of outdated CS.
	Comments: Inmar
6) Satisfactory	Adequate security of CS.
7) Satisfactory	CS inventoried properly.
8) Satisfactory	Ordering/Receiving CII drugs.
9) Satisfactory	CS prescriptions filled properly.
10) Satisfactory	Dates on CS Prescriptions.
11) Satisfactory	Addresses on CS Prescriptions.
12) Satisfactory	Initials on CS Prescriptions.
13) Satisfactory	DEA number on CS prescriptions.
14) Satisfactory	Pharmacy only utilizes suppliers permitted by the Board.
15) Satisfactory	Pharmacy only utilizes Reverse Distributors permitted by the Board.
16) Not Applicable	Does the pharmacy provide medications to other pharmacies, physicians or facilities (such as an IEMK)? (Review invoices)
17) Satisfactory	CS Invoice filed/retrievable.

Community

Answer	Question
18) Satisfactory	CS hard copy printout.
19) Satisfactory	Patient counseling.
20) Not Applicable	Schedule V OTC sales.
21) Satisfactory	Dispensed Rx labeling.
22) Satisfactory	Technician compliance. (Ratio 3:1, Training/Certification)
23) Not Applicable	Sterile compounding.
24) Satisfactory	Non-Sterile compounding.

Comments: Will complete non-sterile inspection on 12/2.

Person Providing Information

Full Name:

James Gulley

Signature:

A handwritten signature in black ink, appearing to read "James Gulley", written in a cursive style.

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
FT5924027	11-30-2024	\$888

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	RETAIL PHARMACY	10-14-2021

THE TRANSPLANT PHARMACY, LLC 630 LAKELAND EAST DR SUITE B FLOWOOD, MS 392329588

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
FT5924027	11-30-2024	\$888

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	RETAIL PHARMACY	10-14-2021

THE TRANSPLANT PHARMACY, LLC 630 LAKELAND EAST DR SUITE B FLOWOOD, MS 392329588

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Form DEA-223 (9/2016)



Michael Watson
SECRETARY OF STATE

Office of the Secretary of State
Jackson, Mississippi

Certificate of Good Standing

I, MICHAEL WATSON, Secretary of State of the State of Mississippi, and as such, the legal custodian of the records as required by The Mississippi Limited Liability Company Act to be filed in my office do hereby certify:

THE TRANSPLANT PHARMACY, LLC

Registered the 30th day of March, 2016

A Mississippi Limited Liability Company has filed the necessary documents in this office and has obtained a certificate of formation under the provisions of The Mississippi Limited Liability Company Act as shown by the records in this office.

That the registered office of said Limited Liability Company is located at:

630 Lakeland East Dr. Suite B
Flowood, MS 39232

And that the registered agent at that address is:

James R. Gulley Junior

I further certify that said Limited Liability Company has paid the fees for filing the above papers required by law as shown by the records of this office, and that said Limited Liability Company is in good standing to do business in Mississippi at this time.

Given under my hand and seal of office
the 21st day of August, 2023

A handwritten signature in black ink that reads "Michael Watson".

Certificate Number: CN23171251

Verify this certificate online at <http://corp.sos.ms.gov/corpconv/verifycertificate.aspx>

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: James Ghalley - The transplant pharmacy
 Address: 630 Lakeland East drive Ste B
 City: Flowerwood State: MS Zip: 39232
 I hereby authorize the MS 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**

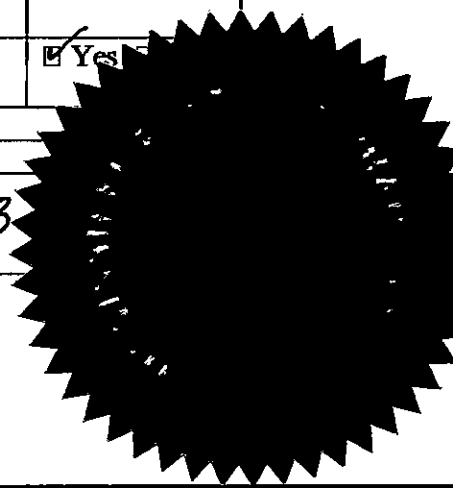
License Number	License Status	Date License Issued	Date License Expires
<u>18369/1.1</u>	<u>Active</u>	<u>12/04/2021</u>	<u>12/31/2023</u>

Has this license been encumbered in any way? ☐ Yes ☒ No	Type of Encumbrance: (if any) ☐ Revoked ☐ Surrendered ☐ Limited ☐ Suspended ☐ Restricted ☐ Probation Please attach copies of any pertinent legal documents		
---	---	--	--

USE REVERSE SIDE OF THIS FORM FOR EXPLANATIONS IF NECESSARY

Has the applicant been convicted of any federal, state or local laws relating to drug samples, wholesale or retail drug distribution, or distribution of controlled substances? (If yes, please explain)	☐ Yes ☒ No
Has the applicant furnished any false or fraudulent material in any applications made in connection with drug manufacturing or distribution? (if yes, please explain)	☐ Yes ☒ No
Have any inspections of the applicant resulted in deficient ratings? (If yes, please explain)	☐ Yes ☒ No
Has applicant met all licensing requirements of your state? (If no, please explain)	☒ Yes

Signature of State Official	Title	State	Date
<u>Anika Lee</u>	<u>Licensing Specialist</u>	<u>MS</u>	<u>8/31/2023</u>



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: James Gully Pharmacist Registration #: E-010511

 Pharmacy Name: The transplant pharmacy

Initial each statement below to indicate you have read and agree with the following:

JB

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.

JB

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.

JB

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.

JB

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)).

JB

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>. 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)

Date

8-21-23



MISSISSIPPI

Board of Pharmacy



Permit #
18369 / 1.1

Pharmacy
Community - Independent

The Transplant Pharmacy LLC
DBA The Transplant Pharmacy

Permit Holder:
James R Gulley

630 Lakeland East Drive, Suite B
Flowood, MS 39232
Rankin

This permit is not transferable or assignable.

Issued: 12/04/2021
Renewed: 12/04/2021
Expires: 12/31/2023

Lisa McCoy
Executive Director

Mississippi Board of Pharmacy | 6360 I-55 North | Suite 400 | Jackson, MS 39211
Phone: 601-899-8880 | Fax: 601-899-8851

4X

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 ☒ Tuesday ☒ Wednesday ☒ Thursday ☒ Friday ☐ Saturday ☐ Sunday ☐ Holidays		☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12) ☒ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12) ☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12) ☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)	

Section 1: General Information

Pharmacy Name: Vital Choice Specialty Pharmacy
 Physical Address: 5925 E Southern Ave Ste 101
 City: Mesa State: AZ Zip: 85206
 Mailing Address (if different from physical address): Same
 City: _____ State: _____ Zip: _____
 Telephone: 480-306-7234 Toll Free # (NAC 639.708, NRS 639.23286): 877-307-6450
 Fax: 833-967-8399 Contact Email: info@vitalchoicepharmacy.com
 Website: www.vitalchoicepharmacy.com
 Nevada Business License # (if applicable): _____
 Supervising/Managing Pharmacist Name (NRS 639.220): Kent Adkins
 Supervising/Managing Pharmacist NV Pharmacist Registration #: 23785

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: <u>Kurt Atkins</u>	NV Pharmacist Registration #: <u>23785</u>
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)?		X
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?		X
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?		X
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?		X
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)?		X

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: <u>N/A</u>	Credentials: _____	%: _____
Name: _____	Credentials: _____	%: _____
Name: _____	Credentials: _____	%: _____
Name: _____	Credentials: _____	%: _____
Name: _____	Credentials: _____	%: _____

- The Board shall not issue a license to conduct a pharmacy:
 - To any practitioner; or
 - To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
- This section does not:
 - Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
 - 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: _____
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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): Above and Below LLC

Corporation/Organization Name: Above and Below LLC

Mailing Address: 5925 E Southern Ave Ste 101

City: Mesa State: AZ Zip: 85206

Telephone: 480 306 7234 Email: info@vitalchoicepharmacy.com

Contact Person Name: Jamie Fry

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 P.I.C. (title) for Vital Choice Specialty 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).

Kent Adkins

Print Name of Authorized Person

Kt Adkins

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, Kurt Adkins 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 P.I.C. (title) for Vital Choice Specialty 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.

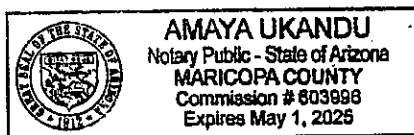
FURTHER YOUR AFFIANT SAYETH NAUGHT.

Kurt Adkins
Signature

SUBSCRIBED AND SWORN TO

Before me, a notary public this 25 day of September, 2023

Amaya Ukandu
Notary Public



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 Adkins

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

Kurt Adkins

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

9/21/23

Date

Board Use Only

Date Received: _____

Amount: 500 MO 22-035276817

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:

Above & Below LLC

ACC file number: 23179176

was incorporated under the laws of the State of Arizona on 02/02/2021, 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: 04/04/2023



A handwritten signature in cursive script, reading "Douglas Clark".

Douglas Clark, Executive Director



Arizona State Board of Pharmacy

PHARMACY SECURITY/EQUIPMENT INSPECTION on 04/10/2023 for Above and Below LLC dba Vital Choice Specialty Pharmacy

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S = SATISFACTORY C/P = NEED TO COMPLETE OR PROVIDE U = UNSATISFACTORY N/A = NOT APPLICABLE

DEMOGRAPHICS

AZ permit# :	AZ Permit Exp.Date :	Business Name :
Y009303	10/31/2024	Above and Below LLC dba Vital Choice Specialty Pharmacy
Address :		
5925 E Southern Ave		
Zip :	City :	State :
85206	Mesa	AZ
Phone :	Fax :	Email :
(480) 306-7234	(833) 967-4399	
Inspection Date :	PIC :	Pic License Exp Date :
04/10/2023	Kurt Adkins	10/31/2023
DEA # :	DEA # Exp. date :	DEA Inventory Opening Date :
FA2154057	06/30/2025	04/21/2023
DEA Inventory Annual Date :	Inspection Reviewed With :	Reviewers License# :
05/01/2023	Kurt Adkins	5019895
Inspection type :		
Opening		
Inspection Conducted By :		
Sandy Sutcliffe		

ACTIVITIES

1	Nonsterile Compounding	☒ YES ☐ NO
2	Nonsterile Hazardous Compounding	☐ YES ☒ NO
3	Sterile Compounding	☐ YES ☒ NO
4	Sterile Hazardous Compounding	☐ YES ☒ NO

Hospital Facility Data

# Licensed Beds	DHS License #
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PHARMACY DEPARTMENT

Size/Personnel	☒ S ☐ C ☐ P ☐ O ☐ U ☐ N/A
1	R4-23-609(A); R4-23-655(B)(C); R4-23-670 to 675
490 sq ft allows for 6 personnel in the pharmacy area at one time.	



Arizona State Board of Pharmacy

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2	Shelves	⊙S OC/P OU ON/A R4-23-609(A); R4-23-611(A)(2); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)
3	Design-efficient, safe pharmacy practice	⊙S OC/P OU ON/A R4-23-609(A); R4-23-655(C); R4-23-672(A); R4-23-673(A)(B); R4-23-674(A)(3); R4-23-675(A)
4	Counter 55 sq ft	⊙S OC/P OU ON/A R4-23-609(B); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)
5	Aisles	⊙S OC/P OU ON/A R4-23-609(C); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)
6	Consultation area	⊙S OC/P OU ON/A R4-23-609(D)
7	Enclosed (barrier)	⊙S OC/P OU ON/A R4-23-609(F); R4-23-655(D); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675
8	Entry doors	⊙S OC/P OU ON/A R4-23-609(F); R4-23-610(B); R4-23-655(D); R4-23-657(A)(2); R4-23-672(A)(F)(2); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)
9	Lighting	⊙S OC/P OU ON/A R4-23-609(G); R4-23-655(E); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)
10	Temperature controlled/Ventilation	⊙S OC/P OU ON/A R4-23-609(G); R4-23-655(E); R4-23-656(3); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)
11	Working counter barrier	⊙S OC/P OU ON/A R4-23-609(H)
12	Receiving/checking area	⊙S OC/P OU ON/A R4-23-610(E); R4-23-655(E); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)
13	Opening for Rx receipt when closed	⊙S OC/P OU ON/A R4-23-610(F)
14	Walls	⊙S OC/P OU ON/A R4-23-611(A)(2); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)
15	Ceilings	⊙S OC/P OU ON/A R4-23-611(A)(2); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)
16	Windows	⊙S OC/P OU ON/A R4-23-611(A)(2); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)
17	Floors	⊙S OC/P OU ON/A R4-23-611(A)(2); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)
18	Restroom	⊙S OC/P OU ON/A R4-23-611(A)(4)(5); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)



Arizona State Board of Pharmacy

PHARMACY SECURITY/EQUIPMENT INSPECTION on 04/10/2023 for Above and Below LLC dba Vital Choice Specialty Pharmacy ⁰⁸⁷⁴ Page 3 / 7

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15	Sink (hot and cold running water)	⊙ S OC/P OU ON/A	R4-23-611(A)(9); R4-23-656(2); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)
20	Nonsterile compounding area	⊙ S OC/P OU ON/A	R4-23-410(E)

SECURITY

1	Controlled substances CII locked cabinet	⊙ S OC/P OU ON/A	R4-23-609(E); R4-23-657(A)(1); R4-23-658(E); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)
2	Pharmacist access	⊙ S OC/P OU ON/A	R4-23-609(F); R4-23-610(B); R4-23-657(A)(1); R4-23-671(B)(1); R4-23-672(A)(B)(F); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)
3	Additional pharmacy drug storage areas	⊙ S OC/P OU ⊙ N/A	R4-23-609(G)(2); R4-23-655(E); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)
4	Filled Rx medication storage	⊙ S OC/P OU ON/A	R4-23-610(G); R4-23-673(E); R4-23-674(C); R4-23-675(C)
5	Remote drug storage (hospitals)	⊙ S OC/P OU ⊙ N/A	R4-23-654(D); R4-23-672(C)

PHARMACY LIBRARY

1	Pharmacology or Toxicology reference Lexicomp, F&C online	⊙ S OC/P OU ON/A	R4-23-612(A)(9); R4-23-656(1); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)
2	Therapeutics reference	⊙ S OC/P OU ON/A	R4-23-612(A)(9); R4-23-656(1); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)
3	Drug compatibility reference	⊙ S OC/P OU ON/A	R4-23-612(A)(9); R4-23-656(1); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)
4	Drug product equivalency reference	⊙ S OC/P OU ON/A	R4-23-612(A)(9); R4-23-656(1); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)
5	Sterile products reference	⊙ S OC/P OU ⊙ N/A	R4-23-612(A)(9); R4-23-656(1); R4-23-670(B)(6); R4-23-672(A); R4-23-673(C); R4-23-675(A)
6	Policy and procedure manual-pharmacy operations	⊙ S OC/P OU ON/A	R4-23-610(A); R4-23-653(A); R4-23-658(A); R4-23-671(E); R4-23-672(A)(G); R4-23-673(G); R4-23-674(F); R4-23-675(D)
7	Policy and procedure manual-technicians	⊙ S OC/P OU ON/A	R4-23-610(A); R4-23-653; R4-23-672(A)(G); R4-23-673(C); R4-23-674(F); R4-23-675(D)
8	Policy and procedure manual-automation	⊙ S OC/P OU ⊙ N/A	R4-23-614; R4-23-615; R4-23-616; R4-23-654(D); R4-23-701.02; R4-23-701.04



Arizona State Board of Pharmacy

PHARMACY SECURITY/EQUIPMENT INSPECTION on 04/10/2023 for Above and Below LLC dba Vital Choice Specialty Pharmacy

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9	Policy and procedure manual-compounding	⊙S OC/P OU ON/A	R4-23-410; R4-23-670
10	Arizona statutes/rules	⊙S OC/P OU ON/A	R4-23-612(A)(8); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)
11	Current antidote/drug interaction information	⊙S OC/P OU ON/A	R4-23-612(A)(12); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)
	Online		
12	Poison Control # displayed	⊙S OC/P OU ON/A	R4-23-612(A)(13); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)

PHARMACY EQUIPMENT/FORMS

1	Refrigerator	⊙S OC/P OU ON/A	R4-23-609(G)(1); R4-23-612(A)(1); R4-23-656(4); R4-23-670; R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)
2	Freezer	⊙S OC/P OU ON/A	R4-23-609(G)(1); R4-23-612(A)(1); R4-23-656(4); R4-23-670(B)(3); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)
3	Computer-security/data storage	⊙S OC/P OU ON/A	R4-23-408
4	Computer-patient profiles	⊙S OC/P OU ON/A	R4-23-408(B)(3)
5	Computer-single drug usage report	⊙S OC/P OU ON/A	R4-23-408(B)(4)
6	Computer-pharmacist log book/hard copy print out	⊙S OC/P OU ON/A	R4-23-408(C)(4)
7	Prescription label	⊙S OC/P OU ON/A	ARS 32-1963.01, ARS 32-1968; R4-23-612(A)(10); R4-23-658(D)(1)(2); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)(D); R4-23-701.01(2); R4-23-703(C)
8	Federal transfer labels	⊙S OC/P OU ON/A	R4-23-612(A)(10); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A); R4-23-701.01(2)
9	Warning labels	⊙S OC/P OU ON/A	R4-23-612(A)(10); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A); R4-23-701.01(2)
10	Written patient information	⊙S OC/P OU ON/A	R4-23-402(C)(4); R4-23-402(I)
11	Consultation log	⊙S OC/P OU ON/A	R4-23-402(G)
12	Federal medication guides	⊙S OC/P OU ON/A	21 CFR part 208



Arizona State Board of Pharmacy

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13	Hospital IV label	OS OC/P OU ☒ N/A	R4-23-658
14	Generic Rx blanks	☒ S OC/P OU ON/A	R4-23-402(A); R4-23-407(D)
15	Immunization administration recordkeeping	☒ S OC/P OU ON/A	R4-23-411(F)
16	Schedule V register	OS OC/P OU ☒ N/A	R4-23-612(A)(2)
17	Methamphetamine precursor sales log	☒ S OC/P OU ON/A	ARS 32-1977
	Reminder to check for legal notice of misrepresentation		
18	Red C stamp	OS OC/P OU ☒ N/A	R4-23-612(A)(11); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)
19	CSPMP reporting	☒ S OC/P OU ON/A	R4-23-502
20	Graduates	☒ S OC/P OU ON/A	R4-23-612(A)(3); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)
21	Mortar & Pestle	☒ S OC/P OU ON/A	R4-23-612(A)(4); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)
22	Steel spatulas	☒ S OC/P OU ON/A	R4-23-612(A)(5); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)
23	Rubber (nonmetallic) spatula	☒ S OC/P OU ON/A	R4-23-612(A)(5); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)
24	Approved Rx balance	☒ S OC/P OU ON/A	R4-23-612(A)(6); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)
25	Weights for Rx balance	☒ S OC/P OU ON/A	R4-23-612(A)(6); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)
16	Ointment tile	☒ S OC/P OU ON/A	R4-23-612(A)(7); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)
27	Automated storage and distribution system (patient access)	OS OC/P OU ☒ N/A	R4-23-614(A)(B)(1)(2)
28	Automated storage and distribution system (hospital)	OS OC/P OU ☒ N/A	R4-23-614(A)(B)(1)(3); R4-23-654(D)
29	Mechanical storage and counting device	OS OC/P OU ☒ N/A	R4-23-615



Arizona State Board of Pharmacy

PHARMACY SECURITY/EQUIPMENT INSPECTION on 04/10/2023 for Above and Below LLC dba Vital Choice Specialty Pharmacy 0877

Page 6 / 7

S = SATISFACTORY C/P = NEED TO COMPLETE OR PROVIDE U = UNSATISFACTORY N/A = NOT APPLICABLE

30	Mechanical counting device	OS OC/P OU ☒ N/A	R4-23-616
31	Emergency drug supply units (LTC)	OS OC/P OU ☒ N/A	R4-23-701.02
32	Automated emergency drug supply units (LTC)	OS OC/P OU ☒ N/A	R4-23-701.02(E)
33	Automated dispensing system (LTC)	OS OC/P OU ☒ N/A	R4-23-701.04

STERILE PRODUCT COMPOUNDING AREA/EQUIPMENT:

1	Size	OS OC/P OU ☒ N/A	R4-23-670(A)
2	Dedicated to compounding sterile products	OS OC/P OU ☒ N/A	R4-23-670(A)(1); R4-23-656(5)
3	Isolated from other pharmacy functions	OS OC/P OU ☒ N/A	R4-23-670(A)(2)
4	Restricts entry/access	OS OC/P OU ☒ N/A	R4-23-670(A)(3)
5	Free from unnecessary disturbances airflow	OS OC/P OU ☒ N/A	R4-23-670(A)(4)
6	Nonporous and cleanable floor	OS OC/P OU ☒ N/A	R4-23-670(A)(5)
7	Nonporous and cleanable walls	OS OC/P OU ☒ N/A	R4-23-670(A)(5)
8	Nonporous and cleanable ceiling	OS OC/P OU ☒ N/A	R4-23-670(A)(5)
9	Environment ISO 7	OS OC/P OU ☒ N/A	R4-23-670(A)(6)
10	Hood ISO 5	OS OC/P OU ☒ N/A	R4-23-670(B)
11	Prep area ISO 7/ISO 8	OS OC/P OU ☒ N/A	R4-23-110; R4-23-670(E)(F)



Arizona State Board of Pharmacy

PHARMACY SECURITY/EQUIPMENT INSPECTION on 04/10/2023 for Above and Below LLC dba Vital Choice Specialty Pharmacy⁰⁸⁷⁸

Page 7 / 7

S = SATISFACTORY C/P = NEED TO COMPLETE OR PROVIDE U = UNSATISFACTORY N/A = NOT APPLICABLE

NOTES

Hours: 8am-5pm Mon-Fri; closed weekends; do not close for lunch.

Opening inspection-satisfactory.



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: 02-14-2022
Receipt
Number: 2022126027
Receipt Amount: \$: 486.50

0879

Pharmacy - Independent

Mail Order, Retail

PERMIT NO
Y009303

EXPIRES
10/31/2024

Issued to

Above and Below LLC dba Vital Choice Specialty Pharmacy
Jamie Fry
5925 E SOUTHERN AVE SUITE 101
MESA, AZ 85206

Above and Below LLC dba Vital Choice Specialty
Pharmacy
5925 E SOUTHERN AVE SUITE 101
MESA, AZ 85206

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 : Jamie Fry
LICENSE NUMBER : Y009303
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.

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
FA2154057	06-30-2025	\$888
SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	RETAIL PHARMACY	10-11-2022
ABOVE AND BELOW LLC DBA VITAL CHOICE SPECIALTY PHARMACY 5925 E SOUTHERN AVE STE 101 MESA, AZ 852063620		

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.

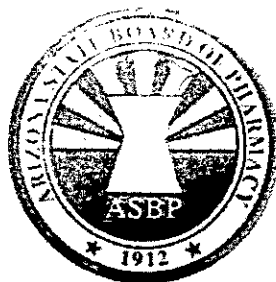
Form DEA-223 (9/2016)

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

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
FA2154057	06-30-2025	\$888
SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	RETAIL PHARMACY	10-11-2022
ABOVE AND BELOW LLC DBA VITAL CHOICE SPECIALTY PHARMACY 5925 E SOUTHERN AVE STE 101 MESA, AZ 852063620		

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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.



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/registration/permit but serves as the primary source of verification.

Name : Above and Below LLC dba Vital Choice
Specialty Pharmacy
Address : 5925 E Southern Ave Suite 101 MESA AZ 85206
Registration No
: Y009303
Permit Type : Pharmacy
Sub Type : Independent
Date Issued : 04/10/2023
Expiration Date
: 10/31/2024
Status : OPEN
Discipline : No

NEVADA STATE BOARD OF PHARMACY
985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-350-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler Vital Choice Specialty Pharmacy
Pharmacy/Wholesaler License # (if applicable) Y009303
Physical Address 5925 E Southern Ave Ste101
City Mesa State Az Zip 85206
Mailing Address (if different from physical address) same
City _____ State _____ Zip _____
Telephone 4803067234 Website www.vitalchoicepharmacy.com
Licensing Company Email info@vitalchoicepharmacy.com

Section 2: Personal Information

First Kurt Middle William Last Adkins
Alias(es, nicknames, name changes, etc.) _____
Date of Birth _____ SSN or ITIN _____ Sex ☒ M ☐ F ☐ X
Mailing Address E Contessa Circle
City Mesa State AZ Zip 85213
Telephone _____ Email _____
Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)

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

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 Hawaii at Hilo		From - To (MM/YY - MM/YY) 08/09-05/13	
Address 200 W Kawili St	City Hilo	State HI	Zip 96720
Diploma/Degree obtained, if any Pharm.D.			
School Name Colorado College		From - To (MM/YY - MM/YY) 08/05-05/09	
Address 14 East Cache la Poudre St	City Colorado Springs	State Co	Zip 80903
Diploma/Degree obtained, if any BA Economics			
School Name Red Mountain High School		From - To (MM/YY - MM/YY) 08/01-05/05	
Address 7301 E Brown Rd	City Mesa	State Az	Zip 85207
Diploma/Degree obtained, if any Scholastic 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) 02/22-current	Address Contessa Circle	City Mesa	State Az	Zip 85213
From - To (MM/YY - MM/YY) 02/14-02/22	Address N Chesnut Circle	City Mesa	State Az	Zip 85213
From - To (MM/YY - MM/YY) 10/96-02/14	Address E Pueblo Ave	City Mesa	State Az	Zip 85206
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	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 Genoa Healthcare		From - To (MM/YY - MM/YY) 12/15-03/23	
Business Address 460 N Mesa Dr Ste201		City Mesa	State Az
Phone 602-635-1842	Title PIC	Zip 85201	
Number of Employed Hours 16000		Description of Duties	
Business Name		From - To (MM/YY - MM/YY)	
Business Address		City	State
Phone	Title	Zip	
Number of Employed Hours		Description of Duties	
Business Name		From - To (MM/YY - MM/YY)	
Business Address		City	State
Phone	Title	Zip	
Number of Employed Hours		Description of Duties	
Business Name		From - To (MM/YY - MM/YY)	
Business Address		City	State
Phone	Title	Zip	
Number of Employed Hours		Description of Duties	
Business Name		From - To (MM/YY - MM/YY)	
Business Address		City	State
Phone	Title	Zip	
Number of Employed Hours		Description of Duties	

Continue on next page if additional space is needed.

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

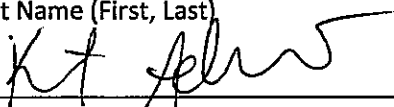
I, Kurt Adkins, certify that as the designated representative for
Vital Choice Specialty Pharmacy

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. KA I am at least 21 years of age;
3. KA 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. KA I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. KA I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. KA 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. KA I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Kurt Adkins

Print Name (First, Last)



Original Signature (electronic, copies or stamps not accepted)

09/21/2023

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.

Kurt Adkins

Print Name (First, Last)

Kurt Adkins

Original Signature (electronic, copies or stamps not accepted)

09/21/2023

Date

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

State of AZ, ss. County of Maricopa

I, Kurt Adkins, 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.

Kurt Adkins

Original Signature

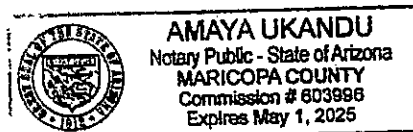
9/25/23

Date

Subscribed and Sworn to before me this 25 day of September.

Amaya Ukandu

Notary Public Signature



(Seal)

NEVADA STATE BOARD OF PHARMACY
 985 Donato 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 Above & Below LLC DBA Vital Choice Specialty Pharmacy

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

Physical Address 5925 E Southern ave suite 101

City Mesa State AZ Zip 85206

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone _____ Website vitalchoicepharmacy.com

Licensing Company Email info@vitalchoicepharmacy.com

Section 2: Personal Information

First Jamie Middle Lynn Last Fry

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

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

Mailing Address Stella Lake st. suite 38

City Las Vegas State NV Zip 89106

Telephone _____ Email _____

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

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

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 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.)

Personal History Application (Applicant's Initials JF) 2 of 7

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 18 years.

Business Name Above & Below LLC		From - To (MM/YY - MM/YY) 02/2021- Present	
Business Address 5925 E Southern ave Suite 101	City Mesa	State AZ	Zip 85206
Phone 480-306-7234	Title Owner		
Description of Duties Owner of of the LLC which runs a pharmacy			
Business Name Access Allies Logistics		From - To (MM/YY - MM/YY) 10/2020-12/2022	
Business Address 9574 Volk Ave	City Las Vegas	State NV	Zip 89178
Phone 702-6002896	Title Owner		
Description of Duties oversee logistics in high volumn trucking industry			
Business Name Las Vegas Homes Inc		From - To (MM/YY - MM/YY) 06/2012-08/2019	
Business Address 1951 Stella Lake st	City Las Vegas	State NV	Zip 89106
Phone 725-286-6455	Title Aquisiton manager		
Description of Duties Assisted company on acquiring real estate.			
Business Name		From - To (MM/YY - MM/YY)	
Business Address	City	State	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 manufacture or distribution of drugs or the practice of pharmacy?		✓
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

I, the undersigned, of personal knowledge of 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 639.221. I understand that, pursuant to NRS 235.010, 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.

Jamie Fry

Print Name (First, Last)

Jamie Fry

Original Signature (electronic, copies or stamps not accepted)

12-07-2023

Date

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

State of Nevada, ss. County of Clark

I, Annie Jackson, 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.

Jamie Fry

Original Signature

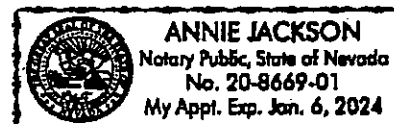
12-07-2023

Date

Subscribed and Sworn to before me this 7 day of December

Annie J.

Notary Public Signature



(Seal)

4Y

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 Pharmacy	☒ Retail/Community ☐ Non-sterile Compounding ☐ Sterile Compounding ☒ Mail-Order Service ☐ Off-site Cognitive Services ☐ Long Term Care ☐ Hospital ☐ Other: Central Fill and Specialty Pharmacy
Days of Operation		Ownership Type (check applicable box)	
☒ Monday ☒ Tuesday ☒ Wednesday ☒ Thursday	☒ Friday ☐ Saturday ☐ Sunday ☐ Holidays	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12) ☐ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12) ☒ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12) ☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)	

Section 1: General Information

Pharmacy Name: BioPlus Specialty Pharmacy Services, LLCPhysical Address: 700 Broadway, 4th FloorCity: Denver State: Colorado Zip: 80203Mailing Address (if different from physical address): P.O. Box 162088City: Altamonte Springs State: Florida Zip: 32716-2088Telephone: 888-292-0744 Toll Free # (NAC 639.708, NRS 639.23286): 888-292-0744Fax: 800-269-5493 Contact Email: license@BioPlusrx.comWebsite: https://www.BioPlusrx.com

Nevada Business License # (if applicable) _____

Supervising/Managing Pharmacist Name (NRS 639.220): Robert WalkerSupervising/Managing Pharmacist NV Pharmacist Registration #: 21427

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: <u>Robert Walker</u>	NV Pharmacist Registration #: <u>21427</u>
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: _____	%: _____

- The Board shall not issue a license to conduct a pharmacy:
 - To any practitioner; or
 - To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
- This section does not:
 - Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
 - 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): BioPlus Parent, LLC

Corporation/Organization Name: BioPlus Specialty Pharmacy Services, LLC

Mailing Address: 220 Virginia Ave

City: Indianapolis State: IN Zip: 46204

Telephone: 317-488-6000 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: _____

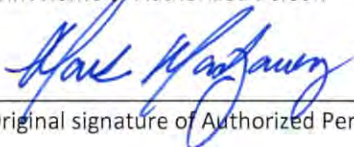
Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the President (title) for BioPlus 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



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

11/9/23

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:

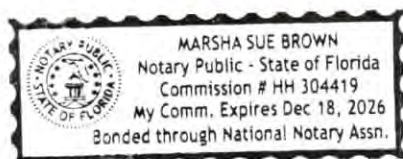
1. I am the President (title) for BioPlus Specialty Pharmacy Services, LLC (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand 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

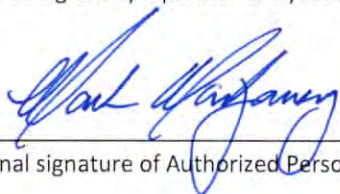
Marsha Sue Brown
Notary Public



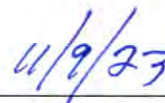
I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application 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

Board Use Only

Date Received: 12/4/23

Amount: \$500-check 63136141

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.

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Given under my hand and the
Great Seal of the State of Florida
at Tallahassee, the Capital, this the
Seventh day of May, 2020



CR2E022 (01-11)


Laurel M. Lee
Secretary of State



BioPlus Specialty Pharmacy Services, LLC

Tax ID#59-2920860

Directors/Managers

Paul Marchetti (Director/Manager)

Danielle Swenson (Director/Manager)

Vincent Scher (Director/Manager)

Officers

Mark Montgomery (President)

Vincent Scher (Director/Manager)

Kathleen Kiefer (Secretary/Officer)

Eric Noble (Assistant Treasurer/Officer)

Elvin Montanez (COO/Managing Employee)





Ownership

BioPlus Parent, LLC – 100% Direct Owner

220 Virginia Avenue
Indianapolis, IN 46204

Tax ID: 85-0609453

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



Page 1 of 2**THE COLORADO STATE BOARD OF PHARMACY**1560 Broadway, Suite 1300, Denver, CO 80202-5146
303-894-7800 FAX 303-894-7692 V/TDD 303-894-7880**PRESCRIPTION DRUG OUTLET INSPECTION REPORT**Date of Inspection: 11-3-23 Time: 7:30PDO Name BioPlus Specialty Pharmacy Registration No. _____ Expiration Date _____Address 700 Broadway Services LLC City Denver Zip Code 80203Pharmacist Manager Robert Walker Lic No. 24604 Email _____RPH on Duty Same Lic No. _____ Email _____**Physical/Postings**

- ☐ 5.01.31b&c: Clean, sanitary, adequate space
- ☐ 5.01.31d,f&g: Hot & cold water, frig & freezer
- ☐ 5.01.50: Pharmacy security
- ☐ CRS 12-42.5-119: RPH/tech ratio _____ nametags
- ☐ CRS 12-42.5-116: Licenses and registrations posted
- ☐ 11.08.00, 7.00.30b: Employee list, tech posting
- ☐ 5.01.31i: Prior inspection _____ # deficiencies
- ☐ 3.00.51: Initial interpretation and final evaluation
- ☐ 23.00.60: PDMP notice, 20.00.70: CPP notice
- ☐ 5.01.31h: Professional reference library

Recordkeeping

- ☐ 11.03.00: CS Inventory date _____
- ☐ 11.06.00: CII, CIII-V, RX drug receipts dated
- ☐ 11.06.05: Receipts from registered sources
- ☐ 11.07.20: Casual Sale records
- ☐ 11.07.10: Floor stock distribution
- ☐ 11.04.20: Daily printouts
- ☐ 3.00.90b: RTS records
- ☐ 25.00.16: SPDO: CS inv., distribution, use records
- ☐ 27.00.30: HSP: CS inv., records of distribution

Dispensing

- ☐ 11.04.10: Hardcopy of order filed appropriately
- ☐ CII orders reviewed: _____
- ☐ CIII-V orders reviewed: _____
- ☐ RX orders reviewed: _____
- ☐ 2.01.53: Required order transfer information
- ☐ 2.01.10: Information to appear on each order
- ☐ 3.00.55: Prescription flavoring
- ☐ Dispensing errors/valid prescription orders
- ☐ Anabolic Steroid Labeling

Immunizations

- ☐ 19.01.10: Authorization, ACPE training, CPR
- ☐ 19.01.40: Administration records
- ☐ 19.01.50: Off-site administration

Non-Sterile Compounding

- ☐ 21.10.10: P&P Manual annual review
- ☐ 21.10.20: Training of personnel
- ☐ 21.10.60: Components-expiration dating
- ☐ 21.10.90: Formulation records
- ☐ 21.11.00: Compounding records/labeling
- ☐ 21.10.80: Beyond use dating, studies on site

Central Prescription Processing/Remote Pharmacy Practice

- ☐ 20.01.20 & 26.00.20: Policy and procedure manual, written agreements _____
- ☐ 20.00.90: Records of receipt/delivery
- ☐ 3.00.90e: Return to stock records

Prepackaging/Labeling/Return Drug

- ☐ 3.01.20: Prepack labeling and records
- ☐ 3.01.22: Automated cassette labeling & records
- ☐ 3.03.00: Customized medication packages
- ☐ 3.00.80: Return for dispensing or donation
- ☐ 21.00.20: Casual sale of compounded products

Drug Therapy Management

- ☐ 6.00.40: General authorization plan/protocols
- ☐ 6.00.30: Pharmacist qualifications
- ☐ 6.00.60: Recordkeeping

E-kits

- ☐ 10.00.40: Labeling & contents of kit
- ☐ 10.00.71: Removal and replacement of med

*New
PDO*

Page 7 of 7PRESCRIPTION DRUG OUTLET INSPECTION REPORTPDO Name Bio Plus Specialty Pharmacy Services, LLC Pharmacist Manager _____

INSP for new PDO.

OK to release registration.

Tier 1 _____ Tier 2 _____

Pursuant to CRS 12-42.5-106, the Colorado State Board of Pharmacy has the authority to inspect all registered outlets and investigate violations of the Board's Rules and Regulations, CRS Title 12, 42.5 of the Pharmacists, Pharmacy Business, and Pharmaceuticals Act; and the CRS Title 18, Article 18 of the Uniform Controlled Substance Act of 1992

I ACKNOWLEDGE THAT THE CONTENTS OF THIS INSPECTION REPORT HAVE BEEN EXPLAINED TO ME.

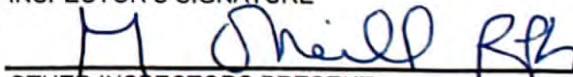


PHARMACIST'S SIGNATURE

11/3/2023

DATE

INSPECTOR'S SIGNATURE



OTHER INSPECTORS PRESENT:



COLORADO

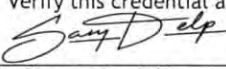
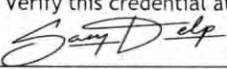
Department of
Regulatory Agencies

Division of Professions and Occupations

Below are your electronic wallet cards to use as proof of your license. You can also print your license at any time by visiting www.colorado.gov/dora/DPO_Print_License and following the instructions listed.

If you would like a more durable wallet card option, you can order one for a fee by visiting www.nasbastore.org and selecting the "Colorado License Cards" link on the left hand side of the page. If you prefer, you can also contact NASBA by phone at 1-888-925-5237 or by email at nasbastore@nasba.org.

Should you have questions about your credential, or need other information please contact our Customer Service Team at 303-894-7800 or dora_dpo_licensing@state.co.us.

Colorado Department of Regulatory Agencies Division of Professions and Occupations		Colorado Department of Regulatory Agencies Division of Professions and Occupations	
State Board of Pharmacy BioPlus Specialty Pharmacy Services, LLC		State Board of Pharmacy BioPlus Specialty Pharmacy Services, LLC	
Prescription Drug Outlet- In-State		Prescription Drug Outlet- In-State	
PDO.1680000280 Number	11/03/2023 Issue Date	PDO.1680000280 Number	11/03/2023 Issue Date
Active Credential Status	10/31/2024 Expire Date	Active Credential Status	10/31/2024 Expire Date
Verify this credential at: dpo.colorado.gov		Verify this credential at: dpo.colorado.gov	
			
Division Director: Sam Delp		Division Director: Sam Delp	
Credential Holder Signature		Credential Holder Signature	





Lookup Detail View

Licensee Information

This serves as primary source verification of the license.*

**Primary source verification: License information provided by the Colorado Division of Professions and Occupations, established by 24-34-102 C.R.S.*

Name	DBA	Public Address
BioPlus Specialty Pharmacy Services, LLC		700 Broadway, 4th Floor Denver, CO 80203

Credential Information

License Number	License Method	License Type	License Status	Original Issue Date	Effective Date	Expiration Date
PDO.1680000280		Prescription Drug Outlet- In-State	Active	11/03/2023	11/03/2023	10/31/2024

Supervision

Relationship	Supervisor/Supervisee	License	Start Date	Relationship Type
Supervised By	Robert Edward Walker	PHA.0024604	11/03/2023	Manager

Board/Program Actions

Discipline
There is no Discipline or Board Actions on file for this credential.

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COLORADO

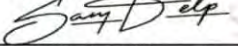
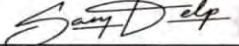
Department of
Regulatory Agencies

Division of Professions and Occupations

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Colorado Department of Regulatory Agencies Division of Professions and Occupations		Colorado Department of Regulatory Agencies Division of Professions and Occupations	
State Board of Pharmacy		State Board of Pharmacy	
Robert Edward Walker		Robert Edward Walker	
Pharmacist		Pharmacist	
PHA.0024604	09/27/2023	PHA.0024604	09/27/2023
Number	Issue Date	Number	Issue Date
Active	10/31/2025	Active	10/31/2025
Credential Status	Expire Date	Credential Status	Expire Date
Verify this credential at: dpo.colorado.gov		Verify this credential at: dpo.colorado.gov	
 Division Director: Sam Delp		 Division Director: Sam Delp	
Credential Holder Signature		Credential Holder Signature	





Lookup Detail View

Licensee Information

This serves as primary source verification of the license.*

**Primary source verification: License information provided by the Colorado Division of Professions and Occupations, established by 24-34-102 C.R.S.*

Name	Public Address
Robert Edward Walker	PARKER, CO 80134

Credential Information

License Number	License Method	License Type	License Status	Original Issue Date	Effective Date	Expiration Date
PHA.0024604	License Transfer	Pharmacist	Active	09/27/2023	09/27/2023	10/31/2025

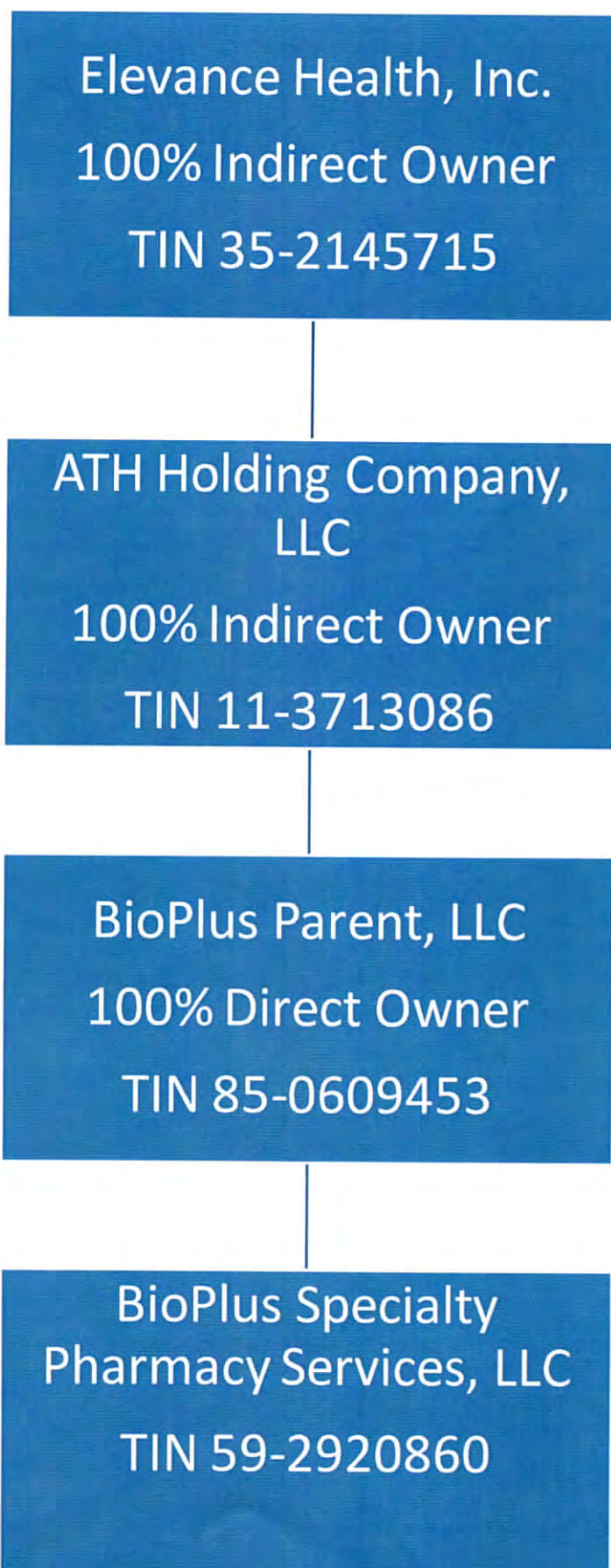
Supervision

Relationship	Supervisor/Supervisee	License	Start Date	Relationship Type
Supervises	BioPlus Specialty Pharmacy Services, LLC	PDO.1680000280	11/03/2023	Manager

Board/Program Actions

Discipline
There is no Discipline or Board Actions on file for this credential.

BioPlus Specialty Pharmacy Services, LLC
Organizational Ownership Chart



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 InformationName of Pharmacy/Wholesaler BioPlus Specialty Pharmacy Services, LLC

Pharmacy/Wholesaler License # (if applicable) _____

Physical Address 700 Broadway, 4th FloorCity DenverState ColoradoZip 80203Mailing Address (if different from physical address) P.O. Box 162088City Altamonte SpringsState FloridaZip 32716-2088Telephone 888-292-0744Website https://www.BioPlusrx.comLicensing Company Email license@BioPlusrx.com**Section 2: Personal Information**First RobertMiddle ELast Walker

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

Date of Birth SSN or ITIN Sex ☒ M ☐ F ☐ XMailing Address Amberstone WayCity ParkerState COZip 80134Telephone Email rwalker@bioplusrx.comAre you a citizen of the United States? ☒ Yes ☐ No**Section 3: Military Service (NRS 622.120)**

Yes

No

1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)

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 University of Arizona Global Campus		From - To (MM/YY - MM/YY) 05/20 - 11/21	
Address 180 S Arizona Ave Suite #301	City Chandler	State AZ	Zip 85225
Diploma/Degree obtained, if any MBA			
School Name University of Georgia College of Pharmacy		From - To (MM/YY - MM/YY) 09/85 - 03/88	
Address 250 W. Green Street	City Athens	State GA	Zip 30602
Diploma/Degree obtained, if any BS Pharm			
School Name Upson-Lee High School		From - To (MM/YY - MM/YY) 09/78 - 06/82	
Address 268 Knight Trail	City Thomaston	State GA	Zip 30286
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) 11/22 - present	Address [REDACTED] Amberstone Way	City Parker	State CO	Zip 80134
From - To (MM/YY - MM/YY) 03/22 - 11/22	Address [REDACTED] Cherry Laurel Dr. #531	City Sanford	State FL	Zip 32771
From - To (MM/YY - MM/YY) 08/21 - 03/22	Address [REDACTED] Rinehart Rd #303	City Sanford	State FL	Zip 32771
From - To (MM/YY - MM/YY) 06/11 - 08/21	Address [REDACTED] Alvarado Ct	City Longwood	State FL	Zip 32779
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	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 BioPlus Specialty Pharmacy Services LLC		From - To (MM/YY - MM/YY) 08/23 - Present	
Business Address 376 Northlake Blvd		City Altamonte Springs	State FL
Phone 407-830-8820	Title Pharmacy Manager		Zip 32701
Description of Duties Administrative responsibility for hiring, licensing, and new site setup.			
Business Name Hill Derm Pharmacy Inc.		From - To (MM/YY - MM/YY) 12/21 - 03/23	
Business Address 3065 S Mellonville Ave Ste B		City Sanford	State FL
Phone 407-565-6060	Title Pharmacist in Charge		Zip 32773
Description of Duties Administrative responsibility for staffing and inventory management. Primary pharmacist on duty to fill prescriptions and patient counseling			
Business Name Aetna Specialty Pharmacy LLC		From - To (MM/YY - MM/YY) 08/05 - 10/20	
Business Address 503 Sunport Lane		City Orlando	State FL
Phone 866-329-2779	Title Pharmacy Operations Manager		Zip 32809
Description of Duties Management of patient onboarding, patient retention, nursing services, and call center teams. URAC accreditation and process improvement projects.			
Business Name		From - To (MM/YY - MM/YY)	
Business Address		City	State
Phone	Title		Zip
Description of Duties			
Business Name		From - To (MM/YY - MM/YY)	
Business Address		City	State
Phone	Title		Zip
Description of Duties			

Continue on next page if additional space is needed.

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

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

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

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

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

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

Make copies of this page OR use a separate piece of paper if additional space is needed.			
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Section 8: Arrests, Detentions, Litigations, Arbitrations.		Yes	No
1.	Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		X
2.	If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacture 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.	Robert E Walker 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

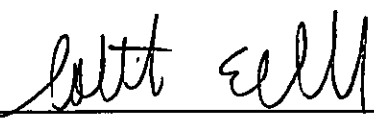


Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement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

11/21/2023
Date

I, Robert E Walker, 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. RE I am at least 21 years of age;
3. RE 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. RE I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. RE I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. RE 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. RE I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Robert E Walker

Print Name (First, Last)

Robert E Walker

Original Signature (electronic, copies or stamps not accepted)

11/21/2023

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.

Robert E Walker

Print Name (First, Last)

Robert E Walker

Original Signature (electronic, copies or stamps not accepted)

11/21/2023
Date

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

State of Colorado, ss. County of Denver

I, Robert E. Walker, 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.

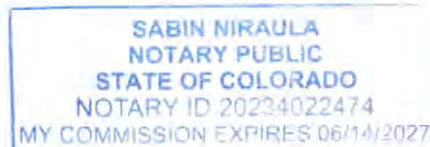
Robert E Walker

Original Signature

11/21/2023
Date

Subscribed and Sworn to before me this 21 day of November 2023

Sabin
Notary Public Signature



(Seal)

4Z

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 Pharmacy	☐ Retail/Community ☐ Non-sterile Compounding ☐ Sterile Compounding ☐ Mail-Order Service ☐ Off-site Cognitive Services ☐ Long Term Care ☐ Hospital ☒ Other: Closed-door specialty pharmacy
Days of Operation		Ownership Type (check applicable box)	
☒ Monday ☒ Tuesday ☒ Wednesday ☒ Thursday	☒ Friday ☐ Saturday ☐ Sunday ☐ Holidays	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12) ☒ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12) ☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12) ☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)	

Section 1: General Information

Pharmacy Name: Healthcare Evolution, LLC

Physical Address: 649 North Lewis Road Suite 230A

City: Royersford State: PA Zip: 19468

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: 610-495-0800 Toll Free # (NAC 639.708, NRS 639.23286): 833-682-4272

Fax: 610-495-1933 Contact Email: esingh@vivoinfusion.com

Website: _____

Nevada Business License # (if applicable) —

Supervising/Managing Pharmacist Name (NRS 639.220): Emma Singh

Supervising/Managing Pharmacist NV Pharmacist Registration #: Emma Singh - NV license number 23990

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: Emma Singh	NV Pharmacist Registration #: 23990
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: _____	%: _____

- The Board shall not issue a license to conduct a pharmacy:
 - To any practitioner; or
 - To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
- This section does not:
 - Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
 - 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: NA

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): Infusion (ITC) Intermediate Holdings, LLC - Direct 100% ownership

Corporation/Organization Name: Healthcare Evolution, LLC

Mailing Address: 649 North Lewis Road, Suite 230A

City: Royersford State: PA Zip: 19468

Telephone: 610-495-0800 Email: esingh@vivoinfusion.com

Contact Person Name: Emma Singh

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 CFO (title) for Healthcare Evolution, 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).

Daniel Allen

Print Name of Authorized Person

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

10/10/2023

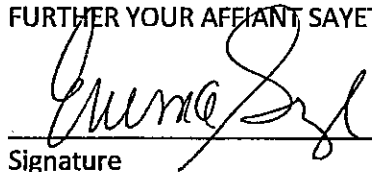
Date

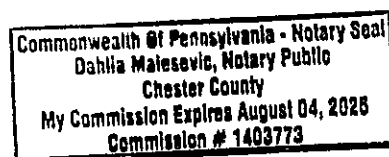
Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding.**Affidavit for Pharmacy License**

I, Emma Singh hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

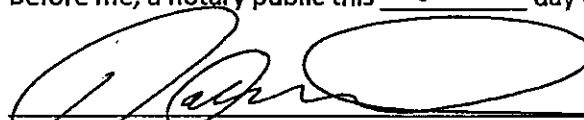
1. I am the VP of Pharmacy Operations (title) for Healthcare Evolution (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand 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 October, 2023


Notary Public

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 Allen, CFO

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)

10/10/2023
Date

Board Use Only	Date Received: <u>11/28/23</u>	Amount: <u>\$560-cc</u>
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Limerick Medical Building
649 N Lewis Road, Suite 230-A
Royersford PA 19468-4364

Phone: (610) 495-0800 • Fax: (610) 495-1933
www.healthcareevolutions.com

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

October 24, 2023

Healthcare Evolution is in the process of submitting an application for an out-of-state pharmacy. In my capacity as the CFO of Healthcare Evolution, I am providing formal authorization for Pharmacist-in-Charge, Emma Singh, to represent Healthcare Evolution before the Nevada State Board of Pharmacy if such representation is necessary for this matter. Please don't hesitate to reach out if you have any inquiries.

Sincerely,

A handwritten signature in black ink, appearing to read 'D. Allen', is written over a horizontal line.

Daniel Allen, CFO
Healthcare Evolution


Limerick Medical Building

649 N. Lewis Road, Suite 230-A
Royersford, PA 19468-4364

Executive Management Team

Toll-Free: (833) 682-4272

Phone: (610) 495-0800

Fax: (866) 387-7909

www.healthcareevolutions.com

Healthcare Evolution

NCPDP 399528

649 North Lewis Road

Suite 230A

Royersford PA 19468

Christopher Reef- CEO

[REDACTED]
[REDACTED] Linda Street

Rocky River, OH 44116

Daniel Allen - CFO

[REDACTED]
[REDACTED] Linda Street

Rocky River, OH 44116

Sue Rottura – COO

[REDACTED]
[REDACTED] 1726 Cole Blvd

Suite 250

Lakewood, CO 80401

Infusion (ITC) Intermediate Holdings, LLC – Direct 100% of Ownership

87-4074416

One Vanderbilt Avenue 24th Floor

New York, NY 10017

Infusion (ITC) Holdings, LLC - 100% Indirect Ownership

87-4026271

One Vanderbilt Avenue 24th Floor

New York, NY 10017

A Better Infusion Center

PA State Board of Pharmacy
 PO Box 2649
 Harrisburg, PA, 17105-2649
 Phone: 717-783-7156 Fax: 717-787-7769

FACILITY

HEALTHCARE EVOLUTION LLC
 649 N LEWIS RD STE 230A
 ROYERSFORD, Pennsylvania, 19468

Phone: 610 4950800
 Owner: HEALTHCARE EVOLUTION

LICENSE

License No: PP482106
 Profession: Pharmacy
 License Type: Pharmacy
 Inspection Type: Non-Directed Routine
 Inspection Date: 07/06/2023
 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 statutes 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

HEALTHCARE EVOLUTION LLC
649 N LEWIS RD STE 230A
ROYERSFORD, Pennsylvania, 19468

Phone: 610 4950800
Owner: HEALTHCARE EVOLUTION

LICENSE

License No: PP482106
Profession: Pharmacy
License Type: Pharmacy
Inspection Type: Non-Directed Routine
Inspection Date: 07/06/2023
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

Signature of Inspector

7/6/2023 2:34:02 PM

Date/Time

Dorothy Arner - RP455273

Signature of Owner/Representative

**BUREAU OF PROFESSIONAL AND OCCUPATIONAL AFFAIRS**

P. O. Box 2649

Harrisburg, PA 17105-2649

11/21/2023

License Information**HEALTHCARE EVOLUTION LLC**649 N LEWIS RD STE 230A
ROYERSFORD, Pennsylvania 19468

Board/Commission: State Board of Pharmacy

Status Effective Date: 04/09/2021

LicenseType: Pharmacy

Issue Date: 04/11/2011

Specialty Type: Inspected by Board

Expiration Date: 08/31/2025

License Number: PP482106

Last Renewal: 07/18/2023

Status: Active

Prerequisite Information

Licensee	Relationship	License Type	License Number	License Status	Associated Date	License Expiration Date
EMMA SINGH	Business Relationship	Pharmacist	RP445204	Active	04/11/2011	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

Commonwealth of Pennsylvania
Department of State
Bureau of Professional and Occupational Affairs
PO BOX 2649 Harrisburg PA 17105-2649

23 0059084

License Type
Pharmacy

HEALTHCARE EVOLUTION LLC
EMMA SINGH
649 N LEWIS RD STE 230A
ROYERSFORD, PA 19468



License Status
Active

Initial License Date
04/11/2011

Expiration Date
08/31/2025

License Number
PP482106

Acting Commissioner Arion R. Claggett

Signature

ALTERATION OF THIS DOCUMENT IS A CRIMINAL OFFENSE UNDER 18 PA.C.S. § 4911

Pennsylvania Department of State
Bureau of Corporations and Charitable Organizations
PO Box 8722 | Harrisburg, PA 17105-8722
T: 717-787-1057
dos.pa.gov/BusinessCharities

Regarding: Healthcare Evolution, LLC
Request Type: Subsistence Certificate **Issuance Date:** November 21, 2023
Request No.: 025888637 **File No.:** 0003947924
Receipt No.: 000778742
Filing Type: Domestic Limited Liability Company
Filing Subtype: Limited Liability Company
Initial Filing Date: April 12, 2010
Status: Active

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT

Healthcare Evolution, LLC

is currently subsisting on the records of the Department of State as of the issuance date herein.

I DO FURTHER CERTIFY THAT this Subsistence Certificate shall not imply that all fees, taxes and penalties owed to the Commonwealth of Pennsylvania are paid.



IN TESTIMONY WHEREOF, I have
hereunto set my hand and caused the seal
of my office to be affixed, the day and year
above written

Albert Schmidt
Secretary of the Commonwealth

Verify this certificate online at www.file.dos.pa.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 InformationName of Pharmacy/Wholesaler Healthcare Evolution, LLC

Pharmacy/Wholesaler License # (if applicable) _____

Physical Address 649 North Lewis Road Suite 230ACity RoyersfordState PAZip 19468

Mailing Address (if different from physical address) _____

City _____

State _____

Zip _____

Telephone 610-495-0800

Website _____

Licensing Company Email esingh@vivoinfusion.com**Section 2: Personal Information**First Emma

Middle _____

Last SinghAlias(es, nicknames, name changes, etc.) Hemlata Patel

Date of Birth _____

SSN or ITIN _____

Sex

☐ M☒ F☐ XMailing Address Painters LaneCity ChesterbrookState PAZip 19087

Telephone _____

Email _____

Are you a citizen of the United States?

☒ Yes☐ No**Section 3: Military Service (NRS 622.120)**

Yes

No

1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)

✓

2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)

✓

3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)

✓

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 Union Hill High School		From - To (MM/YY - MM/YY) 09/84 - 06/87	
Address -3800 Hudson Ave	City Union City	State NJ	Zip 07087
Diploma/Degree obtained, if any High School			
School Name College of Pharmacy, Rutgers University		From - To (MM/YY - MM/YY) 9/87 - 5/92	
Address 160 Frelinghuysen Rd	City Piscataway	State NJ	Zip 08854
Diploma/Degree obtained, if any BS Pharmacy			
School Name American University of the Caribbean		From - To (MM/YY - MM/YY) 9/93 - 5/97	
Address mailing address 10315 USA Today Way	City Miramar	State FL	Zip 33025
Diploma/Degree obtained, if any MD			
School Name Villanova School of Business		From - To (MM/YY - MM/YY) 9/21 - 6/23	
Address 800 East Lancaster Ave	City Villanova	State PA	Zip 19085
Diploma/Degree obtained, if any MBA			
School Name		From - To (MM/YY - MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

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

From - To (MM/YY - MM/YY) 08/19 - present	Address Painters Lane	City Chesterbrook	State PA	Zip 19087
From - To (MM/YY - MM/YY) 07/04 - 07/19	Address Cross Keys Road	City Reading	State PA	Zip 19605
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	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 Healthcare Evolution		From - To (MM/YY – MM/YY) 01/16-present	
Business Address 649 North Lewis Road Suite 230A	City Royersford	State PA	Zip 19468
Phone 610-495-0800	Title Pharmacist-in-Charge	Number of Employed Hours 14560	
Description of Duties Supervising pharmacy staff, filling and dispensing medication, communication with medical personnel, and oversight of all claims.			
Business Name Healthcare Evolution		From - To (MM/YY – MM/YY) 04/11 - 12/15	
Business Address 207 East Bellevue Avenue	City Reading	State PA	Zip 19605
Phone 610-921-9700	Title Pharmacist-in-Charge	Number of Employed Hours approx 10,000 hours	
Description of Duties Supervising pharmacy staff, filling and dispensing medication, communication with medical personnel, and oversight of all claims.			
Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description 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 <i>N/A</i>		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			
Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			
Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			
Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			
Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

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

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

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

NIA

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, Emma Singh, certify that as the designated representative for
Healthcare Evolution, LLC

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. es ES I am at least 21 years of age;
3. es ES 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. es ES I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. es ES I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. es ES 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. es ES I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Emma Singh

Print Name (First, Last)

Emma Singh

Original Signature (electronic, copies or stamps not accepted)

11/21/2023

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.

Emma Singh

Print Name (First, Last)

Emma Singh

Original Signature (electronic, copies or stamps not accepted)

11/21/2023

Date

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

State of PA, ss. County of Chester

I, Emma Singh, 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.

Emma Singh

Original Signature

11/21/23

Date

Subscribed and Sworn to before me this 21st day of November, 2023

[Signature]
Notary Public Signature

Commonwealth Of Pennsylvania - Notary Seal
Dahlia Malesevic, Notary Public
Chester County
My Commission Expires August 04, 2025
Commission # 1403773

(Seal)

4AA

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 <u>02620</u>	☐ Retail/Community ☐ Hospital (# beds _____) ☐ Internet ☐ Nuclear ☒ Other: <u>Veterinary</u>	☒ Retail/Community ☐ Dangerous drugs ☐ Controlled substances DEA #: _____ ☒ Non-sterile Compounding ☐ Sterile Compounding ☒ Mail-Order Service ☐ Off-site Cognitive Services ☐ Long Term Care ☐ Hospital ☒ Other: <u>Veterinary</u>
Days of Operation		Ownership Type (check applicable box)	
☒ Monday ☒ Tuesday ☒ Wednesday ☒ Thursday	☒ Friday ☐ Saturday ☐ Sunday ☐ Holidays	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12) ☒ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12) ☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12) ☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)	

Section 1: General Information

Pharmacy Name: Heartland Veterinary Pharmacy

Physical Address: 401 W 33rd Street

City: Hastings State: NE Zip: 68901

Mailing Address (if different from physical address): same as physical address

City: _____ State: _____ Zip: _____

Telephone: 402-463-2090 Toll Free # (NAC 639.708, NRS 639.23286): 800-934-9398

Fax: 844-334-5653 Contact Email: Aaron@hvr.com

Website: www.hvr.com

Nevada Business License # (if applicable) _____

Supervising/Managing Pharmacist Name (NRS 639.220): Aaron Stutzman

Supervising/Managing Pharmacist NV Pharmacist Registration # (if applicable): 22727

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: <u>Aaron Stutzman</u>	NV Pharmacist Registration #: <u>22727</u>
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: <u>N/A</u>	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: Nebraska

Parent Company (if any): Vet Rx, LLC

Corporation/Organization Name: Heartland Veterinary Pharmacy, LLC

Mailing Address: 401 W 33rd Street

City: Hastings State: NE Zip: 68901

Telephone: 402-463-2090 Email: Aaron@hvr.com

Contact Person Name: Aaron Stutzman

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 In Charge (title) for Heartland Veterinary 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).

Aaron Stutzman

Print Name of Authorized Person



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

10-30-23

Date

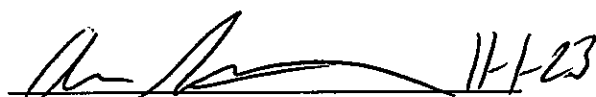
Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, Aaron Stutzman hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

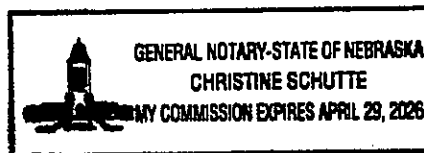
1. I am the Pharmacist in Charge (title) for Heartland Veterinary Pharmacy (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand 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 1 day of NOVEMBER, 20 23

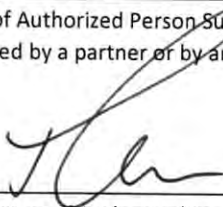

Notary Public



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 Levin

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)

11/4/23

Date

Board Use Only

Date Received: 11/13/23

Amount: \$500 - check 1000001365

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

HEARTLAND VETERINARY PHARMACY, L.L.C.

was duly formed under the laws of Nebraska on July 16, 2014;

**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

November 6, 2023



A handwritten signature in black ink, reading "Robert B. Evnen".

Secretary of State

Pharmacy License Number: #854 Exp. Date: 10/17/24
DEA registration Number: N/A Exp. Date: _____
Owner's Name: _____ Vet Rx, LLC
Pharmacy Name: _____ Heartland Veterinary Pharmacy
Pharmacy Street Address: _____ 401 W 33rd Street
Pharmacy City, State, Zip Code _____ Hastings, NE 68901
Pharmacy Telephone #: (402) 463-2090 Pharmacy Fax #: (402) 334-5653
Pharmacy E-mail: _____ aaron@hvrx.com
Pharmacy Hours: _____ Mon - Fri 7:30 am - 4 pm; Sat - On Call
List Pharmacy Personnel:

[illegible]

10/25/23
(Date of Inspection)

Pharmacy Quality Assurance Report (Revised 1/1/17)
 Pharmacy License# 854 Date of Inspection 10/25/23

Page 2 of 6

Section Cited	Requirement	C	NC	NA
<u>CFR</u> = 21 CFR Ch.II <u>NAC</u> = Nebraska Administrative Code <u>NRS</u> = Nebraska Revised Statute <u>USC</u> = United States Code <u>USP</u> = United States Pharmacopeia	<u>C</u> = In Compliance <u>NC</u> = Not in Compliance <u>NA</u> = Not Applicable			
175 NAC 8-003.01A	1. All information provided on the current pharmacy license document is correct, including name of facility, ownership, address, and name of pharmacist in charge. If non-compliant, contact the Department at: dhhs.medicaloffice@nebraska.gov	☒	☐	☐
175 NAC 8-006.02C NRS 28-410, CFR 1301.71	2. Adequate security is maintained for the prescription inventory and prescription records.	☒	☐	☐
175 NAC 8-006.02A	3. Drugs, devices and biologicals are stored under proper conditions. Storage conditions shall be monitored regularly.	☒	☐	☐
175 NAC 8-007.02 NRS 38-2866	4. The pharmacy is: a. maintained in a clean, orderly, and sanitary manner; b. open for the practice of pharmacy only when a pharmacist is physically present.	☒ ☒	☐ ☐	☐ ☐
175 NAC 8-007.03	5. The pharmacy maintains in printed or electronic form appropriate reference material for the practice of pharmacy.	☒	☐	☐
175 NAC 8-007.01 USP 795 USP 797	6. The pharmacy provides the pharmacist access to all utilities/equipment needed to practice pharmacy. Water used for compounding is at USP standards. When applicable, water purification systems are maintained.	☒	☐	☐
175 NAC 8-006.04H NRS 38-2869 (2)(a)	7. Patient counseling is being provided as required.	☒	☐	☐
NRS 38-2869 (2)(a)	8. The pharmacy maintains documentation of a patient's refusal of counseling.	☒	☐	☐
175 NAC 8-006.04H	9. Patient counseling is being done by only a pharmacist or pharmacist intern.	☒	☐	☐
NRS 38-2869	10. Prior to the dispensing or the delivery of each new or refill prescription, a pharmacist is conducting a prospective drug utilization review.	☒	☐	☐
NRS 28-414.02 CFR 1304, 1306 CFR 1311.305	11. All computer or electronic record keeping requirements are met including requirements for electronic prescriptions for controlled substances.	☐	☐	☒
175 NAC- 8-005.03A5	12. The poison control phone number is posted in the pharmacy.	☒	☐	☐
CFR 1305 CFR 1311.45 CFR 1311.60	13. Acquisition and distribution requirements for Schedule II controlled substances are met regarding the use of an official order form or the electronic equivalent. Power of Attorney forms completed and filed when applicable.	☐	☐	☒
NRS 28-411(4) CFR 1304.21 CFR 1304.22(c)	14. The pharmacy maintains complete and accurate records of all controlled substances received and/or distributed.	☐	☐	☒

Pharmacy Quality Assurance Report (Revised 1/1/17)
 Pharmacy License# 854 Date of Inspection 10/25/23

Page 3 of 6

Section Cited	Requirement	C	NC	NA
NRS 28-414.05 CFR 1304.22 CFR 1317	15. The pharmacy complies with all transfer and/or destruction requirements for controlled substances.	☐	☐	☒
21 U.S. Code 351 21 U.S. Code 352 NRS 71-2461 NRS 71-2470	16. The pharmacy does not have in its saleable inventory any drug, device or biological which is misbranded or adulterated, as defined in statute.	☒	☐	☐
175 NAC- 8-006.04C, .04D, .04E NRS 38-28,107	17. The pharmacy assures that all requirements pertaining to unit dose packaging and returned product labeling are met.	☐	☐	☒
175 NAC- 8-006.04G	18. The pharmacy assures that all requirements pertaining to multi-drug containers are met, including proper labeling.	☐	☐	☒
NRS 28-410 CFR 1304.11	19. All requirements pertaining to the inventory of controlled substances are met. Date of Current Inventory: _____ Controlled substance inventories require the following Information: 1. Name of your facility. 2. Address of your facility. 3. Date and time of day the inventory was taken. 4. Indicate open or close of business. 5. Facility's DEA# . 6. Signature of the Pharmacist-In-Charge , who is responsible for the inventory. 7. Schedule II inventory pages must be separate from the Schedule III, IV, V inventory pages.	☐	☐	☒
NRS 28-410(4)	20. All controlled substances are properly stored.	☐	☐	☒
CFR 1306.05 NRS 28-414 NRS 28-414.01 NRS 71-2478	21. All prescriptions contain the required information prior to being filled.	☒	☐	☐
175 NAC- 8-006.04B.9a, 172 NAC- 128-014.01(9a), CFR 1306.22	22. All refill requirements for prescriptions are in compliance.	☒	☐	☐
CFR 1306.13 CFR 1306.23 NRS 28-414 NRS 28-414.01	23. Partial fillings of controlled substances are recorded and dispensed appropriately.	☐	☐	☒
CFR 1306.05(f) NRS 38-179(13)	24. The pharmacy is not utilizing pre-populated request forms for controlled substance prescriptions.	☐	☐	☒
175 NAC 8-006.05D CFR-1306.11(d)(1,2,3,4) NRS 28-414	25. All emergency Schedule II prescription procedures are followed. Only direct verbal authorization from the prescribing practitioner is allowed.	☐	☐	☒
NRS 28-414 NRS 28-1437 NRS 38-2870	26. All requirements for filling electronic prescriptions (e-prescribing) and faxed prescriptions are followed. A manual "wet" signature is required for all written or faxed controlled substance prescriptions.	☐	☐	☒

Pharmacy Quality Assurance Report (Revised 1/1/17)
 Pharmacy License# 854 Date of Inspection 10/25/23

Page 4 of 6

Section Cited	Requirement	C	NC	NA
NRS 28-414.03 NRS 28-415 NRS 38-2867.01 NRS 71-2451, 2479	27. All prescription containers are properly labeled.	☒	☐	☐
NRS 71-5401 to NRS 71-5409	30. The pharmacy is in compliance with the Drug Product Selection Act.	☒	☐	☐
175 NAC- 8-006.03A1, NRS 28-414(3a)(3c)	31. A two or three file system for prescriptions is used and maintained.	☒	☐	☐
NRS 71-2413(1) CFR 1306.11 CFR 1306.21	32. Proper records are maintained for Emergency Drug Box use including: a. receipt upon delivery signed by the Director of Nursing b. proof of use forms. c. a list of emergency box drugs identical to the list on the exterior of the emergency box. Controlled substance drugs cannot be removed from the Emergency Drug Box until the pharmacy receives a valid oral, faxed, or written prescription from the practitioner.	☐	☐	☒
NRS 38-2847 NRS 38-2866.01 NRS 38-2890 thru NRS 38-2896 172 NAC 128-012.04	33. All requirements and documentation are met for the utilization of Pharmacy Technicians, including: a. documentation of training by the pharmacist in charge. b. pharmacy technicians are identified as technicians. c. a pharmacist's supervision of pharmacy technicians and/or pharmacist interns does not exceed three people. d. verification confirmation of a pharmacy technician's acts, tasks, or functions undertaken to assist the pharmacist in the practice of pharmacy. e. all technicians are registered with NE DHHS. f. all technicians are certified (as required). Check credential status at: http://www.nebraska.gov/LISSearch/search.cgi If non-compliant, contact the Department at: dhhs.medicaloffice@nebraska.gov	☒	☐	☐
175 NAC 8-006.07	34. Pharmacy has written disaster preparedness policies and procedures.	☒	☐	☐
175 NAC 128-013	35. The pharmacy is compliant with "Pharmaceutical Care Agreement" requirements: a. a copy of the agreement with written protocols is available for review by the Department. b. practice agreements and written protocols must be signed by the physician and participating pharmacists. c. practice agreements and written protocols must be reviewed, signed and dated every 24 months.	☐	☐	☒

Pharmacy Quality Assurance Report (Revised 1/1/17)
 Pharmacy License# 854 Date of Inspection 10/25/23

Page 5 of 6

Section Cited	Requirement	C	NC	NA
NRS 38-2867.01 USP 795	36. The pharmacy is compliant with USP 795 (non-sterile compounding) including Master Formulation and Compounding Records. The preparation labeling shall include the beyond use date and storage conditions.	☒	☐	☐
USP 797	37. The pharmacy is compliant with USP 797 (sterile compounding).	☐	☐	☒
NRS 28-456 NRS 28-457 NRS 28-458 NRS 28-459 CFR 1314	38. The pharmacy is compliant with all State and federal regulations pertaining to the retail sale of scheduled listed chemical products/methamphetamine precursors, including: a. a purchaser signature logbook that displays the warning listed under Section 1001 Title 18, US Code. b. records of training and annual self-certification. c. the name or initials of the seller who sold the product is submitted to the exchange.	☐	☐	☒
NRS 71-7444(2)(d) NRS 71-7454(1)	39. The sale, purchase or trade of a prescription drug for emergency medical reasons or for a practitioner to use for routine office procedures does not exceed five percent of sales as provided in section 71-7454.	☐	☐	☒
NRS 71-7444 (2)(a-h); NRS 71-7454	40. All prescription drugs purchased or received are from entities licensed under the Nebraska Wholesale Drug Distributor Licensing Act, with exceptions in 71-7444 or 71-7454.	☒	☐	☐

STATEMENT OF COMPLIANCE PAGE

For each item not in compliance, please list below (may continue on a separate page if needed):

- a) The item number that is not in compliance;
- b) Why it is not in compliance;
- c) How the deficiency will be corrected; and
- d) How long it will take to do so

2023 Initial On-Site Inspection

- a)
- b)
- c)
- d)

-
- a)
 - b)
 - c)
 - d)

-
- a)
 - b)
 - c)
 - d)

-
- a)
 - b)
 - c)
 - d)

NEBRASKA

Good Life. Great Mission.

DEPT. OF HEALTH AND HUMAN SERVICES



Jim Pillen, Governor

**Public Health Licensure Unit
Certification of Licensure**

This certificate serves as primary source verification of licensure in the State of Nebraska as of the close of the business day before 11/20/2023.

Name: Heartland Veterinary Pharmacy
Owner: Vet Rx, LLC
Address: 401 W 33rd ST, Hastings, NE
Type: Community Pharmacy License
Number: 3269
Status: Active
Issued: 11/14/2023
Expiration: 07/01/2024

Disciplinary/Non-Disciplinary Information:

No disciplinary/non-disciplinary actions taken against this license.

If you have questions about this information, please contact the
Licensure Unit at (402) 471-2115 or DHHS.LicensureUnit@nebraska.gov.

State of Nebraska

Department of Health and Human Services
 Division of Public Health

PROVISIONAL PHARMACY LICENSE

Issued to: **Heartland Veterinary Pharmacy**
 Issued Provisional License No. **854** Licensee: **Pharmacy**
101 W 35th ST, Hastings NE 68901
Heart Rx, LLC
Aaron Joe Stutzman, RPh In Charge

Expiration Date: **10/17/2024**



Heartland Veterinary Pharmacy Ownership Information

NV license number PH02620

List of Officers of Heartland Veterinary Pharmacy, LLC

Robert Levin is the only officer for Heartland Veterinary Pharmacy, LLC.

Ownership of Heartland Veterinary Pharmacy

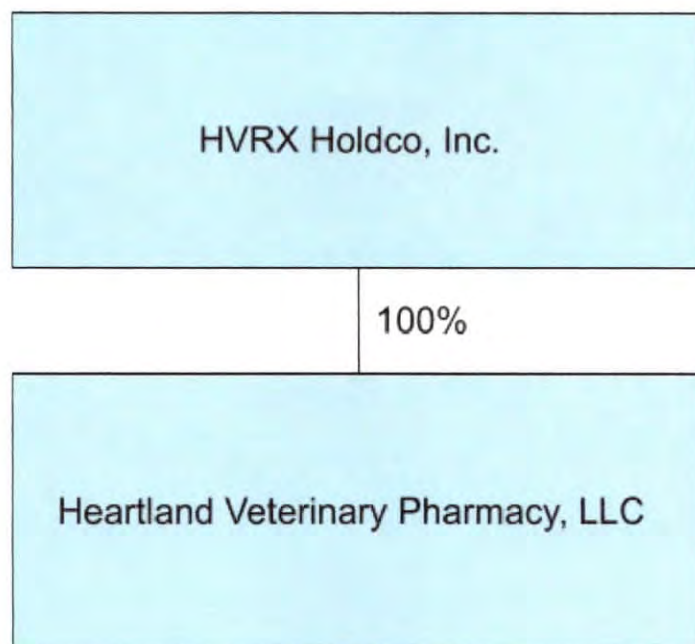
Heartland Veterinary Pharmacy is a pharmacy located in Hastings, Nebraska, licensed in 49 states and the District of Columbia, and NABP Healthcare Merchant Accredited. In a transaction that closed on October 1, 2023, a new Member with majority ownership interest was introduced to Heartland Veterinary Pharmacy, LLC. As a result of the transaction, Heartland Veterinary Pharmacy is now owned by Vet Rx, LLC (85%) and HVRX Holding Company (15%), as illustrated in the attached pre- and post-close organizational charts. The ultimate owner of Vet RX, LLC is Pet Assistant Holdings, LLC.

There is no change to the name or federal tax ID of Heartland Veterinary Pharmacy, LLC. There is no change to the services currently provided by the licensee as a result of the transaction. Pharmacy operations and facility-level management remain the same.

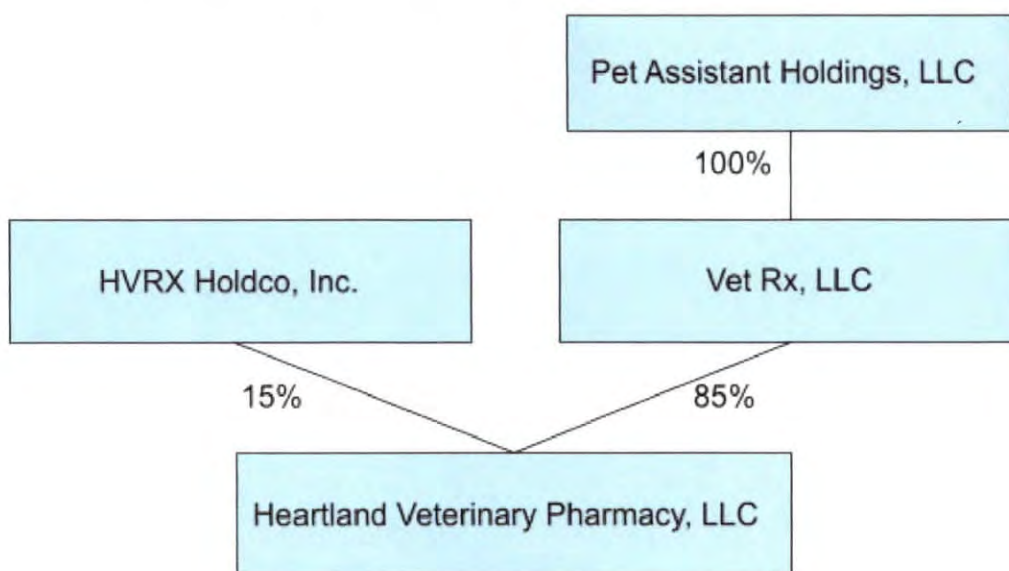
Please see the attached post-closing Corporate Organization chart for reference.

Heartland Veterinary Pharmacy, LLC

Pre-Transaction Ownership Organization



Post-Transaction Ownership Organization



Dept. of Health and Human Services (<http://dhhs.ne.gov/>)

[\(http://dhhs.ne.gov/\)](http://dhhs.ne.gov/)

Details

[Generate Renewal Card \(search.cgi?mode=wallet&lid=1088839&hmac=Fg0Y0gDWB3MMOoY839XKJQje14%2FcNU%2F%2F%2B6VcY53xL0\)](#)[Generate Certification \(search.cgi?mode=verify&lid=1088839&hmac=Fg0Y0gDWB3MMOoY839XKJQje14%2FcNU%2F%2F%2B6VcY53xL0\)](#)

License Details

Name on License

Heartland Veterinary Pharmacy

Owner/Manager

Vet Rx, LLC

Address on License401 W 33rd ST
Hastings, NE 68901**Telephone**

(402) 463-2090

Profession Name

Pharmacy

License Type

Provisional Pharmacy License

License Number

854

Date of Issuance

10 / 17 / 2023

Date of Expiration
10 / 17 / 2024
License Status
Active
Effective Date of Status
10 / 17 / 2023
Reason for License Status
License Issuance

Disciplinary/Non-Disciplinary Information

No disciplinary/non-disciplinary actions taken against this license.

If you have questions about this information, please contact the
Licensure Unit at (402) 471-2115 or DHHS.LicensureUnit@nebraska.gov (<mailto:DHHS.LicensureUnit@nebraska.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 Heartland Veterinary Pharmacy

Pharmacy/Wholesaler License # (if applicable) PH02620

Physical Address 401 W 33rd Street

City Hastings State NE Zip 68901

Mailing Address (if different from physical address) same as physical address

City _____ State _____ Zip _____

Telephone 402-463-2090 Website www.hvrx.com

Licensing Company Email Aaron@hvrx.com

Section 2: Personal Information

First Aaron Middle _____ Last Stutzman

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

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

Mailing Address [REDACTED] J Street

City Genova State NE Zip 68901

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?		☒ 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	University of Nebraska Medical Center		From - To (MM/YY - MM/YY)	Aug. 2022 - May 2006	
Address	41st and Emilie St.	City	Omaha	State	NE 68198
Diploma/Degree obtained, if any Doctor of Pharmacy					
School Name	University of Nebraska - Lincoln		From - To (MM/YY - MM/YY)	August 2020 - May 2021	
Address	1400 R Street	City	Lincoln	State	NE 68588
Diploma/Degree obtained, if any None					
School Name	Southeast Community College - Lincoln		From - To (MM/YY - MM/YY)	January 2020 - July 2020	
Address	8800 O St, Lincoln, NE 68520	City		State	
Diploma/Degree obtained, if any None					
School Name	Wayne State College		From - To (MM/YY - MM/YY)	Aug. 1999 - Dec. 1999	
Address	1111 Main St	City	Wayne	State	NE 68787
Diploma/Degree obtained, if any None					
School Name	Dorchester Public Schools		From - To (MM/YY - MM/YY)	08/95 - 05/99	
Address	506 W 9th St	City	Dorchester	State	NE 68343
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
12/16 - Present	[Redacted] Street	Geneva	NE	68361
10/08 - 12/16	[Redacted] County Rd C	Dorchester	NE	68343
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	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 Veterinary Pharmacy, LLC		07/15 - Present	
Business Address	City	State	Zip
401 W 33rd St	Hastings	NE	68901
Phone	Title	Number of Employed Hours	
(402) 463-2090	Pharmacy Director / PIC	40 hrs/week	
Description of Duties			
All duties associated with Managing and Directing a Licensed 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			

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

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

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

This is in response to Question # 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:

Routine appearances before AR and OK Boards of pharmacy previously provided to Nevada BOP.



Original Signature (electronic, copies or stamps not accepted)

10-30-23

Date

I, Aaron Stutzman, certify that as the designated representative for
Heartland Veterinary Pharmacy

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.

Aaron Stutzman

Print Name (First, Last)


Original Signature (electronic, copies or stamps not accepted)

10-30-23
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.

Aaron Stutzman

Print Name (First, Last)

Aaron Stutzman
Original Signature (electronic, copies or stamps not accepted)

11-1-23
Date

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

State of Nebraska, ss. County of Adams

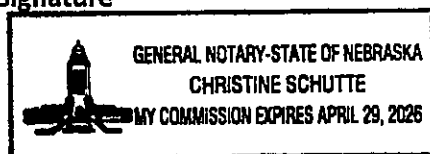
I, Aaron Stutzman, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation 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.

Aaron Stutzman
Original Signature

11-1-23
Date

Subscribed and Sworn to before me this 1 day of November 2023.

Christine Schutte
Notary Public Signature



(Seal)

4BB

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 <u>03580</u>	☒ Retail/Community ☐ Hospital (# beds _____) ☐ Internet ☐ Nuclear ☐ Other:	☒ Retail/Community ☒ Dangerous drugs ☒ Controlled substances DEA #: <u>BS2501838</u> ☐ 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 ☒ Tuesday ☒ Wednesday ☒ Thursday		☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12) ☒ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12) ☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12) ☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)	
☒ Friday ☐ Saturday ☐ Sunday ☐ Holidays			

Section 1: General Information

Pharmacy Name: PILL Stat Rx, L.L.C. d/b/a HomeFree Pharmacy Services
 Physical Address: 805 Beachway Drive
 City: Indianapolis State: IN Zip: 46244-7788
 Mailing Address (if different from physical address): N/A
 City: _____ State: _____ Zip: _____
 Telephone: 317-829-0550 Toll Free # (NAC 639.708, NRS 639.23286): 888-696-9595
 Fax: 317-829-0540 Contact Email: parayback@safedose.com
 Website: www.safedose.com
 Nevada Business License # (if applicable) N/A
 Supervising/Managing Pharmacist Name (NRS 639.220): Priscilla Rayback
 Supervising/Managing Pharmacist NV Pharmacist Registration # (if applicable): 23976

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: <u>Priscilla Rayback</u>	NV Pharmacist Registration #: <u>23976</u>
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: <u>NA</u>	Credentials: _____	%: _____
Name: _____	Credentials: _____	%: _____
Name: _____	Credentials: _____	%: _____
Name: _____	Credentials: _____	%: _____
Name: _____	Credentials: _____	%: _____

- The Board shall not issue a license to conduct a pharmacy:
 - To any practitioner; or
 - To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
- This section does not:
 - Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
 - 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): AccuPax, LLC

Corporation/Organization Name: PILL Stat Rx, L.L.C.

Mailing Address: 805 Beachway Drive

City: Indianapolis State: IN Zip: 46224-7788

Telephone: 317-829-0550 Email: parayback@safedose.com

Contact Person Name: Priscilla Rayback

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 and CEO (title) for SafeDose 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).

Ronald Kutrieb

Print Name of Authorized Person



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

11/8/23

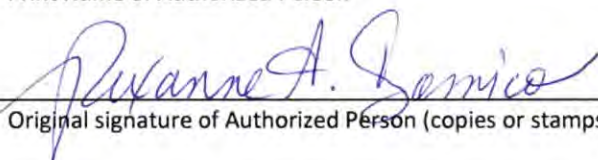
Date

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)
Statement of Responsibility

1. I am the CEO (as of Closing) (title) for HomeFree Pharmacy Services (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).

Rexanne Domico

Print Name of Authorized Person



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

Date

11/7/23

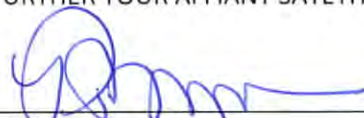
Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

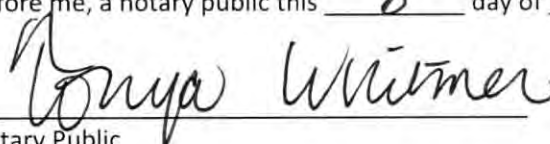
I, Priscilla Rayback hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the Pharmacist-in-Charge (title) for HomeFree Pharmacy Services (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 8th day of November, 2023
Before me, a notary public this


Notary Public



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.

Ronald Kutrieb

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

Ronald Kutrieb

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

11/8/23

Date

Board Use Only

Date Received: 11/13/23

Amount: \$500 - checks 1200

Attachment D

AccuPax, LLC is the sole parent of, and holds 100% of the direct ownership interest in, PILL Stat Rx, L.L.C.

Delaware

Page 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PILL STAT RX, L.L.C." 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 OCTOBER, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PILL STAT RX, L.L.C." WAS FORMED ON THE TWENTY-NINTH DAY OF JANUARY, A.D. 1999.

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



2999328 8300

SR# 20233724056

You may verify this certificate online at corp.delaware.gov/authver.shtmlA handwritten signature of Jeffrey W. Bullock in black ink, written over a horizontal line.

Jeffrey W. Bullock, Secretary of State

Authentication: 204367425

Date: 10-13-23 •

Pharmacy
402 W. Washington Street
Indiana Government Center South, Room W072
Indianapolis, IN 46204

FACILITY

Pill Stat RX, LLC dba Safe Dose
6970 Corporate Dr
Corporate Center North I Bldg C
Indianapolis IN 46278
Phone: 3178290550
Owner: AccuPax, Inc.
Ownership Type:

LICENSE

License No: 60006164A
Profession: Pharmacy
License Type: Pharmacy
6970 Corporate Dr
Corporate Center North I Bldg C
Indianapolis IN 46278
Phone: 3178290550

Inspection Type:	Pharmacy Inspection
Inspection Date:	4/6/2022
Result:	Pass

Remarks:Relocation inspection approved 4/6/2022 (move in date 4/22/22). Inspected by Compliance Officer Courtney Calvert. Priscilla A. Rayback
<parayback@safedose.com> New Address: 805 Beachway Dr Indianapolis IN 46224.

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.



Signature of Inspector

4/6/2022 10:12:33 AM

Date/Time



Signature of Owner/Representative

**STATE OF INDIANA****Eric J. Holcomb**

Indiana Professional Licensing Agency
402 W. Washington St. Room W072
Indianapolis, IN 46204
Phone: (317) 232-2960
Fax: (317) 233-4236

Official Proof of Licensure
Digitally Certified Record

Personal Information

Facility Name: PILL Stat Rx L.L.C. d/b/a HomeFree Pharmacy Services
Address: 805 Beachway Drive
Indianapolis, IN 46224

Owner Name:

License Information

Number Issued: 60006901A
License Type: Pharmacy - Closed Door (III)
Status: Active
Issue date: 10/30/2023
Expiration Date: 12/31/2025
Obtained By: Change of Ownership

This licensee has met ALL requirements for licensure in the State of Indiana - including successfully passing all required exams.

For disciplinary action information, please visit our License Search & Verify service at www.in.gov/pla/3119.htm. Disciplinary action will either show under Previous Action or Violations. For additional information including questions regarding Disciplinary Action, contact the appropriate Board or Commission at <http://www.in.gov/pla/boards.htm>.

Digitally Certified on: Mon Oct 30 04:19:09 PM EST 2023



STATE OF INDIANA

Eric J. Holcomb

Indiana Professional Licensing Agency
402 W. Washington St. Room W072
Indianapolis, IN 46204
Phone: (317) 232-2960
Fax: (317) 233-4236

Digitally Certified Proof of Licensure

RE: PILL Stat Rx L.L.C. d/b/a HomeFree Pharmacy Services

I, Lindsay M. Hyer, Executive Director of the Indiana Professional Licensing Agency and custodian of the records therein, hereby certify that the attached is the digitally certified proof of licensure, as requested, and as it appears in the files of the Indiana Professional Licensing Agency on the date/time certified.

This digital certification follows the requirements of Indiana's Electronic Digital Signature Act (Indiana Code 5-24-1-1 et seq.) and rules developed by the Indiana State Board of Accounts, 20 IAC 3-1 et seq. to establish a valid digital electronic signature.

To verify the authenticity of the digital certification as of the date and time stamp below, go to

<https://secure.in.gov/apps/pla/search/verify/>

and use our free web service. Simply browse to the location you saved the secure PDF document sent to you and upload to validate. You may also verify the authenticity in Adobe by ensuring the 'Certified by State of Indiana' blue ribbon displays at the top of the PDF.

A handwritten signature in black ink, appearing to read "Lindsay M. Hyer".

Lindsay M. Hyer, Executive Director

Mon Oct 30 04:19:09 PM EST 2023



STATE OF INDIANA

Eric J. Holcomb

Indiana Professional Licensing Agency
402 W. Washington St. Room W072
Indianapolis, IN 46204
Phone: (317) 232-2960
Fax: (317) 233-4236

Digitally Certified Proof of Licensure

RE: PILL Stat Rx L.L.C. d/b/a HomeFree Pharmacy Services

I, Lindsay M. Hyer, Executive Director of the Indiana Professional Licensing Agency and custodian of the records therein, hereby certify that the attached is the digitally certified proof of licensure, as requested, and as it appears in the files of the Indiana Professional Licensing Agency on the date/time certified.

This digital certification follows the requirements of Indiana's Electronic Digital Signature Act (Indiana Code 5-24-1-1 et seq.) and rules developed by the Indiana State Board of Accounts, 20 IAC 3-1 et seq. to establish a valid digital electronic signature.

To verify the authenticity of the digital certification as of the date and time stamp below, go to

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and use our free web service. Simply browse to the location you saved the secure PDF document sent to you and upload to validate. You may also verify the authenticity in Adobe by ensuring the 'Certified by State of Indiana' blue ribbon displays at the top of the PDF.

A handwritten signature in black ink, appearing to read "Lindsay M. Hyer".

Lindsay M. Hyer, Executive Director

Mon Oct 30 04:21:45 PM EST 2023



STATE OF INDIANA

Eric J. Holcomb

Indiana Professional Licensing Agency
402 W. Washington St. Room W072
Indianapolis, IN 46204
Phone: (317) 232-2960
Fax: (317) 233-4236

Official Proof of Licensure Digitally Certified Record

Personal Information

Facility Name: PILL Stat Rx L.L.C. d/b/a HomeFree Pharmacy Services
Address: 805 Beachway Drive
Indianapolis, IN 46224

Owner Name:

License Information

Number Issued: 60006901B
License Type: CSR-Pharmacy
Status: Active
Issue date: 10/30/2023
Expiration Date: 12/31/2025
Obtained By: Change of Ownership

This licensee has met ALL requirements for licensure in the State of Indiana - including successfully passing all required exams.

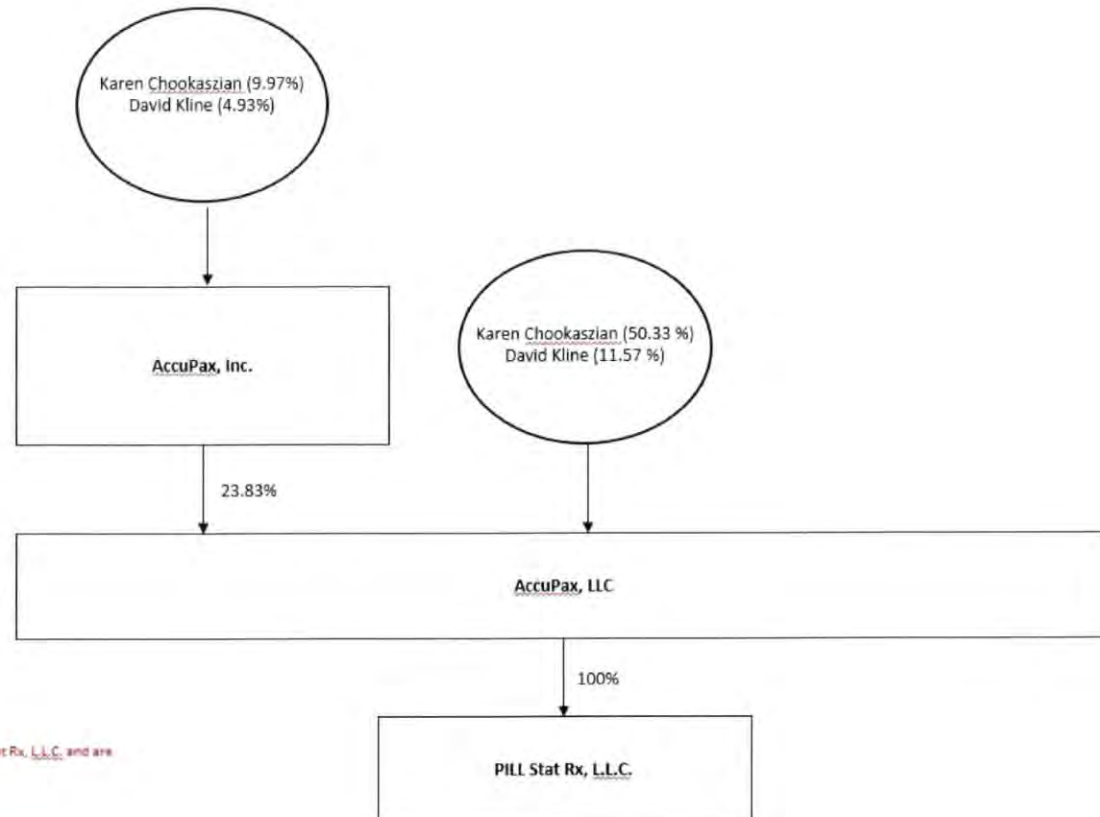
For disciplinary action information, please visit our License Search & Verify service at www.in.gov/pla/3119.htm. Disciplinary action will either show under Previous Action or Violations. For additional information including questions regarding Disciplinary Action, contact the appropriate Board or Commission at <http://www.in.gov/pla/boards.htm>.

Digitally Certified on: Mon Oct 30 04:21:45 PM EST 2023

Attachment A

Pre-Closing and Post-Closing Organizational Charts

PILL Stat Rx, L.L.C. (Pre-Closing)



Notes

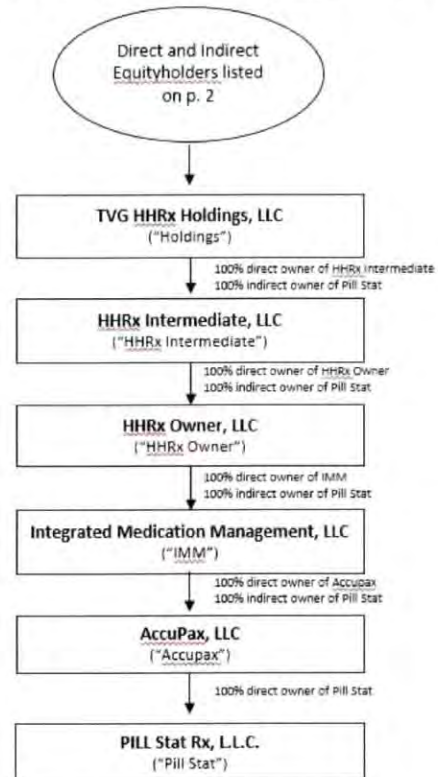
Reflects owners (direct or indirect) of 10% or more of PILL Stat Rx, L.L.C. and are rounded to the nearest hundredth

Percentages reflect ownership in PILL Stat Rx, L.L.C.

Oval = individual owners

Rectangle = entity owners

PILL Stat Rx, L.L.C. (Lower-Tier) (Post-Closing)

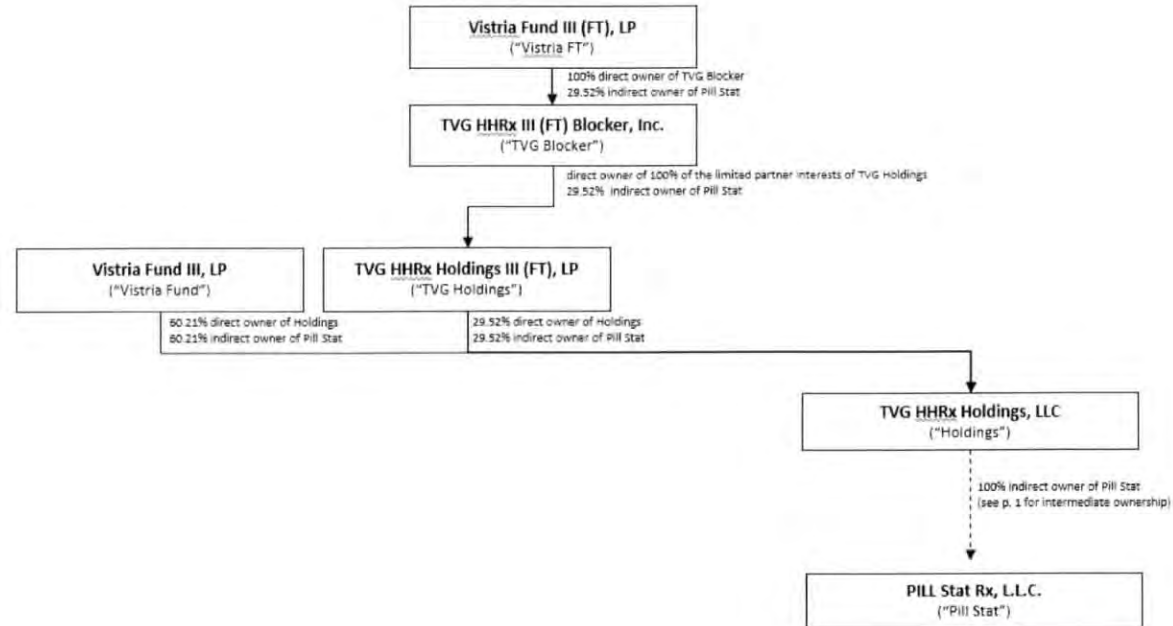


Reflects owners (direct or indirect) of 10% or more of PILL Stat Rx, L.L.C.

Ownership (direct or indirect) through the three limited partnership vehicles (Vistria Fund, Vistria PT, and TVG Holdings) is calculated based on percentage of total capital commitments.

Ownership (direct or indirect) through Holdings is calculated based on percentage of total number of Class A Common and Class A Preferred Units, combined, with profits interests disregarded.

PILL Stat Rx, L.L.C. (Upper-Tier) (Post-Closing)



Reflects owners (direct or indirect) of 10% or more of PILL Stat Rx, L.L.C.

Ownership (direct or indirect) through the three limited partnership vehicles (Vistria Fund, Vistria FT, and TVG Holdings) is calculated based on percentage of total capital commitments.

Ownership (direct or indirect) through Holdings is calculated based on percentage of total number of Class A Common and Class A Preferred Units, combined, with profits interests disregarded.

Attachment B

Please see below for a list of the officers of PILL Stat Rx, L.L.C. as of the Transaction Effective Date. Please note that PILL Stat Rx, L.L.C. has no board members/directors to report.

Name	Title
Rexanne Ayers Domico	Chief Executive Officer
Steven D. Gates	Chief Financial Officer
Ronald Jeffrey Kellam	Chief Sales Officer

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
BS2501838	03-31-2024	\$888

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	RETAIL PHARMACY	02-04-2021

PILL STAT RX, LLC
DBA: HOMEFREE PHARMACY SERVICES
805 BEACHWAY DR
INDIANAPOLIS, IN 462247788

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
BS2501838	03-31-2024	\$888

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	RETAIL PHARMACY	02-04-2021

PILL STAT RX, LLC
DBA: HOMEFREE PHARMACY SERVICES
805 BEACHWAY DR
INDIANAPOLIS, IN 462247788

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.

11/8/2023, 2:46 PM

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 InformationName of Pharmacy/Wholesaler PILL Stat Rx, L.L.C. d/b/a HomeFree Pharmacy ServicesPharmacy/Wholesaler License # (if applicable) PH03580Physical Address 805 Beachway DriveCity IndianapolisState INZip 46244-7788Mailing Address (if different from physical address) N/ACity N/AState N/AZip N/ATelephone 317-829-0550Website www.safedose.comLicensing Company Email parayback@safedose.com**Section 2: Personal Information**First PriscillaMiddle AnneLast RaybackAlias(es, nicknames, name changes, etc.) Priscilla Anne HillDate of Birth [REDACTED]SSN or ITIN [REDACTED]Sex ☐ M ☒ F ☐ XMailing Address [REDACTED] Squanto DrCity MorgantownState INZip 46160Telephone [REDACTED]Email [REDACTED]Are you a citizen of the United States? ☒ Yes ☐ No**Section 3: Military Service (NRS 622.120)**

1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)

Yes

No

✓

2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)

✓

3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)

✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)

1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)

Yes

No

✓

2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?

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 Purdue University		From - To (MM/YY – MM/YY) 08/92-05/98	
Address 610 Purdue Mall	City West Lafayette	State IN	Zip 47907
Diploma/Degree obtained, if any PharmD			
School Name Arlington High School		From - To (MM/YY – MM/YY) 01/90-06/92	
Address 1157 Route 55	City Lagrangeville	State NY	Zip 12540
Diploma/Degree obtained, if any High School Diploma			
School Name Alexander M. Patch American High School		From - To (MM/YY – MM/YY) 09/88-12/89	
Address Arkansasstrasse 2381	City Stuttgart	State Germany	Zip 70569
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) 06/04-present	Address [REDACTED] Squanto Dr	City Morgantown	State IN	Zip 46160
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	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 PILL STAT RX, LLC		From - To (MM/YY – MM/YY) 06/14-present	
Business Address 805 Beachway Dr		City Indianapolis	State IN
Phone 317-829-0550	Title Pharmacist in Charge	Number of Employed Hours 40hr/week	
Description of Duties Oversee the daily functions of the pharmacy and manage technicians and other pharmacists			

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

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

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

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

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

Continue on next page if additional space is needed.			
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Business Name		From - To (MM/YY – MM/YY)	
Business Address		City	State Zip
Phone	Title		Number of Employed Hours
Description of Duties			

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

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

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

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

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

Make copies of this page OR use a separate piece of paper if additional space is needed.			
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Section 8: Arrests, Detentions, Litigations, Arbitrations.		Yes	No
1.	Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2.	If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacture or distribution of drugs or the practice of pharmacy?		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)

11/8/23
 Date

Designated Representative Application (Applicant's Initials AR) 7 of 9

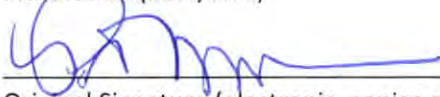
I, Priscilla Anne Rayback, certify that as the designated representative for
Pill Stat Rx, LLC

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. PAR I am at least 21 years of age;
3. PAR 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. PAR I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. PAR I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. PAR 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. PAR I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Priscilla Rayback

Print Name (First, Last)



Original Signature (electronic, copies or stamps not accepted)

11/8/23

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.

Priscilla Rayback

Print Name (First, Last)

[Signature]

Original Signature (electronic, copies or stamps not accepted)

11/8/23

Date

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

State of Indiana, ss. County of Marion

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.

[Signature]

Original Signature

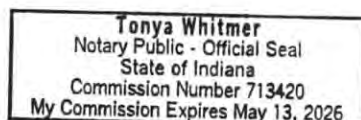
11/8/23

Date

Subscribed and Sworn to before me this 8th day of November 2023

Tonya Whitmer

Notary Public Signature



(Seal)

Designated Representative Application (Applicant's Initials ARR) 9 of 9

4CC

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 ☒ Tuesday ☒ Wednesday ☒ Thursday	☒ Friday ☒ Saturday ☒ Sunday ☐ Holidays	☒ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12) ☐ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12) ☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12) ☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)	

Section 1: General InformationPharmacy Name: The Kroger Co. DBA Kroger Health ConnectPhysical Address: 11300 Cornell Park Drive 5th FloorCity: Blue AshState: OHZip: 45242Mailing Address (if different from physical address): 1014 Vine StreetCity: CincinnatiState: OHZip: 45202Telephone: 513-867-5050Toll Free # (NAC 639.708, NRS 639.23286): 800-245-5554Fax: 513-867-5055Contact Email: rxlicensing@kroger.comWebsite: www.kroger.comNevada Business License # (if applicable) TBDSupervising/Managing Pharmacist Name (NRS 639.220): Anna FathmanSupervising/Managing Pharmacist NV Pharmacist Registration #: 22219

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: <u>N/A</u>	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: <u>N/A</u>	Credentials: _____	%: _____
Name: _____	Credentials: _____	%: _____
Name: _____	Credentials: _____	%: _____
Name: _____	Credentials: _____	%: _____
Name: _____	Credentials: _____	%: _____

- The Board shall not issue a license to conduct a pharmacy:
 - To any practitioner; or
 - To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
- This section does not:
 - Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
 - 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: Ohio

Parent Company (if any): _____

Corporation Name: The Kroger Co.

Mailing Address: 1014 Vine Street

City: Cincinnati State: OH Zip: 45202

Telephone: 513-762-1090 Email: rxlicensing@kroger.com

Contact Person Name: Lysette Seilhamer

Date of SEC Registration: <u>1902</u>	SEC Registration Number: <u>1-303</u>	Stock Exchange Symbol: <u>KR</u>
---------------------------------------	---------------------------------------	----------------------------------

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 Vice President of Kroger Health (title) for The Kroger Co. DBA Kroger Health Connect (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 Shinton

Print Name of Authorized Person

William Shinton

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

8/7/2023

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

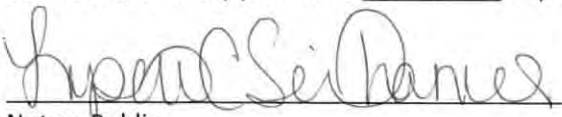
I, William Shinton hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the Vice President of Kroger Health (title) for The Kroger Co. DBA Kroger Health Connect (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 14 day of August, 2023


Notary Public



LYSETTE SEILHAMER
Notary Public
State of Ohio
My Comm. Expires
October 26, 2027

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 Shinton

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)

8/14/2023

Date

Board Use Only

Date Received: 8/17/23

Amount: 500-CK-300033139



The Kroger Co. | 1014 Vine Street | Cincinnati, Ohio 45202-1100

8/7/2023

Nevada State Board of Pharmacy
985 Damonte Ranch Parkway, Suite 206
Reno, NV 89521
775-850-1440

To whom it may concern:

Kroger Health operates nearly 2,300 pharmacies. While some of these pharmacies may have been disciplined or fined since business began, none of these pharmacies have been prohibited from providing pharmacy services, Kroger Health Connect included.

Thank you,

A handwritten signature in black ink, appearing to read "William Shinton", with a stylized flourish at the end.

William Shinton

Vice President of Kroger Health

Authorized Official



**STATE OF
OHIO**
BOARD OF PHARMACY

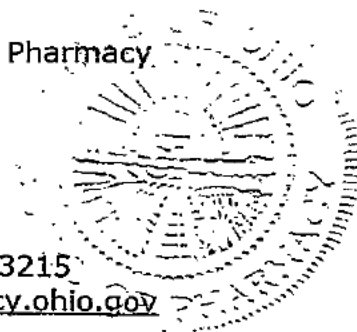
VERIFICATION OF LICENSURE

BUSINESS NAME: The Kroger Co.
DBA Kroger Health Connect
LOCATION: 11300 Cornell Park Dr 5th Fl
Blue Ash, OH 45242-1814
LICENSE NUMBER: 022221850
TYPE OF LICENSE: Terminal - Pharmacy - LIMITED Category 2
ORIGINAL LICENSURE DATE: June 8, 2012
EXPIRATION DATE: March 31, 2025
CURRENT LICENSE STATUS: Active
CURRENT LICENSE SUB STATUS: N/A
BOARD ACTION: 
(If Board Action is "Yes", you may find more
information at elicense.ohio.gov)
DATE OF VERIFICATION: 8/16/2023

Karrie Southard

Karrie Southard
Director of Licensing
State of Ohio Board of Pharmacy

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

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.

The Kroger Co.

Kroger Health Connect

11300 Cornell Park Dr 5th Fl

Blue Ash, OH 45242-1814

License Number: 022221850

Terminal - Pharmacy - LIMITED Category 2

Expiration Date: March 31, 2025

CLASS: Terminal - Pharmacy - LIMITED Category 2
BUSINESS TYPE: CRP – Contract Remote Order Entry

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
---------------------------------	---------------------------------

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



License Look Up

8/21/2023 12:45 PM

The Kroger Co.

License Number	022221850
Status	Active
Sub-Status	
Board	Board of Pharmacy
License Type	Terminal - Pharmacy - LIMITED Category 2
License Issue Date	06/08/2012
License Expiration Date	03/31/2025
License Effective Date	04/01/2023
Street Address	11300 Cornell Park Dr 5th Fl
City	Blue Ash
State	OH
Zipcode	45242-1814
Country	United States
Board Action	Yes

Supervised By:

Supervisor Name	Supervisor License	Status	Start Date	End Date
	03227941	Active	Wed Oct 21 00:00:00 GMT 2015	

Current date & time: 8/21/2023 12:45 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.

Name	Title
Fike, Carin L.	Vice President and Treasurer
Wheatley, Christine S.	Senior Vice President, Secretary and General Counsel
Foley, Todd A.	Vice President, Corporate Controller and Assistant Treasurer
Bradley, Joseph W.	Assistant Treasurer
Cossey, Jacqueline L.	Assistant Treasurer
Nelson, Philip B.	Assistant Treasurer
Roberts, Dorothy D.	Assistant Secretary



The Kroger Co. | 1014 Vine Street | Cincinnati, Ohio 45202-1100

8/7/2023

Nevada State Board of Pharmacy
985 Damonte Ranch Parkway, Suite 206
Reno, NV 89521
775-850-1440

To whom it may concern:

We are currently working on applying for an out-of-state pharmacy permit. I have consulted with our legal department to get a list of the top stockholders at The Kroger Co. Please see below the list of top stockholders of The Kroger Co.

Warren E. Buffett (7%)
The Vanguard Group (11.5%)
BlackRock, Inc. (9.2%)

Please let me know if you have any questions or require additional information.

Thank you,

Chelsie Craft
Pharmacy Licensing ASP
Rxlicensing@kroger.com
513-246-3894

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 THE KROGER CO., an Ohio corporation, Charter No. 14931, having its principal location in Cincinnati, County of Hamilton, was incorporated on April 3, 1902 and is currently in GOOD STANDING upon the records of this office.



*Witness my hand and the seal of the
Secretary of State at Columbus, Ohio
this 7th day of August, A.D. 2023.*

A handwritten signature in blue ink, appearing to read "Frank LaRose".

Ohio Secretary of State

Validation Number: 202321902454



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 022221850

The Kroger Co.

11300 Cornell Park Dr 5th Fl
Blue Ash, OH 45242-1814
Hamilton County

Terminal - Pharmacy - LIMITED Category 2

Outpatient Pharmacy Inspection

June 22, 2023



License 022221850 - The Kroger Co.

Partial

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 Elizabeth Bond

Start 6/22/2023 9:02 AM

End 6/22/2023 2:01 PM

Organization

Name

The Kroger Co.

License Type

Terminal - Pharmacy - LIMITED Category 2

Category
License Number

022221850

Business Type

CRP - Contract Remote Order Entry

DEA Number
Responsible Person

Tyler S Keith, RPH

Hours of Operation

M-F: 6:30AM-11PM; Sat: 6:30AM-6PM; Sun: 7AM-6PM

Contact

Address
11300 Cornell Park Dr 5th Fl
Blue Ash, OH 45242-1814
Hamilton County
Primary Number

(513) 762-1090

Fax Number
Website

Personnel

Name

Tyler S Keith, RPH

Initials
Position

Pharmacist

I.D. No.

03227941

Phone
Email

1) Initial Inspection Information

1) Document personnel conducting inspection

Observation

Compliance Specialist Elizabeth Bond, RPH

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

EPRN; Version 16-19-2023.23.12.01.7261

4) Is the dispensing software pharmacy owned, or provided by a third-party vendor?

Pharmacy Owned

5) Facility description

Observation

This pharmacy is a non-drug on site pharmacy or Contract Remote Pharmacy (CRP), Category 2. The site performs order entry, DUR, and the PV1 phase of product dispensing for in-store and central fill prescription processing. The volume is based on promise time and priority. The average prescription volume is approximately 300,000 per week. The site employs 88 pharmacists, 30 technicians, and about 20 ancillary personnel.

6) Additional initial inspection information

Observation

This is a partial inspection focused on the pharmacy barricade and security. The inspection is the result of an expansion of the pharmacy barricade. The expansion will be effective on June 22, 2023 and the new space is approved for use as of this time. No issues noted.

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) Is the Responsible Person present during the inspection?

Yes

Observation

RP: Tyler Keith, RPh

3) *Does the responsible person match what is indicated in eLicense?

Yes

4) *Does the pharmacy have a valid registration issued by the Drug Enforcement Administration?

Not Applicable - Category II license

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

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

Observation

No drug on-site, the pharmacy barricade meet the above standards and conditions. No issues noted.

4) * Personnel

1) *Are staff working at the pharmacy properly licensed/registered with the Board?

Yes

6) * Positive Identification

1) *Does the record keeping system capture the positive identification of the individual entering prescription information?

Yes

Observation

Positive Identification has been previously approved by the SOBP. Nothing has changed since the previous inspection. It is met with a temporary (14 hour) unique pharmacist barcode plus password.

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

5) Does the licensee maintain records at an off-site location?

No

10) Drug Purchases

1) Does the licensee maintain complete and accurate records of drugs purchased?

Not Applicable - no drugs on-site

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

2) Is the pharmacy separated from the merchandising or public areas?

No

Observation

Closed door entity.

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?

Not Applicable

7) *Can the pharmacy be secured by a physical barrier or alarm system?

Yes

Observation

The pharmacy barricade is secured with a 2 fold alarm system. The first level is a hard wired traditional alarm system continuously monitored by the Kroger Security System (KCAC). The alarm is set by a RPh at the end of the work day with a universal code. The RPh audits and monitors RPh access and alarm code status. The second level is badge access based on credentials. The RPh code is required to allow technician access into the pharmacy space. The suite has 8 entry points. All points are employee badge access or turn key lock access. If the access is turn key lock access, the keys are under the control of pharmacist (leadership) only. The suite is located on the top floor of an all owned/occupied Kroger Building. Access to the roof is pad locked. Walls and ceilings are solid. The building is monitored via on-site security personnel. The building entrances are equipped with employee badge access readers. The front public entrance is open during programmable business hours. Only authorized employees are given access to the pharmacy barricaded space. Observed all access points with no issues noted.

8) *Is a licensed pharmacist the only person with access to keys or other methods for accessing the pharmacy?

Yes

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

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

Observation

No drugs on-site.

2) Has the licensee experienced any theft or loss of uncompleted prescription blank(s), written prescription order(s) not yet dispensed, or D.E.A. controlled substance order forms in the past twenty-four months?

No

Observation

No drugs on-site.

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?**

Not Applicable

Observation

Category 2 license.

2) How does the licensee monitor its inventory of controlled substances?Observation

Category 2 license.

15) * Drug Disposal**1) *Does the licensee dispose of controlled substances on-site using a method that renders the drug non-retrievable?**

Not Applicable

5) *Does the licensee maintain complete and accurate records of the disposal of non-controlled dangerous drugs in accordance with Board rules?

Not Applicable

17) Drug Samples**1) Does the pharmacy have sample drugs as part its inventory?**

No

27) Charitable Pharmacies**1) Is this pharmacy a charitable pharmacy?**

No

28) * OARRS and Drug Utilization Review

1) *Are any of the Pharmacists using delegates to request OARRS reports?

No

2) Are pharmacists performing prospective drug utilization reviews prior to the dispensation of a prescription?

Yes

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

Observation

The pharmacy does not engage in sterile or non-sterile drug compounding.

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

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

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.ohiopros.org) for pharmacists and pharmacy interns.

Ohio Physicians Health Program (www.ophp.org)

49) Requested Records**1) Requested Records**Observation

The licensee is to produce, within three (3) business days (in a mutually acceptable format), any records requested to the State of Ohio Board of Pharmacy.

50) Inspection Affirmation

1) Inspection AffirmationObservation

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** Tyler S Keith, RPH

(signature)

4DD

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: <i>close door mail order</i>	☐ 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 ☒ Tuesday ☒ Wednesday ☒ Thursday	☒ Friday ☒ Saturday ☐ Sunday ☐ Holidays	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12) ☒ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12) ☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12) ☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)	

Section 1: General Information

Pharmacy Name: OMRO Meds
 Physical Address: 108 S. Webster Ave
 City: OMRO State: WI Zip: 54963
 Mailing Address (if different from physical address): _____
 City: _____ State: _____ Zip: _____
 Telephone: 920.859.0137 Toll Free # (NAC 639.708, NRS 639.23286): 833.849.6337
 Fax: 920.859.0082 Contact Email: omromedsllc@gmail.com
 Website: OMROMEDS.COM
 Nevada Business License # (if applicable) _____
 Supervising/Managing Pharmacist Name (NRS 639.220): Kenneth Bressers
 Supervising/Managing Pharmacist NV Pharmacist Registration #: 13979

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: <u>Kenneth A Bressers</u>	NV Pharmacist Registration #: <u>13979</u>
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: <u>NA</u>	Credentials: _____	%: _____
Name: _____	Credentials: _____	%: _____
Name: _____	Credentials: _____	%: _____
Name: _____	Credentials: _____	%: _____
Name: _____	Credentials: _____	%: _____

- The Board shall not issue a license to conduct a pharmacy:
 - To any practitioner; or
 - To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
- This section does not:
 - Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
 - 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: WISCONSIN

Parent Company (if any): _____

Corporation/Organization Name: OMRO MEDS, LLC

Mailing Address: 108 S. Webster Ave

City: Omro State: WI Zip: 54963

Telephone: 920-859-0137 Email: omromedsllc@gmail.com

Contact Person Name: Reid A Vangysel,

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: _____

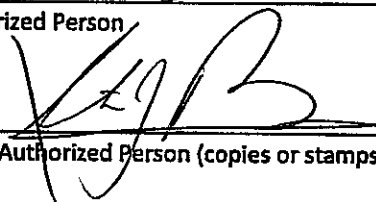
Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the Sole Member (title) for OMRO Meds (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).

Kenneth J Bressers

Print Name of Authorized Person



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

5/8/23

Date

Section 10: Affidavit for Pharmacies - MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding**Affidavit for Pharmacy License**

I, Reid A Van Gysel 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 Omro Meds (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 8th day of May, 2023.

L. Goodroe
Notary Public

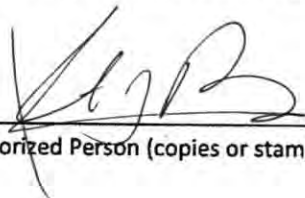
L. Goodroe
Notary Public, State of Wisconsin

My Commission Expires 9/28/26

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.

Kenneth J Breslers

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)

11-2-23

Date

Board Use Only

Date Received: 11/15/23

Amount: \$500-MO 2843549062

United States of America
State of Wisconsin

DEPARTMENT OF FINANCIAL INSTITUTIONS

Division of Corporate & Consumer Services



To All to Whom These Presents Shall Come, Greeting:

I, Craig Heilman, Administrator of the Division of Corporate and Consumer Services, Department of Financial Institutions, do hereby certify that

OMRO MEDS LLC

is a domestic corporation or a domestic limited liability company organized under the laws of this state and that its date of incorporation or organization is March 14, 2022.

I further certify that said corporation or limited liability company has, within its most recently completed report year, filed an annual report required under ss. 180.1622, 180.1921, 181.0214 or 183.0212 Wis. Stats., but that it has not filed a statement or articles of dissolution.



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the official seal of the Department on November 08, 2023. .

CRAIG HEILMAN, Administrator
Division of Corporate and Consumer Services
Department of Financial Institutions

DFI/Corp/33

To validate the authenticity of this certificate

Visit this web address: <http://www.wdfi.org/apps/ccs/verify/>

Enter this code: 374767-C954453D

Wisconsin Department of Safety and Professional Services

4822 Madison Yards Way, Madison, WI 53705

FAX #: (608) 266-2264

Phone #: (608) 266-2112

E-Mail: dsps@wisconsin.gov

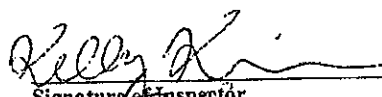
Website: <http://dsps.wi.gov>

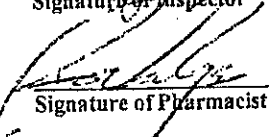
DIVISION OF LEGAL SERVICES AND COMPLIANCE

Pharmacy Compliance Inspection Form

APPLICANT NAME:	Omro Meds LLC		
D/B/A NAME:	Omro Meds		
ADDRESS:	108 S. Webster Ave., Omro, WI 54963		
TELEPHONE #:	(920) 854-0137	PHARMACY LICENSE #:	9725-42
MANAGING PHARMACIST:	Reid Van Gysel	LICENSE #	21010-40
VARIANCE DISCLOSED? ☒ No ☐ Yes If yes, date: _____ PILOT PROGRAM PARTICIPANT? ☒ No ☐ Yes			
☒ New Pharmacy ☐ Change of Location ☐ Change in Ownership ☐ Remodel ☐ Re-Inspection			

	+ In Compliance	- Not in Compliance	n/a Not Applicable
N/A	Proper storage of poisons, needles/syringes, and Sched V drugs (Phar. 1.02(14))	+	Consultation performed by pharmacist on new/changed prescriptions or when requested (Phar. 7.08)
+	Prof. service area larger than 250 sq. ft. (Phar. 6.04(1))	+	Prescription records (Phar. 7.11(2))
+	Work surface > 12 sq. ft. and at least 18" wide (Phar. 6.04(2))	+	Prescription label. (Phar. 7.05)
+	Barrier in place for professional service area when pharmacist absent more than 1/2 hour (Phar. 6.04(3))	+	Medication profiles (Phar. 7.11(3))
+	Sanitation. Sink, hot and cold running water, suitable soap in professional service area (Phar. 6.05)	N/A	Delegate-check-delegate. (Phar. 7.14)
+	Federal and state pharmacy laws, reference materials, and poison control center available. (Phar. 6.06)	+	Exempt narcotic (Sched V) register/poison register (Phar. 8.02(3)(e)2, Wis. Stats. 450.14(2)(c))
N/A	Controlled substances secured or dispersed in a manner that obstructs theft (Phar. 6.07)	+	Biennial inventory maintained or initial inventory and procedure in place for biennial inventories (add plan to comments sheet) (Phar. 8.02(2))
+	Operational Refrigerator with temperature and humidity monitored and recorded (Phar. 6.07(1) and Phar. 6.075)	N/A	Controlled substance prescription files (Phar. 8.03(2))
+	Drug utilization review performed. (Phar. 7.03)	N/A	Appropriate equipment and policies to handle sterile products (Phar. 15)
+	Monitored alarm system (Phar. 6.08)	+	Licensure information for all pharmacists provided to inspector (list pharmacists and license numbers on comment sheet) (Wis. Stat. § 450.03(1))
+	Unlicensed persons delegated tasks performed under general supervision (add tasks to comment sheet) (Phar. 7.62)	N/A	Pharmacy operates remote dispensing sites (If so, fill out RDS work sheet) (Phar. 7, subch. III)
N/A	Pharmacist trained in administration of drug products and devices; physician notified and administration documented if not vaccine (Phar. 7.13)	N/A	PDMP submission (when and who is responsible) (CSB 4.06)

 11/16/2022
 Signature of Inspector Date

 11/16/22
 Signature of Pharmacist Date

Compliance Due Date

The State of Wisconsin
 Department of Safety and Professional Services
 PHARMACY EXAMINING BOARD

Hereby certifies that

OMRO MEDS

REID VAN GYSEL

108 S WEBSTER AVE OMRO WI

was granted a license to operate a

PHARMACY

in the State of Wisconsin in accordance with Wisconsin Law

on the 16th day of August in the year 2022.

The authority granted herein must be renewed each biennium by the granting authority.

In witness thereof, the State of Wisconsin

Pharmacy Examining Board

has caused this certificate to be issued under

the seal of the Department of Safety and Professional Services



David B. Livi
 DPSS Secretary

John Wiley
 Chairperson

Anna Klym
 Secretary

This certificate was printed on the 22nd day of September in the year 2022

Omro Meds
108 S. Webster
Omro, WI 54963

Kenneth J. Bressers is 100% owner and sole member of Omro Meds, LLC

Mailing Address for Kenneth J. Bressers:

██████ E Twain Ave, Ste 108, ██████ Las Vegas 89169

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 OMRO Meds

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

Physical Address 108 S. Webster Ave

City OMRO State WV Zip 26043

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone _____ Website OMROMeds.com

Licensing Company Email OMROMeds11c@gmail.com

Section 2: Personal Information

First Kenneth Middle Joseph Last Bressers

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

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

Mailing Address ETWAIN Drive, Ste 108,

City Las Vegas State NV Zip 89169

Telephone _____ Email _____

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

Section 3: Military Service (NRS 622.120)

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

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	DMRO High School		From - To (MM/YY - MM/YY)	9/97 - 5/03
Address	455 Fox Trail	City	DMRO	State Zip WI 54963
Diploma/Degree obtained, if any general high school diploma (See attached)				
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
04/22 - Current	E. SILVERADO RANCH BLVD. #296	LAS VEGAS	NV	89183
12/20 - 04/22	GEARY PL. UNIT 3206	LAS VEGAS	NV	89109
12/18 - 01/21	TWILIGHT CT.	OSHKOSH	WI	54904
10/17 - 12/18	N. MAIN ST APT. 410	OSHKOSH	WI	54901
01/17 - 04/18	GEARY PL. UNIT 3206	LAS VEGAS	NV	89109
10/10 - 01/17	GEARY PL. UNIT 3208	LAS VEGAS	NV	89109
From - To (MM/YY - MM/YY)	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		Omro Meds		From - To (MM/YY - MM/YY)
Business Address		108 S. Webster Ave		4/22 - present
Phone	Title	City	State	Zip
	SAC member	Omro	WI	54963
Description of Duties				
100% owner, inventory manager, buyer, HR				
Business Name		AAA Mailbox		From - To (MM/YY - MM/YY)
Business Address		1155 E Twain Ave Ste 108		5/22 - present
Phone	Title	City	State	Zip
702-733-6604	Managing member	Las Vegas	NV	89169
Description of Duties				
Bookkeeping, day to day operations, inventory management				
Business Name		Schultz Pharmacy Inc DBA Advanced Care Pharmacy ^{of} Omro		From - To (MM/YY - MM/YY)
Business Address		333 E Huron Ave		4/2018 - present
Phone	Title	City	State	Zip
920-685	President	Omro	WI	54963
Description of Duties				
100% owner, inventory manager, buyer, HR				
Business Name		Schultz Pharmacy Inc DBA Schultz Pharmacy (Sold to Walgreens)		From - To (MM/YY - MM/YY)
Business Address		220 N Main St		10/2014 - 4/2022
Phone	Title	City	State	Zip
920 233-2151 (closed)	President	AshKosh	WI	54901
Description of Duties				
100% owner, inventory manager, HR				
Business Name		Omro Pharmacy		From - To (MM/YY - MM/YY)
Business Address		328 E Main St		4/2010 - present
Phone	Title	City	State	Zip
920 685-5041	Manager	Omro	WI	54963
Description of Duties				
Inventory Manager, buyer, HR				

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 manufacture or distribution of drugs or the practice of pharmacy?	✓	
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

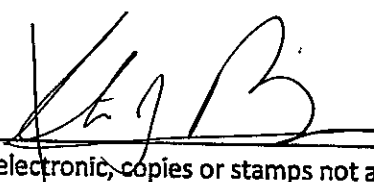
Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement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

This is in response to Question # 1-2. Provide all the following where applicable:

Date of Event/Arrest <u>1-5-2001</u>	Disposition Date <u>5-2-2001</u>	State <u>WI</u>	City <u>Slinger, WI</u>	County <u>Washington, WI</u>
Case # <u>01CF000006</u>	Governing, Licensing, Arresting Presiding Body/Agency/Court <u>State of Wisconsin</u>			
Reason/Charge <u>possession of THC x2</u>				
Plaintiff/Defendant/Claimant/Respondent <u>Kenneth J Brassers</u>			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

please see attached


Original Signature (electronic, copies or stamps not accepted)

11-2-23
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.

Kenneth J Bressers
Print Name (First, Last)

[Signature]
Original Signature (electronic, copies or stamps not accepted)

8-14-23
Date

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

State of Nevada, ss. County of Clark

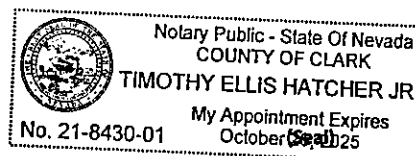
I, Kenneth J Bressers, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that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

[Signature]
Original Signature

8/14/23
Date

Subscribed and Sworn to before me this 14 day of August 2023

[Signature]
Notary Public Signature

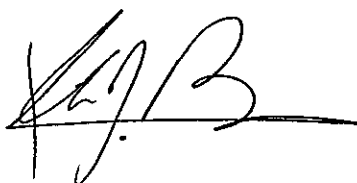


To Whom it may concern –

I, Kenneth J. Bressers, have completed my requirements to obtain a high school diploma as May 1st 2003. Due to the fact I was incarcerated in 2001 shortly after my senior year of high school, I was not able to complete my high school education credit requirements in a timely manner. While incarcerated I did not have access to the adequate educational material to obtain a traditional high school diploma. My only option at that time was to complete my HSED requirements while incarcerated or wait until my sentence was complete and earn my traditional high school diploma via mail in classes (long before virtual options were available). I was able to do so and received a full high school diploma from Omro High School on May 1st 2003.

I hope this answers any questions that may arise from the fact my last year of high school was in 2001 but my diploma date is 2003. I am happy to discuss any aspects of this time in my life and am available to answers any questions you may have.

Sincerely,

A handwritten signature in black ink, appearing to read 'KJB', with a horizontal line extending from the end of the signature.

Kenneth J Bressers

Omro Meds, LLC

Sole Member

Omro High School

455 Fox Trail

Omro WI
54963-1198

Phone (920) 685-7405

Fax (920) 685-7040

Official Transcript

1040

[Signature]
Official's Signature
MAY 1 2003
Date

Bressers, Kenneth J.

■ E. Huron St.
Omro WI 54963

Date of Birth: ■■■■■

Entered from: ■■■■■

Graduation/Withdrawal Date: May 1, 2003

1997 Year's GPA: 0.923

Earned Credits: 3.50

9th Grade

	Term1/Sem1 Cr.	Term 2 Cr.	Term3/Sem2 Cr.	Term 4 Cr.
DS BUSINESS	F 0.00			
DS ENGLISH	F 0.00		F 0.00	
DS MATH	C 0.50		D+ 0.50	
DS SOCIAL STUDIES	F 0.00		F 0.00	
HEALTH			D- 0.50	
PHYSICAL EDUCATION 9	C 0.50			
PHYSICAL SCIENCE	F 0.00		D 0.50	
STUDY SKILLS	C- 0.50		B+ 0.50	

1998 Year's GPA: 1.523

Earned Credits: 6.00

10th Grade

	Term1/Sem1 Cr.	Term 2 Cr.	Term3/Sem2 Cr.	Term 4 Cr.
ALGEBRA	B- 0.50		F 0.00	
BIOLOGY	D+ 0.50		D 0.50	
CAREERS Q2	D 0.25			
CIVICS	D 0.50			
DRIVERS ED Q1	C 0.25			
ENGLISH 9	C 0.50		D+ 0.50	
PHYSICAL EDUCATION 1			C- 0.50	
PHYSICAL SCIENCE	C 0.50			
PRACTICAL COMPOSITIO			B- 0.50	
SPEECH			D+ 0.50	
WESTERN CIVILIZATION			D+ 0.50	

1999 Year's GPA: 0.582

Earned Credits: 2.50

11th Grade

	Term1/Sem1 Cr.	Term 2 Cr.	Term3/Sem2 Cr.	Term 4 Cr.
20TH CENTURY AMERICA	Walth		F 0.00	
ALGEBRA	Vande		F 0.00	
CERAMICS & SCULPTURE	SWANS	D- 0.50		
COMMUNICATIONS	MAROH		B- 0.50	
EARLY AMERICAN LITER	Walth	F 0.00		
FOOD FOR LIFE	SPRIN		F 0.00	
Indep. Living	SPRIN	D- 0.50		
INTRO TO BUSINESS	CRUM	F 0.00		
MATH COMPETENCY	FRANZ	F 0.00		
P.E. 11	OSTER		F 0.00	
UNITED STATES HISTOR	BOHN	D+ 0.50	D 0.50	

2000 Year's GPA: 1.207

Earned Credits: 6.50

11th Grade

	Term1/Sem1 Cr.	Term 2 Cr.	Term3/Sem2 Cr.	Term 4 Cr.
ACCESS STUDY	Garna	C- 0.50	D 0.50	
EMP. EXPERIENCE	Bosin	F 0.00		
INDEP LIVING	La Se		D- 0.50	
MARKETING	Jidin	D 0.50	C+ 0.50	
MYTHOLOGY	Carls	D- 0.50		
PLANET EARTH	Woerp	D 0.50	D 0.50	
PSYCHOLOGY	Rappl		F 0.00	
SHT STORIES	Cizau		D 0.50	
SOCIOLOGY	Lenge	B 0.50		
SS ALGEBRA	Staff	D- 0.50		
SS ENG 10	Staff	C 0.50		
US STDY 2	Shark		C 0.50	

2001 Year's GPA: 2.957

Earned Credits: 3.50

12th Grade

	Term1/Sem1 Cr.	Term 2 Cr.	Term3/Sem2 Cr.	Term 4 Cr.
BASIC DRAWING	N/A	B- 0.50		
CAREER, PLANNING	N/A	A 1.00		
CLOTHING	N/A	D 1.00		
UNDERSTANDING MUSIC	N/A	A 1.00		

Cum.GPA: 1.305

Cum.Credits: 22.00

Class Rank: 0 of 93

Personal Statement

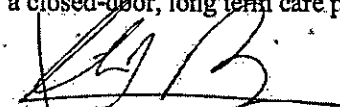
Shortly after Christmas, when I was 18 years old, I was pulled over by a police officer while driving to Omro to visit my father and some friends in the area. At this time in my life, I had made the poor decision to experiment with occasional social marijuana use, especially with high school friends at the time when this was unfortunately the "thing to do." The officer spotted my bag of marijuana in the car. I was arrested and pled guilty to two misdemeanor charges of THC possession.

I was sentenced to drug and alcohol rehab, which I successfully completed. I also completed five months of Huber Work Release. I was then released after two and a half years of a three-year probation sentence for good behavior.

I am now 41 years old and have had no further incidents. I do drink alcohol socially but do not use any illegal drugs.

It is important to me for you to know that I am extremely remorseful for my past actions and although I have been determined to not be defined by these mistakes, I still experience much personal regret and embarrassment.

I am currently the 100% shareholder of Schultz Pharmacy, Inc DBA Advanced Care Pharmacy of Omro, a closed-door, long term care pharmacy in Omro, WI (WI Pharmacy License 9509-42).



Kenneth J. Bressers
Sole Member
Omro Meds, LLC

STATE OF WISCONSIN

CIRCUIT COURT

WASHINGTON COUNTY

State vs Kenneth J. Bressers

FILED**JUDGMENT OF CONVICTION AND
SENTENCE TO THE COUNTY
JAIL/FINE/FORFEITURE**

Date of Birth: [REDACTED]

MAY 29 2001

Amended
Case No.: 01CF000006

The defendant was found guilty of the following offense(s):

Ct.	Description	Violation	Plea	Severity	Date(s) Committed	Trial To	Date(s) Convicted
1	Possession of THC	961.41(3g)(e)	Guilty	Misd. U	01-05-2001		05-02-2001

The defendant is guilty as convicted and sentenced as follows:

Ct.	Sent. Date	Sentence	Length	Conc. with/Cons. to/Comments	Begin date	Begin time	Agency
1	05-02-2001	Costs		Alternative for non-payment of costs is an additional three days in the Washington County Jail with huber.			
1	05-02-2001	Local jail	5 MO	With huber and to include work and school. Court authorizes transfer to Winnebago County.	06-11-2001	9:30 am	CTY
1	05-02-2001	License suspended	6 MO				

Obligation Detail:

Ct.	Schedule	Amount	Days to Pay	Due Date	Failure to Pay Action	Victim
1	Criminal court costs	70.00	30	06-01-2001	Commitment	

Obligation Summary:

Ct.	Fine & Forfeiture	Court Costs	Attorney Fees	Restitution	Other	Mand. Victim/ Witness Sur.	5% Rest. Surcharge	DNA Analysis Surcharge	Totals
1		20.00				50.00			70.00

Total Obligations:
70.00

It is adjudged that 30 days sentence credit are due pursuant to § 973.155 Wisconsin Statutes.

Special Conditions:

It is ordered that the Sheriff shall execute this sentence.

State vs Kenneth J. Bressers

Judgment of Conviction

Sentence Imposed & Stayed, Probation
Ordered

Date of Birth: [REDACTED]

Case No.: [REDACTED]

IT IS ADJUDGED that 0 days sentence credit are due pursuant to § 973.155 Wisconsin Statutes.

IT IS ORDERED that the Sheriff execute this sentence.

BY THE COURT:

Patrick J. Faragher, Judge
Todd K. Martens, District Attorney
Michael D. Jackelen, Defense Attorney*Patricia L. Moore*
Court Official*May 2, 2001*
DateSTATE OF WISCONSIN }
COUNTY OF WASHINGTON } SSI certify that this is a true and correct
copy of a document in the possession of the
Clerk of Circuit Court for Washington County.
THIS CERTIFICATE IS NOT VALID UNLESS IT
INCLUDES THE COURT SEAL*11-8-16*
DATE*Theresa M. Russell*
CLERK OF CIRCUIT COURT

State vs Kenneth J. Bresser

FILED**Judgment Conviction**Sentence Imposed & Stayed, Probation
Ordered

Date of Birth: [REDACTED]

MAY 29 2001

The defendant was found guilty of the following crime(s):

Ct.	Description	Violation	Plea	Severity	Date(s) Committed	Trial To	Date(s) Convicted
2	Possession of THC	961.41(1)(a)	Guilty	Misd. U	01-05-2001		05-02-2001

CLERK OF CIRCUIT COURT

WASHINGTON CO.

IT IS ADJUDGED that the defendant is guilty as convicted and sentenced as follows:

Ct.	Sent. Date	Sentence	Length	Concurrent with/Consecutive to/Comments	Agency
2	05-02-2001	Probation Ordered	3 YR	If the Washington County Jail sentence is imposed DOC on a probation revocation or probation has been discharged, judgment shall be entered for the outstanding financial obligations.	
2	05-02-2001	License Suspended	6 MO		
		Sentence(s) Stayed		Concurrent with/Consecutive to/Comments	Sent. Credit
2		Local jail	6 MO	With huber and consecutive to count 1.	0 days

Conditions of Sentence or Probation

Obligations: (Total amounts only)

Fine	Court Costs	Attorney Fees	Restitution	Other	Mandatory Victim/Wit. Surcharge	5% Rest. Surcharge	DNA Anal. Surcharge
	20.00				50.00		

Miscellaneous Conditions

Ct.	Condition	Agency/Program	Comments
2	Costs		
2	Other		Defendant to cooperate with any and all treatment and/or counseling recommended including AODA assessment. Def shall not possess any controlled substances without a valid prescription. Def shall complete high school.

STATE OF WISCONSIN

CIRCUIT COURT

WASHINGTON COUNTY

State vs Kenneth J. Bressers

**JUDGMENT OF CONVICTION AND
SENTENCE TO THE COUNTY
JAIL/FINE/FORFEITURE**
Amended

Date of Birth: [REDACTED]

BY THE COURT:

Patrick J. Faragher, Judge
Todd K. Martens, District Attorney
Michael D. Jackelen, Defense Attorney
County Sheriff

Def
P+P

Ernest D. Amiel
Circuit Court Judge/Clerk/Deputy Clerk

5-29-11
Date



STATE OF WISCONSIN)
COUNTY OF WASHINGTON) SS

I certify that this is a true and correct
copy of a document in the possession of the
Clerk of Circuit Court for Washington County.
THIS CERTIFICATE IS NOT VALID UNLESS IT
INCLUDES THE COURT SEAL

11-8-16
DATE

Theresa M. Russell
CLERK OF CIRCUIT COURT

CEDAR CREEK COUNSELING CENTERS

8415 W. FOREST HOME AVENUE
HALES CORNERS, WI 53130

(414) 427-4884

FAX: (414) 427-4888

(800) 888-2502

January 18, 2001

Attorney Michael Jackelen
2 Plaza East
333 E. Kilbourn Street
Suite 1170
Milwaukee, Wisconsin 53202

JAN 20 2001

Dennis K. Shirk, CADC III
Program Director
Cedar Creek Counseling Centers

RE: BRESSERS, KENNETH

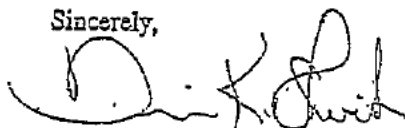
DOB: [REDACTED]

Dear Mr. Jackelen:

This letter is intended to serve as verification that Mr. Kenneth Bressers is currently receiving AODA treatment at Cedar Creek Counseling Center, Hales Corners, Wisconsin. I conducted Mr. Kenneth Bressers's initial assessment on January 16, 2001. As a result of my assessment, Mr. Kenneth Bressers received a diagnosis of cannabis abuse. He was referred into our primary treatment program, which consists of both individual and group therapy sessions, as well as random urinalysis. A comprehensive and individualized treatment plan will be established. He may also be referred to our medical director/addictionologist, Dr. Michael Deeken for an additional evaluation.

I would like to add at this point that Mr. Kenneth Bressers has been very cooperative and appears to have a good attitude towards his treatment. He does appear to recognize the need to deal with his cannabis abuse and other related issues. Although a prognosis at this point would be premature, I do expect a positive outcome in this case. If I can be of any further assistance in this matter, please feel free to call me at 427-4884.

Sincerely,



Dennis K. Shirk, CADC III
Program Director
Cedar Creek Counseling Center

DKS/ds

6815 W. CAPITOL DRIVE, STE 301
MILWAUKEE, WI 53215
(414) 535-4382
FAX: (414) 535-4482

404 E. MILL STREET
PLYMOUTH, WI 53075
(920) 833-6202
FAX: (920) 833-8302

231 S. MAIN STREET
JEFFERSON, WI 53543
(920) 674-9485
FAX: (920) 674-9486

DATE:

5-2-01

NAME:

Kannath J. Bressers

FILE #

CHARGE

Catt- Possn Controlled Sub
Catt- Possn Controlled Sub

SEC #

961.41 (3g)c

961.41 (3g)c

Ordered and due at least 1 week prior to sentencing, which is set for:

Ct#

5

by (no) comm

10-11-01 @ 930 AM

Costs \$

V/W S

DMAB \$

Fine \$

pd to COC w/n

30

dys or

+3 days

days sentence credit

Ct#

Costs \$

V/W S

DMAB \$

Fine \$

pd to COC w/n

dys or

days sentence credit

w/huber incl:

AA mgs/treatment

X school

child care, if jail approves

X transf auth to

Winnebago Co.

Ct#

length of sente

yr

mo

confinement period

yr

mo

extended superv

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Ct#

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days sentence credit on Ct#

if time served

Ct#

Def shall pay Ct costs \$

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per count

Vic/Wit fee \$

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Restitution \$

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Def shall participate in all counseling and/or treatment programs directed by probation agent, specifically including:

AODA assessment/treatment

alcohol/drug

sex offender

obtain H.S.E.D. or G.E.D.

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Defendant shall not possess/consume

alcohol

X controlled substances & shall submit to random drug screens

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State of Wisconsin

Circuit Court

Washington County

STATE OF WISCONSIN

-VS-

Plaintiff,

DA Case No.: 2001WA000045

Assigned DA/ADA: Todd K Martens

Agency Case No.: 01-21

Kenneth J. Bressers

[REDACTED] Angle Lane

Greendale, WI 53129

DOB: [REDACTED]

Sex/Race: M/W

Defendant,

Criminal Complaint

Steve Braun, of the Slinger Police Department, being first duly sworn, states that:

Count 1: POSSESSION WITH INTENT TO DELIVER TETRAHYDROCANNABINOLS (THC)

The above-named defendant on January 05, 2001, in the Village of Slinger, Washington County, Wisconsin, did possess with intent to deliver a controlled substance, to-wit: Tetrahydrocannabinols (THC), in an amount of not more than 500 grams or 10 plants, contrary to sec. 961.41(1m)(h)1 Wis. Stats., a Felony, and upon conviction shall be fined not less than Five Hundred Dollars (\$500) nor more than Twenty Five Thousand Dollars (\$25,000) and may be imprisoned for not more than four and a half (4.5) years.

PROBABLE CAUSE:

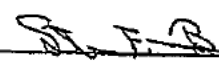
Complainant prays that said defendant be dealt with according to law. The basis for the complainant's charge of such offense is he is Chief of the Village of Slinger Department and bases his information upon review of the official police report of Officer Richard Cohn of the Village of Slinger Police Department who states that on January 5, 2001, he stopped a vehicle being driven by Kenneth J. Bressers, the defendant herein, on USH 41 in the area of CTH K in the Village of Slinger, Washington County, Wisconsin. Said officer states further that in defendant's vehicle said officer found 96 grams of a green leafy vegetable material which in said officer's training and experience he believed to be marijuana, that subsequently said officer had the opportunity to test said substance using the kit and procedures as prescribed by the State of Wisconsin Crime Laboratory, that the results of the test administered to said substance were positive for the presence of tetrahydrocannabinols, a controlled substance under Sec. 961.14(4)(t), Wis. Stats., and that in said officer's training and experience 96 grams of marijuana, approximately one quarter pound, is not an amount which is consistent with personal use.

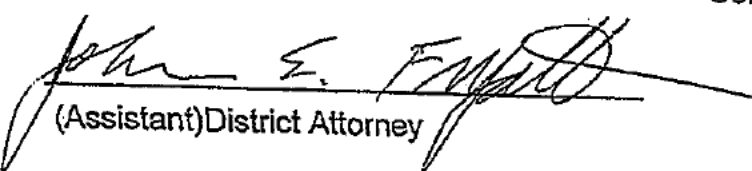
Based on the foregoing, the complainant believes this complaint to be true and correct.

Subscribed and sworn to before me,

and approved for filing on:

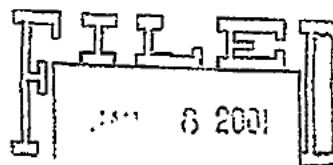
This 8th day of January, 2001


Complainant


(Assistant) District Attorney

TKM/ma/fel.

1/8/01



Clerk of Circuit Court
Washington Co., WI

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 Omro Meds
 Pharmacy/Wholesaler License # (if applicable) _____
 Physical Address 108 S. Webster Ave
 City Omro State WI Zip 53963
 Mailing Address (if different from physical address) _____
 City _____ State _____ Zip _____
 Telephone 833-849-6337 Website Omromed.com
 Licensing Company Email Omromedslc@gmail.com

Section 2: Personal Information

First Reid Middle Allen Last Van Gysel
 Alias(es, nicknames, etc.) _____
 Date of Birth [REDACTED] SSN or ITIN [REDACTED] Sex ☒ M ☐ F ☐ X
 Mailing Address Lincoln Ave
 City Omro State WI Zip 53963
 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?	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 <u>Fall River High School</u>		From - To (MM/YY - MM/YY) <u>9/2010 - 6/2014</u>		
Address <u>150 Bradley St</u>		City <u>Fall River</u>	State <u>WF</u>	Zip <u>55932</u>
Diploma/Degree obtained, if any <u>High School</u>				
School Name <u>UW - Oshkosh</u>		From - To (MM/YY - MM/YY) <u>9/2014 - 6/2017</u>		
Address <u>800 Algoma Blvd</u>		City <u>Oshkosh</u>	State <u>WI</u>	Zip <u>54901</u>
Diploma/Degree obtained, if any <u>None</u>				
School Name <u>UW - Madison School of Pharmacy</u>		From - To (MM/YY - MM/YY) <u>9/2017 - 6/2021</u>		
Address <u>777 Highland Ave Madison</u>		City <u>Madison</u>	State <u>WF</u>	Zip <u>53705</u>
Diploma/Degree obtained, if any <u>PharmD</u>				
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) <u>09/23 - Now</u>	Address <u>[Redacted] Lincoln Ave</u>	City <u>Omro</u>	State <u>WF</u>	Zip <u>54963</u>
From - To (MM/YY - MM/YY) <u>05/21 - 09/23</u>	Address <u>[Redacted] Jackson St, A</u>	City <u>Oshkosh</u>	State <u>WF</u>	Zip <u>54963</u>
From - To (MM/YY - MM/YY) <u>09/17 - 09/21</u>	Address <u>[Redacted] Stevens St</u>	City <u>Madison</u>	State <u>WF</u>	Zip <u>54904</u>
From - To (MM/YY - MM/YY) <u>01/14 - 09/17</u>	Address <u>[Redacted] Prairie St</u>	City <u>Fall River</u>	State <u>WF</u>	Zip <u>55932</u>
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	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 <i>Omro Pharmacy</i>		From - To (MM/YY - MM/YY) <i>1/8/16 - 7/1/21</i>	
Business Address <i>328 E Main St</i>	City <i>Omro</i>	State <i>WI</i>	Zip <i>54963</i>
Phone <i>920 685 5041</i>	Title <i>Pharmacy Tech</i>	Number of Employed Hours <i>3900</i>	
Description of Duties <i>filling phone calls Register</i>			
Business Name <i>Omro Pharmacy</i>		From - To (MM/YY - MM/YY) <i>7/1/21 - 10/23/22</i>	
Business Address <i>328 E Main St</i>	City <i>Omro</i>	State <i>WI</i>	Zip <i>54963</i>
Phone <i>920 685 5041</i>	Title <i>Pharmacist</i>	Number of Employed Hours <i>2720</i>	
Description of Duties <i>Pharmacist</i>			
Business Name <i>Advanced Care Pharmacy of Omro</i>		From - To (MM/YY - MM/YY) <i>10/23/22 - 11/1/23</i>	
Business Address <i>333 E Huron St</i>	City <i>Omro</i>	State <i>WI</i>	Zip <i>54963</i>
Phone <i>920 685 6300</i>	Title <i>Pharmacist</i>	Number of Employed Hours <i>2100</i>	
Description of Duties <i>Pharmacist</i>			
Business Name		From - To (MM/YY - MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			
Business Name		From - To (MM/YY - MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

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			

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

Make copies of this page OR use a separate piece of paper if additional space is needed.			
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Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacture or distribution of drugs or the practice of pharmacy?	NA	
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, Reid A VanGysel, certify that as the designated representative for
OMromeds

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.

Reid van Gysel
 Print Name (First, Last)

[Signature]
 Original Signature (electronic, copies or stamps not accepted)

5/12/23
 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.

Reid Van Gysel

Print Name (First, Last)

[Signature]
Original Signature (electronic, copies or stamps not accepted)

5/22/23
Date

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

State of Wisconsin, ss. County of Winnebago

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

[Signature]
Original Signature

5/22/23
Date

Subscribed and Sworn to before me this 22nd day of May.

[Signature]
Notary Public Signature

My Commission Expires 9/28/26

**L. Goodroe
Notary Public, State of Wisconsin**

(Seal)

4EE

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: Maribeth Middle: Tecson Last: Moran
NV Pharmacist Registration # 20913
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
Address: 2716 N Tenaya Way
City: Las Vegas State: NV Zip: 89128
Employer Contact Name: Deanna Damiano
Employer Contact Telephone: 414-426-8235 Employer Contact email: deanna.damiano@optum.com

Section 5: Place where the Pharmacist will Engage in the Practice of Pharmacy (list all sites)

Name of Site (if applicable): _____
 Address: Resort Ridge St
 City: Las Vegas State: NV Zip: 89130
 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? 8am-430pm Mon-Fri (excluding holidays)

Name of Site (if applicable): _____
 Address: Denio Island St
 City: North Las Vegas State: NV Zip: 89084
 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? 8am-430pm Mon-Fri (excluding holidays)

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? _____

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.

Completing medication reviews for Medicare Advantage patients with a recent transition of care or specified disease state. Support patients in understanding of disease state and medication regimen through medication counseling with patients or caregivers via telephone or secured video platform. Providing written and/or verbal medication recommendations to providers and care team members (ie nurses).

2. Provide the identification of the types of patients or other persons to whom you intend to provide services.

Medicare Advantage patients and/or caregivers with a recent transition of care, with specified disease states, or with general medication questions/concerns.

3. Provide a description of all resources, both paper and electronic, that will be available to you in the course of providing the services.

- 1) UpToDate
- 2) Lexicomp drug database
- 3) Clinical pharmacology drug database
- 4) Micromedex

4. Provide an explanation of the policy for users of the services when you are unavailable.

In the rare event that a pharmacist is unavailable during work hours, there is a voicemail which is monitored throughout the day and a pharmacist will reach back out to any patients that may leave a message during the pharmacists' absence.

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.

As part of Optum, pharmacists complete yearly training regarding protected health information (PHI) and maintaining confidentiality of patient records. All access to patient data is governed by Optum's internal policies and procedures which are in compliance with state and federal laws.

6. Provide a description of the business plan for the services provided.

- 1) Completing medication reconciliation for Medicare Advantage patients with a recent transition of care which can include patient calls and engaging with providers to ensure appropriate medication regimens
- 2) Conducting medication reviews for Medicare Advantage patients with certain disease states, in an effort to optimize therapy and provide patient education.
- 3) Conducting patient outreach for Medicare Advantage patients with pharmacy related questions.
- 4) Completing patient outreach to help ensure patient compliance with medication regimens.
- 5) Completing patient outreach to answer medication related questions.

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 employed 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.

Maribeth Moran, PharmD, BCACP

Print Name



Original Signature, no copies or stamps accepted

9/21/23

Date

Board Use Only

Date Received: 9/25/23

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.

4FF

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: Cynthia Middle: Jane Last: Hewlett
 Date of Birth: [REDACTED] SSN or ITIN: [REDACTED] Sex: ☐ M ☒ F ☐ X
 Mailing Address: [REDACTED] Edlesborough Cir
 City: Gardnerville State: NV Zip: 89410
 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: Walmart Pharmacy License #: PH02899
 Address: 1511 Grant Ave
 City: Gardnerville State: NV Zip: 89410

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: <u>Orange Glen</u> Graduation Date OR Date GED obtained (mm/yy): <u>06/78</u>			
Address: <u>2200 Glenridge Rd</u>			
City: <u>Escondido</u> State: <u>CA</u> Zip: <u>92027</u>			

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.)		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 <u>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.</u>		Initials <i>CPH</i>										
		<table border="1"> <thead> <tr> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td></td> <td>X</td> </tr> <tr> <td></td> <td>X</td> </tr> <tr> <td></td> <td>X</td> </tr> <tr> <td></td> <td>X</td> </tr> </tbody> </table>	Yes	No		X		X		X		X
Yes	No											
	X											
	X											
	X											
	X											
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 # _____. 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 <u>signed affidavit</u> by the managing pharmacist of the <u>pharmacy</u> .	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.

Cynthia J Hewlett
Print Name

Cynthia J Hewlett
Original Signature, no copies or stamps accepted

10/9/23
Date

Board Use Only

Date Received: 10/18/23Amount: 50-CK-1082

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: Cynthia Hewlett PTT License #: 27792
Pharmacy Manager Name: Belinda Hubkey Pharmacy Manager License #: 15310
Name of Pharmacy: Walmart 5864 Pharmacy License #: PH02899
Pharmacy Address: 1511 Grant Ave
City: Gardnerville State: NV Zip: 89410
Time period PTT employed (mm/yy-mm/yy): 10/26/22 to current

I certify to the Board that the above-named PTT has successfully completed 1500 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:

- Input (drop off)
- prescription Refill
- prescription pickup
- prescription files
- 10 day prescription Return to Stock
- Rx 3rd party Resolution.
- Inventory Check in, out dates, (Inner Return)

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.

Belinda Hubkey
Print Name (First, Last)
Belinda Hubkey 10/3/2023
Original Signature of Managing Pharmacist, no copies or stamps accepted Date

Board Use Only

Date Received: 10/18/23

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 # . Provide all the following *where applicable*:

Date of Event/Arrest 1979	Disposition Date 1979	State CA	City Escondido	County San Diego
Case # Unsure	Governing, licensing, Arresting Presiding Body/Agency/Court Unsure			
Reason/Charge I stole a \$2.50 lip gloss from Sears.				
Plaintiff/Defendant/Claimant/Respondent Sears			Lawsuit/Arbitration/Bankruptcy Lawsuit	
Name of Business/Industry/Entity Sears				

Provide explanation below:

I stole a \$2.50 lip gloss from Sears.

Cynthia Hewlett

11/28/23

Date

Original Signature (electronic, copies or stamps not accepted)

4GG

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: Jesse Middle: James Last: Bradberry
 Date of Birth: [REDACTED] SSN or ITIN: [REDACTED] Sex: ☒ M ☐ F ☐ X
 Mailing Address: [REDACTED] Crocker Point Court
 City: Las Vegas State: NV Zip: 89178
 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: American Career College
 Address: 3130 Sedona Court
 City: Ontario State: Ca Zip: 91764
 Name of Program Director: _____

Section 3: Employment Information

Pharmacy Name: Sisu License #: _____
 Address: 871 Grier Drive
 City: Las Vegas State: NV Zip: 89119

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: Cajon High School Graduation Date OR
 Date GED obtained (mm/yy): 06/91
 Address: 1200 Hill Drive
 City: San Bernardino State: California Zip: 92407

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?		✓

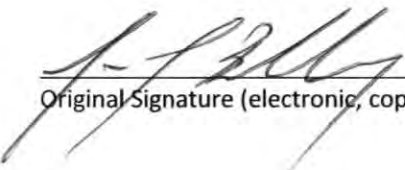
Section 7: Personal and Professional History		
Before answering the questions below, please INITIAL to the right to attest you have read and understand the following:  WARNING <u>You MUST provide truthful and complete responses to the questions on this application. If you omit information or provide 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.</u>		Initials jjb
		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?	✓

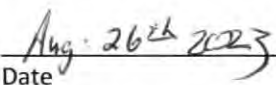
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This is in response to Question # _____. Provide all the following where applicable:

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 <u>signed affidavit</u> 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/bopnv.gov/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.

Jesse S. Brodberry
Print Name

Jesse S. Brodberry
Original Signature, no copies or stamps accepted

09-20-2023
Date

Board Use Only

Date Received: 10/9/23

Amount: 50-MO-19-482174522

NEVADA STATE BOARD OF PHARMACY

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

**Out-of-State Managing Pharmacist Certification of Employment Hours for
Pharmaceutical Technician (PT)**

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 PT Employment Hours (NAC 639.240) MUST BE COMPLETED BY THE PHARMACY MANAGER

Name of PT: JESSE BRADBERRY PT License # (if applicable): _____
 Pharmacy Manager Name: PAUL V NGUYEN Pharmacy Manager License #: CA 60507
 Name of Pharmacy: LOMA LINDA VA. Pharmacy License #: _____
 Pharmacy Address: 11201 BENTON
 City: LOMA LINDA State: CA Zip: 92357
 Time period PT employed (mm/yy-mm/yy): 5/27/22 - PRESENT

I certify to the Board that the above-named PT has successfully completed 5/2022 5/2023 1600 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:

Pixis refill, outdating, restocking, pulling, unloading, loading.
 Pharmacy distributions = missing doses, assist discharge, filling,
 dispensing, outdating, mailing, assist pt. customer service
 answer phones.

IV Compounding.

Do you certify that the PT is competent to perform the duties of a PT? ☒ 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.

PAUL V NGUYEN, PHARM.D.
 Print Name (First, Last)

Paul Nguyen, Pharm.D.
 Original Signature (electronic, copies or stamps not accepted)

5/30/23
 Date

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

State of California, ss. County of St. Bernardino

I, Paul Nguyen (your name), am the Inpatient Pharmacy Supervisor (your title)
for Loma Linda VA. (name of Pharmacy),

located at 11201 Benton St. Loma Linda CA 92357 (address of Pharmacy).

I have worked with the pharmaceutical technician, Jesse Bradberry (name of technician)
listed on this form, and I certify that the statements contained herein are true and correct and contain a full and true
account of the information requested.

Paul Nguyen
Original Signature

8/9/2023
Date

Subscribed and Sworn to before me this 17 day of July, 2023.

JP

Notary Public Signature

(see attachment)

(Seal)

Board Use Only	Date Received: _____
----------------	----------------------

CALIFORNIA JURAT

CERTIFICATE

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

State of California }

County of San Bernardino }

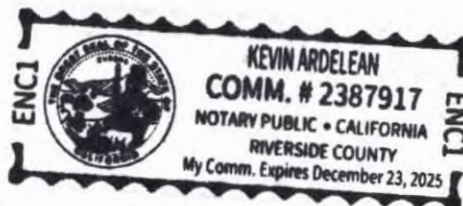
Subscribed and sworn to (or affirmed) before me on this 8th day of August, 2023,

by Paul Viet NGUYEN, proved to me on the basis of

satisfactory evidence to be the person(s) who appeared before me.



Notary Public Signature



(Seal)

OPTIONAL INFORMATION

DOCUMENT

(name or type of document)

(number of pages)

(document date)

SIGNER CAPACITY

(capacity claimed by the signer)

NOTICE
THE NOTARY PUBLIC DOES NOT
CERTIFY THE AUTHORIZED
CAPACITY OF THE SIGNER

BOARD OF PHARMACY

LICENSING DETAILS FOR: TCH 152435

NAME: BRADBERRY III, JESSE JAMES

LICENSE TYPE: PHARMACY TECHNICIAN

LICENSE STATUS: CLEAR
ADDRESS NOT DISCLOSED

1078

ISSUANCE DATE

DECEMBER 11, 2015

EXPIRATION DATE

NOVEMBER 30, 2023

CURRENT DATE / TIME

OCTOBER 9, 2023
1:21:11 PM

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 CA	City San Bernardino	County San Bernardino
Case #	Governing, licensing, Arresting Presiding Body/Agency/Court San Bernardino Police			
Reason/Charge Trespassing				
Plaintiff/Defendant/Claimant/Respondent defendant Jesse J Bradberry			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

I was cited for trespassing on private porperty. My friends and I were drunk after a collge party. As we were walking to get home we decided to take a short cut throught some residential apartments to get to our apartment. Were we loud and belligerent so apartment security had to called the police to issued us a ticket at the time. I was also cited for trespassing on for passing through railroad property try to get home three months later by Railroad Police or San Bernardino police cannot remember. I had to appeared in court for both tickets at the same time to pay a fine and community service for these charges

Original Signature (electronic, copies or stamps not accepted)

11/30/2023

Date

4HH

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: Cabrielle Middle: Ayana Last: Townley
 Date of Birth: [REDACTED] SSN or ITIN: [REDACTED] Sex: ☐ M ☒ F ☐ X
 Mailing Address: [REDACTED] Rancho Crossing St
 City: Las Vegas State: NV Zip: 89130
 Telephone: [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: ACRX Specialty Pharmacy License #: PT 28591
 Address: 8440 West Lake Mead Blvd Ste 103
 City: Las Vegas State: NV Zip: 89128

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: <u>Glassboro High School</u>	Graduation Date OR	
Address: <u>560 Joseph Bawie Blvd</u>	Date GED obtained (mm/yy): <u>06/17</u>	
City: <u>Glassboro</u>	State: <u>NJ</u> Zip: <u>08028</u>	

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		Yes	No
Before answering the questions below, please INITIAL to the right to attest you have read and understand the following: WARNING <u>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.</u>		Initials CT	
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?			☒

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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 <u>signed affidavit</u> 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.

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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.

Gabrielle Townsley

Print Name

[Signature]

Original Signature, no copies or stamps accepted

08/31/23

Date

Board Use Only

Date Received: 9/6/23

Amount: 50-CC-1095732752

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: Gabrielle Tamsley PTT License #: PT 28591
 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 - 8/2023

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 completed 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, Calculations, Sterile Preparation, Compounding, body systems 1&2, Pharmacy Administration, 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

8 123 123
Date

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northwest

CAREER COLLEGE

THIS CERTIFIES THAT

Gabrielle Townsley

Has successfully completed the 840-Hour Entry-Level Pharmacy Technician program, and is
therefore awarded this

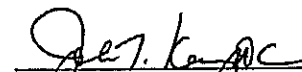
DIPLOMA

Given this 8th day of August, 2023




School Administrator




Director, Dr. John Kenny

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 # 1. Provide all the following where applicable:

Date of Event/Arrest <u>May 2022</u>	Disposition Date	State <u>NV</u>	City <u>Indian Springs</u>	County
Case #	Governing, licensing, Arresting Presiding Body/Agency/Court <u>US Air Force</u>			
Reason/Charge <u>accused of stealing money from organization</u>				
Plaintiff/Defendant/Claimant/Respondent <u>Had a lawyer</u>			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

This situation happened during 2022 which was one of the hardest years of my life I was going through a break off engagement of a very toxic and abusive relationship and mourning the loss of a grandparent while being all the way across the country away from my family my support circle was very small at the time so I went into a depression and was struggling everyday being in the state I wasn't fully myself and aware of everything I was doing. I was apart of a council through the base called Airmen's Council. I was elected as president and was on the council for 2 years. The council is supposed to be for all the airmen on base where we would hold events for them to bring everyone together and give them a good resource to be able to go to. For the council we had a bank associated with the council. Since I was the president my name was on the card and was exactly identical

[Signature]
Original Signature (electronic, copies or stamps not accepted)

Dec 2, 2023
Date

to the other personal checking bank card I had for myself. They were from the bank Navy Federal and ~~where~~ was the color red with my name imprinted on it just like my 2 other cards. In total I had 3 of the cards / 2 personal of mine I cancelled. I'm constantly making different transactions, at the time I was also a landlord and owned my house. I had many bill I was paying and different transactions from rent from my tenants. I had accidentally used that card on a couple of instances due to negligence, I had caught my mistake and make sure I informed everyone that I would be fixing everything and taking care of the situation. Someone then decided to escalate it up to higher authorities where it started a whole case I went through this for a couple of months and had a really great lawyer who helped me so much. Through the months I kept writing statements with my lawyer about what had happened. It got to a point my leadership didn't believe me and my lawyer gave me the option to get out and I would just have to be demoted and get other than honorable discharge. I did not get dishonorable or bad conduct based off my history and how well I did in the military. I got the help I needed and turned my whole life around and finished school with high honors and passed my national exam.

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ANNUAL DISCIPLINE CASES
Reporting Period: January – December 2023

FINDING	HARM	DISCIPLINE INDIVIDUAL	DISCIPLINE FACILITY
YE failed to recognize the incorrect filling of the prescription upon data entry and final verification resulting in the sale of the prescription and failed to provide counseling to patient.	N/A	Fined \$1,000.00; assessed \$500.00 in attorney's fees and costs.	CVS fined \$2,000.00; assessed \$1,000.00 in attorney's fees and costs.
AV made false representation(s) to the Board in two of her PTT applications submitted to the Board.	N/A	Revoked two years; \$358.36 in attorney's fees and costs.	N/A
JLW prescribed controlled substances to Nevada patients during the period where his controlled substance registration was expired.	N/A	Fined \$5,000.00 and \$500.00 in attorney's fees and costs.	N/A
JG: NSBME imposed discipline on JG's license to practice medicine for allowing unlicensed persons to act under his authority to unlawfully operate Image Med Spa and to access, possess, administer, dispense, and/or prescribe dangerous drugs and hypodermic devices to perform cosmetic injections and topical administration of dangerous drugs onsite to patients who had not been examined by a practitioner and without direct practitioner supervision. Some of the drug products and devices purchased are intended for distribution in foreign markets and are not approved for marketing, distribution or use in the U.S.	N/A	Fined \$5,000.00; assessed \$1,000.00 in recoverable attorney's fees and costs.	N/A
MR: NSBME placed MR's license to practice medicine on probation for engaging in conduct in violation of standards of practice related to writing prescriptions for controlled substances.	N/A	2 year suspension; suspension is stayed and MR is placed on probation; fined \$5,000.00; \$1,000.00 in attorney's fees and costs; establish policies	N/A

ANNUAL DISCIPLINE CASES Reporting Period: January – December 2023			
FINDING	HARM	DISCIPLINE INDIVIDUAL	DISCIPLINE FACILITY
		and procedures related to controlled substance prescriptions issued for the treatment of acute or chronic pain.	
DL disciplined by the NSBME on DL's license to practice medicine for failure to maintain medical records related to prescribing controlled substances.	N/A	1 year suspension; suspension is stayed; fined \$2,000.00; \$500.00 attorney's fees and costs; establish policies and procedures to ensure that any controlled substance prescription complies with all applicable federal and state statutes and regulations.	N/A
JS surrendered her NSBME to practice medicine and no longer qualifies for a controlled substance registration.	N/A	Revoked 1 year.	N/A
ES stipulated to responsibility, and the CA Board disciplined ES for violations related to compounding pharmacy regulations.	N/A	5 hours CE in pharmacy operations and pharmacy law and 5 hours CE in USP 797 in addition to CEs required for renewal; not own, have any legal or beneficial interest nor serve as manager, administrator, trustee, associate, or partner of any pharmacy and/or business licensed by the Board for 3; not compound any drugs that are intended to/or result in the shipment into Nevada for 3 years; assessed \$750.00 in attorney's fees and costs.	N/A

ANNUAL DISCIPLINE CASES Reporting Period: January – December 2023			
FINDING	HARM	DISCIPLINE INDIVIDUAL	DISCIPLINE FACILITY
HM diverted controlled substances for personal use from his employer.	N/A	Revoked; fined \$5,000; assessed \$500 in recoverable attorney's fees and costs.	N/A
JLS failed to disclose that she was subject to a Board citation or administrative action on her pharmaceutical technician-in-training application.	N/A	Revoked; fined \$5,000; assessed \$446.23 in recoverable attorney's fees and costs.	N/A
Z, Inc. failed to disclose that they were subject to a Board citation or administrative action on their renewal pharmacy application.	N/A	Fined \$5,000.00; assessed \$500.00 in recoverable attorney's fees and costs.	N/A
GT surrendered her DEA Registration for Cause; unlawfully diverted and self-administered controlled substances during work hours.	N/A	Revoked; fined \$5,000; assessed \$1,000 in recoverable attorney's fees and costs; must submit an evaluation for substance use disorder and comply with any and all recommendations set forth by evaluation/ practitioner.	N/A
CH failed to disclose charges pending in US district court on his 2020 renewal application.	N/A	Fined \$5,000; assessed \$500 in recoverable attorney's fees and costs.	N/A
KMC, LLC appealed the Board's Findings of Fact, Conclusions of Law and Order filed on March 2, 2022. The case was remanded, and the Board heard the appeal on April 12, 2023. The Board found violations that the Respondent engaged in the business of furnishing medical devices in Nevada without a license.	N/A	KMC's license status is currently non-renewed. They may not engage in the business of furnishing medical devices in Nevada unless and until they apply for a license and appears before the Board to answer questions and give testimony regarding the application.	N/A

ANNUAL DISCIPLINE CASES Reporting Period: January – December 2023			
FINDING	HARM	DISCIPLINE INDIVIDUAL	DISCIPLINE FACILITY
CL's NSBVME license to practice veterinary medicine was suspended on December 12, 2022, for non-compliance with NSBVME orders entered in Case No. 06-2016DVM-21 arising from alcohol abuse.	N/A	Revoked 1 year; assessed \$500.00 in recoverable attorney's fees and costs.	N/A
GW was convicted in June 2022, in <i>California vs. Gary Royce Wisner</i> , Sacramento County, California, Superior Court Case No. 18FE013037 on 10 felony counts of health care insurance fraud.	N/A	Revoked for 5 years; assessed \$500.00 in recoverable attorney's fees and costs.	N/A
RF: NSBME imposed discipline on his license to practice medicine for engaging in conduct in violation of the standards of practice established by the NSBME related to prescribing controlled substances.	N/A	RF's CS registration is suspended for a period of 2 years. The suspension is stayed and RF is placed on probation; fined \$5,000.00; assessed \$500.00 in recoverable attorney's fees and costs.	N/A
RZ prescribed controlled substances to Nevada patients during the period where his controlled substance registration was non-renewed.	N/A	Fined \$5,000.00.	N/A
SG prescribed controlled substances to Nevada patients during the period where her controlled substance registration was expired.	N/A	Fined \$5,000.00; \$500.00 in recoverable attorney's fees and costs.	N/A
CC prescribed controlled substances to Nevada patients during the period where her controlled substance registration was expired.	N/A	Fined \$5,000.00; \$500.00 in recoverable attorney's fees and costs.	N/A
EN failed to recognize the incorrect filling of the prescription upon data entry, verified and dispensed the incorrect dosage. He also failed to create a physical or	N/A	EN: fined \$3,000.00; assessed \$500.00 in recoverable attorney's fees and costs.	Fined \$4,500.00; assessed \$500.00 in recoverable attorney's fees and costs.

ANNUAL DISCIPLINE CASES Reporting Period: January – December 2023			
FINDING	HARM	DISCIPLINE INDIVIDUAL	DISCIPLINE FACILITY
electronic record of patient counseling or the refusal of patient counseling for the dispensing of the prescription. CS failed to recognize the incorrect filling of the prescription upon data entry, verified and dispensed the incorrect dosage.		CS: fined \$1,500.00; assessed \$500.00 in recoverable attorney's fees and costs.	
ES prescribed controlled substances to Nevada patients during the period that he did not hold a valid CS.	N/A	Fined \$5,000.00; assessed \$500.00 in recoverable attorney's fees and costs.	N/A
KN, CM, TT verified a final product as accurate when it was not, failed to contact the prescriber to clarify potential duplication errors, overrode Drug Utilization Review alerts and/or erroneously dispensed medication.	N/A	Fined \$1,000.00 per Respondent.	WG fined \$10,000.00; assessed \$5,137.00 in recoverable attorney's fees and costs.
DE disciplined for violations related to failure to place a fill sticker on the back of the original hard-copy of a prescription resulting in duplicate prescriptions.	N/A	Fined \$1,000.00; assessed \$500.00 in recoverable attorney's fees and costs.	WG fined \$2,000.00; assessed \$1,000.00 in recoverable attorney's fees and costs.
MN disciplined for failure to place a fill sticker on the back of the original hard-copy of a prescription; engaged in unprofessional conduct when he performed data entry review and final verification and failed to identify that the patient had already received three fills prescribed on her patient profile; failed to segregate and/or dispose of adulterated and/or expired drugs in the pharmacy's inventory; misrepresented to the Board inspector that all adulterated and/or expired	N/A	Revoked. The revocation is stayed and MN is placed on probation for 2 years; fined \$5,000.00; assessed \$1,000.00 in recoverable attorney's fees and costs. Respondent currently owns a pharmacy and serves as the managing pharmacist. That pharmacy will be subject to quarterly unannounced inspections at the Respondent's expense.	WG fined \$2,000.00; assessed \$1,000.00 in recoverable attorney's fees and costs.

ANNUAL DISCIPLINE CASES Reporting Period: January – December 2023			
FINDING	HARM	DISCIPLINE INDIVIDUAL	DISCIPLINE FACILITY
drugs in the pharmacy's inventory had been segregated and/or disposed of.			
VB disciplined for violations related to prescribing of controlled substances and review of prescriber activity through the PMP.	N/A	Fined \$5,000.00; assessed \$500.00 in recoverable attorney's fees and costs.	N/A
CT disciplined for violations related to failure to enter prescription data correctly and filled a prescription written for trazodone with tramadol.	N/A	Fined \$1,000.00; assessed \$500.00 in recoverable attorney's fees and costs.	N/A
MC prescribed controlled substances to Nevada patients during the period where her CS registration was expired.	N/A	Fined \$5,000.00 and \$500.00 in recoverable attorney's fees and costs.	N/A
WR permitted an employee or staff member to access and utilize his secondary hard token authenticator and/or provided log-on information to his staff member with instructions to e-prescribe prescriptions.	N/A	Fined \$4,000.00, \$500.00 in recoverable attorney's fees and costs and 2 hours of CE, in addition to any medical CE required, regarding prescribing controlled substances.	N/A
JS permitted staff members not licensed as practitioners in Nevada to regularly use his credentials and act under his authority to issue electronic prescriptions for controlled substances. He failed to review his prescriber activity in the PMP between September 23, 2016, and August 13, 2022, and permitted staff members to access the PMP using his credentials; failed to verify the accuracy of dispensed prescriptions and to initial each prescription.	N/A	JS' CS and PD registrations are suspended for 1 year. The suspensions are stayed and he is placed on probation. Fined \$10,000.00 and \$5,363.00 in recoverable attorney's fees and costs; establish and put into practice policies and procedures to ensure that any prescription complies with the provisions of federal and state law, shall be subject to quarterly PMP	N/A

ANNUAL DISCIPLINE CASES Reporting Period: January – December 2023			
FINDING	HARM	DISCIPLINE INDIVIDUAL	DISCIPLINE FACILITY
		compliance checks, and quarterly inspections by Board staff at Respondent's expense.	
RC permitted unlicensed staff to access and/or possess controlled substances and/or dangerous drugs, failure to maintain effective security controls by allowing unregistered persons key access to controlled substances and/or dangerous drugs, failure to issue a written prescription for each medication dispensed, failed to verify medications for accuracy prior to dispensing, failure to maintain complete, accurate and readily retrievable records of all controlled substances and/or dangerous drugs purchased and dispensed, failure to inventory controlled substances at least once every 2 years, failure to properly store and maintain the inventory, failure to segregate and/or dispose of adulterated and/or expired dangerous drugs, possessed pre-drawn, unlabeled syringes containing unidentified dangerous drugs.	N/A	RC's CS and PD registrations are suspended the; suspension is stayed, and RC placed on probation for a period of one year. During the probationary period, his dispensing practice shall undergo 2 inspections by the Board at his expense. Update policies and procedures withing 6 months; fined \$5,000.00 and \$1,000.00 in recoverable attorney's fees and costs.	N/A
LH unlawfully authorized dispensation of medications to patients when she was not present, failure to maintain effective security controls by allowing unregistered persons key access to controlled substances and/or dangerous drugs, failure to issue a written prescription for each	N/A	LH's CS and PD registrations are suspended the; suspension is stayed, and LH placed on probation for a period of one year. During the probationary period, her dispensing practice shall undergo 2 inspections	N/A

ANNUAL DISCIPLINE CASES Reporting Period: January – December 2023			
FINDING	HARM	DISCIPLINE INDIVIDUAL	DISCIPLINE FACILITY
medication dispensed, failure to verify medications for accuracy prior to dispensing, failure to maintain complete, accurate and readily retrievable records of all controlled substances and/or dangerous drugs purchased and dispensed, failure to inventory controlled substances at least once every 2 years, failure to properly store and maintain the inventory, and failure to segregate and/or dispose of adulterated and/or expired dangerous drugs, possessed pre-drawn, unlabeled syringes containing unidentified dangerous drugs.		by the Board at her expense. Update policies and procedures within 6 months; fined \$2,500.00 and \$1,000.00 in recoverable attorney's fees and costs.	
Smith's Pharmacy #389 operated without a managing pharmacist during August 12, 2022, to September 1, 2022.	N/A	N/A	Fined \$5,000; assessed \$500 in recoverable attorney's fees and costs.
JD as managing pharmacist is responsible for a dispensing error caused by pharmacy employees.	N/A	Fined \$3,000; assessed \$500.00 in recoverable attorney's fees and costs.	Fined \$4,000; assessed \$952.60 in recoverable attorney's fees and costs.
BR engaged in the sale of veterinary drugs prior to the issuance of a Nevada Veterinary Drug Supplier License which they were served cease and desist/citation. BR appealed the citation.	N/A	N/A	The Board upheld the \$5,000 fine.
PH neglected to timely notify the Board of the departure of its facility administrator and continued its operations as aMDEG without timely obtaining approval of a qualified facility administrator.	N/A	N/A	Fined \$1,000.00; assessed \$500 in recoverable attorney's fees and costs.

ANNUAL DISCIPLINE CASES Reporting Period: January – December 2023			
FINDING	HARM	DISCIPLINE INDIVIDUAL	DISCIPLINE FACILITY
KS as the managing pharmacist is responsible for the violations allowing a CRNA to circumvent Nevada Pharmacy laws concerning licensed dispensing and sale of drugs, biologicals, medicines, substances, or devices. CTRMC permitted a certified CRNA physician/practitioner level independent access to the hospital's Pyxis Machines to engage in prescribing and/or chart ordering of controlled substances without the appropriate certificate, license, or permit.	Yes	Fined \$2,500; assessed \$500.00 in recoverable attorney's fees and costs.	Fined \$10,000 for the violations; assessed \$3,500.00 in recoverable attorney's fees and costs.
NE responsible for prescriptions filled with copied signatures and use of preprinted prescriptions forms.		Suspended; suspension is stayed; NE placed on probation for one year beginning September 8, 2022; fined \$2,500; assessed \$900 in recoverable attorney's fees and costs.	Suspended; suspension is stayed; LVS is placed on probation for one year beginning on September 8, 2022; fined of \$5,000; assessed \$900 in recoverable attorney's fees and costs.
CP dispensed a prescription for an adult dose of alprazolam to a minor patient. Minor patient ingested two tablets.	Yes	Fined \$1,000; assessed \$500 in recoverable attorney's fees and costs.	N/A
JF overrode DUR warnings noting that the patient has an allergy to propylene glycol and failed to contact the prescriber for an alternative medication.	Yes	Fined \$1,000; assessed \$500 in recoverable attorney's fees and costs.	Fined \$2,000; assessed \$1,000 in recoverable attorney's fees and costs.
Pharmaceutical technician RR falsely represented himself to be a registered pharmacist.	N/A	Suspended; suspension is stayed; RR placed on probation for a period of 1 year; fined \$500; assessed \$500 in recoverable attorney's fees and costs.	N/A

ANNUAL DISCIPLINE CASES Reporting Period: January – December 2023			
FINDING	HARM	DISCIPLINE INDIVIDUAL	DISCIPLINE FACILITY
Smith's Pharmacy operated without a managing pharmacist between March 2, 2022, to April 11, 2022.	N/A	N/A	Fined \$2,000; assessed \$500 in recoverable attorney's fees and costs.
SL verified as accurate a prescription for misoprostol instead of Endometrin as prescribed; overrode a DUR pertaining to the data entry error relating to misoprostol. SL and KP verified as accurate a prescription for Zithromax for the same patient which contained the incorrect quantity and instructions for use as prescribed.	Yes	SL revoked; the revocation is stayed and SL is placed on probation for a period of 1 year; fined \$2,000; assessed \$352.20 in recoverable attorney's fees and costs; 5 continuing education credits related to the practice of pharmacy with an emphasis on safe medication practices. KP revoked; the revocation is stayed and KP is placed on probation for a period of 1 year; fined \$750; assessed \$352.20 in recoverable attorney's fees and costs; and three 3 continuing education credits related to the practice of pharmacy with an emphasis on safe medication practices.	CVS fined \$10,000; assessed \$352.20 in recoverable attorney's fees and costs.
RW issued 119 controlled substance prescriptions from March 2022 to March 2023 for 6 family members with whom he had not established a bona fide therapeutic relationship, had neither diagnosed nor determined that a controlled substance was medically necessary, and without reviewing each patient's utilization report in	N/A	Revoked for a period of five (5) years.	N/A

ANNUAL DISCIPLINE CASES Reporting Period: January – December 2023			
FINDING	HARM	DISCIPLINE INDIVIDUAL	DISCIPLINE FACILITY
the Prescription Monitoring Program. In October 2022, Respondent surrendered his Registration No. FW4079427 to the Drug Enforcement Administration by executing DEA Form 104 – “Voluntary Surrender of Controlled Substance Privileges.” The Respondent no longer qualifies for a controlled substance registration.			
MB self-administered hydromorphone injections without a valid prescription; dispensed controlled substances to Nevada patients without a valid Nevada dispensing practitioner’s registration. He surrendered his DEA Registration on October 31, 2022, which operated as an immediate suspension of his Certificate of Registration No. CS02213. recoverable attorney’s fees and costs.	N/A	Revoked one (1) year; substance abuse evaluation; \$7,500 fine; assessed \$500 in recoverable attorney’s fees and costs.	N/A
JS added three additional refills to a family member’s prescription without practitioner authorization.	N/A	Assessed \$1,013.83 in recoverable attorney’s fees and costs.	
JS failed to comply with the Board’s Order.	N/A	Revoked for two (2) years; must attend two additional hours of CE (one hour of ethics and one hour of HIPAA training); shall attend, in-person, the disciplinary component of two Board meetings; pay the outstanding fine of \$500 outstanding	N/A

ANNUAL DISCIPLINE CASES Reporting Period: January – December 2023			
FINDING	HARM	DISCIPLINE INDIVIDUAL	DISCIPLINE FACILITY
		\$476.34 attorney fees and recoverable costs.	
MP&O engaged in the sale of medical devices prior to obtaining its Medical Products Provider License.	N/A	Fined \$5,000	N/A
RG pled guilty for possession of 3.15 grams of cocaine and admitting to an existing substance abuse disorder.	N/A	Suspended for five (5) years; the suspension is stayed and RG is placed on probation. RG must maintain attendance in substance abuse counseling; counselor to submit quarterly progress reports to Board. Fined \$2000; assessed \$500 in attorney fees and recoverable costs.	N/A
PC failed to timely renew which expired on October 31, 2022. He wrote six hundred and five controlled substances prescriptions between November 1, 2022, and January 18, 2023.	N/A	Fined \$5000; assessed \$500 in attorney fees and recoverable costs.	N/A
JE sold and/or dispensed dangerous drugs without the appropriate certificate by the Board; failed to label parenteral solutions before selling, furnishing, and/or dispensing to customer; failed to properly supervise employees at Hangover Rescue who violated numerous laws relating to dangerous drugs.	N/A	Fined \$1,500 for the violations; assessed \$500.00 in recoverable attorney's fees and costs.	N/A
EV engaged in conduct in violation of the standards of practice established by the Nevada State Board of Medical Examiners related to prescribing controlled	N/A	CS is suspended for two (2) years; the suspension is stayed and is placed on probation. Fined \$5,000; assessed \$1,000 in recoverable attorney's fees and costs.	N/A

ANNUAL DISCIPLINE CASES Reporting Period: January – December 2023			
FINDING	HARM	DISCIPLINE INDIVIDUAL	DISCIPLINE FACILITY
substances to treat acute pain or chronic pain.			
PTTs IC and OH fraudulently secured a pharmaceutical technician in training registration by falsely representing on the application that they were a high school graduate or the equivalent when they were not.	N/A	Revoked one (1) year.	N/A
DD dispensed dangerous drugs and/or controlled substances to consumers in Nevada prior to obtaining a pharmacy license.	N/A	Fined \$5,000.	N/A
GH responsible for the acts of an employee pharmacist who misfilled a prescription for alprazolam; the alprazolam was delivered and ingested by a minor causing patient harm.	N/A	Fined \$1,000; assessed \$500 in recoverable attorney's fees and costs.	N/A
MM pulled an incorrect pediatric dose of Energix B, a hepatitis B vaccine, for an adult patient.	N/A	Fined \$1,000; assessed \$500 in recoverable attorney's fees and costs.	Fined \$1,000; assessed \$500 in recoverable attorney's fees and costs.
MT diverted large quantities of controlled substances including Norco, Percocet and Soma from her employing pharmacy.	N/A	Revoked; may not petition the Board for reinstatement for a period of ten years.	N/A
HW failed to confer with the prescriber on the duplication of therapy and overrode DUR alerts. AG failed to provide medication counseling to patient resulting in the dispensing of duplicate therapy.	N/A	Fined \$1000 and assessed \$500 in recoverable attorney's fees and costs.	Fined \$3000 and assessed \$1,000 in recoverable attorney's fees and costs.
AK informed a patient that medication in stock was limited and refused to fill a prescription, and then falsely represented to the Board	N/A	Suspended; the suspension is stay and the AK is placed on probation for a period of one year. Fined \$2000	Fined \$2000 and assessed \$1,000 in recoverable attorney's fees and costs.

ANNUAL DISCIPLINE CASES Reporting Period: January – December 2023			
FINDING	HARM	DISCIPLINE INDIVIDUAL	DISCIPLINE FACILITY
investigator that there was a shortage of Norco 7.5/325 in the pharmacy stock.		and assessed \$1,000 in recoverable attorney's fees and costs.	
ET pled guilty to possession with intent to distribute oxycodone and alprazolam.	N/A	Revoked; may not petition the Board for reinstatement for a period of ten years.	N/A
JR: The California Board of Registered Nursing revoked JR's license for violations related to the prescribing of controlled substances in California; the revocation was stayed and she was placed on probation for three years. On or about June 26, 2023, JR placed her Nevada nursing license on inactive status. On July 21, 2023, the Board placed Certificate of Registration No. CS29711 on inactive status.	N/A	Revoked; the revocation is stayed pending her completion of probation in NV ending March 31, 2026; complete her CA probation; place her NV nursing license on active status before engaging in the practice of advanced nursing in NV; petition the Board to place her CS on active status before prescribing any dangerous drugs or controlled substances in NV; assessed \$500 in recoverable attorney's fees and costs.	N/A
ST pre-signed prescription blanks and permitted a person not licensed as a practitioner in Nevada to fraudulently issue prescriptions for controlled substances using those pre-signed prescription blanks. ST improperly stored dangerous drugs and/or controlled substances and failed to label compounded drug products.	N/A	Revoked for one year; fined \$2,500 and assessed \$1,000 in recoverable attorney's fees and costs.	N/A
DMN failed to confer with the practitioner, who ostensibly issued a CS prescription, regarding omissions to include the practitioner's	N/A	Fined \$1,000 and assessed \$500 in recoverable attorney's fees and costs.	Fined \$2,000 and assessed \$500 in recoverable attorney's fees and costs.

ANNUAL DISCIPLINE CASES			
Reporting Period: January – December 2023			
FINDING	HARM	DISCIPLINE INDIVIDUAL	DISCIPLINE FACILITY
DEA registration number, ICD-10 code and the full first and last name of the agent who transmitted the electronic prescription, and to confirm the practitioner had issued the prescription.			

5A



BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

**CVS PHARMACY #8794,
Pharmacy License No. PH01405, and**

**BRENDA VAKNIN, RPH,
Certificate of Registration No. 19231,**

Respondents.

**CASE NOS. 19-134-PH-S
19-134-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 Brenda Vaknin, RPh (Vaknin), Certificate of Registration No. 19231, was a pharmacist registered with the Board, and Respondent CVS Pharmacy #8794, Pharmacy License No. PH01405, was a pharmacy licensed by the Board.

FACTUAL ALLEGATIONS

2. Vaknin was employed as managing pharmacist by CVS Pharmacy #8794 at the time of the events alleged herein.

3. On or about July 17, 2019, APRN C.C. submitted an electronic prescription to CVS Pharmacy #8794 for patient J.L. for escitapram oxalate 5mg oral tablet quantity of sixty

(60) with directions to take 2 tablets by mouth daily with 6 refills. Vaknin performed data entry and the CVS computer system designated this prescription no. 1321503.

4. In the course of filling, performing final product review and dispensing prescription no. 1321503, Vaknin erroneously dispensed estradiol 0.5mg and failed to counsel the patient.

5. J.L. ingested the medication from August 6, 2019 through August 15, 2019, and experienced negative medical outcomes including dizziness, light headedness, shortness of breath, and increased anxiety.

6. Records of prescriptions dispensed by CVS Pharmacy #8794 from July 21, 2019, through July 27, 2019, reveal that two hundred and fifty-six (256) dispensed prescriptions lacked any documentation of medication counseling to the patient.

COUNT ONE

Error in Dispensing Prescription/Unprofessional Conduct

(Respondent Vaknin)

7. Unprofessional conduct includes the failure by a registrant to follow strictly the instructions of a practitioner when filling, labeling, and dispensing a prescription. NAC 639.945(1)(d). Unprofessional conduct also includes a licensee performing his or her duties in an "incompetent, unskillful, or negligent manner." NAC 639.945(1)(i).

8. Vaknin engaged in unprofessional conduct as defined in NAC 639.945(1)(d) and (i) when she erroneously dispensed estradiol 0.5mg for prescription no. 1321503, resulting in patient harm, and is therefore subject to discipline pursuant to NRS 639.210(4).

COUNT TWO

Failure to Provide Medication Counseling to Patient

(Respondent Vaknin)

9. A pharmacist shall provide medication counseling to a patient when dispensing a prescription and a pharmacy shall maintain documentation of medication counseling in conformance with NRS 639.266, NAC 639.707 and NAC 639.708.

10. Vaknin violated NRS 639.266 and NAC 639.707 when she failed to provide medication counseling to J.L. for prescription no. 1321503 and is subject to discipline pursuant to NRS 639.210(12).

COUNT THREE

Managing Pharmacist Responsibility

(Respondent Vaknin)

11. A managing pharmacist 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, including recordkeeping. NRS 639.210(12) and (15), NRS 639.220(1) and/or NAC 639.702.

12. As the managing pharmacist of CVS Pharmacy #8794 at the time of the violations alleged herein, including the failure to provide medication counseling to patients and maintain documentation of medication counseling in violation of NRS 639.266, NAC 639.707 and NAC 639.708, Vaknin is responsible for those violations and subject to discipline pursuant to NRS 639.210(12) and (15), NRS 639.220(1) and/or NAC 639.702.

COUNT FOUR

Pharmacy/Pharmacy Owner Responsibility

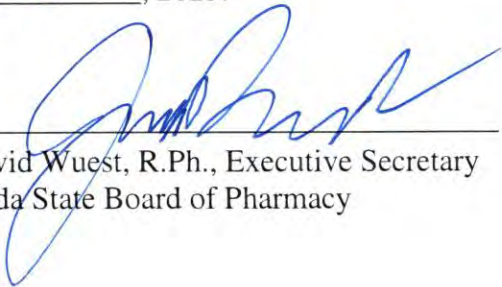
(Respondent CVS Pharmacy #8794)

13. Any violation of any of the provisions of NRS Chapter 639 by a managing pharmacist or by personnel of the pharmacy is cause for the suspension or revocation of the license of the pharmacy by the Board. NRS 639.230(5); NAC 639.702. Further, the owner of any business or facility licensed, certified or registered by the Board is responsible for the acts of all personnel in his or her employ. NAC 639.945(2).

14. As the pharmacy/pharmacy owner at which the violations of law alleged herein occurred, Respondent CVS Pharmacy #8794 is responsible for those violations, including all errors and omissions of Vaknin, pursuant to NRS 639.230(5), NAC 639.702 and/or NAC 639.945(2).

WHEREFORE, it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the licenses and certificates of registrations of these Respondents.

Signed this 30th day of OCTOBER, 2023.



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,

CASE NO. 19-134-PH-S

Petitioner,

v.

CVS PHARMACY #8794,
Pharmacy License No. PH01405,STATEMENT TO THE
RESPONDENT AND
NOTICE OF HEARING

Respondent.

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, January 17, 2024, at 9:00 AM PST, or soon thereafter at the following location:**

**Hilton Garden Inn Las Vegas Strip South
7830 S. Las Vegas Blvd
Las Vegas, NV 89123**

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

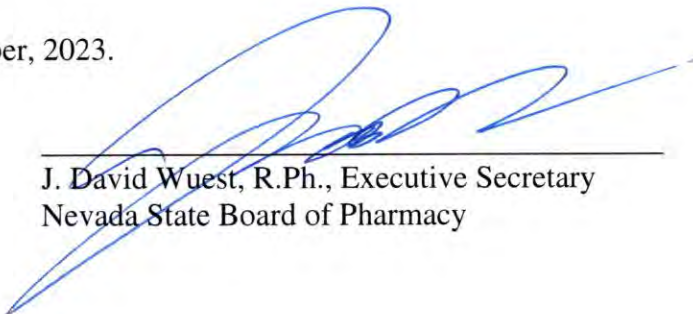
bkandt@pharmacy.nv.gov

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 30th day of October, 2023.



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.****CVS PHARMACY #8794,
Pharmacy License No. PH01405,****Respondent.****CASE NO. 19-134-PH-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 _____, 2023.

TYPE OR PRINT NAME

**AUTHORIZED REPRESENTATIVE FOR
CVS PHARMACY #8794**

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 17th day of November, 2023, I served a true and correct copy of the foregoing document by Certified U.S. Mail and Standard U.S. mail to the following:

CVS Pharmacy #8794
1600 N Buffalo Drive
Las Vegas, NV 89128

Brian J. Convery, Esq.
200 Campus Drive, Suite 310
Florham Park, NJ 07932

Brenda Vaknin, RPH
[REDACTED] Palmares Court
Las Vegas, NV 89134



SHIRLEY HUNTING

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

**CVS PHARMACY #8794,
Pharmacy License No. PH01405, and**

**BRENDA VAKNIN, RPH,
Certificate of Registration No. 19231,**

Respondents.

**CASE NOS. 19-134-PH-S
19-134-RPH-S**

**STIPULATION AND ORDER
(Respondent CVS PHARMACY
#8794 ONLY)**

Brett Kandt, General Counsel for Petitioner the Nevada State Board of Pharmacy (Board) and Respondent CVS Pharmacy #8794, Pharmacy License No. PH01405, **HEREBY STIPULATE AND AGREE THAT:**

1. On or about October 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.
2. Respondent is fully aware of the right to seek the advice of counsel in this matter prior to entering into this Stipulation.
3. 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 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).
4. 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 the rights to a hearing, reconsideration, appeal and any and all other rights related to this action that may be accorded by NRS Chapter 233B (Nevada Administrative Procedure Act), NRS Chapter 622A (Administrative Procedure Before Certain Regulatory Bodies), and NRS Chapter 639 (Nevada Pharmacy Act).

5. Respondent does not contest the allegations in the Accusation, but acknowledges that Board staff prosecuting this case could present such evidence at an administrative hearing to establish a factual basis for the violations alleged therein, *to wit*, that:

A. Respondent Brenda Vaknin, RPh (Vaknin), Certificate of Registration No. 19231, engaged in unprofessional conduct as defined in NAC 639.945(1)(d) and (i) when she erroneously dispensed estradiot 0.5mg for prescription no. 1321503, resulting in patient harm;

B. Vaknin violated NRS 639.266 and NAC 639.707 when she failed to provide medication counseling to J.L. for prescription no. 1321503, resulting in patient harm;

C. As the managing pharmacist of CVS Pharmacy #8794 at the time of the violations alleged herein, including the failure to provide medication counseling to patients and maintain documentation of medication counseling in violation of NRS 639.266, NAC 639.707 and NAC 639.708, Vaknin is responsible for those violations and subject to discipline pursuant to NRS 639.210(12) and (15), NRS 639.220(1) and/or NAC 639.702; and

D. As the pharmacy/pharmacy owner at which the violations of law alleged herein occurred, Respondent CVS Pharmacy #8794 is responsible for those violations, including all errors and omissions of Vaknin, pursuant to NRS 639.230(5), NAC 639.702 and/or NAC 639.945(2).

6. Those violations are plead with particularity in the Accusation and grounds for action pursuant to NRS 639.210 and NRS 639.255.

7. To resolve this matter without incurring any further costs or the expense associated with a hearing, the Board and Respondent CVS Pharmacy #8794, Pharmacy License No. PH01405, stipulate to the following penalties:

A. Pursuant to NRS 639.255(1)(f) and NAC 639.955(5), Respondent CVS Pharmacy #8794 shall pay a fine of Three Thousand Dollars (\$3,000.00) for the violations; and

B. Pursuant to NRS 622.400, Respondent CVS Pharmacy #8794 shall pay Two Thousand Dollars (\$2,000.00) to partially reimburse the Board for recoverable attorney's fees and investigative costs.

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 consistent with the provisions of NRS Chapter 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 January 17, 2024. Respondent will appear in person 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 or counsel are 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 USC § 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 at a later date. The terms and admissions herein may not be used or referred to in a full hearing on the merits of this matter.

12. Upon approval of this Stipulation by the Board, Respondent shall pay the fines agreed to herein 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 thirty (30) days of entry of this Order.

13. Upon approval of this Stipulation by the Board, Respondent shall pay the attorney's fees and investigative costs agreed to herein 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 thirty (30) days of entry of this Order.

14. Subject to the approval of this Stipulation by the Board, the Board and Respondent agree to release one another from any and all additional claims arising from the facts set forth in the Accusation on file herein, whether known or unknown that might otherwise have existed on or before the effective date of this Order.

Respondent has fully considered the charges and allegations contained in the *First Amended Notice of Intended Action and Accusation* in this matter, and the terms of this Stipulation, and have knowingly and voluntarily agreed to the terms set forth herein, and waived certain rights, as stated herein.

AGREED:

Signed this ____ day of January 2024

Signed this ____ day of January 2024

CVS PHARMACY #8794
Pharmacy License No. PH01405

BRETT KANDT, ESQ.
General Counsel
Nevada State Board of Pharmacy

ORDER

The Nevada State Board of Pharmacy hereby adopts the foregoing Stipulation as to Respondent CVS Pharmacy #8794, Pharmacy License No. PH01405, in Case No. 19-134-PH-S, and hereby orders that the terms of the foregoing Stipulation be made immediately effective upon execution below.

IT IS SO ORDERED.

Entered this ____ day of January 2024.

Helen Park, Pharm.D.
President
Nevada State Board of Pharmacy

5B



BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

**CVS PHARMACY #8798,
Pharmacy License No. PH01094, and**

**JOYCE SUAREZ CABRERA, RPH,
Certificate of Registration No. 17102,**

Respondents.

**CASE NOS. 19-267-PH-S
19-267-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 Joyce Suarez Cabrera, RPH (Cabrera), Certificate of Registration No. 17102, was a pharmacist registered with the Board, and Respondent CVS Pharmacy #8798, Pharmacy License No. PH01094, was a pharmacy licensed by the Board.

FACTUAL ALLEGATIONS

2. Cabrera was employed as managing pharmacist by CVS Pharmacy #8798 at the time of the events alleged herein.

3. On or about December 10, 2019, Dr. G.C. submitted two (2) electronic prescriptions to CVS Pharmacy #8798 for patient T.S., one for Metronidazole 250mg oral tablets that CVS computer system designated prescription no. 1374980, and one for Doxycycline 50 mg

oral tablets that CVS computer system designated prescription no. 1374982, with directions to take the medications simultaneously as the prescribed course of treatment/drug therapy.

4. On or about December 10, 2019, pharmacy technician Massouda Ghafoory performed data entry for both prescriptions and Cabera performed DUR verifications. During data entry prescription no. 1374982 for Doxycycline 50 mg was rejected as requiring prior authorization and prescription no. 1374980 for Metronidazole 250mg was processed and dispensed to the patient without documentation of counseling by staff pharmacist Yeon-Kyung Chung.

5. On or about December 19, 2019, patient T.S. received a text message from CVS to pick up prescription no. 1374982 for Doxycycline 50 mg, at which time he was informed that the two medications were to have been taken simultaneously as the prescribed course of treatment/drug therapy. Prescription no. 1374982 for Doxycycline 50 mg was dispensed to the patient without documentation of counseling by Cabrera.

COUNT ONE

Error in Dispensing Prescription/Unprofessional Conduct (Respondent Cabrera)

6. Unprofessional conduct includes the failure by a registrant to follow strictly the instructions of a practitioner when filling, labeling, and dispensing a prescription. NAC 639.945(1)(d). Unprofessional conduct also includes a licensee performing his or her duties in an "incompetent, unskillful, or negligent manner." NAC 639.945(1)(i).

7. A pharmacist shall review a patient's record before dispensing a prescription to determine its therapeutic appropriateness, including overutilization, therapeutic duplications, contraindications and interactions. NAC 639.707(4).

8. 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. NAC 639.252 and NAC 639.702.

9. Cabrera violated NAC 639.707(4) and engaged in unprofessional conduct as defined in NAC 639.945(1)(d) and (i) when she erroneously dispensed prescription no. 1374980 for Metronidazole 250mg without dispensing prescription no. 1374982 for Doxycycline 50 mg to permit patient T.S. to take the two medications simultaneously as the prescribed course of treatment/drug therapy. Cabrera is therefore subject to discipline pursuant to NAC 639.252, NAC 639.702, NRS 639.210(4) and/or (12).

COUNT TWO

Managing Pharmacist Responsibility (Respondent Cabrera)

10. A managing pharmacist 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, including recordkeeping. NRS 639.210(12) and (15), NRS 639.220(1) and/or NAC 639.702.

11. A pharmacist shall provide medication counseling to a patient when dispensing a prescription and a pharmacy shall maintain documentation of medication counseling in conformance with NRS 639.266, NAC 639.707 and NAC 639.708.

12. As the managing pharmacist of CVS Pharmacy #8798 at the time of the violations alleged herein, including the failure to maintain documentation of medication counseling in violation of NRS 639.266, NAC 639.707 and NAC 639.708, Cabrera is responsible for those violations and subject to discipline pursuant to NRS 639.210(12) and (15), NRS 639.220(1) and/or NAC 639.702.

COUNT THREE

Pharmacy/Pharmacy Owner Responsibility (Respondent CVS Pharmacy #8798)

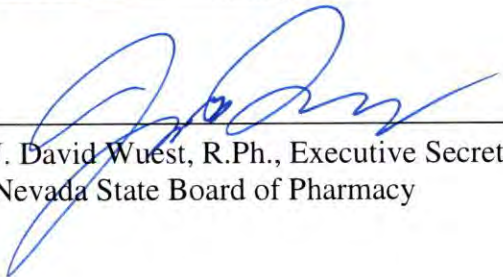
13. Any violation of any of the provisions of NRS Chapter 639 by a managing pharmacist or by personnel of the pharmacy is cause for the suspension or revocation of the license of the pharmacy by the Board. NRS 639.230(5); NAC 639.702. Further, the owner of

any business or facility licensed, certified or registered by the Board is responsible for the acts of all personnel in his or her employ. NAC 639.945(2).

14. As the pharmacy/pharmacy owner at which the violations of law alleged herein occurred, Respondent CVS Pharmacy #8798 is responsible for those violations, including all errors and omissions of Cabrera, Chung and Ghafoory, pursuant to NRS 639.230(5), NAC 639.702 and/or NAC 639.945(2).

WHEREFORE, it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the pharmacy license, and certificates of registrations of these Respondents.

Signed this 16th day of NOVEMBER 2023.



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.

CVS PHARMACY #8798,
Pharmacy License No. PH01094,

Respondent.

CASE NO. 19-267-PH-S

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, January 17, 2024, at 9:00 AM PST, or soon thereafter at the following location:

**Hilton Garden Inn Las Vegas Strip South
7830 S. Las Vegas Blvd
Las Vegas, NV 89123**

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:

TeamRC@Pharmacy.nv.gov

and

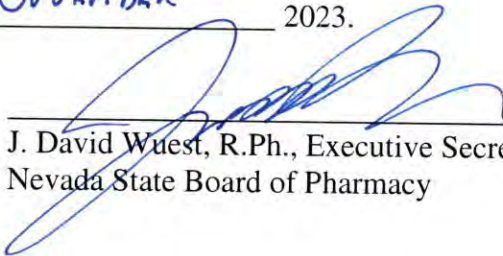
bkandt@pharmacy.nv.gov

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 16th day of NOVEMBER 2023.



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.****CVS PHARMACY #8798,
Pharmacy License No. PH01094,****Respondent.****CASE NO. 19-267-PH-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 _____, 2023.

TYPE OR PRINT NAME

**AUTHORIZED REPRESENTATIVE FOR
CVS PHARMACY #8798**

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 17th day of November 2023, I served a true and correct copy of the foregoing document by Certified U.S. Mail and Standard U.S. mail to the following:

Joyce Suarez Cabrera, RPH
[REDACTED] Nautilus Shell St.
Las Vegas, NV 89139

CVS Pharmacy #8798
5985 W. Tropicana Ave.
Las Vegas, NV 89103

Brian J. Convery, Esq.
200 Campus Drive, Suite 310
Florham Park, NJ 07932


SHIRLEY HUNTING

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

**CVS PHARMACY #8798,
Pharmacy License No. PH01094, and**

**JOYCE SUAREZ CABRERA, RPH,
Certificate of Registration No. 17102,**

Respondents.

**CASE NOS. 19-267-PH-S
19-267-RPH-S**

STIPULATION AND ORDER

Brett Kandt, General Counsel for Petitioner the Nevada State Board of Pharmacy (Board), Respondent Joyce Suarez Cabrera, RPh (Cabrera), Certificate of Registration No. 17102, and Respondent CVS Pharmacy #8798, Pharmacy License No. PH01094, **HEREBY STIPULATE AND AGREE THAT:**

1. On or about November 16, 2023, Respondents were served with the Notice of Intended Action and Accusation (Accusation) on file in this matter together with the Statement to Respondent and Notice of Hearing.
2. Respondents are fully aware of the right to seek the advice of counsel in this matter prior to entering into this Stipulation.
3. Respondents are 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 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).

4. Conditioned on the acceptance of this Stipulation by the Board, and with the exception of the right to challenge any determination that Respondents have failed to comply with the provisions of this Stipulation, Respondents hereby knowingly and voluntarily waive the rights to a hearing, reconsideration, appeal and any and all other rights related to this action that may be accorded by NRS Chapter 233B (Nevada Administrative Procedure Act), NRS Chapter 622A (Administrative Procedure Before Certain Regulatory Bodies), and NRS Chapter 639 (Nevada Pharmacy Act).

5. Respondents do not contest the allegations in the Accusation, but acknowledge that Board staff prosecuting this case could present such evidence at an administrative hearing to establish a factual basis for the violations alleged therein, *to wit*, that:

A. Cabrera violated NAC 639.707(4) and engaged in unprofessional conduct as defined in NAC 639.945(1)(d) and (i) when she erroneously dispensed prescription no. 1374980 for Metronidazole 250mg without dispensing prescription no. 1374982 for Doxycycline 50 mg to permit patient T.S. to take the two medications simultaneously as the prescribed course of treatment/drug therapy;

B. As the managing pharmacist of CVS Pharmacy #8798 at the time of the violations alleged herein, including the failure to maintain documentation of medication counseling in violation of NRS 639.266, NAC 639.707 and NAC 639.708, Cabrera is responsible for those violations and subject to discipline pursuant to NRS 639.210(12) and (15), NRS 639.220(1) and/or NAC 639.702; and

C. As the pharmacy/pharmacy owner at which the violations of law alleged herein occurred, Respondent CVS Pharmacy #8798 is responsible for those violations, including all errors and omissions of Cabrera, staff pharmacist Yeon-Kyung Chung and pharmacy technician Massouda Ghafoory, pursuant to NRS 639.230(5), NAC 639.702 and/or NAC 639.945(2).

6. Those violations are plead with particularity in the Accusation and grounds for action pursuant to NRS 639.210 and NRS 639.255.

7. To resolve this matter without incurring any further costs or the expense associated with a hearing, the Board and Respondent Joyce Suarez Cabrera, RPh, Certificate of Registration No. 17102, stipulate to the following penalties:

A. Pursuant to NRS 639.255(1)(f) and NAC 639.955(5), Respondent Cabrera shall pay a fine of One Thousand Dollars (\$1,000.00) for the violations; and

B. Pursuant to NRS 622.400, Respondent Cabrera shall pay Five Hundred Dollars (\$500.00) to partially reimburse the Board for recoverable attorney's fees and investigative costs.

8. To resolve this matter without incurring any further costs or the expense associated with a hearing, the Board and Respondent CVS Pharmacy #8798, Pharmacy License No. PH01094, stipulate to the following penalties:

A. Pursuant to NRS 639.255(1)(f) and NAC 639.955(5), Respondent CVS Pharmacy #8798 shall pay a fine of Two Thousand Dollars (\$2,000.00) for the violations; and

B. Pursuant to NRS 622.400, Respondent CVS Pharmacy #8798 shall pay One Thousand Dollars (\$1,000.00) to partially reimburse the Board for recoverable attorney's fees and investigative costs.

9. Any failure by any Respondent to comply with the terms of this Order may result in issuance by the Executive Secretary of an order to show cause pursuant to NAC 639.965 directing the non-compliant Respondent(s) to appear before the Board at the next regularly scheduled meeting for a show cause hearing. If such a hearing results in a finding of a violation of this Order by any Respondent, the Board may impose additional discipline upon the non-compliant Respondent(s) consistent with the provisions of NRS Chapter 639.

10. General Counsel will present this Stipulation to the Board for approval pursuant to NRS 622.330 at the Board's regularly scheduled public meeting on January 17, 2024.

Respondents will appear in person at the meeting to answer questions from the Board Members and/or Board Staff. The Board Members and Staff may discuss and deliberate regarding this Stipulation, even if Respondents or counsel are not present at the meeting.

11. The Board has discretion to accept this Stipulation, but it is not obligated to do so. If this Stipulation is approved by the Board, it shall be a public record pursuant to NRS 622.330 and shall be reported to the National Practitioner Data Bank pursuant to 42 USC § 1396r-2 and 45 CFR Part 60.

12. If the Board rejects any part or all of this Stipulation, and unless they reach an alternative agreement on the record during the hearing, the parties agree that a full hearing on the merits of this matter may be heard by the Board at a later date. The terms and admissions herein may not be used or referred to in a full hearing on the merits of this matter.

13. Upon approval of this Stipulation by the Board, Respondents shall pay the fines agreed to herein 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 thirty (30) days of entry of this Order.

14. Upon approval of this Stipulation by the Board, Respondents shall pay the attorney's fees and investigative costs agreed to herein 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 thirty (30) days of entry of this Order.

15. Subject to the approval of this Stipulation by the Board, the Board and Respondents agree to release one another from any and all additional claims arising from the

facts set forth in the Accusation on file herein, whether known or unknown that might otherwise have existed on or before the effective date of this Order.

Respondents have fully considered the charges and allegations contained in the *First Amended Notice of Intended Action and Accusation* in this matter, and the terms of this Stipulation, and have knowingly and voluntarily agreed to the terms set forth herein, and waived certain rights, as stated herein.

AGREED:

Signed this ____ day of January 2024

Signed this ____ day of January 2024

CVS PHARMACY #8798
Pharmacy License No. PH01094

JOYCE SUAREZ CABRERA, RPH
Certificate of Registration No. 17102

Signed this ____ day of January 2024

BRETT KANDT, ESQ.
General Counsel
Nevada State Board of Pharmacy

ORDER

The Nevada State Board of Pharmacy hereby adopts the foregoing Stipulation as to Respondents Joyce Suarez Cabrera, RPh, Certificate of Registration No. 17102, and CVS Pharmacy #8798, Pharmacy License No. PH01094, in Case Nos. 19-267-PH-S and 19-267-RPH-S, and hereby orders that the terms of the foregoing Stipulation be made immediately effective upon execution below.

IT IS SO ORDERED.

Entered this ____ day of January 2024.

Helen Park, Pharm.D.
 President
 Nevada State Board of Pharmacy

5C



BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

**CVS PHARMACY #8798,
Pharmacy License No. PH01094, and**

**JOYCE SUAREZ CABRERA, RPH,
Certificate of Registration No. 17102,**

Respondents.

**CASE NOS. 19-267-PH-S
19-267-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 Joyce Suarez Cabrera, RPH (Cabrera), Certificate of Registration No. 17102, was a pharmacist registered with the Board, and Respondent CVS Pharmacy #8798, Pharmacy License No. PH01094, was a pharmacy licensed by the Board.

FACTUAL ALLEGATIONS

2. Cabrera was employed as managing pharmacist by CVS Pharmacy #8798 at the time of the events alleged herein.

3. On or about December 10, 2019, Dr. G.C. submitted two (2) electronic prescriptions to CVS Pharmacy #8798 for patient T.S., one for Metronidazole 250mg oral tablets that CVS computer system designated prescription no. 1374980, and one for Doxycycline 50 mg

oral tablets that CVS computer system designated prescription no. 1374982, with directions to take the medications simultaneously as the prescribed course of treatment/drug therapy.

4. On or about December 10, 2019, pharmacy technician Massouda Ghafoory performed data entry for both prescriptions and Cabera performed DUR verifications. During data entry prescription no. 1374982 for Doxycycline 50 mg was rejected as requiring prior authorization and prescription no. 1374980 for Metronidazole 250mg was processed and dispensed to the patient without documentation of counseling by staff pharmacist Yeon-Kyung Chung.

5. On or about December 19, 2019, patient T.S. received a text message from CVS to pick up prescription no. 1374982 for Doxycycline 50 mg, at which time he was informed that the two medications were to have been taken simultaneously as the prescribed course of treatment/drug therapy. Prescription no. 1374982 for Doxycycline 50 mg was dispensed to the patient without documentation of counseling by Cabrera.

COUNT ONE

Error in Dispensing Prescription/Unprofessional Conduct (Respondent Cabrera)

6. Unprofessional conduct includes the failure by a registrant to follow strictly the instructions of a practitioner when filling, labeling, and dispensing a prescription. NAC 639.945(1)(d). Unprofessional conduct also includes a licensee performing his or her duties in an "incompetent, unskillful, or negligent manner." NAC 639.945(1)(i).

7. A pharmacist shall review a patient's record before dispensing a prescription to determine its therapeutic appropriateness, including overutilization, therapeutic duplications, contraindications and interactions. NAC 639.707(4).

8. 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. NAC 639.252 and NAC 639.702.

9. Cabrera violated NAC 639.707(4) and engaged in unprofessional conduct as defined in NAC 639.945(1)(d) and (i) when she erroneously dispensed prescription no. 1374980 for Metronidazole 250mg without dispensing prescription no. 1374982 for Doxycycline 50 mg to permit patient T.S. to take the two medications simultaneously as the prescribed course of treatment/drug therapy. Cabrera is therefore subject to discipline pursuant to NAC 639.252, NAC 639.702, NRS 639.210(4) and/or (12).

COUNT TWO

Managing Pharmacist Responsibility (Respondent Cabrera)

10. A managing pharmacist 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, including recordkeeping. NRS 639.210(12) and (15), NRS 639.220(1) and/or NAC 639.702.

11. A pharmacist shall provide medication counseling to a patient when dispensing a prescription and a pharmacy shall maintain documentation of medication counseling in conformance with NRS 639.266, NAC 639.707 and NAC 639.708.

12. As the managing pharmacist of CVS Pharmacy #8798 at the time of the violations alleged herein, including the failure to maintain documentation of medication counseling in violation of NRS 639.266, NAC 639.707 and NAC 639.708, Cabrera is responsible for those violations and subject to discipline pursuant to NRS 639.210(12) and (15), NRS 639.220(1) and/or NAC 639.702.

COUNT THREE

Pharmacy/Pharmacy Owner Responsibility (Respondent CVS Pharmacy #8798)

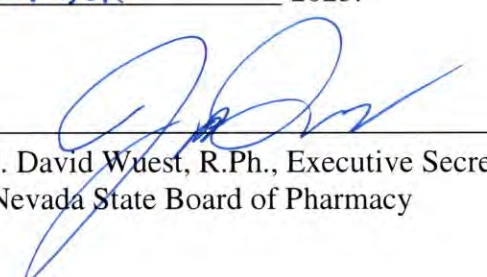
13. Any violation of any of the provisions of NRS Chapter 639 by a managing pharmacist or by personnel of the pharmacy is cause for the suspension or revocation of the license of the pharmacy by the Board. NRS 639.230(5); NAC 639.702. Further, the owner of

any business or facility licensed, certified or registered by the Board is responsible for the acts of all personnel in his or her employ. NAC 639.945(2).

14. As the pharmacy/pharmacy owner at which the violations of law alleged herein occurred, Respondent CVS Pharmacy #8798 is responsible for those violations, including all errors and omissions of Cabrera, Chung and Ghafoory, pursuant to NRS 639.230(5), NAC 639.702 and/or NAC 639.945(2).

WHEREFORE, it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the pharmacy license, and certificates of registrations of these Respondents.

Signed this 16th day of NOVEMBER 2023.



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,

CASE NO. 19-267-RPH-S

Petitioner,

v.

JOYCE SUAREZ CABRERA, RPH,
Certificate of Registration No. 17102,STATEMENT TO THE
RESPONDENT AND
NOTICE OF HEARING

Respondent.

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, January 17, 2024, at 9:00 AM PST, or soon thereafter at the following location:

**Hilton Garden Inn Las Vegas Strip South
7830 S. Las Vegas Blvd
Las Vegas, NV 89123**

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

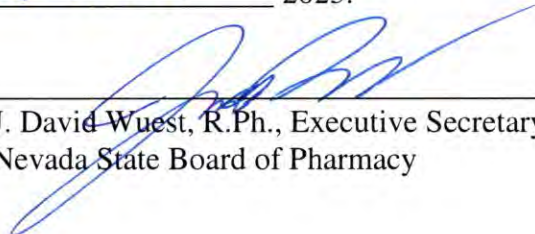
bkandt@pharmacy.nv.gov

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 16th day of NOVEMBER 2023.



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.****JOYCE SUAREZ CABRERA, RPH,
Certificate of Registration No. 17102,****Respondent.****CASE NO. 19-267-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 _____, 2023.

JOYCE SUAREZ CABRERA, RPH

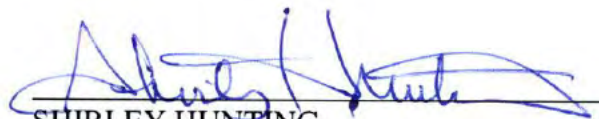
CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 17th day of November 2023, I served a true and correct copy of the foregoing document by Certified U.S. Mail and Standard U.S. mail to the following:

Joyce Suarez Cabrera, RPH
[REDACTED] Nautilus Shell St.
Las Vegas, NV 89139

CVS Pharmacy #8798
5985 W. Tropicana Ave.
Las Vegas, NV 89103

Brian J. Convery, Esq.
200 Campus Drive, Suite 310
Florham Park, NJ 07932



SHIRLEY HUNTING

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

**CVS PHARMACY #8798,
Pharmacy License No. PH01094, and**

**JOYCE SUAREZ CABRERA, RPH,
Certificate of Registration No. 17102,**

Respondents.

**CASE NOS. 19-267-PH-S
19-267-RPH-S**

STIPULATION AND ORDER

Brett Kandt, General Counsel for Petitioner the Nevada State Board of Pharmacy (Board), Respondent Joyce Suarez Cabrera, RPh (Cabrera), Certificate of Registration No. 17102, and Respondent CVS Pharmacy #8798, Pharmacy License No. PH01094, **HEREBY STIPULATE AND AGREE THAT:**

1. On or about November 16, 2023, Respondents were served with the Notice of Intended Action and Accusation (Accusation) on file in this matter together with the Statement to Respondent and Notice of Hearing.
2. Respondents are fully aware of the right to seek the advice of counsel in this matter prior to entering into this Stipulation.
3. Respondents are 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 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).

4. Conditioned on the acceptance of this Stipulation by the Board, and with the exception of the right to challenge any determination that Respondents have failed to comply with the provisions of this Stipulation, Respondents hereby knowingly and voluntarily waive the rights to a hearing, reconsideration, appeal and any and all other rights related to this action that may be accorded by NRS Chapter 233B (Nevada Administrative Procedure Act), NRS Chapter 622A (Administrative Procedure Before Certain Regulatory Bodies), and NRS Chapter 639 (Nevada Pharmacy Act).

5. Respondents do not contest the allegations in the Accusation, but acknowledge that Board staff prosecuting this case could present such evidence at an administrative hearing to establish a factual basis for the violations alleged therein, *to wit*, that:

A. Cabrera violated NAC 639.707(4) and engaged in unprofessional conduct as defined in NAC 639.945(1)(d) and (i) when she erroneously dispensed prescription no. 1374980 for Metronidazole 250mg without dispensing prescription no. 1374982 for Doxycycline 50 mg to permit patient T.S. to take the two medications simultaneously as the prescribed course of treatment/drug therapy;

B. As the managing pharmacist of CVS Pharmacy #8798 at the time of the violations alleged herein, including the failure to maintain documentation of medication counseling in violation of NRS 639.266, NAC 639.707 and NAC 639.708, Cabrera is responsible for those violations and subject to discipline pursuant to NRS 639.210(12) and (15), NRS 639.220(1) and/or NAC 639.702; and

C. As the pharmacy/pharmacy owner at which the violations of law alleged herein occurred, Respondent CVS Pharmacy #8798 is responsible for those violations, including all errors and omissions of Cabrera, staff pharmacist Yeon-Kyung Chung and pharmacy technician Massouda Ghafoory, pursuant to NRS 639.230(5), NAC 639.702 and/or NAC 639.945(2).

6. Those violations are plead with particularity in the Accusation and grounds for action pursuant to NRS 639.210 and NRS 639.255.

7. To resolve this matter without incurring any further costs or the expense associated with a hearing, the Board and Respondent Joyce Suarez Cabrera, RPh, Certificate of Registration No. 17102, stipulate to the following penalties:

A. Pursuant to NRS 639.255(1)(f) and NAC 639.955(5), Respondent Cabrera shall pay a fine of One Thousand Dollars (\$1,000.00) for the violations; and

B. Pursuant to NRS 622.400, Respondent Cabrera shall pay Five Hundred Dollars (\$500.00) to partially reimburse the Board for recoverable attorney's fees and investigative costs.

8. To resolve this matter without incurring any further costs or the expense associated with a hearing, the Board and Respondent CVS Pharmacy #8798, Pharmacy License No. PH01094, stipulate to the following penalties:

A. Pursuant to NRS 639.255(1)(f) and NAC 639.955(5), Respondent CVS Pharmacy #8798 shall pay a fine of Two Thousand Dollars (\$2,000.00) for the violations; and

B. Pursuant to NRS 622.400, Respondent CVS Pharmacy #8798 shall pay One Thousand Dollars (\$1,000.00) to partially reimburse the Board for recoverable attorney's fees and investigative costs.

9. Any failure by any Respondent to comply with the terms of this Order may result in issuance by the Executive Secretary of an order to show cause pursuant to NAC 639.965 directing the non-compliant Respondent(s) to appear before the Board at the next regularly scheduled meeting for a show cause hearing. If such a hearing results in a finding of a violation of this Order by any Respondent, the Board may impose additional discipline upon the non-compliant Respondent(s) consistent with the provisions of NRS Chapter 639.

10. General Counsel will present this Stipulation to the Board for approval pursuant to NRS 622.330 at the Board's regularly scheduled public meeting on January 17, 2024.

Respondents will appear in person at the meeting to answer questions from the Board Members and/or Board Staff. The Board Members and Staff may discuss and deliberate regarding this Stipulation, even if Respondents or counsel are not present at the meeting.

11. The Board has discretion to accept this Stipulation, but it is not obligated to do so. If this Stipulation is approved by the Board, it shall be a public record pursuant to NRS 622.330 and shall be reported to the National Practitioner Data Bank pursuant to 42 USC § 1396r-2 and 45 CFR Part 60.

12. If the Board rejects any part or all of this Stipulation, and unless they reach an alternative agreement on the record during the hearing, the parties agree that a full hearing on the merits of this matter may be heard by the Board at a later date. The terms and admissions herein may not be used or referred to in a full hearing on the merits of this matter.

13. Upon approval of this Stipulation by the Board, Respondents shall pay the fines agreed to herein 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 thirty (30) days of entry of this Order.

14. Upon approval of this Stipulation by the Board, Respondents shall pay the attorney's fees and investigative costs agreed to herein 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 thirty (30) days of entry of this Order.

15. Subject to the approval of this Stipulation by the Board, the Board and Respondents agree to release one another from any and all additional claims arising from the

facts set forth in the Accusation on file herein, whether known or unknown that might otherwise have existed on or before the effective date of this Order.

Respondents have fully considered the charges and allegations contained in the *First Amended Notice of Intended Action and Accusation* in this matter, and the terms of this Stipulation, and have knowingly and voluntarily agreed to the terms set forth herein, and waived certain rights, as stated herein.

AGREED:

Signed this ____ day of January 2024

Signed this ____ day of January 2024

**CVS PHARMACY #8798
Pharmacy License No. PH01094**

**JOYCE SUAREZ CABRERA, RPh
Certificate of Registration No. 17102**

Signed this ____ day of January 2024

**BRETT KANDT, ESQ.
General Counsel
Nevada State Board of Pharmacy**

ORDER

The Nevada State Board of Pharmacy hereby adopts the foregoing Stipulation as to Respondents Joyce Suarez Cabrera, RPh, Certificate of Registration No. 17102, and CVS Pharmacy #8798, Pharmacy License No. PH01094, in Case Nos. 19-267-PH-S and 19-267-RPH-S, and hereby orders that the terms of the foregoing Stipulation be made immediately effective upon execution below.

IT IS SO ORDERED.

Entered this ____ day of January 2024.

Helen Park, Pharm.D.
President
Nevada State Board of Pharmacy

5D



BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

**CARRIE LEE LAMBERT, DVM,
Certificate of Registration No. DV00694,**

Respondent.

Case No. 22-484-DV-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 Carrie Lee Lambert, DVM, held a dispensing veterinarian registration, Certificate of Registration No. DV00694, issued by the Board.

FACTUAL ALLEGATIONS

2. On or about July 23, 2015, the Nevada State Board of Veterinary Medical Examiners (NSBVME) entered an order in Case No. 06-2016DVM-21 and imposed discipline on Respondent's License No. 1116 to practice veterinary medicine for engaging in conduct in violation of the standards of practice established by the NSBVME.

3. On or about February 13, 2019, the NSBVME entered an order in Case No. 06-2016DVM-21 allowing reinstatement of Respondent's License No. 1116 to practice veterinary medicine subject to certain conditions.

4. On or about October 15, 2020, Respondent appeared before the Board and was granted her dispensing veterinarian registration subject to the conditions that she remain in compliance with the NSBVME orders entered in Case No. 06-2016DVM-21 and that Pharmacist Recovery Network evaluations be submitted quarterly to the Board.

5. On or about December 12, 2022, the NSBVME suspended Respondent's License No. 1116 to practice veterinary medicine for non-compliance with the NSBVME orders entered in Case No. 06-2016DVM-21 arising from alcohol abuse.

6. On or about January 27, 2023, Board staff served Respondent with notice that the suspension of her License No. 1116 to practice veterinary medicine operates as an immediate suspension of her Certificate of Registration No. DV00694 with the Board.

7. Respondent has failed to comply with the conditions placed on her dispensing veterinarian registration by the Board.

APPLICABLE LAW

8. A veterinarian must hold an active license from the NSBVME to practice his or her profession in this State and be registered with the Board to dispense prescription drugs. NRS 639.100; NRS 639.23505; NAC 639.7423.

9. 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).

10. Violating any term or condition of an order issued by the Board constitutes unprofessional conduct or conduct contrary to the public interest pursuant to NAC 639.945(1)(l) and is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(4).

11. A substance use disorder is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(5).

COUNT ONE

Suspension of License to Practice Veterinary Medicine for Cause

12. By the suspension of Respondent's License No. 1116 to practice veterinary medicine for non-compliance with the NSBVME orders entered in Case No. 06-2016DVM-21 arising from alcohol abuse, Respondent no longer qualifies for registration as a dispensing veterinarian under state law and is subject to discipline pursuant to NRS 639.210(5).

13. The pre-hearing suspension of Respondent's Certificate of Registration No. DV00694 pursuant to NRS 233B.127(3) and/or NRS 639.2107 is subject to review by the Board. *Barry v. Barchi*, 443 U.S. 55, 99 S. Ct. 2642 (1979); *Spiegel v. Ryan*, 946 F.2d 1435, 1439 (9th Cir. 1991).

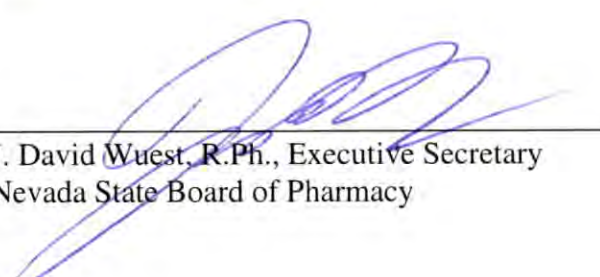
COUNT TWO

Unprofessional Conduct

14. By her actions as alleged herein, Respondent has performed her duties as the holder of a Nevada dispensing veterinarian registration in an incompetent, unskillful or negligent manner, violated the conditions placed upon her dispensing veterinarian registration, and engaged in unprofessional conduct as defined in NAC 639.945(1)(i) and (l), 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 certificates of registration of this respondent.

DATED this 2nd day of MARCH 2023.



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,

Case No. 22-484-DV-N

Petitioner,

v.

**CARRIE LEE LAMBERT, DVM,
Certificate of Registration No. DV00694,**

**STATEMENT TO THE
RESPONDENT AND
NOTICE OF HEARING**

Respondent.

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 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.

2. 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 622A.320; NRS 639.243.

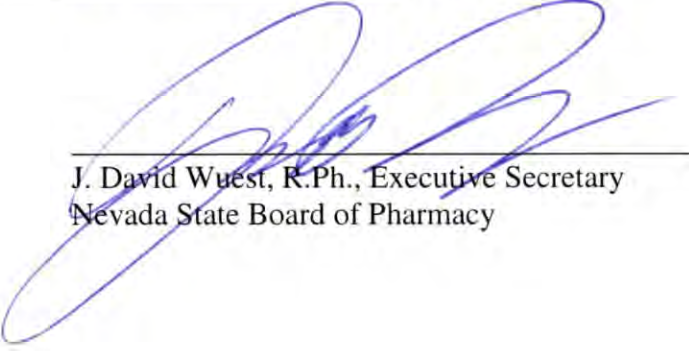
3. **The Board has scheduled your hearing on this matter for Wednesday, April 12, 2023, at 9:00 AM PST or soon thereafter at the following location:**

**Hyatt Place
1790 E. Plumb Lane
Reno, NV 89502**

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 2nd day of MARCH 2023.



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.****CARRIE LEE LAMBERT, DVM,
Certificate of Registration No. DV00694,****Respondent.****Case No. 22-484-DV-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.

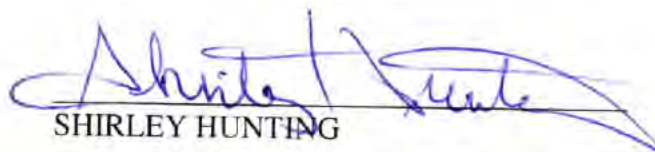
DATED this _____ day of _____ 2023.

CARRIE LEE LAMBERT, DVM

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 2nd day of March 2023, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

Carrie Lee Lambert, DVM
[REDACTED] Satellite Drive
Sparks, NV 89436


SHIRLEY HUNTING

MAR 13 2023

NEVADA STATE BOARD
OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

CARRIE LEE LAMBERT, DVM,
Certificate of Registration No. DV00694,

Respondent.

Case No. 22-484-DV-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 admit I relapsed on alcohol after years of sobriety and notified the Nevada State Veterinary Board. Currently I am suspended with them pending a period of time of proven sobriety. Therefore, I am not disputing your accusations.

Please note that I never practiced or prescribed under the influence, nor have I abused or misused my license to prescribe. This matter was drawn to attention by me notifying them personally.

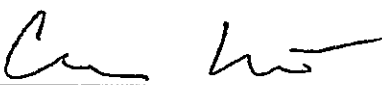
Currently I am back in AA and working with my sponsor to help identify where I went wrong and what I can do differently. The other step I am taking is to attend out Patient Services with step 2. Through them I receive individual counseling along with several random tests a week. I will have them email a verification of my enrollment there. Additionally, I will sign a release of information so you may have access to my test results if desired.

I am kindly asking for suspension rather than revocation at this time and to appear before you April 12th to discuss this matter.

Thank you for your time and understanding,
Carrie Lambert, DVM

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 6 day of March 2023.


CARRIE LEE LAMBERT, DVM

5E



BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

THUYTRANG HUYNH, RPH,
Certificate of Registration No. 14865,

MICHAEL WILLSON, RPH,
Certificate of Registration No. 08512,

and,

CVS PHARMACY # 8819,
Pharmacy License No. PH02047,

Respondents.

Case Nos. 19-060-RPH-A-S
19-060-RPH-B-S
19-060-PH-S

NOTICE OF INTENDED ACTION
AND ACCUSATION

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy 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 Thuytrang Huynh (“Respondent Huynh”), because Respondent Huynh holds a certificate of registration issued by the Board pursuant to NRS 639.127, authorizing her to engage in the practice of pharmacy in the state of Nevada.

2. The Board has personal jurisdiction over Respondent Michael Willson (“Respondent Willson”), because Respondent Willson 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.

3. The Board has personal jurisdiction over Respondent CVS Pharmacy #8819 (“Respondent CVS”), because Respondent CVS holds a license issued by the Board pursuant to NRS

639.230, authorizing the operation of a pharmacy located at 4800 W. Charleston Blvd., Las Vegas Nevada.

4. The Board has jurisdiction over the subject matter of this accusation because, at the time of the violations alleged herein, Respondents Huynh and Willson were Nevada-registered pharmacists engaged in the practice of pharmacy at a business location operated by Respondent CVS in Las Vegas, Nevada.

FACTUAL ALLEGATIONS

5. In February 2019, Respondents Huynh and Willson were registered pharmacists employed by Respondent CVS at its pharmacy on West Charleston Boulevard in Las Vegas, Nevada.

6. On February 19, 2019, while on duty at the pharmacy location on West Charleston Boulevard, Respondent Huynh filled prescriptions for patient J.Z. ("J.Z."). Following abdominal surgery, J.Z.'s physician, Dr. Mustafa Ahmed, M.D., had written three prescriptions for J.Z.: one for hydrocodone-acetaminophen, another for ondansetron ODT, and a third for metoprolol tartrate.

7. Pharmacy Technician Raul Duarte (PT Duarte) transferred the prescription information for J.Z. into Respondent CVS's drug utilization review (DUR) system. J.Z.'s prescriptions were assigned prescription nos. 827096 (hydrocodone-acetaminophen), 827097 (ondansetron ODT), and 827098 (metoprolol tartrate).

8. In performing the data entry, PT Duarte mistakenly attributed a fourth prescription to J.Z. This fourth prescription for "magic mouthwash" was written by Dr. Joseph Lasky, M.D., for patient J.C., not J.Z. The fourth prescription instructed J.C., an oncology patient, to rinse his mouth with an oral solution consisting of lidocaine, diphenhydramine, and antacid (hereinafter "magic mouthwash"). This fourth prescription was assigned prescription no. 827099.

9. As Respondent Huynh attempted to fill prescription nos. 827096, 827097, 827098, and 827099, the DUR system signaled an alert for prescription 827099, indicating that the magic mouthwash would interact negatively with the other medications that J.Z. was taking. Respondent Huynh instructed PT Duarte to perform the data entry again.

10. In performing data entry for the second time, PT Duarte once again attributed prescription no. 827099 for magic mouthwash to J.Z., as opposed to J.C. The DUR system once again signaled the drug-interaction alert for prescription 827099. This time, Respondent Huynh overrode the alert and filled prescription no. 827099, along with prescription nos. 827096, 827097, and 827098. Each was labeled with instructions for use by J.Z.

11. On the afternoon of February 19, 2019, J.Z.'s mother left the pharmacy with each of the four drugs that corresponded to prescription nos. 827096, 827097, and 827098 and 827099. According to J.Z.'s mother, J.Z. used each of the drugs, including the magic mouthwash, according to the instructions on the labels. J.Z.'s mother stated that J.Z. used the magic mouthwash for 3 days before realizing that it had not been prescribed for him.

12. On the afternoon of February 19, 2019, Respondent Willson was the pharmacist in charge of the pharmacy when J.Z.'s mother picked up J.Z.'s prescriptions. Respondent Willson was responsible for counseling J.Z.'s mother and/or for insuring that she was properly counseled. J.Z.'s mother stated that nobody offered her counseling or asked her whether she had questions about J.Z.'s prescriptions.

13. Prescription nos. 827097 (ondansetron ODT) and 827098 (metoprolol tartrate) were new prescriptions for J.Z. As noted above, prescription no. 827099 (magic mouthwash) was mistakenly dispensed to J.Z.'s mother with instructions for use by J.Z. Respondent CVS's records indicate that counseling was provided for prescription no. 827098. Respondent CVS was unable to produce records of counseling for prescription nos. 827097 and 827099. Respondent Willson stated that he had no recollection of the transactions in question.

14. On February 28, 2019, J.Z.'s attorney, Dan Laird, filed a complaint with the Board stating that J.Z.'s use of the magic mouthwash caused J.Z. to "experience severe spasm of his stomach against fresh suture lines causing severe pain." Mr. Laird also stated that J.Z. had suffered from nausea and extensive gagging.

APPLICABLE LAW

15. 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. NRS 639.210(4). Likewise, the Board may revoke or suspend the registration of any pharmacist who has violated any provision of Nevada law relating to prescription drugs. NRS 639.210(12). In lieu of revoking or suspending a pharmacist's registration, the Board may impose fines as a disciplinary measure. NRS 639.255; NAC 639.955.

16. A pharmacist's conduct is deemed unprofessional if the pharmacist fails to strictly follow the instructions of the person writing, making, or ordering a prescription as to its filling or refilling. NAC 639.945(1)(d). Additionally, a pharmacist's conduct is deemed unprofessional if the pharmacist fails to confer with the person writing, making, or ordering a prescription if there is an error or omission in it which should be questioned. NAC 639.945(1)(e). Finally, a pharmacist's conduct is deemed unprofessional if the pharmacist performs his or her duties in an incompetent, unskillful or negligent manner. NAC 639.945(1)(i).

17. Unless otherwise provided by law, a pharmacist must verbally provide a patient or a person caring for the patient with information about each prescription drug or device dispensed to the patient. Failure to provide appropriate counseling to the patient constitutes a violation of NRS 639.707(1). Pursuant to NRS 639.210(12), the Board may discipline a pharmacist who violates NRS 639.707(1).

18. Pursuant to NAC 639.707(6), a pharmacist or intern pharmacist shall, at the time that counseling is provided or refused, initial a written document that is maintained at the pharmacy to record whether counseling was provided to or refused by a patient or the person caring for the patient. Pursuant to NRS 639.210(12), the Board may discipline a pharmacist who violates NAC 639.707(6).

19. Pursuant to NAC 639.708, a pharmacy must maintain any record made by the pharmacist regarding counseling. Pursuant to NRS 639.210(12), the Board may discipline a pharmacy that violates NAC 639.708.

20. 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

21. On or about February 19, 2019, Respondent Huynh caused magic mouthwash to be dispensed to J.Z. even though she knew or should have known that J.Z.'s physician had not prescribed magic mouthwash for J.Z.

22. Respondent Huynh's conduct as alleged above was unprofessional because she failed to strictly follow the instructions of J.Z.'s physician regarding the three drugs that were prescribed for J.Z., allowing a fourth drug to be added to the order even though that drug did not appear on the physician's prescription. NAC 639.945(1)(d).

23. Respondent Huynh's conduct as alleged above was unprofessional because she failed to confer with J.Z.'s physician after having been alerted to potentially dangerous drug interactions between magic mouthwash and the other drugs that J.Z. was taking. NAC 639.945(1)(e).

24. Respondent Huynh's conduct as alleged above was unprofessional because she performed her duties in an incompetent, unskillful or negligent manner by failing to compare J.Z.'s physical prescription, as written by his physician, with the prescription information that PT Duarte incorrectly entered into the pharmacy's prescription management system. NAC 639.945(1)(i).

25. Respondent Huynh's unprofessional conduct caused harm to J.Z.

26. For any of the instances of unprofessional conduct as alleged above, the Board may discipline Respondent Huynh pursuant to NRS 639.210(4), NRS 639.255(1), NAC 639.945, and NAC 639.955.

27. As the owner/operator of the pharmacy at which Respondent Huynh worked, Respondent CVS is liable for Respondent Huynh's unprofessional conduct. Accordingly, the Board may discipline Respondent CVS pursuant to NRS 639.210(4), NRS 639.230(5), NRS 639.255(1), NAC 639.945, and NAC 639.955.

COUNT TWO

Failure by Pharmacist to Comply with Applicable Law

28. On or about February 19, 2019, Respondent Willson was the pharmacist on duty responsible for counseling J.Z.'s mother when she arrived at CVS Pharmacy to pick up J.Z.'s prescriptions. By neglecting to counsel J.Z.'s mother before she left the pharmacy with an incorrectly dispensed prescription for magic mouthwash, Respondent Willson violated the provisions NRS 639.707(1).

29. Had Respondent Willson properly counseled J.Z.'s mother, the counseling would potentially have alerted J.Z.'s mother that she had been given the wrong drug.

30. Based on the foregoing, the Board may discipline Respondent Willson pursuant to NRS 639.210(12), NRS 639.255(1), and NAC 639.955.

31. As the owner/operator of the pharmacy at which Respondent Willson worked, Respondent CVS is liable for Respondent Willson's conduct as described above. Accordingly, the Board may discipline Respondent CVS pursuant to NRS 639.210(12), NRS 639.230(5), NRS 639.255(1), and NAC 639.955.

COUNT THREE

Violation by a Pharmacist of Applicable Law

32. On or about February 19, 2019, Respondent Willson was the pharmacist on duty responsible for counseling J.Z.'s mother when she arrived at CVS Pharmacy to pick up J.Z.'s prescriptions.

33. Respondent did not make a record as to whether counseling was provided to or refused by J.Z.'s mother.

34. By failing to make a record of counseling as alleged above, Respondent Willson violated NAC 639.707(6).

35. Based on the foregoing, Respondent Willson may be disciplined pursuant to NRS 639.210(12), NRS 639.255(1), and NAC 639.955.

COUNT FOUR
Violation by a Pharmacy of Applicable Law

36. On or about February 19, 2019, Respondent Willson was the pharmacist on duty responsible for counseling J.Z.'s mother when she arrived at CVS Pharmacy to pick up J.Z.'s prescriptions.

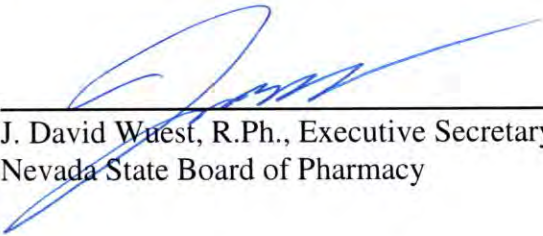
37. As an alternative to the allegations stated in Count Three above, assuming Respondent Willson made a record as to whether counseling was provided to or refused by J.Z.'s mother, Respondent CVS did not maintain that record as required by NAC 639.708.

38. By failing to maintain a record of counseling as alleged above, Respondent CVS violated NAC 639.708.

39. Based on the foregoing, Respondent CVS may be disciplined pursuant to NRS 639.230(5), NRS 639.210(12), NRS 639.255(1), and NAC 639.955.

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificates of registration of Respondents Huynh and Willson and the pharmacy license of Respondent CVS.

DATED this 17th day of NOVEMBER 2023.



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,

CASE NO. 19-060-PH-S

Petitioner,

v.

CVS PHARMACY # 8819,
Pharmacy License No. PH02047,STATEMENT TO THE
RESPONDENT AND
NOTICE OF HEARING

Respondent.

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, January 17, 2024, at 9:00 AM PST, or soon thereafter at the following location:

**Hilton Garden Inn Las Vegas Strip South
7830 S. Las Vegas Blvd
Las Vegas, NV 89123**

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

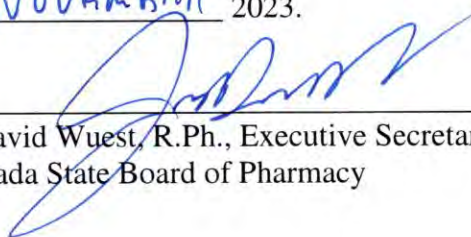
zunino@pharmacy.nv.gov

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 17th day of NOVEMBER 2023.



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.****CVS PHARMACY # 8819,
Pharmacy License No. PH02047,****Respondent.****CASE NO. 19-060-PH-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 _____, 2023.

TYPE OR PRINT NAME

**AUTHORIZED REPRESENTATIVE FOR
CVS PHARMACY # 8819**

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 17th day of November, 2023, I served a true and correct copy of the foregoing document by Certified U.S. Mail and Standard U.S. mail to the following:

Thuytrang Huynh, RPH
[REDACTED] Wellspring Ave
Las Vegas, NV 89183

Michael Willson, RPH
[REDACTED] El Presidente Drive
Las Vegas, NV 89129

CVS Pharmacy #8819
4800 W. Charleston Blvd
Las Vegas, NV 89146

Brian J. Convery, Esq.
200 Campus Drive, Suite 310
Florham Park, NJ 07932


SHIRLEY HUNTING

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

**THUYTRANG HUYNH, RPH,
Certificate of Registration No. 14865,**

**MICHAEL WILLSON, RPH,
Certificate of Registration No. 08512,**

and,

**CVS PHARMACY #8819,
Pharmacy License No. PH02047**

Respondents.

**Case No. 19-060-RPH-A-S
19-060-RPH-B-S
19-060-PH-S**

STIPULATION AND ORDER

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy ("Board"), by and through its Senior General Counsel, Gregory L. Zunino, and Respondents CVS Pharmacy #8819 ("Respondent CVS"), Michael Willson ("Respondent Willson"), and Thuytrang Huynh ("Respondent Huynh"), acting individually and/or through their authorized representatives, hereby stipulate and agree as follows:

1. The Board has jurisdiction over Respondent CVS, Respondent Willson, and Respondent Huynh (collectively "Respondents").
2. The Board's staff properly served Respondents 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 undersigned representative of Respondent CVS hereby warrants and represents that he/she has all necessary corporate power and authority to execute this Stipulation and Proposed Order ("Stipulation") on the company's behalf.
4. Respondents acknowledge that they understand the terms of this Stipulation, and that they have executed it knowingly and voluntarily.

5. Respondents acknowledge that they are aware of the right to a hearing on the matters alleged in the Accusation, the right to reconsideration of a Board determination in a contested case, the right to appeal a Board determination in a contested case, and all other rights afforded Respondents 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 Respondents have failed to comply with the provisions of the paragraphs below, Respondents hereby freely and voluntarily waives the right to a hearing, reconsideration, appeal, and other rights related to this action as identified above.

7. Without admitting to a violation of law, each of Respondents admits that evidence exists, and that the Board counsel prosecuting this case could present such evidence at an administrative hearing, to establish a factual basis for certain of the violations alleged in the Accusation as detailed in paragraphs 8A, 8B, and 8C below.

8. To resolve this matter without incurring any further costs or the expenses associated with a hearing, the Board and Respondents agree to the imposition of the following penalties:

A. Respondent CVS shall pay an administrative fine of Two Thousand and 00/100 Dollars (\$2000.00) for the violations alleged in Count One and Count Two of the Accusation. Further, Respondent CVS shall pay the sum of Three Hundred Fifty and 00/100 Dollars (\$350.00) to partially reimburse the Board for recoverable attorney's fees and costs incurred in investigating and prosecuting this matter.

B. Respondent Huynh shall pay an administrative fine of One Thousand and 00/100 Dollars (\$1,000.00) for the violation alleged in Count One of the Accusation. Further, Respondent Huynh shall pay the sum of Three Hundred Fifty and 00/100 Dollars (\$350.00) to partially reimburse the Board for recoverable attorney's fees and costs incurred in investigating and prosecuting this matter.

C. Respondent Willson shall pay an administrative fine of One Thousand and 00/100 Dollars (\$1,000.00) for the violation alleged in Count Two of the Accusation. Further, Respondent Willson shall pay the sum of Three Hundred Fifty and 00/100 Dollars (\$350.00) to partially reimburse the Board for recoverable attorney's fees and costs incurred in investigating and prosecuting this matter.

D. Upon approval of this Stipulation, Count Three and Count Four of the Accusation shall be dismissed.

9. Failure by any 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 said 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, the Board may impose additional discipline consistent 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 January 16, 2024, in Las Vegas, Nevada. The Board Members and Staff may discuss and deliberate regarding this Stipulation even if one or both Respondents 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. Upon approval of this Stipulation by the Board, each Respondent shall pay the applicable fine agreed to herein by *check* or *money order* payable to "**State of Nevada, Office of the Treasurer.**" Payments shall be remitted in full to the Board's Reno office, located at 985 Damonte Ranch Parkway, Suite 206, Reno, Nevada 89521, by March 1, 2024.

14. Upon approval of this Stipulation by the Board, each Respondent shall pay the attorney's fees and costs agreed to herein by *check* or *money order* payable to "**Nevada State Board of Pharmacy.**" Payment shall be remitted in full to the Board's Reno office, located at 985 Damonte Ranch Parkway, Suite 206, Reno, Nevada 89521, by March 1, 2024.

15. Subject to the approval of this Stipulation by the Board, the parties agree to release each other from any or all additional claims arising from the facts set forth in the Accusation on file herein.

AGREED:

Signed this ____ day of December 2023.

Signed this 28th day of December 2023.

CVS PHARMACY #8819

NEVADA STATE BOARD OF PHARMACY

By _____
BRIAN CONVERY, ESQ.
Pharmacy Regulatory Affairs
CVS Health

By Gregory Zunino
GREGORY L. ZUNINO
Senior General Counsel
Nevada Bar No. 4805

Signed this __ day of December 2023

Signed this __ day of December 2023

THUYTRANG HUYNH, RPH
Certificate of Registration No. 14865

MICHAEL WILLSON, RPH,
Certificate of Registration No. 08512

14. Upon approval of this Stipulation by the Board, each Respondent shall pay the attorney's fees and costs agreed to herein by *check* or *money order* payable to "Nevada State Board of Pharmacy." Payment shall be remitted in full to the Board's Reno office, located at 985 Damonte Ranch Parkway, Suite 206, Reno, Nevada 89521, by March 1, 2024.

15. Subject to the approval of this Stipulation by the Board, the parties agree to release each other from any or all additional claims arising from the facts set forth in the Accusation on file herein.

AGREED:

Signed this ____ day of December 2023.

CVS PHARMACY #8819

By _____
BRIAN CONVERY, ESQ.
 Pharmacy Regulatory Affairs
 CVS Health

Signed this __ day of December 2023

THUYTRANG HUYNH, RPH
 Certificate of Registration No. 14865

Signed this 28 day of December 2023.

NEVADA STATE BOARD OF PHARMACY

By _____
GREGORY L. ZUNINO
 Senior General Counsel
 Nevada Bar No. 4805

Signed this 28 day of December 2023



MICHAEL WILLSON, RPH,
 Certificate of Registration No. 08512

Treasurer. Payments shall be remitted in full to the Board's Reno office, located at 985 Damonte Ranch Parkway, Suite 206, Reno, Nevada 89521, by March 1, 2024.

14. Upon approval of this Stipulation by the Board, each Respondent shall pay the attorney's fees and costs agreed to herein by *check* or *money order* payable to "**Nevada State Board of Pharmacy.**" Payment shall be remitted in full to the Board's Reno office, located at 985 Damonte Ranch Parkway, Suite 206, Reno, Nevada 89521, by March 1, 2024.

15. Subject to the approval of this Stipulation by the Board, the parties agree to release each other from any or all additional claims arising from the facts set forth in the Accusation on file herein.

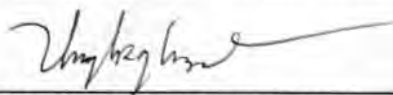
AGREED:

Signed this ____ day of December 2023.

**CVS PHARMACY #8819
PHARMACY**

By _____
BRIAN CONVERY, ESQ.
Pharmacy Regulatory Affairs
CVS Health

Signed this 28 day of December 2023



THUYTRANG HUYNH, RPH
Certificate of Registration No. 14865

Signed this ____ day of December 2023.

NEVADA STATE BOARD OF

By _____
GREGORY L. ZUNINO
Senior General Counsel
Nevada Bar No. 4805

Signed this ____ day of December 2023

MICHAEL WILLSON, RPH,
Certificate of Registration No. 08512

DECISION AND ORDER

The Nevada State Board of Pharmacy hereby adopts the foregoing Stipulation as its final decision in Case No. 19-060-RPH-A-S, Case No. 19-060-RPH-B-S, and Case No. 19-060-PH-S, 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 16th day of January 2024.

Helen Park, President
Nevada State Board of Pharmacy

5F



BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

THUYTRANG HUYNH, RPH,
Certificate of Registration No. 14865,

MICHAEL WILLSON, RPH,
Certificate of Registration No. 08512,

and,

CVS PHARMACY # 8819,
Pharmacy License No. PH02047,

Respondents.

Case Nos. 19-060-RPH-A-S
19-060-RPH-B-S
19-060-PH-S

NOTICE OF INTENDED ACTION
AND ACCUSATION

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy 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 Thuytrang Huynh ("Respondent Huynh"), because Respondent Huynh holds a certificate of registration issued by the Board pursuant to NRS 639.127, authorizing her to engage in the practice of pharmacy in the state of Nevada.

2. The Board has personal jurisdiction over Respondent Michael Willson ("Respondent Willson"), because Respondent Willson 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.

3. The Board has personal jurisdiction over Respondent CVS Pharmacy #8819 ("Respondent CVS"), because Respondent CVS holds a license issued by the Board pursuant to NRS

639.230, authorizing the operation of a pharmacy located at 4800 W. Charleston Blvd., Las Vegas Nevada.

4. The Board has jurisdiction over the subject matter of this accusation because, at the time of the violations alleged herein, Respondents Huynh and Willson were Nevada-registered pharmacists engaged in the practice of pharmacy at a business location operated by Respondent CVS in Las Vegas, Nevada.

FACTUAL ALLEGATIONS

5. In February 2019, Respondents Huynh and Willson were registered pharmacists employed by Respondent CVS at its pharmacy on West Charleston Boulevard in Las Vegas, Nevada.

6. On February 19, 2019, while on duty at the pharmacy location on West Charleston Boulevard, Respondent Huynh filled prescriptions for patient J.Z. ("J.Z."). Following abdominal surgery, J.Z.'s physician, Dr. Mustafa Ahmed, M.D., had written three prescriptions for J.Z.: one for hydrocodone-acetaminophen, another for ondansetron ODT, and a third for metoprolol tartrate.

7. Pharmacy Technician Raul Duarte (PT Duarte) transferred the prescription information for J.Z. into Respondent CVS's drug utilization review (DUR) system. J.Z.'s prescriptions were assigned prescription nos. 827096 (hydrocodone-acetaminophen), 827097 (ondansetron ODT), and 827098 (metoprolol tartrate).

8. In performing the data entry, PT Duarte mistakenly attributed a fourth prescription to J.Z. This fourth prescription for "magic mouthwash" was written by Dr. Joseph Lasky, M.D., for patient J.C., not J.Z. The fourth prescription instructed J.C., an oncology patient, to rinse his mouth with an oral solution consisting of lidocaine, diphenhydramine, and antacid (hereinafter "magic mouthwash"). This fourth prescription was assigned prescription no. 827099.

9. As Respondent Huynh attempted to fill prescription nos. 827096, 827097, 827098, and 827099, the DUR system signaled an alert for prescription 827099, indicating that the magic mouthwash would interact negatively with the other medications that J.Z. was taking. Respondent Huynh instructed PT Duarte to perform the data entry again.

10. In performing data entry for the second time, PT Duarte once again attributed prescription no. 827099 for magic mouthwash to J.Z., as opposed to J.C. The DUR system once again signaled the drug-interaction alert for prescription 827099. This time, Respondent Huynh overrode the alert and filled prescription no. 827099, along with prescription nos. 827096, 827097, and 827098. Each was labeled with instructions for use by J.Z.

11. On the afternoon of February 19, 2019, J.Z.'s mother left the pharmacy with each of the four drugs that corresponded to prescription nos. 827096, 827097, and 827098 and 827099. According to J.Z.'s mother, J.Z. used each of the drugs, including the magic mouthwash, according to the instructions on the labels. J.Z.'s mother stated that J.Z. used the magic mouthwash for 3 days before realizing that it had not been prescribed for him.

12. On the afternoon of February 19, 2019, Respondent Willson was the pharmacist in charge of the pharmacy when J.Z.'s mother picked up J.Z.'s prescriptions. Respondent Willson was responsible for counseling J.Z.'s mother and/or for insuring that she was properly counseled. J.Z.'s mother stated that nobody offered her counseling or asked her whether she had questions about J.Z.'s prescriptions.

13. Prescription nos. 827097 (ondansetron ODT) and 827098 (metoprolol tartrate) were new prescriptions for J.Z. As noted above, prescription no. 827099 (magic mouthwash) was mistakenly dispensed to J.Z.'s mother with instructions for use by J.Z. Respondent CVS's records indicate that counseling was provided for prescription no. 827098. Respondent CVS was unable to produce records of counseling for prescription nos. 827097 and 827099. Respondent Willson stated that he had no recollection of the transactions in question.

14. On February 28, 2019, J.Z.'s attorney, Dan Laird, filed a complaint with the Board stating that J.Z.'s use of the magic mouthwash caused J.Z. to "experience severe spasm of his stomach against fresh suture lines causing severe pain." Mr. Laird also stated that J.Z. had suffered from nausea and extensive gagging.

APPLICABLE LAW

15. 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. NRS 639.210(4). Likewise, the Board may revoke or suspend the registration of any pharmacist who has violated any provision of Nevada law relating to prescription drugs. NRS 639.210(12). In lieu of revoking or suspending a pharmacist's registration, the Board may impose fines as a disciplinary measure. NRS 639.255; NAC 639.955.

16. A pharmacist's conduct is deemed unprofessional if the pharmacist fails to strictly follow the instructions of the person writing, making, or ordering a prescription as to its filling or refilling. NAC 639.945(1)(d). Additionally, a pharmacist's conduct is deemed unprofessional if the pharmacist fails to confer with the person writing, making, or ordering a prescription if there is an error or omission in it which should be questioned. NAC 639.945(1)(e). Finally, a pharmacist's conduct is deemed unprofessional if the pharmacist performs his or her duties in an incompetent, unskillful or negligent manner. NAC 639.945(1)(i).

17. Unless otherwise provided by law, a pharmacist must verbally provide a patient or a person caring for the patient with information about each prescription drug or device dispensed to the patient. Failure to provide appropriate counseling to the patient constitutes a violation of NRS 639.707(1). Pursuant to NRS 639.210(12), the Board may discipline a pharmacist who violates NRS 639.707(1).

18. Pursuant to NAC 639.707(6), a pharmacist or intern pharmacist shall, at the time that counseling is provided or refused, initial a written document that is maintained at the pharmacy to record whether counseling was provided to or refused by a patient or the person caring for the patient. Pursuant to NRS 639.210(12), the Board may discipline a pharmacist who violates NAC 639.707(6).

19. Pursuant to NAC 639.708, a pharmacy must maintain any record made by the pharmacist regarding counseling. Pursuant to NRS 639.210(12), the Board may discipline a pharmacy that violates NAC 639.708.

20. 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

21. On or about February 19, 2019, Respondent Huynh caused magic mouthwash to be dispensed to J.Z. even though she knew or should have known that J.Z.'s physician had not prescribed magic mouthwash for J.Z.

22. Respondent Huynh's conduct as alleged above was unprofessional because she failed to strictly follow the instructions of J.Z.'s physician regarding the three drugs that were prescribed for J.Z., allowing a fourth drug to be added to the order even though that drug did not appear on the physician's prescription. NAC 639.945(1)(d).

23. Respondent Huynh's conduct as alleged above was unprofessional because she failed to confer with J.Z.'s physician after having been alerted to potentially dangerous drug interactions between magic mouthwash and the other drugs that J.Z. was taking. NAC 639.945(1)(e).

24. Respondent Huynh's conduct as alleged above was unprofessional because she performed her duties in an incompetent, unskillful or negligent manner by failing to compare J.Z.'s physical prescription, as written by his physician, with the prescription information that PT Duarte incorrectly entered into the pharmacy's prescription management system. NAC 639.945(1)(i).

25. Respondent Huynh's unprofessional conduct caused harm to J.Z.

26. For any of the instances of unprofessional conduct as alleged above, the Board may discipline Respondent Huynh pursuant to NRS 639.210(4), NRS 639.255(1), NAC 639.945, and NAC 639.955.

27. As the owner/operator of the pharmacy at which Respondent Huynh worked, Respondent CVS is liable for Respondent Huynh's unprofessional conduct. Accordingly, the Board may discipline Respondent CVS pursuant to NRS 639.210(4), NRS 639.230(5), NRS 639.255(1), NAC 639.945, and NAC 639.955.

COUNT TWO

Failure by Pharmacist to Comply with Applicable Law

28. On or about February 19, 2019, Respondent Willson was the pharmacist on duty responsible for counseling J.Z.'s mother when she arrived at CVS Pharmacy to pick up J.Z.'s prescriptions. By neglecting to counsel J.Z.'s mother before she left the pharmacy with an incorrectly dispensed prescription for magic mouthwash, Respondent Willson violated the provisions NRS 639.707(1).

29. Had Respondent Willson properly counseled J.Z.'s mother, the counseling would potentially have alerted J.Z.'s mother that she had been given the wrong drug.

30. Based on the foregoing, the Board may discipline Respondent Willson pursuant to NRS 639.210(12), NRS 639.255(1), and NAC 639.955.

31. As the owner/operator of the pharmacy at which Respondent Willson worked, Respondent CVS is liable for Respondent Willson's conduct as described above. Accordingly, the Board may discipline Respondent CVS pursuant to NRS 639.210(12), NRS 639.230(5), NRS 639.255(1), and NAC 639.955.

COUNT THREE

Violation by a Pharmacist of Applicable Law

32. On or about February 19, 2019, Respondent Willson was the pharmacist on duty responsible for counseling J.Z.'s mother when she arrived at CVS Pharmacy to pick up J.Z.'s prescriptions.

33. Respondent did not make a record as to whether counseling was provided to or refused by J.Z.'s mother.

34. By failing to make a record of counseling as alleged above, Respondent Willson violated NAC 639.707(6).

35. Based on the foregoing, Respondent Willson may be disciplined pursuant to NRS 639.210(12), NRS 639.255(1), and NAC 639.955.

COUNT FOUR
Violation by a Pharmacy of Applicable Law

36. On or about February 19, 2019, Respondent Willson was the pharmacist on duty responsible for counseling J.Z.'s mother when she arrived at CVS Pharmacy to pick up J.Z.'s prescriptions.

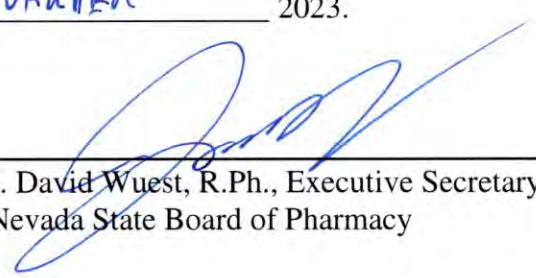
37. As an alternative to the allegations stated in Count Three above, assuming Respondent Willson made a record as to whether counseling was provided to or refused by J.Z.'s mother, Respondent CVS did not maintain that record as required by NAC 639.708.

38. By failing to maintain a record of counseling as alleged above, Respondent CVS violated NAC 639.708.

39. Based on the foregoing, Respondent CVS may be disciplined pursuant to NRS 639.230(5), NRS 639.210(12), NRS 639.255(1), and NAC 639.955.

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificates of registration of Respondents Huynh and Willson and the pharmacy license of Respondent CVS.

DATED this 17th day of NOVEMBER 2023.



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.

THUYTRANG HUYNH, RPH,
Certificate of Registration No. 14865,

Respondent.

CASE NO. 19-060-RPH-A-S

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, January 17, 2024, at 9:00 AM PST, or soon thereafter at the following location:**

**Hilton Garden Inn Las Vegas Strip South
7830 S. Las Vegas Blvd
Las Vegas, NV 89123**

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

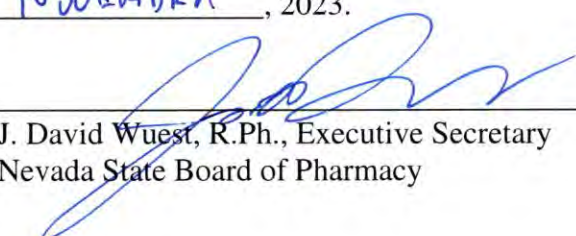
zunino@pharmacy.nv.gov

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 17th day of NOVEMBER, 2023.



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.****THUYTRANG HUYNH, RPH,
Certificate Of Registration No. 14865,****Respondent.****CASE NO. 19-060-RPH-A-S****ANSWER AND NOTICE
OF DEFENSE**

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his/her objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him/her, is hereby interposed on the following grounds: (State specific objections or insert "none").

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 _____, 2023.

THUYTRANG HUYNH, RPH

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 17th day of November, 2023, I served a true and correct copy of the foregoing document by Certified U.S. Mail and Standard U.S. mail to the following:

Thuytrang Huynh, RPH
[REDACTED] Wellspring Ave
Las Vegas, NV 89183

Michael Willson, RPH
[REDACTED] El Presidente Drive
Las Vegas, NV 89129

CVS Pharmacy #8819
4800 W. Charleston Blvd
Las Vegas, NV 89146

Brian J. Convery, Esq.
200 Campus Drive, Suite 310
Florham Park, NJ 07932


SHIRLEY HUNTING

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

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**MICHAEL WILLSON, RPH,
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**CVS PHARMACY #8819,
Pharmacy License No. PH02047**

Respondents.

**Case No. 19-060-RPH-A-S
19-060-RPH-B-S
19-060-PH-S**

STIPULATION AND ORDER

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy ("Board"), by and through its Senior General Counsel, Gregory L. Zunino, and Respondents CVS Pharmacy #8819 ("Respondent CVS"), Michael Willson ("Respondent Willson"), and Thuytrang Huynh ("Respondent Huynh"), acting individually and/or through their authorized representatives, hereby stipulate and agree as follows:

1. The Board has jurisdiction over Respondent CVS, Respondent Willson, and Respondent Huynh (collectively "Respondents").
2. The Board's staff properly served Respondents 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 undersigned representative of Respondent CVS hereby warrants and represents that he/she has all necessary corporate power and authority to execute this Stipulation and Proposed Order ("Stipulation") on the company's behalf.
4. Respondents acknowledge that they understand the terms of this Stipulation, and that they have executed it knowingly and voluntarily.

5. Respondents acknowledge that they are aware of the right to a hearing on the matters alleged in the Accusation, the right to reconsideration of a Board determination in a contested case, the right to appeal a Board determination in a contested case, and all other rights afforded Respondents 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 Respondents have failed to comply with the provisions of the paragraphs below, Respondents hereby freely and voluntarily waives the right to a hearing, reconsideration, appeal, and other rights related to this action as identified above.

7. Without admitting to a violation of law, each of Respondents admits that evidence exists, and that the Board counsel prosecuting this case could present such evidence at an administrative hearing, to establish a factual basis for certain of the violations alleged in the Accusation as detailed in paragraphs 8A, 8B, and 8C below.

8. To resolve this matter without incurring any further costs or the expenses associated with a hearing, the Board and Respondents agree to the imposition of the following penalties:

A. Respondent CVS shall pay an administrative fine of Two Thousand and 00/100 Dollars (\$2000.00) for the violations alleged in Count One and Count Two of the Accusation. Further, Respondent CVS shall pay the sum of Three Hundred Fifty and 00/100 Dollars (\$350.00) to partially reimburse the Board for recoverable attorney's fees and costs incurred in investigating and prosecuting this matter.

B. Respondent Huynh shall pay an administrative fine of One Thousand and 00/100 Dollars (\$1,000.00) for the violation alleged in Count One of the Accusation. Further, Respondent Huynh shall pay the sum of Three Hundred Fifty and 00/100 Dollars (\$350.00) to partially reimburse the Board for recoverable attorney's fees and costs incurred in investigating and prosecuting this matter.

C. Respondent Willson shall pay an administrative fine of One Thousand and 00/100 Dollars (\$1,000.00) for the violation alleged in Count Two of the Accusation. Further, Respondent Willson shall pay the sum of Three Hundred Fifty and 00/100 Dollars (\$350.00) to partially reimburse the Board for recoverable attorney's fees and costs incurred in investigating and prosecuting this matter.

D. Upon approval of this Stipulation, Count Three and Count Four of the Accusation shall be dismissed.

9. Failure by any 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 said 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, the Board may impose additional discipline consistent 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 January 16, 2024, in Las Vegas, Nevada. The Board Members and Staff may discuss and deliberate regarding this Stipulation even if one or both Respondents 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. Upon approval of this Stipulation by the Board, each Respondent shall pay the applicable fine agreed to herein by *check* or *money order* payable to "**State of Nevada, Office of the Treasurer.**" Payments shall be remitted in full to the Board's Reno office, located at 985 Damonte Ranch Parkway, Suite 206, Reno, Nevada 89521, by March 1, 2024.

14. Upon approval of this Stipulation by the Board, each Respondent shall pay the attorney's fees and costs agreed to herein by *check* or *money order* payable to "**Nevada State Board of Pharmacy.**" Payment shall be remitted in full to the Board's Reno office, located at 985 Damonte Ranch Parkway, Suite 206, Reno, Nevada 89521, by March 1, 2024.

15. Subject to the approval of this Stipulation by the Board, the parties agree to release each other from any or all additional claims arising from the facts set forth in the Accusation on file herein.

AGREED:

Signed this ____ day of December 2023.

Signed this 28th day of December 2023.

CVS PHARMACY #8819

NEVADA STATE BOARD OF PHARMACY

By _____
BRIAN CONVERY, ESQ.
Pharmacy Regulatory Affairs
CVS Health

By Gregory Zunino
GREGORY L. ZUNINO
Senior General Counsel
Nevada Bar No. 4805

Signed this __ day of December 2023

Signed this __ day of December 2023

THUYTRANG HUYNH, RPH
Certificate of Registration No. 14865

MICHAEL WILLSON, RPH,
Certificate of Registration No. 08512

14. Upon approval of this Stipulation by the Board, each Respondent shall pay the attorney's fees and costs agreed to herein by *check* or *money order* payable to "Nevada State Board of Pharmacy." Payment shall be remitted in full to the Board's Reno office, located at 985 Damonte Ranch Parkway, Suite 206, Reno, Nevada 89521, by March 1, 2024.

15. Subject to the approval of this Stipulation by the Board, the parties agree to release each other from any or all additional claims arising from the facts set forth in the Accusation on file herein.

AGREED:

Signed this ____ day of December 2023.

CVS PHARMACY #8819

By _____
BRIAN CONVERY, ESQ.
 Pharmacy Regulatory Affairs
 CVS Health

Signed this __ day of December 2023

THUYTRANG HUYNH, RPH
 Certificate of Registration No. 14865

Signed this 28 day of December 2023.

NEVADA STATE BOARD OF PHARMACY

By _____
GREGORY L. ZUNINO
 Senior General Counsel
 Nevada Bar No. 4805

Signed this 28 day of December 2023



MICHAEL WILLSON, RPH,
 Certificate of Registration No. 08512

Treasurer. Payments shall be remitted in full to the Board's Reno office, located at 985 Damonte Ranch Parkway, Suite 206, Reno, Nevada 89521, by March 1, 2024.

14. Upon approval of this Stipulation by the Board, each Respondent shall pay the attorney's fees and costs agreed to herein by *check* or *money order* payable to "**Nevada State Board of Pharmacy.**" Payment shall be remitted in full to the Board's Reno office, located at 985 Damonte Ranch Parkway, Suite 206, Reno, Nevada 89521, by March 1, 2024.

15. Subject to the approval of this Stipulation by the Board, the parties agree to release each other from any or all additional claims arising from the facts set forth in the Accusation on file herein.

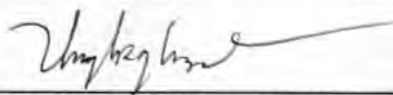
AGREED:

Signed this ____ day of December 2023.

**CVS PHARMACY #8819
PHARMACY**

By _____
BRIAN CONVERY, ESQ.
Pharmacy Regulatory Affairs
CVS Health

Signed this 28 day of December 2023



THUYTRANG HUYNH, RPH
Certificate of Registration No. 14865

Signed this ____ day of December 2023.

NEVADA STATE BOARD OF

By _____
GREGORY L. ZUNINO
Senior General Counsel
Nevada Bar No. 4805

Signed this ____ day of December 2023

MICHAEL WILLSON, RPH,
Certificate of Registration No. 08512

DECISION AND ORDER

The Nevada State Board of Pharmacy hereby adopts the foregoing Stipulation as its final decision in Case No. 19-060-RPH-A-S, Case No. 19-060-RPH-B-S, and Case No. 19-060-PH-S, 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 16th day of January 2024.

Helen Park, President
Nevada State Board of Pharmacy

5G



BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

THUYTRANG HUYNH, RPH,
Certificate of Registration No. 14865,

MICHAEL WILLSON, RPH,
Certificate of Registration No. 08512,

and,

CVS PHARMACY # 8819,
Pharmacy License No. PH02047,

Respondents.

Case Nos. 19-060-RPH-A-S
19-060-RPH-B-S
19-060-PH-S

NOTICE OF INTENDED ACTION
AND ACCUSATION

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy 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 Thuytrang Huynh ("Respondent Huynh"), because Respondent Huynh holds a certificate of registration issued by the Board pursuant to NRS 639.127, authorizing her to engage in the practice of pharmacy in the state of Nevada.

2. The Board has personal jurisdiction over Respondent Michael Willson ("Respondent Willson"), because Respondent Willson 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.

3. The Board has personal jurisdiction over Respondent CVS Pharmacy #8819 ("Respondent CVS"), because Respondent CVS holds a license issued by the Board pursuant to NRS

639.230, authorizing the operation of a pharmacy located at 4800 W. Charleston Blvd., Las Vegas Nevada.

4. The Board has jurisdiction over the subject matter of this accusation because, at the time of the violations alleged herein, Respondents Huynh and Willson were Nevada-registered pharmacists engaged in the practice of pharmacy at a business location operated by Respondent CVS in Las Vegas, Nevada.

FACTUAL ALLEGATIONS

5. In February 2019, Respondents Huynh and Willson were registered pharmacists employed by Respondent CVS at its pharmacy on West Charleston Boulevard in Las Vegas, Nevada.

6. On February 19, 2019, while on duty at the pharmacy location on West Charleston Boulevard, Respondent Huynh filled prescriptions for patient J.Z. ("J.Z."). Following abdominal surgery, J.Z.'s physician, Dr. Mustafa Ahmed, M.D., had written three prescriptions for J.Z.: one for hydrocodone-acetaminophen, another for ondansetron ODT, and a third for metoprolol tartrate.

7. Pharmacy Technician Raul Duarte (PT Duarte) transferred the prescription information for J.Z. into Respondent CVS's drug utilization review (DUR) system. J.Z.'s prescriptions were assigned prescription nos. 827096 (hydrocodone-acetaminophen), 827097 (ondansetron ODT), and 827098 (metoprolol tartrate).

8. In performing the data entry, PT Duarte mistakenly attributed a fourth prescription to J.Z. This fourth prescription for "magic mouthwash" was written by Dr. Joseph Lasky, M.D., for patient J.C., not J.Z. The fourth prescription instructed J.C., an oncology patient, to rinse his mouth with an oral solution consisting of lidocaine, diphenhydramine, and antacid (hereinafter "magic mouthwash"). This fourth prescription was assigned prescription no. 827099.

9. As Respondent Huynh attempted to fill prescription nos. 827096, 827097, 827098, and 827099, the DUR system signaled an alert for prescription 827099, indicating that the magic mouthwash would interact negatively with the other medications that J.Z. was taking. Respondent Huynh instructed PT Duarte to perform the data entry again.

10. In performing data entry for the second time, PT Duarte once again attributed prescription no. 827099 for magic mouthwash to J.Z., as opposed to J.C. The DUR system once again signaled the drug-interaction alert for prescription 827099. This time, Respondent Huynh overrode the alert and filled prescription no. 827099, along with prescription nos. 827096, 827097, and 827098. Each was labeled with instructions for use by J.Z.

11. On the afternoon of February 19, 2019, J.Z.'s mother left the pharmacy with each of the four drugs that corresponded to prescription nos. 827096, 827097, and 827098 and 827099. According to J.Z.'s mother, J.Z. used each of the drugs, including the magic mouthwash, according to the instructions on the labels. J.Z.'s mother stated that J.Z. used the magic mouthwash for 3 days before realizing that it had not been prescribed for him.

12. On the afternoon of February 19, 2019, Respondent Willson was the pharmacist in charge of the pharmacy when J.Z.'s mother picked up J.Z.'s prescriptions. Respondent Willson was responsible for counseling J.Z.'s mother and/or for insuring that she was properly counseled. J.Z.'s mother stated that nobody offered her counseling or asked her whether she had questions about J.Z.'s prescriptions.

13. Prescription nos. 827097 (ondansetron ODT) and 827098 (metoprolol tartrate) were new prescriptions for J.Z. As noted above, prescription no. 827099 (magic mouthwash) was mistakenly dispensed to J.Z.'s mother with instructions for use by J.Z. Respondent CVS's records indicate that counseling was provided for prescription no. 827098. Respondent CVS was unable to produce records of counseling for prescription nos. 827097 and 827099. Respondent Willson stated that he had no recollection of the transactions in question.

14. On February 28, 2019, J.Z.'s attorney, Dan Laird, filed a complaint with the Board stating that J.Z.'s use of the magic mouthwash caused J.Z. to "experience severe spasm of his stomach against fresh suture lines causing severe pain." Mr. Laird also stated that J.Z. had suffered from nausea and extensive gagging.

APPLICABLE LAW

15. 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. NRS 639.210(4). Likewise, the Board may revoke or suspend the registration of any pharmacist who has violated any provision of Nevada law relating to prescription drugs. NRS 639.210(12). In lieu of revoking or suspending a pharmacist's registration, the Board may impose fines as a disciplinary measure. NRS 639.255; NAC 639.955.

16. A pharmacist's conduct is deemed unprofessional if the pharmacist fails to strictly follow the instructions of the person writing, making, or ordering a prescription as to its filling or refilling. NAC 639.945(1)(d). Additionally, a pharmacist's conduct is deemed unprofessional if the pharmacist fails to confer with the person writing, making, or ordering a prescription if there is an error or omission in it which should be questioned. NAC 639.945(1)(e). Finally, a pharmacist's conduct is deemed unprofessional if the pharmacist performs his or her duties in an incompetent, unskillful or negligent manner. NAC 639.945(1)(i).

17. Unless otherwise provided by law, a pharmacist must verbally provide a patient or a person caring for the patient with information about each prescription drug or device dispensed to the patient. Failure to provide appropriate counseling to the patient constitutes a violation of NRS 639.707(1). Pursuant to NRS 639.210(12), the Board may discipline a pharmacist who violates NRS 639.707(1).

18. Pursuant to NAC 639.707(6), a pharmacist or intern pharmacist shall, at the time that counseling is provided or refused, initial a written document that is maintained at the pharmacy to record whether counseling was provided to or refused by a patient or the person caring for the patient. Pursuant to NRS 639.210(12), the Board may discipline a pharmacist who violates NAC 639.707(6).

19. Pursuant to NAC 639.708, a pharmacy must maintain any record made by the pharmacist regarding counseling. Pursuant to NRS 639.210(12), the Board may discipline a pharmacy that violates NAC 639.708.

20. 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

21. On or about February 19, 2019, Respondent Huynh caused magic mouthwash to be dispensed to J.Z. even though she knew or should have known that J.Z.'s physician had not prescribed magic mouthwash for J.Z.

22. Respondent Huynh's conduct as alleged above was unprofessional because she failed to strictly follow the instructions of J.Z.'s physician regarding the three drugs that were prescribed for J.Z., allowing a fourth drug to be added to the order even though that drug did not appear on the physician's prescription. NAC 639.945(1)(d).

23. Respondent Huynh's conduct as alleged above was unprofessional because she failed to confer with J.Z.'s physician after having been alerted to potentially dangerous drug interactions between magic mouthwash and the other drugs that J.Z. was taking. NAC 639.945(1)(e).

24. Respondent Huynh's conduct as alleged above was unprofessional because she performed her duties in an incompetent, unskillful or negligent manner by failing to compare J.Z.'s physical prescription, as written by his physician, with the prescription information that PT Duarte incorrectly entered into the pharmacy's prescription management system. NAC 639.945(1)(i).

25. Respondent Huynh's unprofessional conduct caused harm to J.Z.

26. For any of the instances of unprofessional conduct as alleged above, the Board may discipline Respondent Huynh pursuant to NRS 639.210(4), NRS 639.255(1), NAC 639.945, and NAC 639.955.

27. As the owner/operator of the pharmacy at which Respondent Huynh worked, Respondent CVS is liable for Respondent Huynh's unprofessional conduct. Accordingly, the Board may discipline Respondent CVS pursuant to NRS 639.210(4), NRS 639.230(5), NRS 639.255(1), NAC 639.945, and NAC 639.955.

COUNT TWO

Failure by Pharmacist to Comply with Applicable Law

28. On or about February 19, 2019, Respondent Willson was the pharmacist on duty responsible for counseling J.Z.'s mother when she arrived at CVS Pharmacy to pick up J.Z.'s prescriptions. By neglecting to counsel J.Z.'s mother before she left the pharmacy with an incorrectly dispensed prescription for magic mouthwash, Respondent Willson violated the provisions NRS 639.707(1).

29. Had Respondent Willson properly counseled J.Z.'s mother, the counseling would potentially have alerted J.Z.'s mother that she had been given the wrong drug.

30. Based on the foregoing, the Board may discipline Respondent Willson pursuant to NRS 639.210(12), NRS 639.255(1), and NAC 639.955.

31. As the owner/operator of the pharmacy at which Respondent Willson worked, Respondent CVS is liable for Respondent Willson's conduct as described above. Accordingly, the Board may discipline Respondent CVS pursuant to NRS 639.210(12), NRS 639.230(5), NRS 639.255(1), and NAC 639.955.

COUNT THREE

Violation by a Pharmacist of Applicable Law

32. On or about February 19, 2019, Respondent Willson was the pharmacist on duty responsible for counseling J.Z.'s mother when she arrived at CVS Pharmacy to pick up J.Z.'s prescriptions.

33. Respondent did not make a record as to whether counseling was provided to or refused by J.Z.'s mother.

34. By failing to make a record of counseling as alleged above, Respondent Willson violated NAC 639.707(6).

35. Based on the foregoing, Respondent Willson may be disciplined pursuant to NRS 639.210(12), NRS 639.255(1), and NAC 639.955.

COUNT FOUR
Violation by a Pharmacy of Applicable Law

36. On or about February 19, 2019, Respondent Willson was the pharmacist on duty responsible for counseling J.Z.'s mother when she arrived at CVS Pharmacy to pick up J.Z.'s prescriptions.

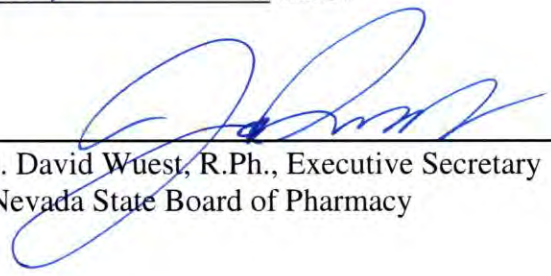
37. As an alternative to the allegations stated in Count Three above, assuming Respondent Willson made a record as to whether counseling was provided to or refused by J.Z.'s mother, Respondent CVS did not maintain that record as required by NAC 639.708.

38. By failing to maintain a record of counseling as alleged above, Respondent CVS violated NAC 639.708.

39. Based on the foregoing, Respondent CVS may be disciplined pursuant to NRS 639.230(5), NRS 639.210(12), NRS 639.255(1), and NAC 639.955.

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificates of registration of Respondents Huynh and Willson and the pharmacy license of Respondent CVS.

DATED this 17th day of November 2023.



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.

MICHAEL WILLSON, RPH,
Certificate of Registration No. 08512,

Respondent.

CASE NO. 19-060-RPH-B-S

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, January 17, 2024, at 9:00 AM PST, or soon thereafter at the following location:

**Hilton Garden Inn Las Vegas Strip South
7830 S. Las Vegas Blvd
Las Vegas, NV 89123**

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

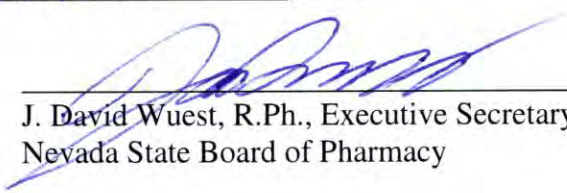
zunino@pharmacy.nv.gov

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 17th day of NOVEMBER, 2023.



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.****MICHAEL WILLSON, RPH,
Certificate of Registration No. 08512,****Respondent.****CASE NO. 19-060-RPH-B-S****ANSWER AND NOTICE
OF DEFENSE**

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his/her objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him/her, is hereby interposed on the following grounds: (State specific objections or insert "none").

2. That, in answer to the Notice of Intended Action and Accusation, he/she admits, denies and alleges as follows:

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this _____ day of _____, 2023.

MICHAEL WILLSON, RPH

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 17th day of November, 2023, I served a true and correct copy of the foregoing document by Certified U.S. Mail and Standard U.S. mail to the following:

Thuytrang Huynh, RPH
[REDACTED] Wellspring Ave
Las Vegas, NV 89183

Michael Willson, RPH
[REDACTED] El Presidente Drive
Las Vegas, NV 89129

CVS Pharmacy #8819
4800 W. Charleston Blvd
Las Vegas, NV 89146

Brian J. Convery, Esq.
200 Campus Drive, Suite 310
Florham Park, NJ 07932


SHIRLEY HUNTING

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

**THUYTRANG HUYNH, RPH,
Certificate of Registration No. 14865,**

**MICHAEL WILLSON, RPH,
Certificate of Registration No. 08512,**

and,

**CVS PHARMACY #8819,
Pharmacy License No. PH02047**

Respondents.

**Case No. 19-060-RPH-A-S
19-060-RPH-B-S
19-060-PH-S**

STIPULATION AND ORDER

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy ("Board"), by and through its Senior General Counsel, Gregory L. Zunino, and Respondents CVS Pharmacy #8819 ("Respondent CVS"), Michael Willson ("Respondent Willson"), and Thuytrang Huynh ("Respondent Huynh"), acting individually and/or through their authorized representatives, hereby stipulate and agree as follows:

1. The Board has jurisdiction over Respondent CVS, Respondent Willson, and Respondent Huynh (collectively "Respondents").
2. The Board's staff properly served Respondents 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 undersigned representative of Respondent CVS hereby warrants and represents that he/she has all necessary corporate power and authority to execute this Stipulation and Proposed Order ("Stipulation") on the company's behalf.
4. Respondents acknowledge that they understand the terms of this Stipulation, and that they have executed it knowingly and voluntarily.

5. Respondents acknowledge that they are aware of the right to a hearing on the matters alleged in the Accusation, the right to reconsideration of a Board determination in a contested case, the right to appeal a Board determination in a contested case, and all other rights afforded Respondents 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 Respondents have failed to comply with the provisions of the paragraphs below, Respondents hereby freely and voluntarily waives the right to a hearing, reconsideration, appeal, and other rights related to this action as identified above.

7. Without admitting to a violation of law, each of Respondents admits that evidence exists, and that the Board counsel prosecuting this case could present such evidence at an administrative hearing, to establish a factual basis for certain of the violations alleged in the Accusation as detailed in paragraphs 8A, 8B, and 8C below.

8. To resolve this matter without incurring any further costs or the expenses associated with a hearing, the Board and Respondents agree to the imposition of the following penalties:

A. Respondent CVS shall pay an administrative fine of Two Thousand and 00/100 Dollars (\$2000.00) for the violations alleged in Count One and Count Two of the Accusation. Further, Respondent CVS shall pay the sum of Three Hundred Fifty and 00/100 Dollars (\$350.00) to partially reimburse the Board for recoverable attorney's fees and costs incurred in investigating and prosecuting this matter.

B. Respondent Huynh shall pay an administrative fine of One Thousand and 00/100 Dollars (\$1,000.00) for the violation alleged in Count One of the Accusation. Further, Respondent Huynh shall pay the sum of Three Hundred Fifty and 00/100 Dollars (\$350.00) to partially reimburse the Board for recoverable attorney's fees and costs incurred in investigating and prosecuting this matter.

C. Respondent Willson shall pay an administrative fine of One Thousand and 00/100 Dollars (\$1,000.00) for the violation alleged in Count Two of the Accusation. Further, Respondent Willson shall pay the sum of Three Hundred Fifty and 00/100 Dollars (\$350.00) to partially reimburse the Board for recoverable attorney's fees and costs incurred in investigating and prosecuting this matter.

D. Upon approval of this Stipulation, Count Three and Count Four of the Accusation shall be dismissed.

9. Failure by any 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 said 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, the Board may impose additional discipline consistent 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 January 16, 2024, in Las Vegas, Nevada. The Board Members and Staff may discuss and deliberate regarding this Stipulation even if one or both Respondents 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. Upon approval of this Stipulation by the Board, each Respondent shall pay the applicable fine agreed to herein by *check* or *money order* payable to "**State of Nevada, Office of the Treasurer.**" Payments shall be remitted in full to the Board's Reno office, located at 985 Damonte Ranch Parkway, Suite 206, Reno, Nevada 89521, by March 1, 2024.

14. Upon approval of this Stipulation by the Board, each Respondent shall pay the attorney's fees and costs agreed to herein by *check* or *money order* payable to "**Nevada State Board of Pharmacy.**" Payment shall be remitted in full to the Board's Reno office, located at 985 Damonte Ranch Parkway, Suite 206, Reno, Nevada 89521, by March 1, 2024.

15. Subject to the approval of this Stipulation by the Board, the parties agree to release each other from any or all additional claims arising from the facts set forth in the Accusation on file herein.

AGREED:

Signed this ____ day of December 2023.

Signed this 28th day of December 2023.

CVS PHARMACY #8819

NEVADA STATE BOARD OF PHARMACY

By _____
BRIAN CONVERY, ESQ.
Pharmacy Regulatory Affairs
CVS Health

By Gregory Zunino
GREGORY L. ZUNINO
Senior General Counsel
Nevada Bar No. 4805

Signed this __ day of December 2023

Signed this __ day of December 2023

THUYTRANG HUYNH, RPH
Certificate of Registration No. 14865

MICHAEL WILLSON, RPH,
Certificate of Registration No. 08512

14. Upon approval of this Stipulation by the Board, each Respondent shall pay the attorney's fees and costs agreed to herein by *check* or *money order* payable to "Nevada State Board of Pharmacy." Payment shall be remitted in full to the Board's Reno office, located at 985 Damonte Ranch Parkway, Suite 206, Reno, Nevada 89521, by March 1, 2024.

15. Subject to the approval of this Stipulation by the Board, the parties agree to release each other from any or all additional claims arising from the facts set forth in the Accusation on file herein.

AGREED:

Signed this ____ day of December 2023.

CVS PHARMACY #8819

By _____
BRIAN CONVERY, ESQ.
 Pharmacy Regulatory Affairs
 CVS Health

Signed this __ day of December 2023

THUYTRANG HUYNH, RPH
 Certificate of Registration No. 14865

Signed this 28 day of December 2023.

NEVADA STATE BOARD OF PHARMACY

By _____
GREGORY L. ZUNINO
 Senior General Counsel
 Nevada Bar No. 4805

Signed this 28 day of December 2023


MICHAEL WILLSON, RPH,
 Certificate of Registration No. 08512

Treasurer. Payments shall be remitted in full to the Board's Reno office, located at 985 Damonte Ranch Parkway, Suite 206, Reno, Nevada 89521, by March 1, 2024.

14. Upon approval of this Stipulation by the Board, each Respondent shall pay the attorney's fees and costs agreed to herein by *check* or *money order* payable to "**Nevada State Board of Pharmacy.**" Payment shall be remitted in full to the Board's Reno office, located at 985 Damonte Ranch Parkway, Suite 206, Reno, Nevada 89521, by March 1, 2024.

15. Subject to the approval of this Stipulation by the Board, the parties agree to release each other from any or all additional claims arising from the facts set forth in the Accusation on file herein.

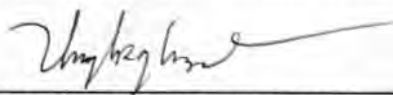
AGREED:

Signed this ____ day of December 2023.

**CVS PHARMACY #8819
PHARMACY**

By _____
BRIAN CONVERY, ESQ.
Pharmacy Regulatory Affairs
CVS Health

Signed this 28 day of December 2023



THUYTRANG HUYNH, RPH
Certificate of Registration No. 14865

Signed this ____ day of December 2023.

NEVADA STATE BOARD OF

By _____
GREGORY L. ZUNINO
Senior General Counsel
Nevada Bar No. 4805

Signed this ____ day of December 2023

MICHAEL WILLSON, RPH,
Certificate of Registration No. 08512

DECISION AND ORDER

The Nevada State Board of Pharmacy hereby adopts the foregoing Stipulation as its final decision in Case No. 19-060-RPH-A-S, Case No. 19-060-RPH-B-S, and Case No. 19-060-PH-S, 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 16th day of January 2024.

Helen Park, President
Nevada State Board of Pharmacy

5H



BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

**CVS PHARMACY #2989,
License No. PH01748, and**

**ANQI LIU, RPH,
Certificate of Registration No. 18637,**

Respondents.

**Case Nos. 20-011-PH-S
20-011-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, 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 CVS Pharmacy #2989 (Respondent Pharmacy), because Respondent Pharmacy, at the time of the violations alleged herein, held a License issued by the Board pursuant to NRS 639.230, authorizing the business to operate as a pharmacy. Since July 2, 2002, Respondent has held a license to operate a pharmacy issued by the Board pursuant to NRS 639.230.

2. The Board has personal jurisdiction over Respondent Anqi Liu, RPh (Respondent Pharmacist), because Respondent Pharmacist, at the time of the violations alleged herein, held a Certificate of Registration issued by the Board pursuant to NRS 639.127, authorizing Respondent to engage in the practice of pharmacy. Since September 17, 2019, Respondent Pharmacist has held a license to practice pharmacy issued by the Board pursuant to NRS 639.127.

3. 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

4. Respondent Pharmacy has been licensed by the Board to operate as a pharmacy since July 2, 2002. *See* NRS 639.230. Such a license authorizes the holder to conduct a pharmacy and to sell and dispense drugs and poisons and devices and appliances that are restricted by federal law to sale by or on the order of a physician. NRS 639.231. Respondent Pharmacist has been registered by the Board to practice as a pharmacist since September 17, 2019. NRS 639.127. Such a registration authorizes the holder to engage in the practice of pharmacy. NRS 639.127.

5. On or around November 21, 2019, R.C., went to Respondent Pharmacy to pick up prescriptions for ibuprofen and amoxicillin for her son, L.G who had just gone through a dental procedure. Respondent Pharmacist was working at the pharmacy that day and handling L.G.'s prescriptions.

6. Respondent Pharmacist claims through her attorney that she met and consulted with R.C. prior to Pharmacy Technician Pierides completing the transaction.

7. Records maintained by the Pharmacy state that every single patient, throughout the entire day, refused counseling.

8. Respondent Pharmacist scanned her credentials to allow Mr. Pierides to finish processing the sale of the prescriptions. After Respondent Pharmacist's consultation, Mr. Pierides scanned L.G.'s prescriptions for ibuprofen and amoxicillin. He then walked away from the register and over to the consultation window with one prescription in his hand and set it down on the counter. Mr. Pierides then returned to the register and grabbed a nearby prescription which had been filled for another patient. This prescription turned out to be clonazepam 0.5 MG.

9. R.C. was expecting to pick up two prescriptions for L.G., one for ibuprofen and another for amoxicillin. Mr. Pierides filled two prescriptions and gave them to R.C., one of which was correct, and the other which was incorrect. R.C. went home with clonazepam 0.5 MG, which was not prescribed to L.G.

10. Upon R.C. returning home, L.G. took the clonazepam 0.5 MG and experienced dramatic somnolence and an altered mental status. 911 was called and he was transported to the emergency department at Centennial Hills Hospital.

11. Later that day, the second prescription for L.G. was found in a waiting bin at the pharmacy.

APPLICABLE LAW

12. In Nevada, 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).

13. Unprofessional conduct by a Pharmaceutical Technician includes a) performing any of his or her duties as the holder of a certificate or registration issued by the Board in an incompetent, unskillful or negligent manner; b) failing strictly to follow the instructions of the person writing, making or ordering a prescription or chart order as to its filling or refilling; and c) failing strictly to follow the instructions of the person writing, making or ordering a prescription or chart order as to the content of the label of the prescription. NAC 639.945(1)(d) and (i).

14. Pharmacists have a duty to counsel patients. NRS 639.266; NAC 639.707.

15. Pharmacists have a duty to keep accurate records of patient counseling. *See* NRS 639.210(4); NRS 639.255; NAC 639.707(6); and NAC 639.955(1)(b).

16. A Pharmacist engages in unprofessional conduct when they perform their duties as the holder of a certificate of registration issued by the Board in an incompetent, unskillful or negligent manner. NAC 639.945(1)(i).

17. Nevada law holds the owner of any business or facility licensed, certified or registered by the Board responsible for the acts of all personnel they employ. NAC 639.945(2).

18. 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**Vicarious Liability for Unprofessional Conduct by a Pharmacy Technician**

19. On or around November 21, 2019, Pharmacy Technician Pierides incorrectly dispensed clonazepam 0.5 MG to R.C. R.C. went to Respondent Pharmacy to pick up ibuprofen and amoxicillin for her son, L.G. after he went through a dental procedure. The incorrect dispensing of clonazepam 0.5 MG resulted in harm to L.G., sending him to the emergency room. Mr. Pierides engaged in unprofessional conduct when he a) performed his duties as the holder of a registration issued by the Board in an incompetent, unskillful or negligent manner; b) failed to strictly follow the instructions of the person writing, making or ordering a prescription or chart order as to its filling or refilling; and c) failed to strictly follow the instructions of the person writing, making or ordering a prescription or chart order as to the content of the label of the prescription. NRS 639.210(4); NAC 639.945(1)(d); and NAC 639.945(1)(i).

20. Mr. Pierides performed his duties in an incompetent, unskillful, or negligent manner when he dispensed the incorrect drugs to R.C. *See* NRS 639.210(4); NAC 639.945(1)(i). Mr. Pierides failed to strictly follow the instructions of the prescribing practitioner when he dispensed a controlled substance to R.C. that was not prescribed by the prescribing practitioner. *See* NRS 639.210(4); NAC 639.945(1)(d). Mr. Pierides failed to strictly follow the prescribing practitioner's instructions as to the content of the label of the prescription because he dispensed an incorrect prescription to R.C. that included the label of an unauthorized prescription. *See* NRS 639.210(4); NAC 639.945(1)(d).

21. Because Mr. Pierides engaged in unprofessional conduct, Respondent Pharmacy CVS Pharmacy #2989 is vicariously liable for that unprofessional conduct. NAC 639.945(2).

COUNT TWO**Unprofessional Conduct by a Pharmacist (Failure to Keep Accurate Records)**

22. On or around November 21, 2019, Respondent Pharmacist, in conducting her duties to keep records of patient counseling, marked every patient seen that day as having refused counseling. The record of patient counseling maintained by Respondent Pharmacist is in direct contradiction with

the statement made through her attorney where Respondent Pharmacist affirmed that she counseled R.C.

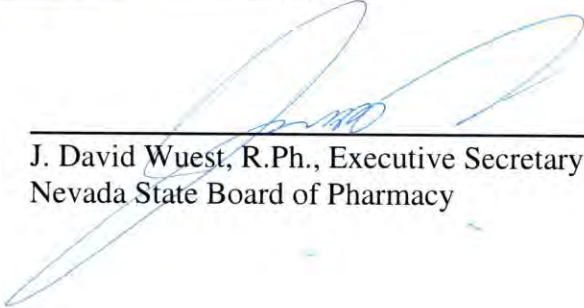
23. Respondent Pharmacist engaged in unprofessional conduct when she performed her duties as the holder of a certificate of registration issued by the Board in an incompetent, unskillful or negligent manner. NRS 639.210(4); NAC 639.945(1)(i). Respondent Pharmacist performed her duties in an incompetent, unskillful or negligent manner when she failed to keep an accurate record of patient counseling. *See* NRS 639.210(4); NAC 639.945(1)(i). Respondent Pharmacist failed to keep an accurate record of patient counseling because, while she claims that she counseled R.C., the pharmacy's counseling records show that R.C., and every other patient seen that day refused counseling.

24. Having engaged in unprofessional conduct as alleged above, Respondent Pharmacist is subject to discipline by the Board. NRS 639.210(4); NRS 639.255; NAC 639.945; NAC 639.955.

25. Because Respondent Pharmacist engaged in unprofessional conduct, Respondent Pharmacy CVS Pharmacy #2989 is vicariously liable for that unprofessional conduct. NAC 639.945(2).

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 7th day of NOVEMBER 2023.



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,****CASE NO. 20-011-PH-S****Petitioner,****v.****CVS PHARMACY #2989,
License No. PH01748,****STATEMENT TO THE
RESPONDENT AND
NOTICE OF HEARING****Respondent.**

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, January 17, 2024, at 9:00 AM PST, or soon thereafter at the following location:**

**Hilton Garden Inn Las Vegas Strip South
7830 S. Las Vegas Blvd
Las Vegas, NV 89123**

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

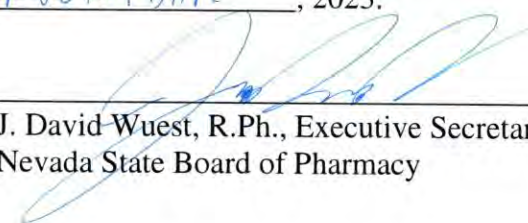
zunino@pharmacy.nv.gov

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 3rd day of NOVEMBER, 2023.



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.****CVS PHARMACY #2989,
License No. PH01748,****Respondent.****CASE NO. 20-011-PH-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 _____, 2023.

TYPE OR PRINT NAME

**AUTHORIZED REPRESENTATIVE FOR
CVS PHARMACY #2989**

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 8th day of November, 2023, I served a true and correct copy of the foregoing document by Certified U.S. Mail and Standard U.S. mail to the following:

Anqi Liu, RPH
[REDACTED] Hele Mauna St.
Hilo, HI 96720

Anqi Liu, RPH
[REDACTED] 148th Ave. NE
Redmond, Washington 98052

CVS Pharmacy #2989
4755 W. Ann Rd.
N. Las Vegas, NV 89031

Brian J. Convery, Esq.
Pharmacy Regulatory Affairs -CVS Health
200 Campus Drive, Suite 310
Florham Park, NJ 07932


SHIRLEY HUNTING

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

**CVS PHARMACY #2989,
Pharmacy License No. PH01748,**

Respondent.

Case No. 20-011-PH-S

STIPULATION AND ORDER

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy (“Board”), by and through its Senior General Counsel, Gregory L. Zunino, and Respondent CVS Pharmacy #2989 (“Respondent CVS”), by and through its authorized representative, hereby stipulate and agree as follows:

1. The Board has jurisdiction over Respondent CVS.
2. The Board’s staff properly served Respondent CVS 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 undersigned representative of Respondent CVS hereby warrants and represents that he/she has all necessary corporate power and authority to execute this Stipulation and Proposed Order (“Stipulation”) on the pharmacy’s behalf.
4. Respondent CVS acknowledges that its representatives understand the terms of this Stipulation, and that they have executed it knowingly and voluntarily.
5. Respondent CVS acknowledges that its representatives are aware of the right to a hearing on the matters alleged in the Accusation, the right to reconsideration of a Board determination in a contested case, the right to appeal a Board determination in a contested case, and all other rights afforded Respondent CVS 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 CVS has failed to comply with the provisions of the paragraphs below, Respondent CVS voluntarily waives the right to a hearing, reconsideration, appeal, and other rights related to this action as identified above.

7. Respondent CVS admits that evidence exists, and that the Board counsel prosecuting this case could present such evidence at an administrative hearing, to establish a factual basis for the violations alleged in the Accusation.

8. To resolve this matter without incurring any further costs or the expenses associated with a hearing, the Board and Respondent CVS agree to the imposition of the following penalties:

A. Respondent CVS shall pay an administrative fine of Two Thousand and 00/100 Dollars (\$2000.00) for the violations alleged in the Accusation. Respondent CVS shall pay this sum *by check or money order* payable to “**State of Nevada, Office of the Treasurer.**” Payment shall be remitted in full to the Board’s Reno office, located at 985 Damonte Ranch Parkway, Suite 206, Reno, Nevada 89521, by March 1, 2024.

B. Respondent CVS 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. Respondent CVS shall pay this sum *by check or money order* payable to “**Nevada State Board of Pharmacy.**” Payment shall be remitted in full to the Board’s Reno office, located at 985 Damonte Ranch Parkway, Suite 206, Reno, Nevada 89521, by March 1, 2024.

9. Failure by Respondent CVS 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 CVS 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, the Board may impose additional discipline consistent 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 January 16,

2024, in Las Vegas, Nevada. The Board Members and Staff may discuss and deliberate regarding this Stipulation even if Respondent CVS 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 parties agree to release each other from any or all additional claims arising from the facts set forth in the Accusation on file herein.

AGREED:

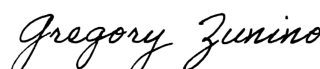
Signed this 27 day of December 2023.

Signed this 28th day of December 2023.

CVS PHARMACY #2989

NEVADA STATE BOARD OF PHARMACY

By 
LEO LARIVIERE, Director
Pharmacy Regulatory Affairs
CVS Health

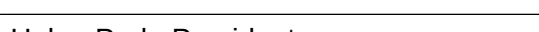
By 
GREGORY L. ZUNINO
Senior General Counsel
Nevada Bar No. 4805

DECISION AND ORDER

The Nevada State Board of Pharmacy hereby adopts the foregoing Stipulation as its final decision in Case Nos. 20-011-PH-S 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 16th day of January 2024.

3 
Helen Park, President
Nevada State Board of Pharmacy

51



BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

**CVS PHARMACY #2989,
License No. PH01748, and**

**ANQI LIU, RPH,
Certificate of Registration No. 18637,**

Respondents.

**Case Nos. 20-011-PH-S
20-011-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, 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 CVS Pharmacy #2989 (Respondent Pharmacy), because Respondent Pharmacy, at the time of the violations alleged herein, held a License issued by the Board pursuant to NRS 639.230, authorizing the business to operate as a pharmacy. Since July 2, 2002, Respondent has held a license to operate a pharmacy issued by the Board pursuant to NRS 639.230.

2. The Board has personal jurisdiction over Respondent Anqi Liu, RPh (Respondent Pharmacist), because Respondent Pharmacist, at the time of the violations alleged herein, held a Certificate of Registration issued by the Board pursuant to NRS 639.127, authorizing Respondent to engage in the practice of pharmacy. Since September 17, 2019, Respondent Pharmacist has held a license to practice pharmacy issued by the Board pursuant to NRS 639.127.

3. 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

4. Respondent Pharmacy has been licensed by the Board to operate as a pharmacy since July 2, 2002. *See* NRS 639.230. Such a license authorizes the holder to conduct a pharmacy and to sell and dispense drugs and poisons and devices and appliances that are restricted by federal law to sale by or on the order of a physician. NRS 639.231. Respondent Pharmacist has been registered by the Board to practice as a pharmacist since September 17, 2019. NRS 639.127. Such a registration authorizes the holder to engage in the practice of pharmacy. NRS 639.127.

5. On or around November 21, 2019, R.C., went to Respondent Pharmacy to pick up prescriptions for ibuprofen and amoxicillin for her son, L.G who had just gone through a dental procedure. Respondent Pharmacist was working at the pharmacy that day and handling L.G.'s prescriptions.

6. Respondent Pharmacist claims through her attorney that she met and consulted with R.C. prior to Pharmacy Technician Pierides completing the transaction.

7. Records maintained by the Pharmacy state that every single patient, throughout the entire day, refused counseling.

8. Respondent Pharmacist scanned her credentials to allow Mr. Pierides to finish processing the sale of the prescriptions. After Respondent Pharmacist's consultation, Mr. Pierides scanned L.G.'s prescriptions for ibuprofen and amoxicillin. He then walked away from the register and over to the consultation window with one prescription in his hand and set it down on the counter. Mr. Pierides then returned to the register and grabbed a nearby prescription which had been filled for another patient. This prescription turned out to be clonazepam 0.5 MG.

9. R.C. was expecting to pick up two prescriptions for L.G., one for ibuprofen and another for amoxicillin. Mr. Pierides filled two prescriptions and gave them to R.C., one of which was correct, and the other which was incorrect. R.C. went home with clonazepam 0.5 MG, which was not prescribed to L.G.

10. Upon R.C. returning home, L.G. took the clonazepam 0.5 MG and experienced dramatic somnolence and an altered mental status. 911 was called and he was transported to the emergency department at Centennial Hills Hospital.

11. Later that day, the second prescription for L.G. was found in a waiting bin at the pharmacy.

APPLICABLE LAW

12. In Nevada, 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).

13. Unprofessional conduct by a Pharmaceutical Technician includes a) performing any of his or her duties as the holder of a certificate or registration issued by the Board in an incompetent, unskillful or negligent manner; b) failing strictly to follow the instructions of the person writing, making or ordering a prescription or chart order as to its filling or refilling; and c) failing strictly to follow the instructions of the person writing, making or ordering a prescription or chart order as to the content of the label of the prescription. NAC 639.945(1)(d) and (i).

14. Pharmacists have a duty to counsel patients. NRS 639.266; NAC 639.707.

15. Pharmacists have a duty to keep accurate records of patient counseling. *See* NRS 639.210(4); NRS 639.255; NAC 639.707(6); and NAC 639.955(1)(b).

16. A Pharmacist engages in unprofessional conduct when they perform their duties as the holder of a certificate of registration issued by the Board in an incompetent, unskillful or negligent manner. NAC 639.945(1)(i).

17. Nevada law holds the owner of any business or facility licensed, certified or registered by the Board responsible for the acts of all personnel they employ. NAC 639.945(2).

18. 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**Vicarious Liability for Unprofessional Conduct by a Pharmacy Technician**

19. On or around November 21, 2019, Pharmacy Technician Pierides incorrectly dispensed clonazepam 0.5 MG to R.C. R.C. went to Respondent Pharmacy to pick up ibuprofen and amoxicillin for her son, L.G. after he went through a dental procedure. The incorrect dispensing of clonazepam 0.5 MG resulted in harm to L.G., sending him to the emergency room. Mr. Pierides engaged in unprofessional conduct when he a) performed his duties as the holder of a registration issued by the Board in an incompetent, unskillful or negligent manner; b) failed to strictly follow the instructions of the person writing, making or ordering a prescription or chart order as to its filling or refilling; and c) failed to strictly follow the instructions of the person writing, making or ordering a prescription or chart order as to the content of the label of the prescription. NRS 639.210(4); NAC 639.945(1)(d); and NAC 639.945(1)(i).

20. Mr. Pierides performed his duties in an incompetent, unskillful, or negligent manner when he dispensed the incorrect drugs to R.C. *See* NRS 639.210(4); NAC 639.945(1)(i). Mr. Pierides failed to strictly follow the instructions of the prescribing practitioner when he dispensed a controlled substance to R.C. that was not prescribed by the prescribing practitioner. *See* NRS 639.210(4); NAC 639.945(1)(d). Mr. Pierides failed to strictly follow the prescribing practitioner's instructions as to the content of the label of the prescription because he dispensed an incorrect prescription to R.C. that included the label of an unauthorized prescription. *See* NRS 639.210(4); NAC 639.945(1)(d).

21. Because Mr. Pierides engaged in unprofessional conduct, Respondent Pharmacy CVS Pharmacy #2989 is vicariously liable for that unprofessional conduct. NAC 639.945(2).

COUNT TWO**Unprofessional Conduct by a Pharmacist (Failure to Keep Accurate Records)**

22. On or around November 21, 2019, Respondent Pharmacist, in conducting her duties to keep records of patient counseling, marked every patient seen that day as having refused counseling. The record of patient counseling maintained by Respondent Pharmacist is in direct contradiction with

the statement made through her attorney where Respondent Pharmacist affirmed that she counseled R.C.

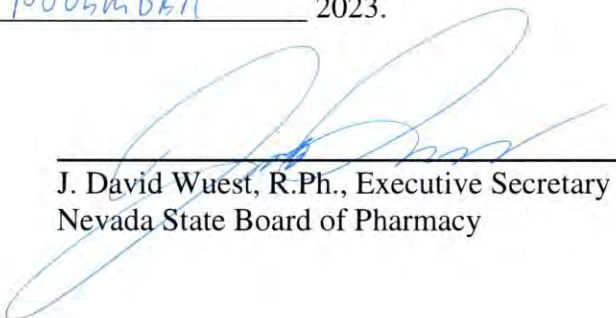
23. Respondent Pharmacist engaged in unprofessional conduct when she performed her duties as the holder of a certificate of registration issued by the Board in an incompetent, unskillful or negligent manner. NRS 639.210(4); NAC 639.945(1)(i). Respondent Pharmacist performed her duties in an incompetent, unskillful or negligent manner when she failed to keep an accurate record of patient counseling. *See* NRS 639.210(4); NAC 639.945(1)(i). Respondent Pharmacist failed to keep an accurate record of patient counseling because, while she claims that she counseled R.C., the pharmacy's counseling records show that R.C., and every other patient seen that day refused counseling.

24. Having engaged in unprofessional conduct as alleged above, Respondent Pharmacist is subject to discipline by the Board. NRS 639.210(4); NRS 639.255; NAC 639.945; NAC 639.955.

25. Because Respondent Pharmacist engaged in unprofessional conduct, Respondent Pharmacy CVS Pharmacy #2989 is vicariously liable for that unprofessional conduct. NAC 639.945(2).

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 3rd day of NOVEMBER 2023.



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,

CASE NO. 20-011-RPH-S

Petitioner,

v.

**ANQI LIU, RPH,
Certificate of Registration No. 18637,**

**STATEMENT TO THE
RESPONDENT AND
NOTICE OF HEARING**

Respondent.

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, January 17, 2024, at 9:00 AM PST, or soon thereafter at the following location:**

**Hilton Garden Inn Las Vegas Strip South
7830 S. Las Vegas Blvd
Las Vegas, NV 89123**

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

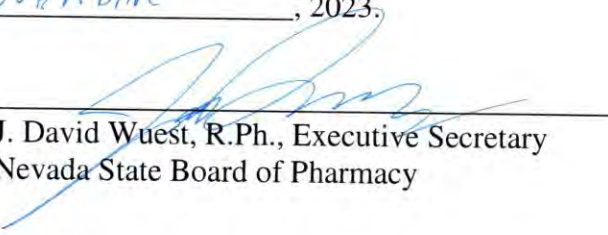
zunino@pharmacy.nv.gov

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 3rd day of NOVEMBER, 2023.



J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY**NEVADA STATE BOARD OF PHARMACY,****CASE NO. 20-011-RPH-S****Petitioner,****v.****ANQI LIU, RPH,
Certificate of Registration No. 18637,****ANSWER AND NOTICE
OF DEFENSE****Respondent.**

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his/her objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him/her, is hereby interposed on the following grounds: (State specific objections or insert "none").

2. That, in answer to the Notice of Intended Action and Accusation, he/she admits, denies and alleges as follows:

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this ____ day of _____, 2023.

ANQI LIU, RPH

CERTIFICATE OF SERVICE

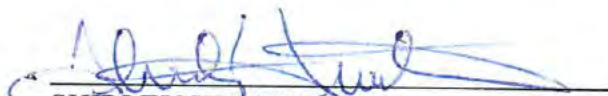
I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 8th day of November, 2023, I served a true and correct copy of the foregoing document by Certified U.S. Mail and Standard U.S. mail to the following:

Anqi Liu, RPH
[REDACTED] Hele Mauna St.
Hilo, HI 96720

Anqi Liu, RPH
[REDACTED] 148th Ave. NE
Redmond, Washington 98052

CVS Pharmacy #2989
4755 W. Ann Rd.
N. Las Vegas, NV 89031

Brian J. Convery, Esq.
Pharmacy Regulatory Affairs -CVS Health
200 Campus Drive, Suite 310
Florham Park, NJ 07932


SHIRLEY HUNTING



BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,	)	Case Nos.	20-11-PH-S
	)		20-011-RPH-S
Petitioner,	)		
	)		
v.	)		
	)	ANSWER AND NOTICE OF	
CVS PHARMACY #2989	)	DEFENSE OF RESPONDENT	
License No. PH01748 and	)	ANQI LIU, RPH	
	)		
ANQI LIU, RPH,	)		
Certificate of Registration No. 18637,	)		
	)		
Respondents.	)		

Respondent Anqi Liu., hereby files with the Nevada State Board of Pharmacy ("Board"), her Answer and Notice of Defense to the Notice of Intended Action and Accusation ("Accusation") filed on November 3, 2023, and received by Ms. Liu on November 14, 2023.

ANSWER TO ACCUSATION

Jurisdiction

Ms. Liu agrees that the Board has jurisdiction in this matter as set forth in Paragraphs 2 and 3, paragraph 1 pertaining solely to Respondent CVS Pharmacy. Ms. Liu further answers the Factual Allegations set forth in the Accusation as follows:

Factual Allegations: Paragraphs 4-11

Paragraph 4: Ms. Liu agrees and acknowledges the factual assertions set forth in Paragraph 4 as related to her registration as a pharmacist in Nevada.

1 **Paragraph 5:** Ms. Liu agrees with and acknowledges the factual assertions set forth in
2 Paragraph 5.

3 **Paragraph 6:** Ms. Liu agrees and acknowledges that the factual assertions set forth in
4 Paragraph 6 accurately reflect the response provided to the Board through the undersigned counsel
5 during the investigation in this matter.
6

7 **Paragraph 7:** Ms. Liu is without sufficient personal knowledge to respond to the
8 allegations set forth in Paragraph 7.

9 **Paragraph 8:** Ms. Liu agrees and acknowledges that based on her personal knowledge and
10 review of the video surveillance of the day in question, that the factual assertions set forth in
11 Paragraph 8 are factually accurate.
12

13 **Paragraph 9:** Ms. Liu is without sufficient personal knowledge to respond to what R.C.'s
14 expectations were, however, Ms. Liu acknowledges that she filled a prescription for minor patient
15 L.G. for ibuprofen and another prescription for amoxicillin. Ms. Liu disagrees with the remaining
16 factual allegations contained in Paragraph 9 as Mr. Pierides did not fill the prescriptions for L.G.
17 Rather, Ms. Liu appropriately filled the prescriptions and Mr. Pierides handed one correct
18 prescription to R.C. and one prescription filled for another individual.
19

20 **Paragraph 10:** Ms. Liu is without sufficient personal knowledge to respond to the
21 allegations set forth in paragraph 10.
22

23 **Paragraph 11:** Ms. Liu agrees and acknowledges with the factual assertions set forth in
24 Paragraph 11.

25 **Applicable Law: Paragraphs 12-18**

26 **Paragraph 12:** Ms. Liu agrees that Paragraph 12 accurately reflects the provisions of NRS
27 639.210(4).
28

1 **Paragraph 13:** Ms. Liu agrees that Paragraph 13 accurately reflects provisions of NAC
2 639.945, however she notes that Paragraph 13 discusses the applicability of NAC 639.945 to
3 pharmaceutical technicians only.

4 **Paragraph 14:** Ms. Liu agrees that Paragraph 14 accurately reflects the provisions of NRS
5 639.266 and NAC 639.707.

6 **Paragraph 15:** Ms. Liu disagrees that Paragraph 15 accurately reflects the provisions of
7 NRS 639.210(4). Ms. Liu disagrees that Paragraph 15 accurately reflects the provisions of NRS
8 639.255. Ms. Liu agrees that Paragraph 15 accurately reflects the provisions of NAC 639.707(6).
9 Ms. Liu disagrees that Paragraph 15 accurately reflects the provisions of NAC 639.955.

10 **Paragraph 16:** Ms. Liu agrees that Paragraph 16 accurately reflects the provisions of NAC
11 639.945(1)(i).

12 **Paragraph 17:** Ms. Liu agrees that Paragraph 17 accurately reflects the provisions of NAC
13 639.945(2).

14 **Paragraph 18:** Ms. Liu agrees that Paragraph 18 accurately reflects the provisions of NRS
15 639.255 to the extent that the Board may impose fines, suspend or revoke a license or registration,
16 but includes additional options for discipline not described in Paragraph 18.

17 **Counts: Paragraphs 19-25**

18 **Count One (Paragraphs 19-21):** Count one pertains solely to CVS Pharmacy #2989 and
19 accordingly Ms. Liu provides no Answer to this Count.

20 **Count Two:**

21 **Paragraph 22:** Ms. Liu denies the allegations contained in Paragraph 22 in full
22 and asserts that she has in no way provided inaccurate information to the Board in any manner to
23 the best of her recollectoin.

Paragraph 23: Ms. Liu denies the allegations contained in Paragraph 23 in full.

Paragraph 24: Paragraph 24 requires no response.

Paragraph 25: Paragraph 25 requires no response and pertains solely to CVS Pharmacy #2989.

NOTICE OF DEFENSE/MITIGATING INFORMATION

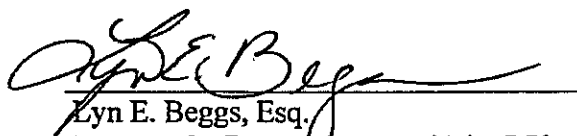
Ms. Liu denies that she has in any manner violated any provision of NRS/NAC Chapters 639 as alleged in the Accusation in this matter. Ms. Liu worked for CVS Pharmacy in Hawaii and transferred to Las Vegas in approximately October 2019 and was assigned to work at pharmacy #2989. The pharmacy in question was extremely busy and understaffed. On the date in question, Ms. Liu was the sole pharmacist working at the pharmacy with two pharmaceutical technicians, one being Mr. Peirides.

Ms. Liu reiterates the narrative of what happened on the day in question as set forth in her response to the Board submitted in March 2021 by the undersigned counsel. Ms. Liu appropriately filled the two prescriptions for minor patient L.G. As the prescriptions were both new, the CVS Pharmacy computer system required Ms. Liu to provide counseling prior to the prescriptions being provided to the patient's mother. Ms. Liu could not override that system, she was required to enter her credentials in the system to allow the transaction to proceed. Ms. Liu consulted with the patient's mother and personally entered her credentials; she does not, and never has provided her credentials to another individual to enter. To the best of Ms. Liu's recollection, the CVS Pharmacy computer system required mandatory counseling on both new prescriptions for patient L.G. The patient's mother would not have been able to decline the mandatory counseling nor could Ms. Liu override the prompt to provide counseling.

1 After Ms. Liu counseled the patient's mother, entered her credentials by scanning her bar
2 code and returned to her workstation, Mr. Peirides handed the patient's mother one correct
3 prescription and one meant for another patient. When Ms. Liu later learned that the wrong
4 prescription had been handed to the patient's mother, she immediately reviewed the video
5 surveillance which showed the Mr. Peirides had placed the second correct prescription aside and
6 had grabbed the wrong prescription for the patient. Ms. Liu filed an internal prescription quality
7 assurance report regarding the incident. She contacted the attorney for CVS and apprised him of
8 the occurrence. Ms. Liu also wrote up Mr. Peirides for the incident and he was instructed to follow
9 the patient prescription protocols which he had been previously trained in.
10

11
12 Ms. Liu did nothing inappropriate on November 21, 2019, and appropriately handled the
13 matter as soon as she was made aware of the situation. Ms. Liu asserts that review of the video
14 surveillance of the day in question would support the fact that she indeed counseled the patient on
15 the day in question.
16

17 Respectfully submitted this 30th of November, 2023.

18
19 
20 Lyn E. Beggs, Esq.
21 Attorney for Respondent Anqi Liu, RPh
22
23
24
25
26
27
28

5J

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

**SHERYL CIPOLLINI, APRN,
Certificate of Registration Nos. CS24985,
CS30592, and PD27769**

Respondents.

Case No. 22-437-CS-S

**NOTICE OF INTENDED ACTION
AND ACCUSATION**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, 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 Sheryl Cipollini, APRN ("Respondent"), because Respondent holds a certificate of registration issued by the Board pursuant to NRS 453.226, authorizing Respondent to write prescriptions for dangerous drugs and controlled substances.

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 has been registered by the Board to prescribe dangerous drugs and controlled substances since August 2016. This registration authorizes her to write prescriptions for dangerous drugs and controlled substances. NRS 453.226.

4. Respondent has been registered by the Board to dispense dangerous drugs and controlled substances since March 2023. This registration authorizes her to dispense dangerous drugs and controlled substances. NRS 453.381(8); NRS 454.215(6), NRS 639.23505, and NAC 639.742.

5. Respondent, an advanced practice registered nurse, is the owner/operator of a business known as Aesthetic Enhancements, located at 1360 East Nevada Highway 372 #5, Pahrump, NV 89048.

6. Between August 2020 and October 2022, Respondent maintained a website promoting online sales of Latisse, a prescription drug believed to prolong active eyelash growth. Through her website, Respondent sold Latisse directly to patients and/or solicited potential customers to purchase Latisse from her business.

7. Between August 2020 and October 2022, Respondent did not hold a certificate of registration to dispense dangerous drugs or controlled substances. Latisse is a “dangerous drug” as that term is defined at NRS 454.210 and NAC 639.201.

8. On or about November 7, 2022, Board Investigator Dena McClish and Board Inspector Leo Basch conducted a site visit of Aesthetic Enhancements. Board Investigator McClish inquired about purchasing Latisse, which requires a prescription, and was told that she could simply pay for the box and leave with the product.

9. Respondent admitted that she sold/dispensed 14 boxes of Latisse since she opened Aesthetic Enhancements in August 2020.

10. Respondent also admitted that she failed to establish a bona fide therapeutic relationship with 2 customers to whom she sold/dispensed Latisse.

APPLICABLE LAW

11. Pursuant to NRS 639.285 and NRS 639.100(1), it is unlawful for any person to possess, store, administer and/or dispense dangerous drugs without having secured the appropriate license and/or certificate of registration from the Board.

12. The term “practitioner” includes an advanced practice registered nurse who has been authorized to prescribe controlled substances, poisons, dangerous drugs, and devices. NRS 639.0125.

13. Although a practitioner may administer dangerous drugs within the scope of his or her practice, *see* NRS 454.213, a practitioner may not lawfully dispense dangerous drugs unless the

practitioner registers with the Board as a dispensing practitioner and thereafter complies with all applicable regulations governing dispensing, *see* NRS 454.215(6), NRS 639.23505, and NAC 639.742.

14. “‘Dispense’ means the furnishing of a controlled substance or dangerous drug in any amount greater than that necessary for the present and immediate needs of the ultimate user.” NAC 639.450.

15. The Board may suspend or revoke any registration if the holder or applicant: 1) has violated, attempted to violate, assisted, or abetted in the violation of or conspired to violate any of the provisions of NRS chapter 639 or any law or regulation relating to drugs; or 2) is guilty of unprofessional conduct or conduct contrary to the public interest. NRS 639.210(4) and (12).

16. 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).

17. 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).

18. Unprofessional conduct includes, “dispensing a drug as a dispensing practitioner to a patient with whom the dispensing practitioner does not have a bona fide therapeutic relationship.” NAC 639.945(1)(n). A bona fide therapeutic relationship between the patient and practitioner exists if the patient was examined by the practitioner within the 6 months before the date the practitioner dispenses a drug to the patient and, as a result of the examination, the practitioner diagnosed a condition for which a given drug therapy is prescribed. NAC 639.945(3).

19. 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

Unlawful Conduct by an APRN

20. Between August 2020, and November 2022, Respondent sold/dispensed dangerous drugs without having obtained a certificate of registration authorizing her to conduct business as a

dispensing practitioner. This conduct was unlawful pursuant to NRS 454.215(6), NRS 639.100(1), and NAC 639.742.

21. Having unlawfully sold/dispensed drugs as alleged above, Respondent violated NRS 454.215(6), NRS 639.23505, and/or NAC 639.742. Such unlawful conduct subjects Respondent to discipline pursuant to NRS 639.210(12), NRS 639.255, and NAC 639.955.

COUNT TWO
Unprofessional Conduct by an APRN

22. Having unlawfully sold/dispensed drugs as alleged above, Respondent engaged in unprofessional conduct. NRS 639.210(4). Respondent engaged in unprofessional conduct because, as the holder of a certificate of registration authorizing her to prescribe dangerous drugs, Respondent performed her duties in an incompetent, unskillful or negligent manner by failing to understand the limitations of her prescribing authority (i.e., it did not encompass dispensing). NAC 639.945(1)(i).

23. Respondent also engaged in unprofessional conduct because Respondent performed acts, tasks, or operations for which registration was required without the proper registration. NAC 639.945(1)(k).

24. Having engaged in unprofessional conduct as alleged above, Respondent is subject to discipline pursuant to NRS 629.210(4), NRS 639.255, NAC 639.945(1)(i) and (k), and NAC 639.955.

COUNT THREE
Unprofessional Conduct by an APRN

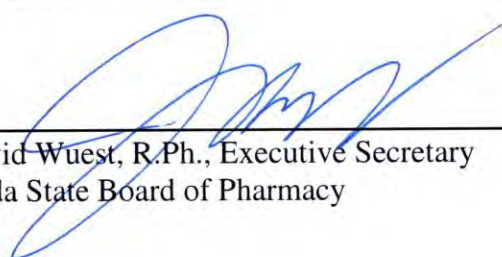
25. On at least two occasions between August 2020 and November 2022, Respondent sold/dispensed drugs without having established bona fide therapeutic relationships with the customers to whom she sold/dispensed dangerous drugs. A practitioner must have a bona fide therapeutic relationship with a prospective patient prior to selling/dispensing dangerous drugs to that person. NAC 639.945(3).

26. Because of these actions, Respondent engaged in unprofessional conduct. NRS 639.210(4). Respondent's conduct was unprofessional because she dispensed dangerous drugs to customers with whom she did not have bona fide therapeutic relationships. NAC 639.945(1)(n).

27. 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; 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 this respondent.

DATED this 17th day of NOVEMBER 2023.



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,

CASE NO. 22-437-CS-S

Petitioner,

v.

STATEMENT TO THE
RESPONDENT AND
NOTICE OF HEARINGSHERYL CIPOLLINI, APRN,
Certificate of Registration Nos. CS24985,
CS30592, and PD27769,

Respondent.

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, January 17, 2024, at 9:00 AM PST, or soon thereafter at the following location:**

**Hilton Garden Inn Las Vegas Strip South
7830 S. Las Vegas Blvd
Las Vegas, NV 89123**

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

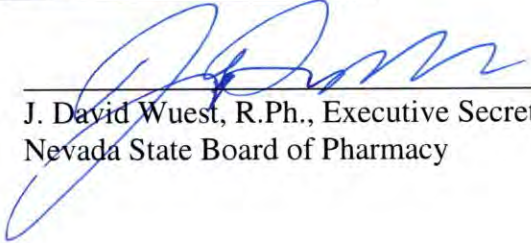
zunino@pharmacy.nv.gov

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 17th day of NOVEMBER 2023.



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.****SHERYL CIPOLLINI, APRN,
Certificate of Registration Nos. CS24985,
CS30592, and PD27769,****Respondent.****CASE NO. 22-437-CS-S****ANSWER AND NOTICE
OF DEFENSE**

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his/her objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him/her, is hereby interposed on the following grounds: (State specific objections or insert "none").

2. That, in answer to the Notice of Intended Action and Accusation, he/she admits, denies and alleges as follows:

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this _____ day of _____, 2023.

SHERYL CIPOLLINI, APRN

CERTIFICATE OF SERVICE

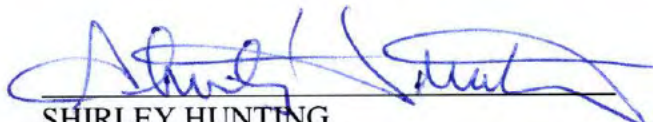
I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 17th day of November 2023, I served a true and correct copy of the foregoing document by Certified U.S. Mail and Standard U.S. mail to the following:

Sheryl Cipollini, APRN

■ South Nevada Highway 160, Suite ■
Pahrump, NV 89048

Sheryl Cipollini, APRN

■ E. Nevada Highway 372 ■
Pahrump, NV 89048


SHIRLEY HUNTING

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

**SHERYL CIPOLLINI, APRN,
Certificate of Registration Nos. CS24985,
CS30592, and PD27769,**

Respondent.

Case No. 22-437-CS-S

STIPULATION AND ORDER

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy ("Board"), by and through its Senior General Counsel, Gregory L. Zunino, and Respondent Sheryl Cipollini, APRN, ("Respondent"), by and through counsel, Sara Shikhman, Esq., hereby stipulate and agree as follows:

1. The 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. Respondent acknowledges that she understands the terms of this Stipulation, and that she has executed it knowingly and voluntarily.
4. Respondent acknowledges that she is aware of the right to a hearing on the matters alleged in the Accusation, the right to reconsideration of a Board determination in a contested case, the right to appeal a Board determination in a contested case, and all other rights afforded Respondent 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.
5. 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 its provisions, Respondent

hereby freely and voluntarily waives the right to a hearing, reconsideration, appeal, and other rights related to this action as identified above.

6. Without admitting to a violation of law, Respondent admits that evidence exists, and that the Board counsel prosecuting this case could present such evidence at an administrative hearing, to establish a factual basis for the violations alleged in the Accusation.

7. To resolve this matter without incurring any further costs or the expenses associated with a hearing, the Board and Respondent agree as follows:

A. Respondent shall pay an administrative fine of Five Thousand and 00/100 Dollars (\$5,000.00) for the violations alleged in the Accusation. Respondent shall pay this fine *via check or money order* payable to “**State of Nevada, Office of the Treasurer.**” Payment shall be remitted in full to the Board’s Reno office, located at 985 Damonte Ranch Parkway, Suite 206, Reno, Nevada 89521, by March 1, 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. Respondent shall pay this sum *via check or money order* payable to “**Nevada State Board of Pharmacy.**” Payment shall be remitted in full to the Board’s Reno office, located at 985 Damonte Ranch Parkway, Suite 206, Reno, Nevada 89521, by March 1, 2024.

8. 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, the Board may impose additional discipline consistent with the provisions of NRS Chapters 453 and 639.

9. 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 January 16, 2024, in Las Vegas, Nevada. The Board Members and Staff may discuss and deliberate regarding this Stipulation even if Respondent fails to appear for the meeting.

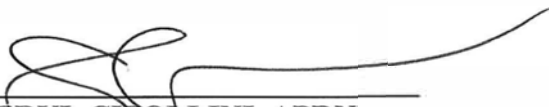
10. The Board may accept this Stipulation, but it is not obligated to do so. If this Stipulation is approved by the Board, it shall be a public record pursuant to NRS 622.330 and shall be reported to the National Practitioner Data Bank pursuant to 42 U.S.C. § 1396r-2 and 45 CFR Part 60.

11. 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.

12. Subject to the approval of this Stipulation by the Board, the parties agree to release each other from any or all additional claims arising from the facts set forth in the Accusation on file herein.

AGREED:

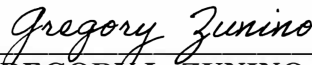
Signed this 13 day of December 2023.



 SHERYL CIPOLLINI, APRN

Signed this 13th day of December 2023.

NEVADA STATE BOARD OF PHARMACY

By 

 GREGORY L. ZUNINO
 Senior General Counsel
 Nevada Bar No. 4805

Approved as to Form and Content:



 SARA SHIKHMAN, ESQ.
 Managing Partner
 Lengea Law
 Attorney for Respondent Sheryl Cipollini

DECISION AND ORDER

The Nevada State Board of Pharmacy hereby adopts the foregoing Stipulation as its final decision in Case No. 22-437-CS-S 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 16th day of January 2024.

Helen Park, President
Nevada State Board of Pharmacy

5K



BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

**PLUS ONE PHARMACY, LLC,
License No. PH04369,**

Respondents.

Case No. 21-189-PH-S

**NOTICE OF INTENDED ACTION
AND ACCUSATION**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, 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 Plus One Pharmacy (Respondent), because Respondent, at the time of the violations alleged herein, held a License issued by the Board pursuant to NRS 639.230, authorizing the business to operate as a pharmacy. Since August 11, 2021, Respondent has held a license to operate a pharmacy issued by the Board pursuant to NRS 639.230.

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 has been licensed by the Board to operate as a pharmacy since August 11, 2021. *See* NRS 639.230. Such a license authorizes the holder to conduct a pharmacy and to sell and dispense drugs and poisons and devices and appliances that are restricted by federal law to sale by or on the order of a physician. NRS 639.231.

4. Respondent Plus One Pharmacy, LLC is located at 6545 Fort Apache Road, #140, Las Vegas, NV 89148.

5. The owner of Respondent Plus One Pharmacy, LLC is Anisha Patel (Ms. Patel).
6. Ms. Patel is not herself licensed by the Board.
7. Ms. Patel is not a pharmacist.
8. On or about August 11, 2021, D.S. was listed as the managing pharmacist for Respondent.
9. On or about November 5, 2021, D.S. noticed a large shipment of drugs that had been delivered to Respondent.
10. These drugs were ordered and received without the managing pharmacist's knowledge.
11. None of the drugs were controlled substances; however, some of the drugs required refrigeration but were stored at room temperature. (i.e., insulin).
12. Once managing pharmacist D.S. discovered the drugs that were delivered without his knowledge, he immediately contacted Respondent's owner Ms. Patel and demanded that she turn over her pharmacy key to him.
13. Ms. Patel complied with the managing pharmacist's demand.
14. The drugs were then locked and secured and managing pharmacist D.S. verified that the inventory was accurate as stated on the invoice.
15. Ms. Patel stated that the unsupervised receipt of drugs by Respondent was due to a "miscommunication."
16. After verifying that the shipment of drugs was correctly documented on the accompanying invoices, managing pharmacist D.S. resigned and, being that Respondent did not have a managing pharmacist for the time being, the shipment of drugs was returned to the seller.

APPLICABLE LAW

17. In Nevada, 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).
18. Conduct contrary to the public interest 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).

19. A pharmacy owner and managing pharmacist in charge of a licensed pharmacy shall maintain a representative stock of dangerous drugs and controlled substances which must be stored properly. NAC 639.510.

20. The security of the prescription department of a pharmacy must be maintained by a pharmacist, including key access. NAC 639.520

21. A pharmacist employed by the pharmacy shall acknowledge on every invoice that drugs shipped to the pharmacy were received at the address where the Board issued a pharmacy license. NAC 639.523.

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

Conduct Contrary to the Public Interest in Receiving Drugs

23. Respondent, acting by and through Ms. Patel, ordered drugs and received them without a pharmacist present. A pharmacy owner and managing pharmacist in charge of a licensed pharmacy must maintain a representative stock of dangerous drugs and controlled substances. NAC 639.510. However, the stock of drugs must be acquired in the manner required by Nevada statutes and regulations.

24. More specifically, when shipments of drugs are received by a pharmacy, a pharmacist employed by the pharmacy must be there to acknowledge on each invoice that the drugs were received at the physical address where the Board issued the pharmacy license. NAC 639.523. Respondent's owner, Ms. Patel, stated that the absence of a pharmacist to receive the drug shipment was a "miscommunication."

25. As the holder of a pharmacy license issued by the Board, Respondent had a duty to receive dangerous drugs and controlled substances in the manner required by NAC 639.523. Acting by

and through Ms. Patel, Respondent performed this duty in an incompetent, unskillful, or negligent manner.

26. Through her actions as described above, Ms. Patel caused Respondent to engage in conduct contrary to the public interest. NRS 639.210(4). Respondent engaged in conduct contrary to the public interest because the pharmacy 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. Respondent performed its duties as the holder of a license issued by the Board in an incompetent, unskillful or negligent manner because it failed to ensure that a pharmacist employed by the pharmacy was present to receive the shipment of drugs. *See* NAC 639.523; and NAC 639.945(1)(i).

28. Having engaged in conduct contrary to the public interest as alleged above, Respondent is subject to discipline by the Board. NRS 639.210(4); NRS 639.255; NAC 639.945; and NAC 639.955.

COUNT TWO

Conduct Contrary to the Public Interest in Allowing Access to Drugs

29. Respondent's owner Ms. Patel possessed a key to the pharmacy's prescription department despite not being a pharmacist. The security of the pharmacy's prescription department must be maintained by a pharmacist, including key access. NAC 639.520. Additional keys, not being handled by a pharmacist for the time being, must be secured in a manner that is inaccessible to unauthorized persons. NAC 639.520.

30. Because of her actions, Ms. Patel caused Respondent to engage in conduct contrary to the public interest. NRS 639.210(4). Respondent engaged in conduct contrary to the public interest because the pharmacy 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).

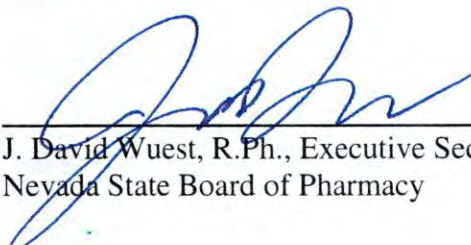
31. Respondent performed its duties as the holder of a license issued by the Board in an incompetent, unskillful or negligent manner because the pharmacy allowed other people, besides

registered pharmacists, key access into the pharmacy's prescription department. *See* NAC 639.520; and NAC 639.945(1)(i).

32. Having engaged in conduct contrary to the public interest as alleged above, Respondent is subject to discipline by the Board. NRS 639.210(4); NRS 639.255; 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.

DATED this 16th day of OCTOBER 2023.



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,

Case No. 21-189-PH-S

Petitioner,

v.

PLUS ONE PHARMACY, LLC,
License No. PH04369,STATEMENT TO THE
RESPONDENT AND
NOTICE OF HEARING

Respondents.

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, December 6, 2023, at 9:00 AM PST, or soon thereafter at the following location:

**Hilton Garden Inn Las Vegas Strip South
7830 Las Vegas Blvd
Las Vegas, NV 89123**

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

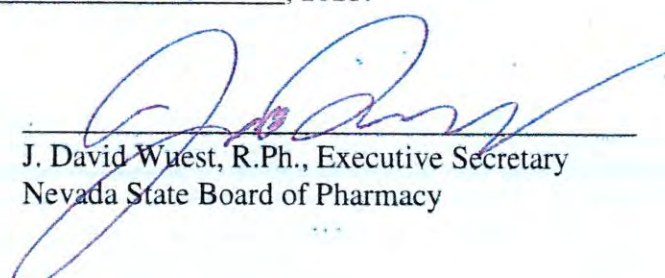
gvanderdonck@pharmacy.nv.gov

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 OCTOBER, 2023.



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.****PLUS ONE PHARMACY, LLC,
License No. PH04369,****Respondent.****Case No. 21-189-PH-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 _____, 2023.

TYPE OR PRINT NAME

**AUTHORIZED REPRESENTATIVE FOR
PLUS ONE PHARMACY, LLC**

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 24th day of October, 2023, I served a true and correct copy of the foregoing document by Certified U.S. Mail and Standard U.S. Mail to the following:

Plus One Pharmacy, LLC
6545 Fort Apache Rd #140
Las Vegas, NV 89148



SHIRLEY HUNTING

5L



BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

CARE DIRECT RX, LLC,
License No. PH03043,

Respondent.

Case No. 22-165-PH-O

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 Care Direct Rx, LLC (Respondent), because the violations alleged herein weigh on Respondent's fitness to hold a Pharmacy License with the Board. Since December 9, 2013, Respondent has held license no. PH03043 allowing Respondent to conduct a pharmacy in the state of Nevada pursuant to NRS 639.230 and NRS 639.231.

2. The Board has jurisdiction over the subject matter of this accusation because the alleged violations involve the regulation of the practice of pharmacy. NRS 639.070.

FACTUAL ALLEGATIONS

3. Respondent has been licensed by the Board to conduct a pharmacy (PH03043) since December 9, 2013.

4. Respondent is located at 7895 Highway 119, Suite 1, Alabaster, AL 35007.

5. Respondent submitted a Business Renewal Application with the Board on October 7, 2020.

6. On Respondent's Business Renewal Application, it answered "no" to the question that asks, "since your last renewal or recent licensure has any owner, shareholder, partners with any interest,

or the corporation been the subject of a board citation or an administrative action whether completed *or pending* in any state.”

7. At the time Respondent submitted their Business Renewal Application, Respondent was in fact subject to a pending administrative action by the Alabama and Louisiana Boards of Pharmacy.

8. Respondent entered into a Consent Agreement with the Louisiana Board of Pharmacy on October 13, 2020. This agreement stemmed from an investigation into a self-reported violation on December 31, 2018.

9. Respondent also entered into a Consent Order with the Alabama Board of Pharmacy on April 20, 2021, based on the Consent Agreement Respondent signed with the Louisiana Board of Pharmacy.

10. Respondent’s Pharmacy Director Paula Hudson, PharmD, admitted to Board Investigator Monica Segedy that both matters were pending at the time the Business Renewal Application was submitted on October 7, 2020.

APPLICABLE LAW

11. The Board may suspend or revoke any license if the holder or applicant is guilty of unprofessional conduct or conduct contrary to the public interest. NRS 639.210(4).

12. Unprofessional conduct includes, “performing or in any way being a party to any fraudulent or deceitful practice or transaction.” NAC 639.945(1)(h).

13. Unprofessional conduct includes, “performing any duties as the holder of a license or as the owner of a business or an entity licensed by the Board, in an incompetent, unskillful or negligent manner.” NAC 639.945(1)(i).

14. In lieu of a suspension or revocation, or in concert with it, 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 by a Pharmacy

15. Respondent submitted a Business Renewal Application to the Board to renew their pharmacy license. That renewal application failed to disclose that Respondent had pending administrative actions against it by the Alabama and Louisiana Boards of Pharmacy. Respondent answered "no" to the question on the Board's renewal application that asks, "since your last renewal or recent licensure has any owner, shareholder, partners with any interest, or the corporation been the subject of a board citation or an administrative action whether completed *or pending* in any state."

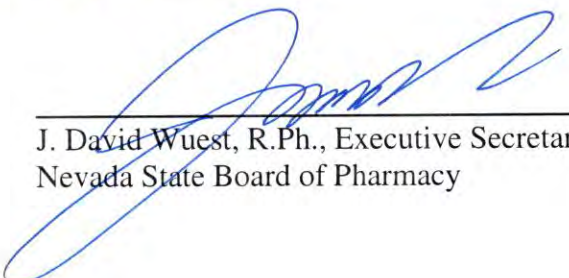
16. Because of these actions, Respondent has engaged in unprofessional conduct. NRS 639.210(4). Respondent engaged in unprofessional conduct because Respondent, as the holder of a certificate of registration issued by the Board, performed or was a party to a fraudulent or deceitful practice or transaction. NAC 639.945(1)(h). Respondent also engaged in unprofessional conduct because Respondent performed their duties as the holder of a license, or as the owner of a business or an entity licensed by the Board, in an incompetent, unskillful or negligent manner. NAC 639.945(1)(i).

17. Respondent performed or was a party to a fraudulent or deceitful practice or transaction because Respondent failed to disclose pending administrative actions by the Alabama and Louisiana Boards of Pharmacy on Respondent's Business Renewal Application with the Board. *See* NAC 639.945(1)(h). Further, even if Respondent was not intentionally a party to a fraudulent or deceitful practice, they performed their duties in an incompetent, unskillful or negligent manner by failing to disclose their public discipline to the Board when they answered "no" to the question on the Business Renewal Application that asks, "since your last renewal or recent licensure has any owner, shareholder, partners with any interest, or the corporation been the subject of a board citation or an administrative action whether completed *or pending* in any state." *See* NAC 639.945(1)(i).

18. 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; 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 this respondent.

DATED this 16th day of NOVEMBER 2023.



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,

CASE NO. 22-165-PH-O

Petitioner,

v.

CARE DIRECT RX, LLC,
License No. PH03043,STATEMENT TO THE
RESPONDENT AND
NOTICE OF HEARING

Respondent.

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, January 17, 2024, at 9:00 AM PST, or soon thereafter at the following location:

**Hilton Garden Inn Las Vegas Strip South
7830 S. Las Vegas Blvd
Las Vegas, NV 89123**

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

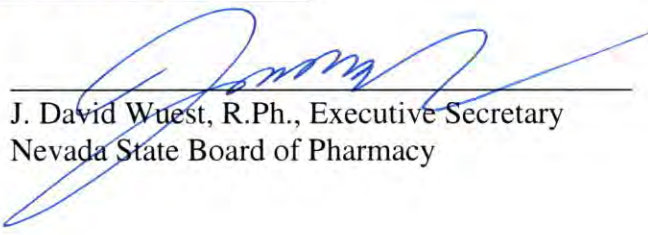
gvanderdonck@pharmacy.nv.gov

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 16th day of NOVEMBER.



J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY**NEVADA STATE BOARD OF PHARMACY,****CASE NO. 22-165-PH-O****Petitioner,****v.****CARE DIRECT RX, LLC,
License No. PH03043,****ANSWER AND NOTICE
OF DEFENSE****Respondent.**

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his/her objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him/her, is hereby interposed on the following grounds: (State specific objections or insert "none").

2. That, in answer to the Notice of Intended Action and Accusation, he/she admits, denies and alleges as follows:

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this _____ day of _____, 2023.

TYPE OR PRINT NAME

**AUTHORIZED REPRESENTATIVE FOR
CARE DIRECT RX, LLC**

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 17th day of November 2023, I served a true and correct copy of the foregoing document by Certified U.S. Mail and Standard U.S. mail to the following:

Care Direct RX, LLC
7895 Highway 119 Suite 1
Alabaster, AL 35007

Paula Hudson, Pharmacy Director
Care Direct RX, LLC
3542 Decatur Highway, Ste. 302
Fultondale, AL 35068



SHIRLEY HUNTING

5M



BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

EFRAIN ARMENTA, RPH,
Certificate of Registration No. 19224,

Respondent.

Case No. 23-187-RPH-S

ORDER TO SHOW CAUSE

The Nevada State Board of Pharmacy ("Board") HEREBY ORDERS Respondent Efrain Armenta, ("Respondent"), Certificate of Registration No. 19224, pursuant to NAC 639.965 – NAC 639.978, to appear before the Board on January 17, 2024, at 9:00 a.m. and show cause, if any, why Certificate of Registration No. 19224 should not be revoked.

1. On June 30, 2023, the Board issued a Citation and Fine Order ("Order") to Respondent in Case No. 23-187-RPH-S.

2. The Order directed Respondent to satisfy the following conditions no later than September 1, 2023:

A. Pay an administrative fine of \$500; and

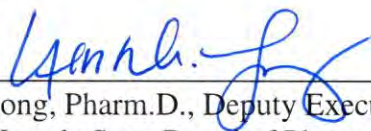
B. Submit proof of completion of thirty (30) continuing education units, one (1) of which must be a Nevada law based continuing education unit.

3. Respondent has failed to comply with the terms of the Order because Respondent failed to: a) pay an administrative fine of \$500; and b) complete and/or show proof of completion of thirty (30) continuing education units, including one (1) Nevada law based continuing education unit.

4. Additionally, Respondent has failed to timely appeal the Order by submitting a written request for a hearing within thirty (30) days of receipt of the Order. Accordingly, the Order became a final decision of the Board as provided by NRS 639.100, NRS 639.2895, and the Adopted Regulation of the Nevada State Board of Pharmacy, 070-19 Nev. Reg. Admin. Regs (Feb. 7, 2020).

THEREFORE, IT IS HEREBY ORDERED that Respondent Efrain Armenta, RPH, Certificate of Registration No. 19224, shall appear before the Board and show cause, if any, why Certificate of Registration No. 19224 should not be revoked.

ENTERED this 29th day of November 2023.



Yen H Long, Pharm.D., Deputy Executive Secretary
of the Nevada State Board of Pharmacy, for and on
behalf of J. David Wuest, R.Ph., Executive Secretary
of the 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); NAC 639.968.

The Board has scheduled your hearing on this matter for Wednesday, January 17, 2024, at 9:00 a.m. or soon thereafter. The hearing will occur at the at the Hilton Garden Inn located at 7830 S. Las Vegas Blvd, Las Vegas, Nevada 89123.

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.

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 30th day of November 2023, I served a true and correct copy of the foregoing document by Certified U.S. Mail and Standard U.S. mail to the following:

Efrain Armenta, RPH
[REDACTED] Venadis St.
North Las Vegas, NV 89030


SHIRLEY HUNTING

5N



BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

JULIANA IZEBBIGIE, RPH,
Certificate of Registration No. 09672,

Respondent.

Case No. 23-193-RPH-S

ORDER TO SHOW CAUSE

The Nevada State Board of Pharmacy ("Board") HEREBY ORDERS Respondent Juliana Izevbigie, RPH, ("Respondent"), Certificate of Registration No. 09672, pursuant to NAC 639.965 – NAC 639.978, to appear before the Board on January 17, 2024, at 9:00 a.m. and show cause, if any, why Certificate of Registration No. 09672 should not be revoked.

1. On June 30, 2023, the Board issued a Citation and Fine Order ("Order") to Respondent in Case No. 23-193-RPH-S.

2. The Order directed Respondent to satisfy the following conditions no later than September 1, 2023:

A. Pay an administrative fine of \$500; and

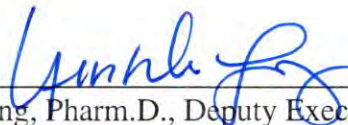
B. Submit proof of completion of thirty (30) continuing education units, one (1) of which must be a Nevada law based continuing education unit.

3. Respondent has failed to comply with the terms of the Order because Respondent failed to: a) pay an administrative fine of \$500; and b) complete and/or show proof of completion of thirty (30) continuing education units, including one (1) Nevada law based continuing education unit.

4. Additionally, Respondent has failed to timely appeal the Order by submitting a written request for a hearing within thirty (30) days of receipt of the Order. Accordingly, the Order became a final decision of the Board as provided by NRS 639.100, NRS 639.2895, and the Adopted Regulation of the Nevada State Board of Pharmacy, 070-19 Nev. Reg. Admin. Regs (Feb. 7, 2020).

THEREFORE, IT IS HEREBY ORDERED that Respondent Juliana Izevbigie, RPH, Certificate of Registration No. 09672, shall appear before the Board and show cause, if any, why Certificate of Registration No. 09672 should not be revoked.

ENTERED this 29th day of November 2023.



Yen H. Long, Pharm.D., Deputy Executive Secretary
of the Nevada State Board of Pharmacy, for and on
behalf of J. David Wuest, R.Ph., Executive Secretary
of the 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); NAC 639.968.

The Board has scheduled your hearing on this matter for Wednesday, January 17, 2024, at 9:00 a.m. or soon thereafter. The hearing will occur at the at the Hilton Garden Inn located at 7830 S. Las Vegas Blvd, Las Vegas, Nevada 89123.

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.

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 30th day of November 2023, I served a true and correct copy of the foregoing document by Certified U.S. Mail and Standard U.S. mail to the following:

Juliana Izevbigie, RPH
[REDACTED] Copper Falls Ave.
Las Vegas, NV 89129


SHIRLEY HUNTING

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BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Case No. 23-196-RPH-S

Petitioner,

v.

ORDER TO SHOW CAUSE

ODETTE ERIAN, RPH,
Certificate of Registration No. 16558,

Respondent.

The Nevada State Board of Pharmacy ("Board") HEREBY ORDERS Respondent Odette Erian, RPH, ("Respondent"), Certificate of Registration No. 16558, pursuant to NAC 639.965 – NAC 639.978, to appear before the Board on January 17, 2024, at 9:00 a.m. and show cause, if any, why Certificate of Registration No. 16558 should not be revoked.

1. On June 30, 2023, the Board issued a Citation and Fine Order ("Order") to Respondent in Case No. 23-196-RPH-S.

2. The Order directed Respondent to satisfy the following conditions no later than September 1, 2023:

A. Pay an administrative fine of \$500; and

B. Submit proof of completion of thirty (30) continuing education units, one (1) of which must be a Nevada law based continuing education unit.

3. Respondent has failed to comply with the terms of the Order because Respondent failed to: a) pay an administrative fine of \$500; and b) complete and/or show proof of completion of thirty (30) continuing education units, including one (1) Nevada law based continuing education unit.

4. Additionally, Respondent has failed to timely appeal the Order by submitting a written request for a hearing within thirty (30) days of receipt of the Order. Accordingly, the Order became a final decision of the Board as provided by NRS 639.100, NRS 639.2895, and the Adopted Regulation of the Nevada State Board of Pharmacy, 070-19 Nev. Reg. Admin. Regs (Feb. 7, 2020).

THEREFORE, IT IS HEREBY ORDERED that Respondent Odette Erian, RPH, Certificate of Registration No. 16558, shall appear before the Board and show cause, if any, why Certificate of Registration No. 16558 should not be revoked.

ENTERED this 29th day of November 2023.



Yen Long, Pharm.D., Deputy Executive Secretary
of the Nevada State Board of Pharmacy, for and on
behalf of J. David Wuest, R.Ph., Executive Secretary
of the 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); NAC 639.968.

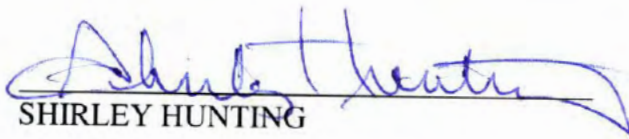
The Board has scheduled your hearing on this matter for Wednesday, January 17, 2024, at 9:00 a.m. or soon thereafter. The hearing will occur at the at the Hilton Garden Inn located at 7830 S. Las Vegas Blvd, Las Vegas, Nevada 89123.

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.

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 30th day of November 2023, I served a true and correct copy of the foregoing document by Certified U.S. Mail and Standard U.S. mail to the following:

Odette Erian, RPH
[REDACTED] Elmstone Pl.
Las Vegas, NV 89138


SHIRLEY HUNTING

5P

BEFORE THE NEVADA STATE BOARD OF PHARMACY



NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

PONCIA B. REED, APRN,
Certificate of Registration No. CS23722,

Respondent.

Case No. 20-157-CS-S

NOTICE OF INTENDED ACTION
AND ACCUSATION

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, 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 Poncia B. Reed, APRN ("Respondent"), because the violations alleged herein, weigh on Respondent's character to hold a certificate of registration issued by the Board pursuant to NRS 453.226, authorizing Respondent to write prescriptions for controlled substances. Since September 9th, 2015, Respondent has held a license to prescribe controlled substances issued by the Board pursuant to NRS 453.226.

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. On or about September 9, 2015, the Board issued Respondent a Certificate of Registration to Dispense Controlled Substances, Certificate of Registration No. CS23722. This registration authorizes Respondent to write prescriptions for controlled substances.

4. Respondent Poncia B. Reed, APRN, was employed at a medical practice called Priority Medical Services, LLC, located at 2655 South Rainbow Blvd., Suite 410, Las Vegas, NV, 89146 at the time of the events alleged herein.

5. On July 2nd, 2020, Smith's Pharmacy #305, located at 3602 E. Bonanza Rd., Las Vegas, NV 89110 faxed a complaint to the Board showing that they were receiving prescriptions with stamped signatures from Respondent.

6. Between April 1st, 2020, and July 20th, 2020, Respondent wrote or authorized a total of thirty-three (33) prescriptions for schedule II-controlled substances.

7. A sample of the schedule II-controlled substance prescriptions show that at least six (6) of them included a stamped signature.

8. In a letter to Board Investigator Dena McClish, Respondent stated that she authorized her medical assistant ("MA") to use a signature stamp for her prescriptions.

APPLICABLE LAW

9. 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).

10. 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).

11. Only a practitioner holding a license to practice in this State may prescribe or write a prescription unless they qualify as an exception. NRS 639.100(1); NRS 639.235(1).

12. The Board may suspend or revoke any certificate, license, registration or permit if the holder has violated, attempted to violate, assisted, or abetted in the violation, or conspired to violate, or failed to report a violation, of any provision of Nevada law relating to prescription drugs. *See* NRS 639.210(12).

13. Each written prescription for a controlled substance must include the handwritten signature of the prescribing practitioner in nonerasable ink. NAC 453.440(2).

14. 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).

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COUNT ONE**Violation of State Law – Assisting in Unauthorized Prescribing**

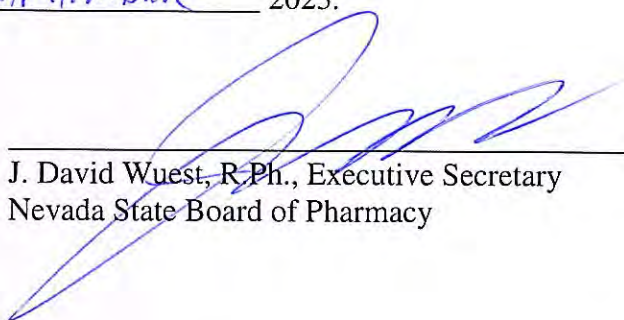
15. Respondent's authorization of use of her signature stamp by her MA on schedule II-controlled substance prescriptions violated the requirements of NRS 639.100(1), NRS 639.235(1), and NAC 453.440(2) which specify that only a licensed practitioner may write a prescription for a controlled substance and that a written prescription must include the prescribing practitioner's handwritten signature. Therefore, Respondent is subject to discipline pursuant to NRS 639.210(12) and/or NRS 639.255(1)(f) and (3).

COUNT TWO**Violation of State Law - Unprofessional Conduct**

16. Respondent's authorization of use of her signature stamp by her MA on schedule II-controlled substance prescriptions, Respondent violated NAC 453.440(2) and performed her duties in an incompetent, unskillful, or negligent manner, which constitutes unprofessional conduct in violation of NRS 639.210(4) as defined by NAC 639.945(1)(i). Therefore, Respondent is subject to discipline pursuant to NRS 639.210(4) and NAC 639.945(1)(i); and/or NRS 639.255; 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 this respondent.

DATED this 28th day of September 2023.



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,

Case No. 20-157-CS-S

Petitioner,

v.

PONCIA B. REED, APRN,
Certificate of Registration No. CS23722,STATEMENT TO THE
RESPONDENT AND
NOTICE OF HEARING

Respondent.

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, January 17, 2024, at 9:00 AM PST, or soon thereafter at the following location:**

**Hilton Garden Inn Las Vegas Strip South
7830 S. Las Vegas Blvd
Las Vegas, NV 89123**

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

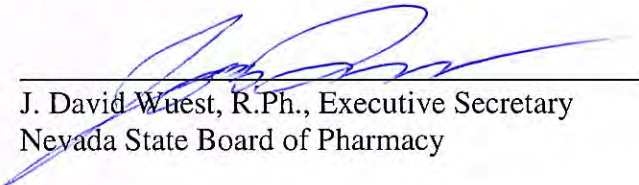
p.keegan@pharmacy.nv.gov

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 28th day of SEPTEMBER, 2023.



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.****PONCIA B. REED, APRN,
Certificate of Registration No. CS23722,****Respondent.****Case No. 20-157-CS-S****ANSWER AND NOTICE
OF DEFENSE**

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his/her objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him/her, is hereby interposed on the following grounds: (State specific objections or insert "none").

2. That, in answer to the Notice of Intended Action and Accusation, he/she admits, denies and alleges as follows:

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this _____ day of _____, 2023.

PONCIA B. REED, APRN

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 28th day of September 2023, I served a true and correct copy of the foregoing document by Certified U.S. Mail and Standard U.S. mail to the following:

Poncia Reed

██████ S JONES BLVD ██████

Las Vegas, NV 89146

Poncia Reed

██████ S Rainbow Blvd, Ste ██████

Las Vegas, NV 89146

Darlene Nases
DARLENE NASES

5Q



BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

CVS PHARMACY #8821
Pharmacy License No. PH01095,

EUGENE BONDOC NAVAL, RPh.,
Certificate of Registration No. 19578,

Respondents.

Case Nos. 23-126-PH-S
23-126-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, files the following document that will serve as both a notice of intended action under NRS 233B.127(3) and as an accusation under NRS 622A.300(1) and/or NRS 639.241.

JURISDICTION

1. The Nevada State Board of Pharmacy ("Board") has personal jurisdiction over Respondent CVS Pharmacy #8821 ("CVS #8821"), because at the time of the events alleged herein, Respondent CVS #8821 held Pharmacy License No. PH01095, issued by the Board, pursuant to NRS 639.230, on November 14, 1996, which authorized Respondent CVS #8821 to operate a pharmacy within the State of Nevada.

2. The Board has personal jurisdiction over Respondent Eugen Bondoc Naval, RPh. ("Naval"), because at the time of the events alleged herein, Respondent Naval held Certificate of Registration No. 19578, issued by the Board, pursuant to NRS 639.127, on May 23, 2017, which authorized Respondent Naval to practice pharmacy in the State of Nevada.

3. The Board has subject matter jurisdiction over this matter because at the time of the events alleged herein Respondent Naval was engaged in the practice of pharmacy at the pharmacy operated by Respondent CVS #8821 in the State of Nevada.

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FACTUAL ALLEGATIONS

4. On or about April 5, 2023, the Board received a complaint concerning the pharmaceutical technician ratio CVS #8821.

5. Respondent CVS #8821 operated a pharmacy at 8320 W. Cheyenne Avenue, Las Vegas, Nevada 89129 at the time of the events alleged herein.

6. Respondent Eugene Naval, RPh., was employed as the managing pharmacist at CVS #8821 at the time of the events alleged herein.

7. On or about April 19, 2023, the Board's inspector conducted a site visit and inspection of Respondent CVS #8821.

8. During the April 19, 2023, inspection of Respondent CVS #8821's pharmacy, the Board's inspector observed Respondent Eugene Naval working in the pharmacy as the managing pharmacist along with five (5) additional people who identified themselves as pharmaceutical technicians and who were signed in as pharmacy technicians.

9. Respondent CVS #8821's sign in logs reflected a pharmacist to pharmaceutical technician ratio for exceeding one to three on the following dates:

- i. April 18, 2023 – one pharmacist to four pharmaceutical technicians;
- ii. April 17, 2023 – one pharmacist to four pharmaceutical technicians;
- iii. April 14, 2023 – one pharmacist to four pharmaceutical technicians; and
- iv. April 10, 2023 – one pharmacist to four pharmaceutical technicians.

10. Respondent CVS #8821 conducts pharmaceutical technician employee scheduling through a computerized system which is pre-populated by CVS corporate based upon anticipated customer demand.

11. On at least five dates, Respondent CVS #8821 exceeded Nevada's pharmacist to pharmaceutical technician supervision ratio of one to three.

12. On at least five dates, Respondent Naval failed to supervise the pharmaceutical technician ratio at CVS #8821.

APPLICABLE LAW

15. A pharmacist working in a dispensing pharmacy may supervise no more than three pharmaceutical technicians. NRS 639.1371(1); NAC 639.250(2).

16. The Board may suspend or revoke any certificate, license, registration or permit pursuant to NRS 639.210(4) upon a finding that the holder performed his or her duties as the holder of a license, certificate or registration issued by the Board, or as the owner of a business or an entity licensed by the Board, in an incompetent, unskillful or negligent manner. NAC 639.945(1)(i).

17. The Board may suspend or revoke any certificate, license, registration or permit pursuant to NRS 639.210(12) upon the finding that the holder, violated, attempted to violate, assisted or abetted in the violation of or conspired to violate any of the provisions of this chapter or any law or regulation relating to drugs, the manufacture or distribution of drugs or the practice of pharmacy, or has knowingly permitted, allowed, condoned or failed to report a violation of any of the provisions of this chapter or any law or regulation relating to drugs, the manufacture or distribution of drugs or the practice of pharmacy. NRS 639.210(12).

18. The Board may suspend or revoke any certificate, license, registration or permit pursuant to NRS 639.210(15) upon the finding that the holder, as a managing pharmacist, violated any provision of law or regulation concerning recordkeeping or inventory in a store over which he or she presides, or has knowingly allowed a violation of any provision of NRS Chapter 639 or other state or federal laws or regulations relating to the practice of pharmacy by personnel of the pharmacy under his or her supervision.

19. Each 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).

20. Any violation of NRS Chapter 639 by a managing pharmacist or by personnel of the pharmacy under the supervision of the managing pharmacist is cause for suspension or revocation of the license of the pharmacy by the Board. NRS 639.230(5).

21. The owner of any business or facility licensed, certified, or registered by the Board is responsible for the acts of all personnel in his or her employ. NAC 639.945(2).

22. The owner of a pharmacy, the managing pharmacist of the pharmacy and the registered pharmacist on duty are responsible for the acts and omissions of pharmaceutical technicians and other personnel who are not pharmacists working in or for the pharmacy, including, but not limited to, any errors committed or unauthorized work performed by such personnel, if the owner, managing pharmacist or registered pharmacist knew or reasonably should have known of the act or omission. NAC 639.702.

23. The Board may impose a fine upon the holder of a certificate, license, or permit issued by the Board for up to \$10,000.00 for each violation. NRS 639.255(3).

COUNT ONE

Exceeding the Supervising Pharmacist to Pharmaceutical Technician Ratio (Respondents Naval)

24. Respondent Naval, as the managing pharmacist of CVS #8821 at the time of the events alleged herein, violated NAC 639.250(2) by exceeding the allowable pharmacist to pharmaceutical technician ratio on five (5) dates. Pursuant to NRS 639.220(1) and NAC 639.702, Respondent Naval 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. Respondent Naval is therefore subject to discipline pursuant to NRS 639.210(12); and/or NRS 639.210(15); and/or NRS 639.255(3).

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COUNT TWO**Exceeding the Supervising Pharmacist to Pharmaceutical Technician Ratio
(Respondents CVS #8821)**

25. Respondent CVS #8821 violated NAC 639.250(2) by scheduling employees in excess of the allowable pharmacist to pharmaceutical technician ratio on five (5) dates. Respondent CVS #8821 is therefore subject to discipline pursuant to NRS 639.210(12); and/or NRS 639.210(15); and/or NRS 639.255(3). Pursuant to NRS 639.230(5), NAC 639.702 and NAC 639.945(2), CVS #8821 is also subject to discipline, pursuant to NRS 639.210(12); and/or NRS 639.210(15); and/or NRS 639.255(3), as the pharmacy owner responsible for the acts of its managing pharmacist and the employees supervised thereby.

COUNT THREE**Unprofessional Conduct
(Respondents Naval)**

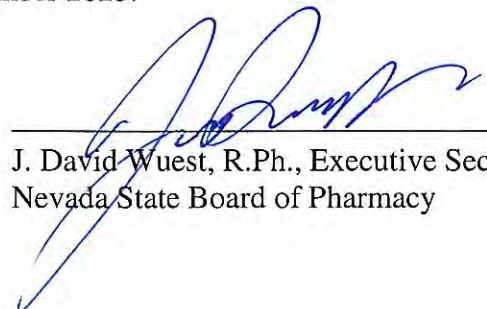
26. Respondent Naval, as the managing pharmacist of CVS #8821 at the time of the events alleged herein, is responsible, pursuant to NRS 639.220(1), and/or NAC 639.702 for allowing the pharmacist to pharmaceutical technician ratio to exceed one to three in violation of NAC 639.250 on five dates. This constituted unprofessional conduct, as defined in NAC 639.945(1)(i). Respondent Naval is therefore subject to discipline pursuant to NRS 639.210(4) and/or NRS 639.255(3).

COUNT FOUR**Unprofessional Conduct
(Respondents CVS #8821)**

27. Respondent CVS #8821, engaged in unprofessional conduct by scheduling employees in excess of the allowable pharmacist to pharmaceutical technician ratio on five (5) dates. This constituted unprofessional conduct, as defined in NAC 639.945(1)(i) and Respondent CVS #8821 is therefore subject to discipline pursuant to NRS 639.210(4) and/or NRS 639.255(3). Pursuant to NRS 639.230(5), NAC 639.702 and NAC 639.945(2), CVS #8821 is also subject to discipline, pursuant to NRS 639.210(4) and/or NRS 639.255(3), as the pharmacy owner responsible for the acts of its managing pharmacist and the employees supervised thereby.

WHEREFORE, it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificate of registration of this respondent.

Signed this 16th day of November 2023.



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,

Case No. 23-126-PH-S

Petitioner,

v.

CVS PHARMACY #8821
Pharmacy License No. PH01095,STATEMENT TO THE
RESPONDENT AND
NOTICE OF HEARING

Respondent.

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, January 17, 2024, at 9:00 AM PST, or soon thereafter at the following location:

**Hilton Garden Inn Las Vegas Strip South
7830 S. Las Vegas Blvd
Las Vegas, NV 89123**

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

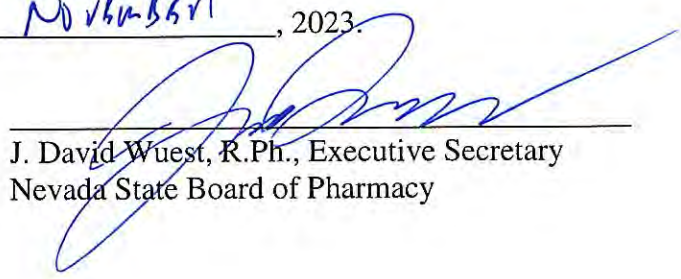
p.keegan@pharmacy.nv.gov

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 16th day of November, 2023.



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.****CVS PHARMACY #8821
Pharmacy License No. PH01095,****Respondent.****Case No. 23-126-PH-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 _____, 2023.

TYPE OR PRINT NAME

**AUTHORIZED REPRESENTATIVE FOR
CVS Pharmacy #8821**

CERTIFICATE OF SERVICE

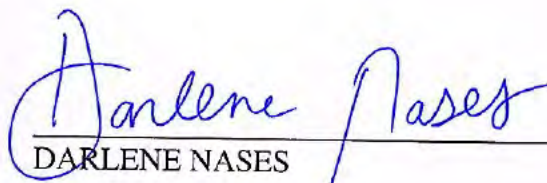
I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 27th day of November, 2023, I served a true and correct copy of the foregoing document by Certified U.S. Mail and Standard U.S. mail to the following:

Eugene Naval, RPH
[REDACTED] Azure Jay Ave.
North Las Vegas, NV 89084

Eugene Naval, RPH
8320 W. Cheyenne Ave.
Las Vegas, NV 89128

CVS/PHARMACY #8821
8320 W. Cheyenne Ave.
Las Vegas, NV 89128

Brian Convery, Esq.
200 Campus Drive, Suite 310
Florham Park, NJ 07932


DARLENE NASES

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

**CVS PHARMACY #8821,
Pharmacy License No. PH01095,**

**EUGENE BONDOC NAVAL, RPh.,
Pharmacist Registration No. 19578,**

Respondent.

**Case Nos. 23-126-PH-S
23-126-RPH-S**

STIPULATION AND ORDER

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy (“Board”), by and through its General Counsel, Peter K. Keegan, Esq., and Respondent CVS Pharmacy #8821 (“CVS #8821”), Pharmacy License No. PH01095 and Respondent Eugene Bondoc Naval, RPh. (“Naval”), Certificate of Registration No. 19578 **HEREBY STIPULATE AND AGREE AS FOLLOWS:**

1. On or about November 27, 2023, Board Staff served CVS #8821 and Naval with the Notice of Intended Action and Accusation (“Accusation”) on file in this matter together with the Statement to Respondent and Notice of Hearing.

2. In lieu of filing an Answer, CVS #8821 and Naval submit this Stipulation and Order for the Board’s consideration.

3. CVS #8821 and Naval are aware of the right to seek the advice of counsel in this matter prior to entering this Stipulation.

4. CVS #8821 and Naval are 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 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 CVS #8821 and/or Naval has failed to comply with the

provisions of this Stipulation, CVS #8821 and Naval hereby freely and voluntarily waive the right to a hearing, reconsideration, appeal and any and all other rights related to this action that may be accorded to by NRS Chapter 233B, Nevada Administrative Procedure Act, NRS Chapter 622A, Administrative Procedure Before Certain Regulatory Bodies, and NRS Chapter 639, Nevada Pharmacy Act.

JURISDICTION

6. The Board has personal jurisdiction over Respondent CVS Pharmacy #8821 (“CVS #8821”), because at the time of the events alleged herein, Respondent CVS #8821 held Pharmacy License No. PH01095, issued by the Board, pursuant to NRS 639.230, on November 14, 1996, which authorized Respondent CVS #8821 to operate a pharmacy within the State of Nevada.

7. The Board has personal jurisdiction over Respondent Eugene Bondoc Naval, RPh. (“Naval”), because at the time of the events alleged herein, Respondent Naval held Certificate of Registration No. 19578, issued by the Board, pursuant to NRS 639.127, on May 23, 2017, which authorized Respondent Naval to practice pharmacy in the State of Nevada.

8. The Board has subject matter jurisdiction over this matter because at the time of the events alleged herein Respondent Naval was engaged in the practice of pharmacy at the pharmacy operated by Respondent CVS #8821 in the State of Nevada.

FACTUAL ALLEGATIONS

9. On or about April 5, 2023, the Board received a complaint concerning the pharmaceutical technician ratio CVS #8821.

10. Respondent CVS #8821 operated a pharmacy at 8320 W. Cheyenne Avenue, Las Vegas, Nevada 89129 at the time of the events alleged herein.

11. Respondent Eugene Naval, RPh., was employed as the managing pharmacist at CVS #8821 at the time of the events alleged herein.

12. On or about April 19, 2023, the Board’s inspector conducted a site visit and inspection of Respondent CVS #8821.

13. During the April 19, 2023, inspection of Respondent CVS #8821’s pharmacy, the Board’s inspector observed Respondent Eugene Naval working in the pharmacy as the managing

pharmacist along with five (5) additional people who identified themselves as pharmaceutical technicians and who were signed in as pharmacy technicians.

14. Respondent CVS #8821's sign in logs reflected a pharmacist to pharmaceutical technician ratio for exceeding one to three on the following dates:

- i. April 18, 2023 – one pharmacist to four pharmaceutical technicians;
- ii. April 17, 2023 – one pharmacist to four pharmaceutical technicians;
- iii. April 14, 2023 – one pharmacist to four pharmaceutical technicians; and
- iv. April 10, 2023 – one pharmacist to four pharmaceutical technicians.

15. Respondent CVS #8821 conducts pharmaceutical technician employee scheduling through a computerized system which is pre-populated by CVS corporate based upon anticipated customer demand.

16. On at least five dates, Respondent CVS #8821 exceeded Nevada's pharmacist to pharmaceutical technician supervision ratio of one to three.

17. On at least five dates, Respondent Naval failed to supervise the pharmaceutical technician ratio at CVS #8821.

APPLICABLE LAW

18. A pharmacist working in a dispensing pharmacy may supervise no more than three pharmaceutical technicians. NRS 639.1371(1); NAC 639.250(2).

19. The Board may suspend or revoke any certificate, license, registration or permit pursuant to NRS 639.210(4) upon a finding that the holder performed his or her duties as the holder of a license, certificate or registration issued by the Board, or as the owner of a business or an entity licensed by the Board, in an incompetent, unskillful or negligent manner. NAC 639.945(1)(i).

20. The Board may suspend or revoke any certificate, license, registration or permit pursuant to NRS 639.210(12) upon the finding that the holder, violated, attempted to violate, assisted or abetted in the violation of or conspired to violate any of the provisions of this chapter or any law or regulation relating to drugs, the manufacture or distribution of drugs or the practice of pharmacy, or has knowingly permitted, allowed, condoned or failed to report a violation of any of the provisions of

this chapter or any law or regulation relating to drugs, the manufacture or distribution of drugs or the practice of pharmacy. NRS 639.210(12).

21. The Board may suspend or revoke any certificate, license, registration or permit pursuant to NRS 639.210(15) upon the finding that the holder, as a managing pharmacist, violated any provision of law or regulation concerning recordkeeping or inventory in a store over which he or she presides, or has knowingly allowed a violation of any provision of NRS Chapter 639 or other state or federal laws or regulations relating to the practice of pharmacy by personnel of the pharmacy under his or her supervision.

22. Each 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).

23. Any violation of NRS Chapter 639 by a managing pharmacist or by personnel of the pharmacy under the supervision of the managing pharmacist is cause for suspension or revocation of the license of the pharmacy by the Board. NRS 639.230(5).

24. The owner of any business or facility licensed, certified, or registered by the Board is responsible for the acts of all personnel in his or her employ. NAC 639.945(2).

25. The owner of a pharmacy, the managing pharmacist of the pharmacy and the registered pharmacist on duty are responsible for the acts and omissions of pharmaceutical technicians and other personnel who are not pharmacists working in or for the pharmacy, including, but not limited to, any errors committed or unauthorized work performed by such personnel, if the owner, managing pharmacist or registered pharmacist knew or reasonably should have known of the act or omission. NAC 639.702.

26. The Board may impose a fine upon the holder of a certificate, license, or permit issued by the Board for up to \$10,000.00 for each violation. NRS 639.255(3).

COUNT ONE

Exceeding the Supervising Pharmacist to Pharmaceutical Technician Ratio (Respondents Naval)

27. Respondent Naval, as the managing pharmacist of CVS #8821 at the time of the events alleged herein, violated NAC 639.250(2) by exceeding the allowable pharmacist to pharmaceutical technician ratio on five (5) dates. Pursuant to NRS 639.220(1) and NAC 639.702, Respondent Naval 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. Respondent Naval is therefore subject to discipline pursuant to NRS 639.210(12); and/or NRS 639.210(15); and/or NRS 639.255(3).

COUNT TWO

Exceeding the Supervising Pharmacist to Pharmaceutical Technician Ratio (Respondents CVS #8821)

28. Respondent CVS #8821 violated NAC 639.250(2) by scheduling employees in excess of the allowable pharmacist to pharmaceutical technician ratio on five (5) dates. Respondent CVS #8821 is therefore subject to discipline pursuant to NRS 639.210(12); and/or NRS 639.210(15); and/or NRS 639.255(3). Pursuant to NRS 639.230(5), NAC 639.702 and NAC 639.945(2), CVS #8821 is also subject to discipline, pursuant to NRS 639.210(12); and/or NRS 639.210(15); and/or NRS 639.255(3), as the pharmacy owner responsible for the acts of its managing pharmacist and the employees supervised thereby.

COUNT THREE

Unprofessional Conduct (Respondents Naval)

29. Respondent Naval, as the managing pharmacist of CVS #8821 at the time of the events alleged herein, is responsible, pursuant to NRS 639.220(1), and/or NAC 639.702 for allowing the pharmacist to pharmaceutical technician ratio to exceed one to three in violation of NAC 639.250 on five dates. This constituted unprofessional conduct, as defined in NAC 639.945(1)(i). Respondent Naval is therefore subject to discipline pursuant to NRS 639.210(4) and/or NRS 639.255(3).

COUNT FOUR

Unprofessional Conduct (Respondents CVS #8821)

30. Respondent CVS #8821, engaged in unprofessional conduct by scheduling employees in excess of the allowable pharmacist to pharmaceutical technician ratio on five (5) dates. This

constituted unprofessional conduct, as defined in NAC 639.945(1)(i) and Respondent CVS #8821 is therefore subject to discipline pursuant to NRS 639.210(4) and/or NRS 639.255(3).

Pursuant to NRS 639.230(5), NAC 639.702 and NAC 639.945(2), CVS #8821 is also subject to discipline, pursuant to NRS 639.210(4) and/or NRS 639.255(3), as the pharmacy owner responsible for the acts of its managing pharmacist and the employees supervised thereby.

CULPABILITY
(Respondent CVS #8821)

- 31. CVS #8821 admits the truth of each and every factual allegation in this Stipulation.
- 32. CVS #8821 admits the truth of the alleged violations of law in this Stipulation.

CULPABILITY
(Respondent Naval)

- 33. CVS #8821 admits the truth of each and every factual allegation in this Stipulation.
- 34. CVS #8821 admits the truth of the alleged violations of law in this Stipulation.

DISCIPLINARY ORDER

35. In consideration of the foregoing admissions and stipulations, and to save the time and expense of litigating the alleged violations of law before the Board, the parties agree that the Board may issue and enter the following Disciplinary Order:

RESPONDENT NAVAL

- A. Naval shall pay a total fine of One Thousand Five Hundred Dollars (\$1,500.00).
 - i. Naval is fined One Thousand Dollars (\$1,000.00) for violating NAC 639.250(2), on at least five occasions, as specified in Count One.
 - ii. Naval is fined Five Hundred Dollars (\$500.00) for the violations specified in Count Four.

Payment shall be made by way of a single *check, 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 the Board's Order; and

- B. Naval shall pay Two Hundred Fifty Dollars (\$250.00) to partially reimburse the Board for recoverable attorney's fees and costs incurred in investigating and prosecuting this matter, by *check, 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 the Board's Order.

RESPONDENT CVS #8821

- C. CVS #8821 shall pay a total fine of Six Thousand Dollars (\$6,000.00).
- i. CVS #8821 is fined Five Thousand Dollars (\$5,000.00) for violating NAC 639.250(2), on at least five occasions, as specified in Count Two.
 - ii. CVS #8821 is fined One Thousand Dollars (\$1,000.00) for the violations specified in Count Four.

Payment shall be made by way of a single *check, 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 the Board's Order; and

- D. CVS #8821 shall pay Seven Hundred Fifty Dollars (\$750.00) to partially reimburse the Board for recoverable attorney's fees and costs incurred in investigating and prosecuting this matter, by *check, 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 the Board's Order; and
- E. CVS #8821 shall ensure its computerized scheduling system limits the ratio of working Pharmaceutical Technicians to Pharmacists to 3:1 as specified in NAC 639.250(2).

36. Any failure by CVS #8821 and/or Naval 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 Reed 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 CVS #8821 and/or Naval, the Board may impose additional discipline upon CVS #8821 and/or Naval consistent with the provisions of NRS Chapter 453 and/or Chapter 639.

37. The Board's 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 January 17, 2024. Reed will appear through its representatives and/or counsel at the meeting to answer questions from the Board Members. The Board Members may discuss and deliberate regarding this Stipulation, even if CVS #8821 and/or Naval are not present at the meeting.

38. The Board has discretion to accept this Stipulation, but it is not obligated to do so.

39. If the Board rejects any part or all this Stipulation, the parties agree that a full hearing on the merits of this matter may be heard by the Board – unless the parties reach an alternative agreement on the record which is approved 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.

40. Subject to the approval of this Stipulation by the Board, the Board, CVS #8821, and Naval 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 CVS #8821 and/or Naval have fully considered the charges and allegations contained in the *Notice of Intended Action and Accusation* in this matter, and the terms of this Stipulation, and have freely and voluntarily agreed to the terms set forth herein, and waived certain rights, as stated herein.

AGREED:

Signed this 28 -date of December 2023.

Signed this ____ date of December 2023.



CVS Pharmacy #8821
Pharmacy License No. PH01095

By: Leo Lariviere

Its: Pharmacy Regulatory Affairs Director

Signed this ____ date of December 2023.

See attached signature page.

EUGENE BONDOC NAVAL, RPh.
Certificate of Registration No. 19578

PETER K. KEEGAN, ESQ.
General Counsel
Nevada State Board of Pharmacy

DECISION AND ORDER

The Nevada State Board of Pharmacy hereby adopts the foregoing Stipulation as its decision as to Respondent CVS Pharmacy #8821, Pharmacy Certificate of Registration No. PH01095, in Case No. 23-126-PH-S, and Respondent Eugene Bondoc Naval, RPh., Certificate of Registration No. 19578, in Case No. 23-126-RPH-S, and hereby orders that the terms of the foregoing Stipulation be made effective immediately upon execution below.

IT IS SO ORDERED.

Entered this ____ day of January 2024.

Helen Park, Pharm.D.
 President
 Nevada State Board of Pharmacy

Respondent CVS #8821 and/or Naval have fully considered the charges and allegations contained in the *Notice of Intended Action and Accusation* in this matter, and the terms of this Stipulation, and have freely and voluntarily agreed to the terms set forth herein, and waived certain rights, as stated herein.

AGREED:

Signed this ____ date of December 2023.

Signed this ____ date of December 2023.

CVS Pharmacy #8821

Pharmacy License No. PH01095

By: _____

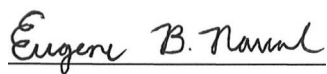
Its: _____

PETER K. KEEGAN, ESQ.

General Counsel

Nevada State Board of Pharmacy

Signed this 27 date of December 2023.



EUGENE BONDOC NAVAL, RPh.

Certificate of Registration No. 19578

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FILED**NOV 16 2023**NEVADA STATE BOARD
OF PHARMACY**BEFORE THE NEVADA STATE BOARD OF PHARMACY****NEVADA STATE BOARD OF PHARMACY,****Petitioner,****v.****CVS PHARMACY #8821
Pharmacy License No. PH01095,****EUGENE BONDOC NAVAL, RPh.,
Certificate of Registration No. 19578,****Respondents.****Case Nos. 23-126-PH-S
23-126-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, files the following document that will serve as both a notice of intended action under NRS 233B.127(3) and as an accusation under NRS 622A.300(1) and/or NRS 639.241.

JURISDICTION

1. The Nevada State Board of Pharmacy ("Board") has personal jurisdiction over Respondent CVS Pharmacy #8821 ("CVS #8821"), because at the time of the events alleged herein, Respondent CVS #8821 held Pharmacy License No. PH01095, issued by the Board, pursuant to NRS 639.230, on November 14, 1996, which authorized Respondent CVS #8821 to operate a pharmacy within the State of Nevada.

2. The Board has personal jurisdiction over Respondent Eugen Bondoc Naval, RPh. ("Naval"), because at the time of the events alleged herein, Respondent Naval held Certificate of Registration No. 19578, issued by the Board, pursuant to NRS 639.127, on May 23, 2017, which authorized Respondent Naval to practice pharmacy in the State of Nevada.

3. The Board has subject matter jurisdiction over this matter because at the time of the events alleged herein Respondent Naval was engaged in the practice of pharmacy at the pharmacy operated by Respondent CVS #8821 in the State of Nevada.

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FACTUAL ALLEGATIONS

4. On or about April 5, 2023, the Board received a complaint concerning the pharmaceutical technician ratio CVS #8821.
5. Respondent CVS #8821 operated a pharmacy at 8320 W. Cheyenne Avenue, Las Vegas, Nevada 89129 at the time of the events alleged herein.
6. Respondent Eugene Naval, RPh., was employed as the managing pharmacist at CVS #8821 at the time of the events alleged herein.
7. On or about April 19, 2023, the Board's inspector conducted a site visit and inspection of Respondent CVS #8821.
8. During the April 19, 2023, inspection of Respondent CVS #8821's pharmacy, the Board's inspector observed Respondent Eugene Naval working in the pharmacy as the managing pharmacist along with five (5) additional people who identified themselves as pharmaceutical technicians and who were signed in as pharmacy technicians.
9. Respondent CVS #8821's sign in logs reflected a pharmacist to pharmaceutical technician ratio for exceeding one to three on the following dates:
 - i. April 18, 2023 – one pharmacist to four pharmaceutical technicians;
 - ii. April 17, 2023 – one pharmacist to four pharmaceutical technicians;
 - iii. April 14, 2023 – one pharmacist to four pharmaceutical technicians; and
 - iv. April 10, 2023 – one pharmacist to four pharmaceutical technicians.
10. Respondent CVS #8821 conducts pharmaceutical technician employee scheduling through a computerized system which is pre-populated by CVS corporate based upon anticipated customer demand.
11. On at least five dates, Respondent CVS #8821 exceeded Nevada's pharmacist to pharmaceutical technician supervision ratio of one to three.
12. On at least five dates, Respondent Naval failed to supervise the pharmaceutical technician ratio at CVS #8821.

APPLICABLE LAW

15. A pharmacist working in a dispensing pharmacy may supervise no more than three pharmaceutical technicians. NRS 639.1371(1); NAC 639.250(2).

16. The Board may suspend or revoke any certificate, license, registration or permit pursuant to NRS 639.210(4) upon a finding that the holder performed his or her duties as the holder of a license, certificate or registration issued by the Board, or as the owner of a business or an entity licensed by the Board, in an incompetent, unskillful or negligent manner. NAC 639.945(1)(i).

17. The Board may suspend or revoke any certificate, license, registration or permit pursuant to NRS 639.210(12) upon the finding that the holder, violated, attempted to violate, assisted or abetted in the violation of or conspired to violate any of the provisions of this chapter or any law or regulation relating to drugs, the manufacture or distribution of drugs or the practice of pharmacy, or has knowingly permitted, allowed, condoned or failed to report a violation of any of the provisions of this chapter or any law or regulation relating to drugs, the manufacture or distribution of drugs or the practice of pharmacy. NRS 639.210(12).

18. The Board may suspend or revoke any certificate, license, registration or permit pursuant to NRS 639.210(15) upon the finding that the holder, as a managing pharmacist, violated any provision of law or regulation concerning recordkeeping or inventory in a store over which he or she presides, or has knowingly allowed a violation of any provision of NRS Chapter 639 or other state or federal laws or regulations relating to the practice of pharmacy by personnel of the pharmacy under his or her supervision.

19. Each 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).

20. Any violation of NRS Chapter 639 by a managing pharmacist or by personnel of the pharmacy under the supervision of the managing pharmacist is cause for suspension or revocation of the license of the pharmacy by the Board. NRS 639.230(5).

21. The owner of any business or facility licensed, certified, or registered by the Board is responsible for the acts of all personnel in his or her employ. NAC 639.945(2).

22. The owner of a pharmacy, the managing pharmacist of the pharmacy and the registered pharmacist on duty are responsible for the acts and omissions of pharmaceutical technicians and other personnel who are not pharmacists working in or for the pharmacy, including, but not limited to, any errors committed or unauthorized work performed by such personnel, if the owner, managing pharmacist or registered pharmacist knew or reasonably should have known of the act or omission. NAC 639.702.

23. The Board may impose a fine upon the holder of a certificate, license, or permit issued by the Board for up to \$10,000.00 for each violation. NRS 639.255(3).

COUNT ONE

Exceeding the Supervising Pharmacist to Pharmaceutical Technician Ratio (Respondents Naval)

24. Respondent Naval, as the managing pharmacist of CVS #8821 at the time of the events alleged herein, violated NAC 639.250(2) by exceeding the allowable pharmacist to pharmaceutical technician ratio on five (5) dates. Pursuant to NRS 639.220(1) and NAC 639.702, Respondent Naval 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. Respondent Naval is therefore subject to discipline pursuant to NRS 639.210(12); and/or NRS 639.210(15); and/or NRS 639.255(3).

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COUNT TWO**Exceeding the Supervising Pharmacist to Pharmaceutical Technician Ratio
(Respondents CVS #8821)**

25. Respondent CVS #8821 violated NAC 639.250(2) by scheduling employees in excess of the allowable pharmacist to pharmaceutical technician ratio on five (5) dates. Respondent CVS #8821 is therefore subject to discipline pursuant to NRS 639.210(12); and/or NRS 639.210(15); and/or NRS 639.255(3). Pursuant to NRS 639.230(5), NAC 639.702 and NAC 639.945(2), CVS #8821 is also subject to discipline, pursuant to NRS 639.210(12); and/or NRS 639.210(15); and/or NRS 639.255(3), as the pharmacy owner responsible for the acts of its managing pharmacist and the employees supervised thereby.

COUNT THREE**Unprofessional Conduct
(Respondents Naval)**

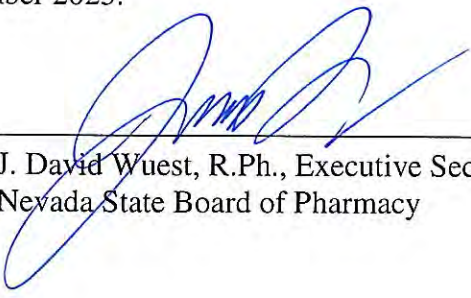
26. Respondent Naval, as the managing pharmacist of CVS #8821 at the time of the events alleged herein, is responsible, pursuant to NRS 639.220(1), and/or NAC 639.702 for allowing the pharmacist to pharmaceutical technician ratio to exceed one to three in violation of NAC 639.250 on five dates. This constituted unprofessional conduct, as defined in NAC 639.945(1)(i). Respondent Naval is therefore subject to discipline pursuant to NRS 639.210(4) and/or NRS 639.255(3).

COUNT FOUR**Unprofessional Conduct
(Respondents CVS #8821)**

27. Respondent CVS #8821, engaged in unprofessional conduct by scheduling employees in excess of the allowable pharmacist to pharmaceutical technician ratio on five (5) dates. This constituted unprofessional conduct, as defined in NAC 639.945(1)(i) and Respondent CVS #8821 is therefore subject to discipline pursuant to NRS 639.210(4) and/or NRS 639.255(3). Pursuant to NRS 639.230(5), NAC 639.702 and NAC 639.945(2), CVS #8821 is also subject to discipline, pursuant to NRS 639.210(4) and/or NRS 639.255(3), as the pharmacy owner responsible for the acts of its managing pharmacist and the employees supervised thereby.

WHEREFORE, it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificate of registration of this respondent.

Signed this 16th day of November 2023.



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.

**EUGENE BONDOC NAVAL, RPh.,
Certificate of Registration No. 19578,**

Respondent.

Case No. 23-126-RPH-S

**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, January 17, 2024, at 9:00 AM PST, or soon thereafter at the following location:

**Hilton Garden Inn Las Vegas Strip South
7830 S. Las Vegas Blvd
Las Vegas, NV 89123**

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

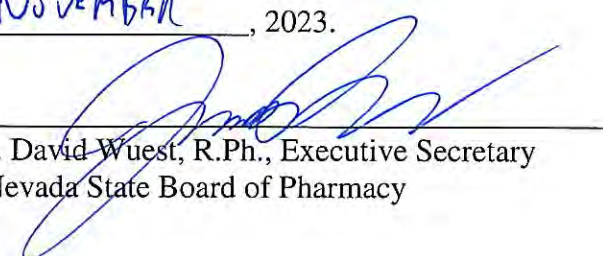
p.keegan@pharmacy.nv.gov

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 16th day of NOVEMBER, 2023.



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.****EUGENE BONDOC NAVAL, RPh.,
Certificate of Registration No. 19578,****Respondent.****Case No. 23-126-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 _____, 2023.

EUGENE BONDOC NAVAL, RPh.,

CERTIFICATE OF SERVICE

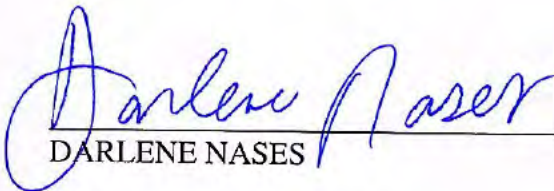
I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 27th day of November, 2023, I served a true and correct copy of the foregoing document by Certified U.S. Mail and Standard U.S. mail to the following:

Eugene Naval, RPH
[REDACTED] Azure Jay Ave.
North Las Vegas, NV 89084

Eugene Naval, RPH
8320 W. Cheyenne Ave.
Las Vegas, NV 89128

CVS/PHARMACY #8821
8320 W. Cheyenne Ave.
Las Vegas, NV 89128

Brian Convery, Esq.
200 Campus Drive, Suite 310
Florham Park, NJ 07932


DARLENE NASES

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

**CVS PHARMACY #8821,
Pharmacy License No. PH01095,**

**EUGENE BONDOC NAVAL, RPh.,
Pharmacist Registration No. 19578,**

Respondent.

**Case Nos. 23-126-PH-S
23-126-RPH-S**

STIPULATION AND ORDER

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy (“Board”), by and through its General Counsel, Peter K. Keegan, Esq., and Respondent CVS Pharmacy #8821 (“CVS #8821”), Pharmacy License No. PH01095 and Respondent Eugene Bondoc Naval, RPh. (“Naval”), Certificate of Registration No. 19578 **HEREBY STIPULATE AND AGREE AS FOLLOWS:**

1. On or about November 27, 2023, Board Staff served CVS #8821 and Naval with the Notice of Intended Action and Accusation (“Accusation”) on file in this matter together with the Statement to Respondent and Notice of Hearing.

2. In lieu of filing an Answer, CVS #8821 and Naval submit this Stipulation and Order for the Board’s consideration.

3. CVS #8821 and Naval are aware of the right to seek the advice of counsel in this matter prior to entering this Stipulation.

4. CVS #8821 and Naval are 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 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 CVS #8821 and/or Naval has failed to comply with the

provisions of this Stipulation, CVS #8821 and Naval hereby freely and voluntarily waive the right to a hearing, reconsideration, appeal and any and all other rights related to this action that may be accorded to by NRS Chapter 233B, Nevada Administrative Procedure Act, NRS Chapter 622A, Administrative Procedure Before Certain Regulatory Bodies, and NRS Chapter 639, Nevada Pharmacy Act.

JURISDICTION

6. The Board has personal jurisdiction over Respondent CVS Pharmacy #8821 (“CVS #8821”), because at the time of the events alleged herein, Respondent CVS #8821 held Pharmacy License No. PH01095, issued by the Board, pursuant to NRS 639.230, on November 14, 1996, which authorized Respondent CVS #8821 to operate a pharmacy within the State of Nevada.

7. The Board has personal jurisdiction over Respondent Eugene Bondoc Naval, RPh. (“Naval”), because at the time of the events alleged herein, Respondent Naval held Certificate of Registration No. 19578, issued by the Board, pursuant to NRS 639.127, on May 23, 2017, which authorized Respondent Naval to practice pharmacy in the State of Nevada.

8. The Board has subject matter jurisdiction over this matter because at the time of the events alleged herein Respondent Naval was engaged in the practice of pharmacy at the pharmacy operated by Respondent CVS #8821 in the State of Nevada.

FACTUAL ALLEGATIONS

9. On or about April 5, 2023, the Board received a complaint concerning the pharmaceutical technician ratio CVS #8821.

10. Respondent CVS #8821 operated a pharmacy at 8320 W. Cheyenne Avenue, Las Vegas, Nevada 89129 at the time of the events alleged herein.

11. Respondent Eugene Naval, RPh., was employed as the managing pharmacist at CVS #8821 at the time of the events alleged herein.

12. On or about April 19, 2023, the Board’s inspector conducted a site visit and inspection of Respondent CVS #8821.

13. During the April 19, 2023, inspection of Respondent CVS #8821’s pharmacy, the Board’s inspector observed Respondent Eugene Naval working in the pharmacy as the managing

pharmacist along with five (5) additional people who identified themselves as pharmaceutical technicians and who were signed in as pharmacy technicians.

14. Respondent CVS #8821's sign in logs reflected a pharmacist to pharmaceutical technician ratio for exceeding one to three on the following dates:

- i. April 18, 2023 – one pharmacist to four pharmaceutical technicians;
- ii. April 17, 2023 – one pharmacist to four pharmaceutical technicians;
- iii. April 14, 2023 – one pharmacist to four pharmaceutical technicians; and
- iv. April 10, 2023 – one pharmacist to four pharmaceutical technicians.

15. Respondent CVS #8821 conducts pharmaceutical technician employee scheduling through a computerized system which is pre-populated by CVS corporate based upon anticipated customer demand.

16. On at least five dates, Respondent CVS #8821 exceeded Nevada's pharmacist to pharmaceutical technician supervision ratio of one to three.

17. On at least five dates, Respondent Naval failed to supervise the pharmaceutical technician ratio at CVS #8821.

APPLICABLE LAW

18. A pharmacist working in a dispensing pharmacy may supervise no more than three pharmaceutical technicians. NRS 639.1371(1); NAC 639.250(2).

19. The Board may suspend or revoke any certificate, license, registration or permit pursuant to NRS 639.210(4) upon a finding that the holder performed his or her duties as the holder of a license, certificate or registration issued by the Board, or as the owner of a business or an entity licensed by the Board, in an incompetent, unskillful or negligent manner. NAC 639.945(1)(i).

20. The Board may suspend or revoke any certificate, license, registration or permit pursuant to NRS 639.210(12) upon the finding that the holder, violated, attempted to violate, assisted or abetted in the violation of or conspired to violate any of the provisions of this chapter or any law or regulation relating to drugs, the manufacture or distribution of drugs or the practice of pharmacy, or has knowingly permitted, allowed, condoned or failed to report a violation of any of the provisions of

this chapter or any law or regulation relating to drugs, the manufacture or distribution of drugs or the practice of pharmacy. NRS 639.210(12).

21. The Board may suspend or revoke any certificate, license, registration or permit pursuant to NRS 639.210(15) upon the finding that the holder, as a managing pharmacist, violated any provision of law or regulation concerning recordkeeping or inventory in a store over which he or she presides, or has knowingly allowed a violation of any provision of NRS Chapter 639 or other state or federal laws or regulations relating to the practice of pharmacy by personnel of the pharmacy under his or her supervision.

22. Each 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).

23. Any violation of NRS Chapter 639 by a managing pharmacist or by personnel of the pharmacy under the supervision of the managing pharmacist is cause for suspension or revocation of the license of the pharmacy by the Board. NRS 639.230(5).

24. The owner of any business or facility licensed, certified, or registered by the Board is responsible for the acts of all personnel in his or her employ. NAC 639.945(2).

25. The owner of a pharmacy, the managing pharmacist of the pharmacy and the registered pharmacist on duty are responsible for the acts and omissions of pharmaceutical technicians and other personnel who are not pharmacists working in or for the pharmacy, including, but not limited to, any errors committed or unauthorized work performed by such personnel, if the owner, managing pharmacist or registered pharmacist knew or reasonably should have known of the act or omission. NAC 639.702.

26. The Board may impose a fine upon the holder of a certificate, license, or permit issued by the Board for up to \$10,000.00 for each violation. NRS 639.255(3).

COUNT ONE

Exceeding the Supervising Pharmacist to Pharmaceutical Technician Ratio (Respondents Naval)

27. Respondent Naval, as the managing pharmacist of CVS #8821 at the time of the events alleged herein, violated NAC 639.250(2) by exceeding the allowable pharmacist to pharmaceutical technician ratio on five (5) dates. Pursuant to NRS 639.220(1) and NAC 639.702, Respondent Naval 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. Respondent Naval is therefore subject to discipline pursuant to NRS 639.210(12); and/or NRS 639.210(15); and/or NRS 639.255(3).

COUNT TWO

Exceeding the Supervising Pharmacist to Pharmaceutical Technician Ratio (Respondents CVS #8821)

28. Respondent CVS #8821 violated NAC 639.250(2) by scheduling employees in excess of the allowable pharmacist to pharmaceutical technician ratio on five (5) dates. Respondent CVS #8821 is therefore subject to discipline pursuant to NRS 639.210(12); and/or NRS 639.210(15); and/or NRS 639.255(3). Pursuant to NRS 639.230(5), NAC 639.702 and NAC 639.945(2), CVS #8821 is also subject to discipline, pursuant to NRS 639.210(12); and/or NRS 639.210(15); and/or NRS 639.255(3), as the pharmacy owner responsible for the acts of its managing pharmacist and the employees supervised thereby.

COUNT THREE

Unprofessional Conduct (Respondents Naval)

29. Respondent Naval, as the managing pharmacist of CVS #8821 at the time of the events alleged herein, is responsible, pursuant to NRS 639.220(1), and/or NAC 639.702 for allowing the pharmacist to pharmaceutical technician ratio to exceed one to three in violation of NAC 639.250 on five dates. This constituted unprofessional conduct, as defined in NAC 639.945(1)(i). Respondent Naval is therefore subject to discipline pursuant to NRS 639.210(4) and/or NRS 639.255(3).

COUNT FOUR

Unprofessional Conduct (Respondents CVS #8821)

30. Respondent CVS #8821, engaged in unprofessional conduct by scheduling employees in excess of the allowable pharmacist to pharmaceutical technician ratio on five (5) dates. This

constituted unprofessional conduct, as defined in NAC 639.945(1)(i) and Respondent CVS #8821 is therefore subject to discipline pursuant to NRS 639.210(4) and/or NRS 639.255(3).

Pursuant to NRS 639.230(5), NAC 639.702 and NAC 639.945(2), CVS #8821 is also subject to discipline, pursuant to NRS 639.210(4) and/or NRS 639.255(3), as the pharmacy owner responsible for the acts of its managing pharmacist and the employees supervised thereby.

CULPABILITY
(Respondent CVS #8821)

- 31. CVS #8821 admits the truth of each and every factual allegation in this Stipulation.
- 32. CVS #8821 admits the truth of the alleged violations of law in this Stipulation.

CULPABILITY
(Respondent Naval)

- 33. CVS #8821 admits the truth of each and every factual allegation in this Stipulation.
- 34. CVS #8821 admits the truth of the alleged violations of law in this Stipulation.

DISCIPLINARY ORDER

35. In consideration of the foregoing admissions and stipulations, and to save the time and expense of litigating the alleged violations of law before the Board, the parties agree that the Board may issue and enter the following Disciplinary Order:

RESPONDENT NAVAL

- A. Naval shall pay a total fine of One Thousand Five Hundred Dollars (\$1,500.00).
 - i. Naval is fined One Thousand Dollars (\$1,000.00) for violating NAC 639.250(2), on at least five occasions, as specified in Count One.
 - ii. Naval is fined Five Hundred Dollars (\$500.00) for the violations specified in Count Four.

Payment shall be made by way of a single *check, 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 the Board's Order; and

- B. Naval shall pay Two Hundred Fifty Dollars (\$250.00) to partially reimburse the Board for recoverable attorney's fees and costs incurred in investigating and prosecuting this matter, by *check, 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 the Board's Order.

RESPONDENT CVS #8821

- C. CVS #8821 shall pay a total fine of Six Thousand Dollars (\$6,000.00).
- i. CVS #8821 is fined Five Thousand Dollars (\$5,000.00) for violating NAC 639.250(2), on at least five occasions, as specified in Count Two.
 - ii. CVS #8821 is fined One Thousand Dollars (\$1,000.00) for the violations specified in Count Four.

Payment shall be made by way of a single *check, 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 the Board's Order; and

- D. CVS #8821 shall pay Seven Hundred Fifty Dollars (\$750.00) to partially reimburse the Board for recoverable attorney's fees and costs incurred in investigating and prosecuting this matter, by *check, 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 the Board's Order; and
- E. CVS #8821 shall ensure its computerized scheduling system limits the ratio of working Pharmaceutical Technicians to Pharmacists to 3:1 as specified in NAC 639.250(2).

36. Any failure by CVS #8821 and/or Naval 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 Reed 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 CVS #8821 and/or Naval, the Board may impose additional discipline upon CVS #8821 and/or Naval consistent with the provisions of NRS Chapter 453 and/or Chapter 639.

37. The Board's 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 January 17, 2024. Reed will appear through its representatives and/or counsel at the meeting to answer questions from the Board Members. The Board Members may discuss and deliberate regarding this Stipulation, even if CVS #8821 and/or Naval are not present at the meeting.

38. The Board has discretion to accept this Stipulation, but it is not obligated to do so.

39. If the Board rejects any part or all this Stipulation, the parties agree that a full hearing on the merits of this matter may be heard by the Board – unless the parties reach an alternative agreement on the record which is approved 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.

40. Subject to the approval of this Stipulation by the Board, the Board, CVS #8821, and Naval 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 CVS #8821 and/or Naval have fully considered the charges and allegations contained in the *Notice of Intended Action and Accusation* in this matter, and the terms of this Stipulation, and have freely and voluntarily agreed to the terms set forth herein, and waived certain rights, as stated herein.

AGREED:

Signed this 28 -date of December 2023.

Signed this ____ date of December 2023.



CVS Pharmacy #8821
Pharmacy License No. PH01095

By: Leo Lariviere

Its: Pharmacy Regulatory Affairs Director

Signed this ____ date of December 2023.

See attached signature page.

EUGENE BONDOC NAVAL, RPh.
Certificate of Registration No. 19578

PETER K. KEEGAN, ESQ.
General Counsel
Nevada State Board of Pharmacy

DECISION AND ORDER

The Nevada State Board of Pharmacy hereby adopts the foregoing Stipulation as its decision as to Respondent CVS Pharmacy #8821, Pharmacy Certificate of Registration No. PH01095, in Case No. 23-126-PH-S, and Respondent Eugene Bondoc Naval, RPh., Certificate of Registration No. 19578, in Case No. 23-126-RPH-S, and hereby orders that the terms of the foregoing Stipulation be made effective immediately upon execution below.

IT IS SO ORDERED.

Entered this ____ day of January 2024.

Helen Park, Pharm.D.
 President
 Nevada State Board of Pharmacy

Respondent CVS #8821 and/or Naval have fully considered the charges and allegations contained in the *Notice of Intended Action and Accusation* in this matter, and the terms of this Stipulation, and have freely and voluntarily agreed to the terms set forth herein, and waived certain rights, as stated herein.

AGREED:

Signed this ____ date of December 2023.

Signed this ____ date of December 2023.

CVS Pharmacy #8821

Pharmacy License No. PH01095

By: _____

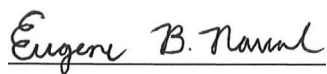
Its: _____

PETER K. KEEGAN, ESQ.

General Counsel

Nevada State Board of Pharmacy

Signed this 27 date of December 2023.



EUGENE BONDOC NAVAL, RPh.

Certificate of Registration No. 19578

5S



BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

**AJUMOBI CHARLES AGU, MD,
Certificate of Registration No. CS21324,**

Respondent.

CASE NO. 22-535-CS-S

**NOTICE OF INTENDED ACTION
AND ACCUSATION**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, makes the following that will serve as both a notice of intended action under NRS 233B.127(3) and as an accusation under NRS 622A.300 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 Ajumobi Charles Agu, MD, held a Nevada controlled substance registration, Certificate of Registration No. CS21324, issued by the Board.

FACTUAL ALLEGATIONS

2. On or about June 30, 2023, the Nevada State Board of Medical Examiners (NSBME) entered an order in Case No. 23-12518-1, summarily suspending Respondent's NSBME License No. 8857 to practice medicine for violating prior NSBME disciplinary orders resulting from violations of NRS Chapter 630 related to prescribing controlled substances.

3. On or about July 14, 2023, Board staff served Respondent with notice that the suspension of his NSBME License No. 8857 operated as an immediate suspension of his Certificate of Registration No. CS21324 with the Board pursuant to NRS 639.2107, and that

Respondent must immediately cease and desist possessing, administering and/or prescribing controlled substances for Nevada patients.

4. Respondent issued multiple prescriptions for controlled substances after the suspension of his Certificate of Registration No. CS21324.

5. On or about August 10, 2023, the NSBME entered an order in Case No. 23-12518-1, lifting the summary suspension of Respondent's NSBME License No. 8857 to practice medicine; however, Respondent has failed to petition the Board for reinstatement of his Certificate of Registration No. CS21324 pursuant to NRS 639.2565.

APPLICABLE LAW

6. A practitioner must hold a license to practice his or her profession in this State and be registered with both the DEA and the Board to possess, administer, prescribe and/or otherwise dispense any controlled substance. 21 U.S.C. § 822(a)(2); 21 U.S.C. § 823(f); 21 CFR § 1306.03(a)(1); NRS 453.226(1); NRS 453.321(1)(a); NRS 639.100(1); NRS 639.235(1).

7. Falsely representing oneself as a practitioner entitled to write prescriptions in this state is a felony offense. 21 U.S.C. § 841(a); 21 U.S.C. § 842(a); NRS 453.321(1)(a); NRS 453.232; NRS 639.2813(1).

8. Performing any duties as the holder of a controlled substance registration in an incompetent, unskillful or negligent manner constitutes unprofessional conduct or conduct contrary to the public interest pursuant to NAC 639.945(1)(i) and is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(4).

9. Performing any act, task or operation for which licensure, certification or registration is required without the required license, certificate or registration constitutes unprofessional conduct and conduct contrary to the public interest pursuant to NAC 639.945(1)(k) and is grounds for suspension or revocation of any license or registration issued by the Board. NRS 453.236(1) and NRS 639.210(4).

10. 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).

11. The surrender, revocation or a suspension that has not been stayed of any certificate, license or registration of a practitioner, as defined in NRS 453.126, NRS 454.00958 or NRS 639.0125, by a licensing board or the Drug Enforcement Administration operates as an immediate suspension of a certificate, license, registration or permit issued by the Board pursuant to NRS chapters 453, 454 or 639 to possess, administer, prescribe or dispense drugs. NRS 639.2107.

12. The pre-hearing suspension of any certificate, license or registration of a practitioner pursuant to NRS 233B.127(3), NRS 453.241(3) and/or NRS 639.2107 is subject to review by the Board. *Barry v. Barchi*, 443 U.S. 55, 99 S. Ct. 2642 (1979); *Spiegel v. Ryan*, 946 F.2d 1435, 1439 (9th Cir. 1991).

COUNT ONE

Violations of Federal Controlled Substances Act

13. By issuing controlled substance prescriptions after the suspension of his Certificate of Registration No. CS21324, Respondent falsely represented himself as a practitioner entitled to write prescriptions in this state and violated, attempted to violate, assisted or abetted in the violation of or conspired to violate 21 U.S.C. § 822(a)(2), 21 U.S.C. § 823(f), 21 U.S.C. § 841(a), 21 U.S.C. § 842(a) and/or 21 CFR § 1306.03(a)(1), and is subject to discipline pursuant to NRS 453.236(1), NRS 453.241(1) and/or NRS 639.210(11).

COUNT TWO

Violations of State Controlled Substances Act

14. By issuing controlled substance prescriptions after the suspension of his Certificate of Registration No. CS21324, Respondent falsely represented himself as a

practitioner entitled to write prescriptions in this state and violated, attempted to violate, assisted or abetted in the violation of or conspired to violate NRS 453.226(1), NRS 453.232, NRS 453.321(1)(a), NRS 639.100(1), NRS 639.235(1) and/or NRS 639.2813(1), and is subject to discipline pursuant to NRS 453.236(1), NRS 453.241(1) and/or NRS 639.210(12).

COUNT THREE

Unprofessional Conduct – Incompetent, Unskillful or Negligent Performance of Duties

15. By violating NRS Chapter 630 as detailed in the NSBME's orders in Case No. 23-12518-1, and by issuing controlled substance prescriptions after the suspension of his Certificate of Registration No. CS21324, Respondent has performed his duties as the holder of a Nevada controlled substance registration in an incompetent, unskillful or negligent manner and engaged in unprofessional conduct as defined in NAC 639.945(1)(i) and is subject to discipline pursuant to NRS 453.236(1) and NRS 639.210(4).

COUNT FOUR

Unprofessional Conduct – Prescribing on Suspended Registration

16. By issuing controlled substance prescriptions after the suspension of his Certificate of Registration No. CS21324, Respondent engaged in unprofessional conduct and conduct contrary to the public interest as defined in NAC 639.945(1)(k) and is subject to discipline pursuant to NRS 453.236(1)(e), NRS 453.241(1) and/or NRS 639.210(4).

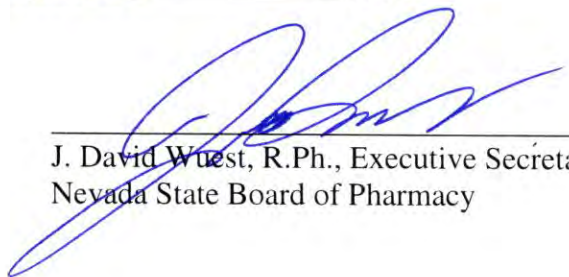
COUNT FIVE

Commission of Acts that Render Registration Inconsistent with the Public Interest

17. By violating NRS Chapter 630 as detailed in the NSBME's orders in Case No. 23-12518-1, and by issuing controlled substance prescriptions after the suspension of his Certificate of Registration No. CS21324, Respondent has committed acts that render his registration inconsistent with the public interest and is subject to discipline pursuant to NRS 453.236(1) and NRS 453.241(1).

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificate of registration of this respondent.

DATED this 16th day of SEPTEMBER 2023.



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.

**AJUMOBI CHARLES AGU, MD,
Certificate of Registration No. CS21324,**

Respondent.

CASE NO. 22-535-CS-S

**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, December 6, 2023, at 9:00 AM PST, or soon thereafter at the following location:**

**Hilton Garden Inn Las Vegas Strip South
7830 Las Vegas Blvd
Las Vegas, NV 89123**

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

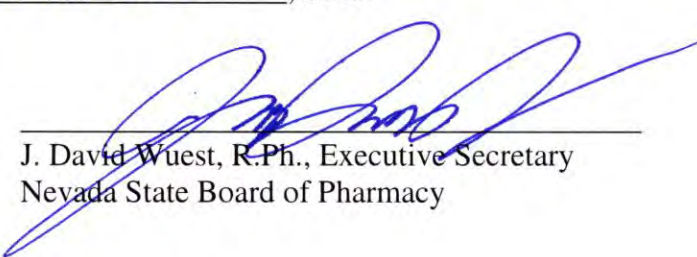
bkandt@pharmacy.nv.gov

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 10th day of SEPTEMBER, 2023.



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.****AJUMOBI CHARLES AGU, MD,
Certificate of Registration No. CS21324,****Respondent.****CASE NO. 22-535-CS-S****ANSWER AND NOTICE
OF DEFENSE**

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his/her objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him/her, is hereby interposed on the following grounds: (State specific objections or insert "none").

2. That, in answer to the Notice of Intended Action and Accusation, he/she admits, denies and alleges as follows:

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this _____ day of _____, 2023.

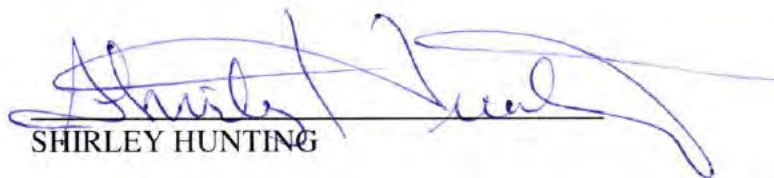
AJUMOBİ CHARLES AGU, MD

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 19th day of September 2023, I served a true and correct copy of the foregoing document by Certified U.S. Mail and Standard U.S. Mail to the following:

Ajumobi Charles Agu, MD
[REDACTED] Faraway St.
Henderson, NV 89074

Ajumobi Charles Agu, MD
[REDACTED] East Flamingo Suite [REDACTED]
Las Vegas, NV 89119



SHIRLEY HUNTING



1 ALIA A. NAJJAR, M.D., ESQ.
Nevada Bar No. 12832
2 Alia.Najjar@lewisbrisbois.com
LEWIS BRISBOIS BISGAARD & SMITH LLP
3 6385 S. Rainbow Boulevard, Suite 600
Las Vegas, Nevada 89118
4 Telephone: 702.893.3383
Facsimile: 702.893.3789

5 Attorneys for Ajumobi Charles Agu, M.D.

6
7 **BEFORE THE NEVADA STATE BOARD OF PHARMACY**

8 NEVADA STATE BOARD OF PHARMACY,

CASE NO. 22-535-CS-S

9 Petitioner,

ANSWER AND NOTICE OF DEFENSE

10 vs.

11 AJUMOBİ CHARLES AGU, M.D.,
12 Certificate of Registration No. CS21324,

13 Respondent.

14
15 AJUMOBİ CHARLES AGU, M.D. ("Dr. Agu"), by and through his counsel, LEWIS
16 BRISBOIS BISGAARD & SMITH, LLP, hereby submits his Answer and Notice of Defense to the
17 Notice of Intended Action and Accusations filed by the Nevada Board of Pharmacy as follows:

18 **JURISDICTION**

19 I. Answering Paragraph I, Respondent objects to this paragraph as it calls for a legal
20 conclusion; notwithstanding, Respondent admits that he previously held a Board-issued Nevada
21 controlled substances registration, Certificate of Registration No. CS21324.

22 **FACTUAL ALLEGATIONS**

23 II. Answering Paragraph II, Respondent objects to this paragraph as it calls for a legal
24 conclusion; notwithstanding, Respondent admits that on June 30, 2023, the Nevada State Board of
25 Medical Examiners (NSBME) entered an order in Case No. 23-12518-1, but denies the remainder
26 of the allegations contained therein.

27 III. Answering Paragraph III, Respondent objects to this Paragraph to the extent that it
28 calls for a legal conclusion; to the extent that this Paragraph references a document, Respondent

1 further objects and no response is required as the document speaks for itself; to cited statute(s) speak
2 for themselves; notwithstanding, Respondent admits that he received a notice, dated July 14, 2023.
3 To the extent a response is otherwise required, Respondent is without sufficient information or
4 knowledge to admit or deny the allegations therein, and thus denies the same.

5 IV. Answering Paragraph IV, Respondent denies the allegations contained therein.

6 V. Answering Paragraph V, Respondent objects to this Paragraph to the extent that it
7 calls for a legal conclusion and the cited statute(s) speak for themselves; notwithstanding,
8 Respondent admits that, on or about August 10, 2023, the NSBME entered an order in Case No. 23-
9 12518-1, lifting the summary suspension of Respondent's License No. 8857 to practice medicine.
10 To the extent an response is otherwise required, Respondent is without sufficient information or
11 knowledge to admit or deny the allegations therein, and thus denies the same.

12 **APPLICABLE LAW**

13 VI. Answering Paragraphs VI through XII, Respondent objects to these Paragraphs as
14 they call for a legal conclusion and the cited statutes speak for themselves. To the extent a response
15 is otherwise required, Respondent is without sufficient information or knowledge to admit or deny
16 the allegations therein, and thus denies the same.

17 **COUNT ONE**

18 **(Violations of Federal Controlled Substances Act)**

19 VII. Answering Paragraph XIII, Respondent objects as this Paragraph calls for a legal
20 conclusion and the cited statutes speak for themselves; notwithstanding, Respondent otherwise
21 denies the allegations contained therein.

22 **COUNT TWO**

23 **(Violations of State Controlled Substances Act)**

24 VIII. Answering Paragraph XIV, Respondent objects to the extent that this paragraph calls
25 for a legal conclusion and the cited statutes speak for themselves; notwithstanding, Respondent
26 otherwise denies the allegations contained therein.

COUNT THREE**(Unprofessional Conduct-Incompetent, Unskillful or Negligent Performance of Duties)**

IX. Answering Paragraph XV, Respondent objects to this paragraph, as it calls for a legal conclusion. The cited statutes speak for themselves. Respondent otherwise denies the allegations therein.

COUNT FOUR**(Unprofessional Conduct-Prescribing on Suspended Registration)**

X. Answering Paragraph XVI, Respondent objects to this paragraph, as it calls for a legal conclusion. The cited statutes speak for themselves. Respondent otherwise denies the allegations therein.

COUNT FIVE**(Commission of Acts that Render Registration Inconsistent with the Public Interest)**

XI. Answering Paragraph XVII, Respondent objects to this paragraph, as it calls for a legal conclusion. The cited statutes speak for themselves. Respondent otherwise denies the allegations therein.

AFFIRMATIVE DEFENSES**FIRST AFFIRMATIVE DEFENSE**

The allegations of the Notice of Intended Action and Accusation fail to state facts sufficient to state a claim upon which relief may be granted.

SECOND AFFIRMATIVE DEFENSE

The Notice of Intended Action and Accusation, and each cause of action therein, is barred by the doctrine of laches, estoppel, and the doctrine of unclean hands.

THIRD AFFIRMATIVE DEFENSE

Respondent denies each and every allegation of the Notice of Intended Action and Accusation not specifically admitted or otherwise pled to herein.

1 WHEREFORE, Respondent prays for judgment as follows:

2 1. That all charges against him be dismissed;

3 2. That the Board find that the Notice of Intended Action and Accusation does not
4 support issuance of discipline or fines against Respondent; and

5 3. For such other and further relief as may be deemed just and proper in these premises.

6 DATED: October 31, 2023

Respectfully submitted,

7 LEWIS BRISBOIS BISGAARD & SMITH LLP

8
9 */s/ Alia A. Najjar*

10 By: _____

11 ALIA A. NAJJAR, M.D., ESQ.

12 Nevada Bar No. 12832

13 6385 S. Rainbow Boulevard, Suite 600

14 Las Vegas, Nevada 89118

15 Telephone: 702.893.3383

16 Facsimile: 702.893.3789

17 Attorneys for Ajumobi Charles Agu, M.D.

CERTIFICATE OF SERVICE

I hereby certify that on this 31st day of October, 2023, a true and correct copy of **RESPONDENT AJUMOBİ CHARLES AGU, M.D.'S ANSWER AND NOTICE OF DEFENSE** was served via electronic mail to the following:

Brett Kandt
General Counsel
Nevada State Board of Pharmacy
bkandt@pharmacy.nv.gov
shunting@pharmacy.nv.gov

By /s/ Alia A. Najjar
an Employee of
LEWIS BRISBOIS BISGAARD & SMITH LLP

**BEFORE THE BOARD OF MEDICAL EXAMINERS
OF THE STATE OF NEVADA**

* * * * *

In the Matter of the Charges and Complaint

Case No.: 23-12518-1

Against:

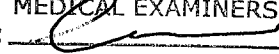
FILED

AJUMOBI CHARLES AGU, M.D.,

JUN 30 2023

Respondent.

NEVADA STATE BOARD OF
MEDICAL EXAMINERS

By: 

ORDER OF SUSPENSION AND NOTICE OF HEARING

The Investigative Committee¹ (IC) of the Nevada State Board of Medical Examiners (Board) hereby **IMMEDIATELY SUSPENDS** the license of Ajumobi Charles Agu, M.D. (Respondent) from the practice of medicine, pursuant to the Board's authority to regulate the practice of medicine in the State of Nevada pursuant to Nevada Revised Statutes (NRS) Chapter 630.

The IC issues this Order of Suspension (Order) based on its determination that Respondent violated a Board Order when he did not satisfy all of the conditions contained in the Settlement Agreement and Order he entered into with the IC on November 15, 2022, approved by the Board on December 2, 2022.

Prior to the preparation of this Order, Board Staff presented to the IC the following:

1. Respondent is a medical doctor licensed to practice medicine in the State of Nevada (License No. 8857). The Board issued his license on November 23, 1998.

2. On November 15, 2022, Respondent entered into a Settlement Agreement with the IC and the Board approved the agreement on December 2, 2022. See **Exhibit 1** (Settlement Agreement and Order).

///

¹ The Investigative Committee of the Nevada State Board of Medical Examiners is composed of Board members Bret W. Frey, M.D., Carl N. Williams, Jr., M.D., FACS, and Col. Eric D. Wade, USAF (Ret.).

3. Per the terms of the Settlement Agreement, Respondent was to submit to and pass all five (5) sections of the Ethics and Boundaries Assessment Services (EBAS) examination within sixty (60) days of the Board's acceptance, adoption, and approval of the Agreement. The Settlement Agreement was approved and adopted on December 2, 2022, requiring completion of the terms on or before January 31, 2023.

4. Additionally, per the Settlement Agreement, Respondent was to perform ten (10) hours of Continuing Medical Education relating to best practices in medical record keeping within six (6) months from the date of the Board's acceptance, adoption, and approval of the Settlement Agreement. The Settlement Agreement was approved and adopted on December 2, 2022, requiring completion of ten (10) hours of Continuing Medical Education to be completed by June 2, 2023.

5. Pursuant to the Settlement Agreement and Order, Respondent agreed that should Respondent fail to comply with any of the terms or conditions of the Agreement, once the Agreement had been accepted, approved, and adopted by the Board, the IC shall be authorized to immediately suspend Respondent's license to practice medicine in the State of Nevada pending an Order to Show Cause Hearing, which is hereby duly noticed.

6. Respondent registered for the EBAS examination on March 14, 2023, for an April 25, 2023, exam date.

7. On May 17, 2023, Board staff received notice from Ethics and Boundaries Assessment Services that the Respondent failed all five sections of the EBAS examination which took place on April 25, 2023.

8. On June 28, 2023, Respondent furnished a certificate of completion for the aforementioned hours of Continuing Medical Education with a completion date of June 26, 2023, twenty-four (24) days past the deadline stated in the Settlement Agreement and Order.

9. NRS 630.3065(2)(a) states in pertinent part that [e]xcept as otherwise provided in NRS 630.2672, knowingly or willfully failing to comply with: (a) [a] regulation, subpoena or order of the Board or a committee designated by the Board to investigate a complaint against a physician, constitutes grounds for initiating disciplinary action.

10. Based on the foregoing, the IC finds that Respondent, Ajumobi Charles Agu, M.D., has willfully and/or knowingly violated his Settlement Agreement and Board Order and is immediately suspended from the practice of medicine in the State of Nevada. See NRS 630.326(1); *see also* BME Case No. 22-12518-1 Settlement Agreement and Order attached hereto as Exhibit 1.

ORDER

IT IS HEREBY ORDERED that the license to practice medicine issued to Ajumobi Charles Agu, M.D. (No. 8857) by the State of Nevada Board of Medical Examiners is immediately **SUSPENDED** until further order of the IC or Board, and Respondent is prohibited from engaging in any acts that constitute the practice of medicine pursuant to NRS 630.020; and

IT IS FURTHER ORDERED that a hearing on this matter is set for the **27th day of July, 2023, at 2:00 p.m.**, at the Board's office located at 9600 Gateway Drive, Reno, Nevada 89521, to determine whether this suspension may continue, unless the parties mutually agree in writing to a different date and/or time. See NRS 630.326(2).

DATED this 30th day of June, 2023.

INVESTIGATIVE COMMITTEE OF THE
NEVADA STATE BOARD OF MEDICAL EXAMINERS

By:


BRET W. FREY, M.D.

Chairman of the Investigative Committee

EXHIBIT 1

EXHIBIT 1

**BEFORE THE BOARD OF MEDICAL EXAMINERS
OF THE STATE OF NEVADA**

* * * * *

In the Matter of Charges and Complaint

Case No. 22-12518-1

Against:

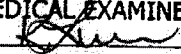
FILED

AJUMOBI CHARLES AGU, M.D.,

DEC 02 2022

Respondent.

**NEVADA STATE BOARD OF
MEDICAL EXAMINERS**

By: 

SETTLEMENT AGREEMENT

The Investigative Committee (IC) of the Nevada State Board of Medical Examiners (Board), by and through Ian J. Cummings, J.D., Deputy General Counsel for the Board and attorney for the IC, and Ajumobi Charles Agu, M.D. (Respondent), a licensed physician in Nevada, assisted by his attorney, Alia A. Najjar, M.D., Esq., of Ladah Law Firm, hereby enter into this Settlement Agreement (Agreement) based on the following:¹

A. BACKGROUND

2. Respondent is a medical doctor currently licensed in active status by the Board pursuant to Chapter 630 of the Nevada Revised Statutes (NRS) and Chapter 630 of the Nevada Administrative Code (NAC) (collectively, the Medical Practice Act) to practice medicine in Nevada. His license was originally issued on November 23, 1998 (License No. 8857).

3. On July 29, 2022, in Case No. 22-12518-1, the IC filed a formal Complaint (Complaint) charging Respondent with violating the Medical Practice Act. Specifically, the Complaint alleges three (3) violations of NRS 630.301(4) Malpractice (Counts I, IV, VII); three (3) violations of NRS 630.3062(1)(a), Failure to Maintain Proper Medical Records (Counts II, V, VIII); and three (3) violations of NRS 630.306(1)(b)(2) Violation of Standards of Practice by Engaging in

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.

1 the Practice of Writing Prescriptions for Controlled Substances in a Manner that Deviates from the
2 Model Policy (Counts III, VI, IX). By reason of the foregoing, Respondent is subject to discipline by
3 the Board as provided in NRS 630.352.

4 4. Respondent was properly served with a copy of this Complaint, has reviewed, and
5 understands this Complaint, and has had the opportunity to consult with competent counsel concerning
6 the nature and significance of this Complaint.

7 5. Respondent is hereby advised of his rights regarding this administrative matter, and of
8 his opportunity to defend against the allegations in the Complaint. Specifically, Respondent has certain
9 rights in this administrative matter as set out by the United States Constitution, the Nevada
10 Constitution, the Medical Practice Act, the Nevada Open Meeting Law (OML), which is contained in
11 NRS Chapter 241, and the Nevada Administrative Procedure Act (APA), which is contained in NRS
12 Chapter 233B. These rights include the right to a formal hearing on the allegations in the Complaint,
13 the right to representation by counsel, at his own expense, in the preparation and presentation of his
14 defense, the right to confront and cross-examine the witnesses and evidence against him, the right to
15 written findings of fact, conclusions of law and order reflecting the final decision of the Board, and the
16 right to judicial review of the Board's order, if the decision is adverse to him.

17 6. Respondent understands that, under the Board's charge to protect the public by
18 regulating the practice of medicine, the Board may take disciplinary action against Respondent's
19 license, including license probation, license suspension, license revocation and imposition of
20 administrative fines, as well as any other reasonable requirement or limitation, if the Board concludes
21 that Respondent violated one or more provisions of the Medical Practice Act.

22 7. Respondent understands and agrees that this Agreement, by and between Respondent
23 and the IC, is not with the Board, and that the IC will present this Agreement to the Board for
24 consideration in open session at a duly noticed and scheduled meeting. Respondent understands
25 that the IC shall advocate for the Board's approval of this Agreement, but that the Board has
26 the right to decide in its own discretion whether or not to approve this Agreement. Respondent
27 further understands and agrees that if the Board approves this Agreement, then the terms and
28 conditions enumerated below shall be binding and enforceable upon him and the Board.

1 **B. TERMS & CONDITIONS**

2 **NOW, THEREFORE**, in order to resolve the matters addressed herein, i.e., the matters
3 with regard to the Complaint, Respondent and the IC hereby agree to the following terms and
4 conditions:

5 1. **Jurisdiction.** Respondent is, and at all times relevant to the Complaint has been, a
6 physician licensed to practice medicine in Nevada subject to the jurisdiction of the Board as set
7 forth in the Medical Practice Act.

8 2. **Representation by Counsel/Knowing, Willing and Intelligent Agreement.**
9 Respondent acknowledges he is represented by counsel and wishes to resolve the matters
10 addressed herein with said counsel. Respondent agrees that if representation by counsel in this
11 matter materially changes prior to entering into this Agreement and for the duration of this
12 Agreement, that counsel for the IC will be timely notified of the material change. Respondent
13 agrees that he knowingly, willingly, and intelligently enters into this Agreement after deciding to
14 have a full consultation with and upon the advice of legal counsel.

15 3. **Waiver of Rights.** In connection with this Agreement, and the associated terms
16 and conditions, Respondent knowingly, willingly and intelligently waives all rights in connection
17 with this administrative matter. Respondent hereby knowingly, willingly and intelligently waives
18 all rights arising under the United States Constitution, the Nevada Constitution, the Medical
19 Practice Act, the OML, the APA, and any other legal rights that may be available to him or that
20 may apply to him in connection with the administrative proceedings resulting from the Complaint
21 filed in this matter, including defense of the Complaint, adjudication of the allegations set forth in
22 the Complaint, and imposition of any disciplinary actions or sanctions ordered by the Board.
23 Respondent agrees to settle and resolve the allegations of the Complaint as set out by this
24 Agreement, without a hearing or any further proceedings and without the right to judicial review.

25 4. **Acknowledgement of Reasonable Basis to Proceed.** As of the time of entering
26 into this Settlement Agreement, the allegations of the Complaint remain unproven. Respondent
27 acknowledges that the IC believes it has a reasonable basis to allege that Respondent engaged in
28 conduct that is grounds for discipline pursuant to the Medical Practice Act. The IC acknowledges

Respondent is not admitting that the IC's claims/counts as alleged in the Complaint have merit and Respondent is agreeing to resolve this matter to avoid the costs of hearing and potential subsequent litigation. Respondent asserts 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 Counts I, II, V, VIII: one (1) violation of NRS 630.301(4) Malpractice and three (3) violations of NRS 630.3062(1)(a) Failure to Maintain Proper Medical Records.

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 four thousand five hundred four dollars and thirty-four cents (\$4,504.34).

c. Respondent shall pay a fine of four thousand five hundred dollars and zero cents (\$4,500.00) within sixty (60) days of the Board's acceptance, adoption, and approval of this Agreement.

d. Respondent shall perform ten (10) hours of Continuing Medical Education (CME) relating to best practices in medical recordkeeping within six (6) months from the date of the Board's acceptance, adoption, and approval of this agreement. The aforementioned hours of CME shall be in addition to the CME requirements that are regularly imposed for licensure

e. The Respondent shall submit to and pass all five (5) sections of the Ethics and Boundaries Assessment Services (EBAS) examination within sixty (60) days of Board approval of this agreement to be paid for at the expense of the Respondent.

1 f. This Agreement shall be reported to the appropriate entities and parties as
2 required by law, including, but not limited to, the National Practitioner Data Bank.

3 g. Respondent shall receive a Public Letter of Reprimand.

4 h. The remaining counts of the Complaint, and any other claims arising from
5 the Board's corresponding investigative case file(s), shall be dismissed with prejudice.

6 6. **Release from Liability.** In execution of this Agreement, Respondent understands
7 and agrees that the State of Nevada, the Board, and each of its members, staff, counsel,
8 investigators, experts, peer reviewers, committees, panels, hearing officers, consultants and agents
9 are immune from civil liability for any decision or action taken in good faith in response to
10 information acquired by the Board. NRS 630.364(2)(a). Respondent agrees to release the State of
11 Nevada, the Board, and each of its members, staff, counsel, investigators, experts, peer reviewers,
12 committees, panels, hearing officers, consultants and agents from any and all manner of actions,
13 causes of action, suits, debts, judgments, executions, claims and demands whatsoever, known and
14 unknown, in law or equity, that Respondent ever had, now has, may have or claim to have, against
15 any or all of the persons, government agencies or entities named in this paragraph arising out of,
16 or by reason of, this investigation, this Agreement or the administration of the case referenced
17 herein.

18 7. **Procedure for Adoption of Agreement.** The IC and counsel for the IC shall
19 recommend approval and adoption of the terms and conditions of this Agreement by the Board in
20 resolution of this Complaint. In the course of seeking Board acceptance, approval and adoption of
21 this Agreement, counsel for the IC may communicate directly with the Board staff and the
22 adjudicating members of the Board.

23 Respondent acknowledges that such contacts and communications may be made or
24 conducted ex-parte, without notice or opportunity to be heard on his part until the public Board
25 meeting where this Agreement is discussed, and that such contacts and communications may
26 include, but may not be limited to, matters concerning this Agreement, the Complaint and any and
27 all information of every nature whatsoever related to this matter. The IC and its counsel agree that
28 Respondent and/or Counsel for the 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 order of the Board, and, pending full compliance with the terms herein, the case shall be closed and all remaining claims arising out of the Complaint shall be dismissed with prejudice.

9. **Effect of Rejection of Agreement by Board.** In the event the Board does not accept, approve and adopt this Agreement, this Agreement shall be null, void and of no force and effect except as to the following agreement regarding adjudications: (1) Respondent agrees that, notwithstanding rejection of this Agreement by the Board, nothing contained in this Agreement and nothing that occurs pursuant to efforts of the IC to seek the Board's acceptance of this Agreement shall disqualify any member of the adjudicating panel of the Board from considering 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 party's 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.

OFFICE OF THE GENERAL COUNSEL

Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, Nevada 89521
(775) 688-2559

Failure to comply with the terms of this Agreement, including failure to pay any fines, costs, expenses or fees owed to the Board, is a failure to comply with an order of the Board, which may result in additional disciplinary action being taken against Respondent. NRS 630.3065(2)(a).

Further, Respondent's failure to remit payment to the Board for monies agreed to be paid as a condition of this Agreement may subject Respondent to civil collection efforts.

DATED this 15th day of November, 2022. DATED this 14th day of November, 2022.

INVESTIGATIVE COMMITTEE OF THE
NEVADA STATE BOARD OF MEDICAL
EXAMINERS

LADAH LAW FIRM

By: 
IAN J. CUMINGS, J.D.
Deputy General Counsel
9600 Gateway Drive
Reno, NV 89521
Tel: (775) 688-2559
Email: icummings@medboard.nv.gov
Attorney for the Investigative Committee

By: 
ALIA A. NAJJAR, M.D., ESQ.
517 S. Third Street
Las Vegas, NV 89101
Tel: (702) 252-0055
Email: alia@lalahlaw.com
Attorney for Respondent

DATED this 14th day of November, 2021.

By: 
AJUMOB CHARLES AGU, M.D.,
Nevada License No. 8857
Respondent

OFFICE OF THE GENERAL COUNSEL
Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, Nevada 89521
(775) 688-2559

ORDER

IT IS HEREBY ORDERED that, the foregoing Settlement Agreement (Case No. 22-12518-1) was approved and accepted by the Nevada State Board of Medical Examiners on the 2nd day of December, 2022.

DATED this 2nd day of December, 2022.

NEVADA STATE BOARD OF MEDICAL
EXAMINERS

By: 

AURY NAGY, M.D.
Board President

STEVE SISOLAK
Governor



HELEN PARK
President

J. DAVID WUEST
Executive Secretary

STATE OF NEVADA
BOARD OF PHARMACY

985 Damonte Ranch Pkwy, Ste 206
Reno, NV 89521

July 14, 2023

VIA CERTIFIED U.S. MAIL AND ELECTRONIC MAIL TO:

████████████████████
Ajumobi Charges Agu, MD

██████ East Flamingo Suite ██████
Las Vegas, NV 89119

Re: Suspension of Registration No. CS21324 (Case No. 22-535-CS-S)

Dear Dr. Agu:

The Nevada State Board of Pharmacy (Board) has been notified by the Nevada State Board of Medical Examiners (NSBME) that your NSBME License No. 8857 to practice medicine in Nevada has been suspended in NSBME Case No. 23-12518-1.

Please be advised that pursuant to NRS 639.2107 the suspension of your NSBME License No. 8857 operates as an immediate suspension of your Certificate of Registration No. CS21324 with the Board. You may not possess (except pursuant to the lawful order of a practitioner), administer, prescribe or dispense a controlled substance until you petition the Board for reinstatement pursuant to NRS 639.2565 and the Board reinstates your certificate of registration. Your PMP account is also suspended pursuant to NAC 453.078.

You may request a hearing before the Board to contest the suspension of your registration by submitting a written request to the Board's Reno office, located at 985 Damonte Ranch Parkway – Suite 206, Reno, NV 89521.

Please be aware that the forgoing does not preclude a formal investigation or filing of an accusation pursuant to NRS 639.241. If you have any questions, please do not hesitate to contact me at 775-850-1440 or bkandt@pharmacy.nv.gov.

Best regards,

A handwritten signature in blue ink, appearing to read "Brett Kandt".

Brett Kandt
General Counsel
Nevada State Board of Pharmacy

**BEFORE THE BOARD OF MEDICAL EXAMINERS
OF THE STATE OF NEVADA**

* * * * *

In the Matter of the Charges and Complaint

Case No.: 23-12518-1

Against:

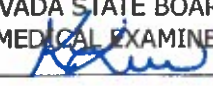
FILED

AJUMOBİ CHARLES AGU, M.D.,

AUG 10 2023

Respondent.

NEVADA STATE BOARD OF
MEDICAL EXAMINERS

By: 

ORDER LIFTING SUMMARY SUSPENSION

The Investigative Committee (IC) of the Nevada State Board of Medical Examiners having reviewed materials presented at the July 27, 2023 summary suspension hearing of Ajumobi Charles Agu, M.D (Dr. Agu) have concluded that Dr. Agu poses no imminent risk of harm to the health, safety, and welfare of the public or any patient. Accordingly, the IC hereby lifts the summary suspension of Dr. Agu's license to practice medicine in the State of Nevada and the license shall be Active effective the date of this Order.

IT IS SO ORDERED.

DATED this 10th day of August, 2023.

INVESTIGATIVE COMMITTEE OF THE
NEVADA STATE BOARD OF MEDICAL EXAMINERS

By: 

BRET W. FREY, M.D.

Chairman of the Investigative Committee

**BEFORE THE BOARD OF MEDICAL EXAMINERS
OF THE STATE OF NEVADA**

* * * * *

In the Matter of the Charges and Complaint

Case No.: 23-12518-1

Against:

AJUMOBI CHARLES AGU, M.D.,

Respondent.

FILED

SEP 19 2023

NEVADA STATE BOARD OF
MEDICAL EXAMINERS

By: lmall

ORDER OF SUSPENSION AND NOTICE OF HEARING

The Investigative Committee¹ (IC) of the Nevada State Board of Medical Examiners (Board) hereby **IMMEDIATELY SUSPENDS** the license of Ajumobi Charles Agu, M.D. (Respondent) from the practice of medicine, pursuant to the Board's authority to regulate the practice of medicine in the State of Nevada pursuant to Nevada Revised Statutes (NRS) Chapter 630.

The IC issues this Order of Suspension (Order) based on its determination that Respondent violated the previous Order of Suspension of his license to practice medicine, served on July 6, 2023.

Prior to the preparation of this Order, Board Staff presented to the IC the following:

1. Respondent is a medical doctor licensed to practice medicine in the State of Nevada (License No. 8857). The Board issued his license on November 23, 1998.
2. On November 15, 2022, Respondent entered into a Settlement Agreement (Agreement) with the IC and the Board approved the Agreement on December 2, 2022. *See Exhibit 1* (Settlement Agreement and Order).
3. Per the terms of the Agreement, Respondent was to submit to and pass all five (5) sections of the Ethics and Boundaries Assessment Services (EBAS) examination within sixty (60)

¹ The Investigative Committee of the Nevada State Board of Medical Examiners is composed of Board members Bret W. Frey, M.D., Carl N. Williams, Jr., M.D., FACS, and Col. Eric D. Wade, USAF (Ret.).

1 days of the Board's acceptance, adoption, and approval of the Agreement. The Agreement was
2 accepted, adopted, approved, and subsequently filed on December 2, 2022, requiring Respondent
3 to complete the terms of the Agreement on or before January 31, 2023.

4 4. Additionally, per the Agreement, Respondent was to perform ten (10) hours of
5 Continuing Medical Education (CME) related to the best practices in medical record keeping
6 within six (6) months from the date of the Board's acceptance, adoption, and approval of the
7 Agreement or June 2, 2023.

8 5. Pursuant to the Agreement and Order, Respondent acceded, that should he fail to
9 comply with any of the terms or conditions of the Agreement, once the Agreement had been
10 accepted, approved, and adopted by the Board, the IC would be authorized to immediately
11 suspend Respondent's license to practice medicine in the State of Nevada pending an Order to
12 Show Cause hearing, which is hereby duly noticed.

13 6. Respondent registered for the EBAS examination on March 14, 2023, for an
14 April 25, 2023, exam date.

15 7. On May 17, 2023, Board staff received notice from Ethics and Boundaries
16 Assessment Services that the Respondent failed all five (5) sections of the EBAS examination on
17 April 25, 2023.

18 8. On June 28, 2023, Respondent furnished a certificate of completion for the
19 aforementioned hours of CME with a completion date of June 26, 2023, twenty-four (24) days
20 past the deadline stated in the Agreement and Order.

21 9. On June 30, 2023, the IC issued the Respondent an Order of Suspension, which
22 stated unequivocally that the Respondent was prohibited from engaging in any acts that constitute
23 the practice of medicine pursuant to NRS 630.020. See **Exhibit 2** (Order of Suspension and Notice
24 of Hearing, filed June 30, 2023).

25 10. On July 6, 2023, Respondent was served with aforementioned Order of
26 Suspension.

27 ///

28 ///

11. An Order to Show Cause Hearing was conducted on July 27, 2023, which was attended by Respondent and Counsel for the IC where it was found that the IC had met its burden of proof to maintain the suspension of Respondent's license to practice medicine.

12. After consideration of the testimony provided at the Order to Show Cause hearing on August 10, 2023, the IC elected to lift the suspension of Respondent's license.

13. On or about August 29, 2023, a prescriber activity report from the Nevada State Board of Pharmacy was retrieved that indicated that Respondent was, in fact, practicing medicine while his license was suspended.

14. Despite Respondent's prohibition from the practice of medicine during the period of his suspension from July 6, 2023, through August 10, 2023, Respondent continued to engage in the practice of medicine without an active Nevada medical license, in violation of the IC's Order of Suspension by writing no less than fifty-eight (58) prescriptions for controlled substances.

15. NRS 630.3065(2)(a) states in pertinent part that [e]xcept as otherwise provided in NRS 630.2672, knowingly or willfully failing to comply with:

(a) [a] regulation, subpoena or order of the Board or a committee designated by the Board to investigate a complaint against a physician, constitutes grounds for initiating disciplinary action.

16. Based on the foregoing, the IC finds that Respondent, Ajumobi Charles Agu, M.D., has willfully and/or knowingly violated his Settlement Agreement and Order adopted and issued on December 2, 2022, and then willfully and/or knowingly violated the June 30, 2023, Order of Suspension to which Respondent was immediately suspended from the practice of medicine in the State of Nevada. *See* NRS 630.326(1); BME Case No. 22-12518-1, Settlement Agreement and Order attached hereto as **Exhibit 1**; Order of Suspension and Notice of Hearing attached hereto as **Exhibit 2**.

ORDER

IT IS HEREBY ORDERED that the license to practice medicine issued to Ajumobi Charles Agu, M.D. (No. 8857) by the State of Nevada Board of Medical Examiners is again immediately **SUSPENDED** until further order of the IC or Board, and **Respondent is**

1 prohibited from engaging in any acts that constitute the practice of medicine pursuant to
2 NRS 630.020; (emphasis added); and

3 IT IS FURTHER ORDERED that a hearing on this matter is set for the 19th day of
4 October, 2023, at 2:00 p.m., at the Board's office located at 9600 Gateway Drive, Reno, Nevada
5 89521, to determine whether this suspension may continue, unless the parties mutually agree in
6 writing to a different date and/or time. See NRS 630.326(2).

7 DATED this 19th day of September, 2023.

8 INVESTIGATIVE COMMITTEE OF THE
9 NEVADA STATE BOARD OF MEDICAL EXAMINERS

10 By:

11 

12 BRET W. FREY, M.D.

13 *Chairman of the Investigative Committee*
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EXHIBIT 1

EXHIBIT 1

**BEFORE THE BOARD OF MEDICAL EXAMINERS
OF THE STATE OF NEVADA**

* * * * *

In the Matter of Charges and Complaint

Case No. 22-12518-1

Against:

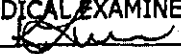
FILED

AJUMOBI CHARLES AGU, M.D.,

DEC 02 2022

Respondent.

**NEVADA STATE BOARD OF
MEDICAL EXAMINERS**

By: 

SETTLEMENT AGREEMENT

The Investigative Committee (IC) of the Nevada State Board of Medical Examiners (Board), by and through Ian J. Cumings, J.D., Deputy General Counsel for the Board and attorney for the IC, and Ajumobi Charles Agu, M.D. (Respondent), a licensed physician in Nevada, assisted by his attorney, Alia A. Najjar, M.D., Esq., of Ladah Law Firm, hereby enter into this Settlement Agreement (Agreement) based on the following:¹

A. BACKGROUND

2. Respondent is a medical doctor currently licensed in active status by the Board pursuant to Chapter 630 of the Nevada Revised Statutes (NRS) and Chapter 630 of the Nevada Administrative Code (NAC) (collectively, the Medical Practice Act) to practice medicine in Nevada. His license was originally issued on November 23, 1998 (License No. 8857).

3. On July 29, 2022, in Case No. 22-12518-1, the IC filed a formal Complaint (Complaint) charging Respondent with violating the Medical Practice Act. Specifically, the Complaint alleges three (3) violations of NRS 630.301(4) Malpractice (Counts I, IV, VII); three (3) violations of NRS 630.3062(1)(a), Failure to Maintain Proper Medical Records (Counts II, V, VIII); and three (3) violations of NRS 630.306(1)(b)(2) Violation of Standards of Practice by Engaging in

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.

1 the Practice of Writing Prescriptions for Controlled Substances in a Manner that Deviates from the
2 Model Policy (Counts III, VI, IX). By reason of the foregoing, Respondent is subject to discipline by
3 the Board as provided in NRS 630.352.

4 4. Respondent was properly served with a copy of this Complaint, has reviewed, and
5 understands this Complaint, and has had the opportunity to consult with competent counsel concerning
6 the nature and significance of this Complaint.

7 5. Respondent is hereby advised of his rights regarding this administrative matter, and of
8 his opportunity to defend against the allegations in the Complaint. Specifically, Respondent has certain
9 rights in this administrative matter as set out by the United States Constitution, the Nevada
10 Constitution, the Medical Practice Act, the Nevada Open Meeting Law (OML), which is contained in
11 NRS Chapter 241, and the Nevada Administrative Procedure Act (APA), which is contained in NRS
12 Chapter 233B. These rights include the right to a formal hearing on the allegations in the Complaint,
13 the right to representation by counsel, at his own expense, in the preparation and presentation of his
14 defense, the right to confront and cross-examine the witnesses and evidence against him, the right to
15 written findings of fact, conclusions of law and order reflecting the final decision of the Board, and the
16 right to judicial review of the Board's order, if the decision is adverse to him.

17 6. Respondent understands that, under the Board's charge to protect the public by
18 regulating the practice of medicine, the Board may take disciplinary action against Respondent's
19 license, including license probation, license suspension, license revocation and imposition of
20 administrative fines, as well as any other reasonable requirement or limitation, if the Board concludes
21 that Respondent violated one or more provisions of the Medical Practice Act.

22 7. Respondent understands and agrees that this Agreement, by and between Respondent
23 and the IC, is not with the Board, and that the IC will present this Agreement to the Board for
24 consideration in open session at a duly noticed and scheduled meeting. Respondent understands
25 that the IC shall advocate for the Board's approval of this Agreement, but that the Board has
26 the right to decide in its own discretion whether or not to approve this Agreement. Respondent
27 further understands and agrees that if the Board approves this Agreement, then the terms and
28 conditions enumerated below shall be binding and enforceable upon him and the Board.

1 **B. TERMS & CONDITIONS**

2 **NOW, THEREFORE**, in order to resolve the matters addressed herein, i.e., the matters
3 with regard to the Complaint, Respondent and the IC hereby agree to the following terms and
4 conditions:

5 1. **Jurisdiction.** Respondent is, and at all times relevant to the Complaint has been, a
6 physician licensed to practice medicine in Nevada subject to the jurisdiction of the Board as set
7 forth in the Medical Practice Act.

8 2. **Representation by Counsel/Knowing, Willing and Intelligent Agreement.**
9 Respondent acknowledges he is represented by counsel and wishes to resolve the matters
10 addressed herein with said counsel. Respondent agrees that if representation by counsel in this
11 matter materially changes prior to entering into this Agreement and for the duration of this
12 Agreement, that counsel for the IC will be timely notified of the material change. Respondent
13 agrees that he knowingly, willingly, and intelligently enters into this Agreement after deciding to
14 have a full consultation with and upon the advice of legal counsel.

15 3. **Waiver of Rights.** In connection with this Agreement, and the associated terms
16 and conditions, Respondent knowingly, willingly and intelligently waives all rights in connection
17 with this administrative matter. Respondent hereby knowingly, willingly and intelligently waives
18 all rights arising under the United States Constitution, the Nevada Constitution, the Medical
19 Practice Act, the OML, the APA, and any other legal rights that may be available to him or that
20 may apply to him in connection with the administrative proceedings resulting from the Complaint
21 filed in this matter, including defense of the Complaint, adjudication of the allegations set forth in
22 the Complaint, and imposition of any disciplinary actions or sanctions ordered by the Board.
23 Respondent agrees to settle and resolve the allegations of the Complaint as set out by this
24 Agreement, without a hearing or any further proceedings and without the right to judicial review.

25 4. **Acknowledgement of Reasonable Basis to Proceed.** As of the time of entering
26 into this Settlement Agreement, the allegations of the Complaint remain unproven. Respondent
27 acknowledges that the IC believes it has a reasonable basis to allege that Respondent engaged in
28 conduct that is grounds for discipline pursuant to the Medical Practice Act. The IC acknowledges

Respondent is not admitting that the IC's claims/counts as alleged in the Complaint have merit and Respondent is agreeing to resolve this matter to avoid the costs of hearing and potential subsequent litigation. Respondent asserts 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 Counts I, II, V, VIII: one (1) violation of NRS 630.301(4) Malpractice and three (3) violations of NRS 630.3062(1)(a) Failure to Maintain Proper Medical Records.

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 four thousand five hundred four dollars and thirty-four cents (\$4,504.34).

c. Respondent shall pay a fine of four thousand five hundred dollars and zero cents (\$4,500.00) within sixty (60) days of the Board's acceptance, adoption, and approval of this Agreement.

d. Respondent shall perform ten (10) hours of Continuing Medical Education (CME) relating to best practices in medical recordkeeping within six (6) months from the date of the Board's acceptance, adoption, and approval of this agreement. The aforementioned hours of CME shall be in addition to the CME requirements that are regularly imposed for licensure

e. The Respondent shall submit to and pass all five (5) sections of the Ethics and Boundaries Assessment Services (EBAS) examination within sixty (60) days of Board approval of this agreement to be paid for at the expense of the Respondent.

1 f. This Agreement shall be reported to the appropriate entities and parties as
2 required by law, including, but not limited to, the National Practitioner Data Bank.

3 g. Respondent shall receive a Public Letter of Reprimand.

4 h. The remaining counts of the Complaint, and any other claims arising from
5 the Board's corresponding investigative case file(s), shall be dismissed with prejudice.

6 6. **Release from Liability.** In execution of this Agreement, Respondent understands
7 and agrees that the State of Nevada, the Board, and each of its members, staff, counsel,
8 investigators, experts, peer reviewers, committees, panels, hearing officers, consultants and agents
9 are immune from civil liability for any decision or action taken in good faith in response to
10 information acquired by the Board. NRS 630.364(2)(a). Respondent agrees to release the State of
11 Nevada, the Board, and each of its members, staff, counsel, investigators, experts, peer reviewers,
12 committees, panels, hearing officers, consultants and agents from any and all manner of actions,
13 causes of action, suits, debts, judgments, executions, claims and demands whatsoever, known and
14 unknown, in law or equity, that Respondent ever had, now has, may have or claim to have, against
15 any or all of the persons, government agencies or entities named in this paragraph arising out of,
16 or by reason of, this investigation, this Agreement or the administration of the case referenced
17 herein.

18 7. **Procedure for Adoption of Agreement.** The IC and counsel for the IC shall
19 recommend approval and adoption of the terms and conditions of this Agreement by the Board in
20 resolution of this Complaint. In the course of seeking Board acceptance, approval and adoption of
21 this Agreement, counsel for the IC may communicate directly with the Board staff and the
22 adjudicating members of the Board.

23 Respondent acknowledges that such contacts and communications may be made or
24 conducted ex-parte, without notice or opportunity to be heard on his part until the public Board
25 meeting where this Agreement is discussed, and that such contacts and communications may
26 include, but may not be limited to, matters concerning this Agreement, the Complaint and any and
27 all information of every nature whatsoever related to this matter. The IC and its counsel agree that
28 Respondent and/or Counsel for the Respondent may appear at the Board meeting where this

1 Agreement is discussed and, if requested, respond to any questions that may be addressed to the
2 IC or the IC's counsel.

3 8. **Effect of Acceptance of Agreement by Board.** In the event the Board accepts,
4 approves, and adopts this Agreement, the Board shall issue a final order, making this Agreement
5 an order of the Board, and, pending full compliance with the terms herein, the case shall be closed
6 and all remaining claims arising out of the Complaint shall be dismissed with prejudice.

7 9. **Effect of Rejection of Agreement by Board.** In the event the Board does not
8 accept, approve and adopt this Agreement, this Agreement shall be null, void and of no force and
9 effect except as to the following agreement regarding adjudications: (1) Respondent agrees that,
10 notwithstanding rejection of this Agreement by the Board, nothing contained in this Agreement
11 and nothing that occurs pursuant to efforts of the IC to seek the Board's acceptance of this
12 Agreement shall disqualify any member of the adjudicating panel of the Board from considering
13 this Complaint and from participating in disciplinary proceedings against Respondent, including
14 adjudication of this case; and (2) Respondent further agrees that he shall not seek to disqualify any
15 such member absent evidence of bad faith.

16 10. **Binding Effect.** If approved by the Board, Respondent understands that this
17 Agreement is a binding and enforceable contract upon Respondent and the Board.

18 11. **Forum Selection Clause.** The parties agree that in the event either party is
19 required to seek enforcement of this Agreement in district court, the party's consent to such
20 jurisdiction and agree that exclusive jurisdiction shall be in the Second Judicial District Court,
21 State of Nevada, Washoe County.

22 12. **Attorneys' Fees and Costs.** The parties agree that in the event an action is
23 commenced in district court to enforce any provision of this Agreement, the prevailing party shall
24 be entitled to recover reasonable attorneys' fees and costs.

25 13. **Failure to Comply with Terms.** Should Respondent fail to comply with any term
26 or condition of this Agreement once the Agreement has been accepted, approved, and adopted by
27 the Board, the IC shall be authorized to immediately suspend Respondent's license to practice
28 medicine in Nevada pending an Order to Show Cause Hearing, which will be duly noticed.

1 Failure to comply with the terms of this Agreement, including failure to pay any fines, costs,
 2 expenses or fees owed to the Board, is a failure to comply with an order of the Board, which may
 3 result in additional disciplinary action being taken against Respondent. NRS 630.3065(2)(a).

4 Further, Respondent's failure to remit payment to the Board for monies agreed to be paid
 5 as a condition of this Agreement may subject Respondent to civil collection efforts.

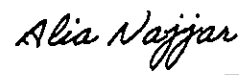
7 DATED this 15th day of November, 2022. DATED this 14th day of November, 2022.

8 INVESTIGATIVE COMMITTEE OF THE
 9 NEVADA STATE BOARD OF MEDICAL
 10 EXAMINERS

LADAH LAW FIRM

11 By: 

12 IAN J. CUMINGS, J.D.
 13 Deputy General Counsel
 14 9600 Gateway Drive
 15 Reno, NV 89521
 16 Tel: (775) 688-2559
 17 Email: icummings@medboard.nv.gov
 18 Attorney for the Investigative Committee

By: 

ALIA A. NAJJAR, M.D., ESQ.
 517 S. Third Street
 Las Vegas, NV 89101
 Tel: (702) 252-0055
 Email: alia@ladahlaw.com
 Attorney for Respondent

17 DATED this 14th day of November, 2021.

19 By: 

20 AJUMOB CHARLES AGU, M.D.,
 21 Nevada License No. 8857
 22 Respondent
 23
 24
 25
 26
 27
 28

OFFICE OF THE GENERAL COUNSEL
 Nevada State Board of Medical Examiners
 9600 Gateway Drive
 Reno, Nevada 89521
 (775) 688-2559

ORDER

IT IS HEREBY ORDERED that, the foregoing Settlement Agreement (Case No. 22-12518-1) was approved and accepted by the Nevada State Board of Medical Examiners on the 2nd day of December, 2022.

DATED this 2nd day of December, 2022.

NEVADA STATE BOARD OF MEDICAL
EXAMINERS

By: 

AURY NAGY, M.D.
Board President

EXHIBIT 2

EXHIBIT 2

**BEFORE THE BOARD OF MEDICAL EXAMINERS
OF THE STATE OF NEVADA**

* * * * *

In the Matter of the Charges and Complaint

Case No.: 23-12518-1

Against:

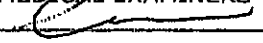
FILED

AJUMOBI CHARLES AGU, M.D.,

JUN 30 2023

Respondent.

NEVADA STATE BOARD OF
MEDICAL EXAMINERS

By: 

ORDER OF SUSPENSION AND NOTICE OF HEARING

The Investigative Committee¹ (IC) of the Nevada State Board of Medical Examiners (Board) hereby **IMMEDIATELY SUSPENDS** the license of Ajumobi Charles Agu, M.D. (Respondent) from the practice of medicine, pursuant to the Board's authority to regulate the practice of medicine in the State of Nevada pursuant to Nevada Revised Statutes (NRS) Chapter 630.

The IC issues this Order of Suspension (Order) based on its determination that Respondent violated a Board Order when he did not satisfy all of the conditions contained in the Settlement Agreement and Order he entered into with the IC on November 15, 2022, approved by the Board on December 2, 2022.

Prior to the preparation of this Order, Board Staff presented to the IC the following:

1. Respondent is a medical doctor licensed to practice medicine in the State of Nevada (License No. 8857). The Board issued his license on November 23, 1998.

2. On November 15, 2022, Respondent entered into a Settlement Agreement with the IC and the Board approved the agreement on December 2, 2022. *See Exhibit 1* (Settlement Agreement and Order).

///

¹ The Investigative Committee of the Nevada State Board of Medical Examiners is composed of Board members Bret W. Frey, M.D., Carl N. Williams, Jr., M.D., FACS, and Col. Eric D. Wade, USAF (Ret.).

1 3. Per the terms of the Settlement Agreement, Respondent was to submit to and pass
2 all five (5) sections of the Ethics and Boundaries Assessment Services (EBAS) examination
3 within sixty (60) days of the Board's acceptance, adoption, and approval of the Agreement. The
4 Settlement Agreement was approved and adopted on December 2, 2022, requiring completion of
5 the terms on or before January 31, 2023.

6 4. Additionally, per the Settlement Agreement, Respondent was to perform ten (10)
7 hours of Continuing Medical Education relating to best practices in medical record keeping within
8 six (6) months from the date of the Board's acceptance, adoption, and approval of the Settlement
9 Agreement. The Settlement Agreement was approved and adopted on December 2, 2022,
10 requiring completion of ten (10) hours of Continuing Medical Education to be completed by
11 June 2, 2023.

12 5. Pursuant to the Settlement Agreement and Order, Respondent agreed that should
13 Respondent fail to comply with any of the terms or conditions of the Agreement, once the
14 Agreement had been accepted, approved, and adopted by the Board, the IC shall be authorized to
15 immediately suspend Respondent's license to practice medicine in the State of Nevada pending an
16 Order to Show Cause Hearing, which is hereby duly noticed.

17 6. Respondent registered for the EBAS examination on March 14, 2023, for an
18 April 25, 2023, exam date.

19 7. On May 17, 2023, Board staff received notice from Ethics and Boundaries
20 Assessment Services that the Respondent failed all five sections of the EBAS examination which
21 took place on April 25, 2023.

22 8. On June 28, 2023, Respondent furnished a certificate of completion for the
23 aforementioned hours of Continuing Medical Education with a completion date of June 26, 2023,
24 twenty-four (24) days past the deadline stated in the Settlement Agreement and Order.

25 9. NRS 630.3065(2)(a) states in pertinent part that [e]xcept as otherwise provided in
26 NRS 630.2672, knowingly or willfully failing to comply with: (a) [a] regulation, subpoena or
27 order of the Board or a committee designated by the Board to investigate a complaint against a
28 physician, constitutes grounds for initiating disciplinary action.

ORDER

IT IS FURTHER ORDERED that a hearing on this matter is set for the 27th day of July, 2023, at 2:00 p.m., at the Board's office located at 9600 Gateway Drive, Reno, Nevada 89521, to determine whether this suspension may continue, unless the parties mutually agree in writing to a different date and/or time. *See* NRS 630.326(2).

DATED this 30th day of June, 2023.

INVESTIGATIVE COMMITTEE OF THE
NEVADA STATE BOARD OF MEDICAL EXAMINERS

By:

BRET W. FREY, M.D.

Chairman of the Investigative Committee

EXHIBIT 1

EXHIBIT 1

**BEFORE THE BOARD OF MEDICAL EXAMINERS
OF THE STATE OF NEVADA**

* * * * *

In the Matter of Charges and Complaint

Case No. 22-12518-1

Against:

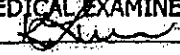
FILED

AJUMOBI CHARLES AGU, M.D.,

DEC 02 2022

Respondent.

**NEVADA STATE BOARD OF
MEDICAL EXAMINERS**

By: 

SETTLEMENT AGREEMENT

The Investigative Committee (IC) of the Nevada State Board of Medical Examiners (Board), by and through Ian J. Cummings, J.D., Deputy General Counsel for the Board and attorney for the IC, and Ajumobi Charles Agu, M.D. (Respondent), a licensed physician in Nevada, assisted by his attorney, Alia A. Najjar, M.D., Esq., of Ladah Law Firm, hereby enter into this Settlement Agreement (Agreement) based on the following:¹

A. BACKGROUND

2. Respondent is a medical doctor currently licensed in active status by the Board pursuant to Chapter 630 of the Nevada Revised Statutes (NRS) and Chapter 630 of the Nevada Administrative Code (NAC) (collectively, the Medical Practice Act) to practice medicine in Nevada. His license was originally issued on November 23, 1998 (License No. 8857).

3. On July 29, 2022, in Case No. 22-12518-1, the IC filed a formal Complaint (Complaint) charging Respondent with violating the Medical Practice Act. Specifically, the Complaint alleges three (3) violations of NRS 630.301(4) Malpractice (Counts I, IV, VII); three (3) violations of NRS 630.3062(1)(a), Failure to Maintain Proper Medical Records (Counts II, V, VIII); and three (3) violations of NRS 630.306(1)(b)(2) Violation of Standards of Practice by Engaging in

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.

OFFICE OF THE GENERAL COUNSEL
Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, Nevada 89521
(775) 688-2559

1 the Practice of Writing Prescriptions for Controlled Substances in a Manner that Deviates from the
2 Model Policy (Counts III, VI, IX). By reason of the foregoing, Respondent is subject to discipline by
3 the Board as provided in NRS 630.352.

4 4. Respondent was properly served with a copy of this Complaint, has reviewed, and
5 understands this Complaint, and has had the opportunity to consult with competent counsel concerning
6 the nature and significance of this Complaint.

7 5. Respondent is hereby advised of his rights regarding this administrative matter, and of
8 his opportunity to defend against the allegations in the Complaint. Specifically, Respondent has certain
9 rights in this administrative matter as set out by the United States Constitution, the Nevada
10 Constitution, the Medical Practice Act, the Nevada Open Meeting Law (OML), which is contained in
11 NRS Chapter 241, and the Nevada Administrative Procedure Act (APA), which is contained in NRS
12 Chapter 233B. These rights include the right to a formal hearing on the allegations in the Complaint,
13 the right to representation by counsel, at his own expense, in the preparation and presentation of his
14 defense, the right to confront and cross-examine the witnesses and evidence against him, the right to
15 written findings of fact, conclusions of law and order reflecting the final decision of the Board, and the
16 right to judicial review of the Board's order, if the decision is adverse to him.

17 6. Respondent understands that, under the Board's charge to protect the public by
18 regulating the practice of medicine, the Board may take disciplinary action against Respondent's
19 license, including license probation, license suspension, license revocation and imposition of
20 administrative fines, as well as any other reasonable requirement or limitation, if the Board concludes
21 that Respondent violated one or more provisions of the Medical Practice Act.

22 7. Respondent understands and agrees that this Agreement, by and between Respondent
23 and the IC, is not with the Board, and that the IC will present this Agreement to the Board for
24 consideration in open session at a duly noticed and scheduled meeting. Respondent understands
25 that the IC shall advocate for the Board's approval of this Agreement, but that the Board has
26 the right to decide in its own discretion whether or not to approve this Agreement. Respondent
27 further understands and agrees that if the Board approves this Agreement, then the terms and
28 conditions enumerated below shall be binding and enforceable upon him and the Board.

1 **B. TERMS & CONDITIONS**

2 **NOW, THEREFORE**, in order to resolve the matters addressed herein, i.e., the matters
3 with regard to the Complaint, Respondent and the IC hereby agree to the following terms and
4 conditions:

5 1. **Jurisdiction.** Respondent is, and at all times relevant to the Complaint has been, a
6 physician licensed to practice medicine in Nevada subject to the jurisdiction of the Board as set
7 forth in the Medical Practice Act.

8 2. **Representation by Counsel/Knowing, Willing and Intelligent Agreement.**
9 Respondent acknowledges he is represented by counsel and wishes to resolve the matters
10 addressed herein with said counsel. Respondent agrees that if representation by counsel in this
11 matter materially changes prior to entering into this Agreement and for the duration of this
12 Agreement, that counsel for the IC will be timely notified of the material change. Respondent
13 agrees that he knowingly, willingly, and intelligently enters into this Agreement after deciding to
14 have a full consultation with and upon the advice of legal counsel.

15 3. **Waiver of Rights.** In connection with this Agreement, and the associated terms
16 and conditions, Respondent knowingly, willingly and intelligently waives all rights in connection
17 with this administrative matter. Respondent hereby knowingly, willingly and intelligently waives
18 all rights arising under the United States Constitution, the Nevada Constitution, the Medical
19 Practice Act, the OML, the APA, and any other legal rights that may be available to him or that
20 may apply to him in connection with the administrative proceedings resulting from the Complaint
21 filed in this matter, including defense of the Complaint, adjudication of the allegations set forth in
22 the Complaint, and imposition of any disciplinary actions or sanctions ordered by the Board.
23 Respondent agrees to settle and resolve the allegations of the Complaint as set out by this
24 Agreement, without a hearing or any further proceedings and without the right to judicial review.

25 4. **Acknowledgement of Reasonable Basis to Proceed.** As of the time of entering
26 into this Settlement Agreement, the allegations of the Complaint remain unproven. Respondent
27 acknowledges that the IC believes it has a reasonable basis to allege that Respondent engaged in
28 conduct that is grounds for discipline pursuant to the Medical Practice Act. The IC acknowledges

1 Respondent is not admitting that the IC's claims/counts as alleged in the Complaint have merit
2 and Respondent is agreeing to resolve this matter to avoid the costs of hearing and potential
3 subsequent litigation. Respondent asserts if this matter were to proceed to hearing, he has
4 evidence, witnesses, expert witness(es) and defenses to the counts/claims alleged in the
5 Complaint, but for the purposes of resolving the matter and for no other purpose, Respondent
6 waives the presentation of evidence, witnesses, expert witnesses, and defenses in order to
7 effectuate this Agreement.

8 5. Consent to Entry of Order. In order to resolve this Complaint pending against
9 Respondent, Respondent hereby agrees that the Board may issue an order finding that Respondent
10 engaged in conduct that is grounds for discipline pursuant to the Medical Practice Act. Accordingly,
11 the following terms and conditions are hereby agreed upon:

12 a. Respondent admits to Counts I, II, V, VIII: one (1) violation of
13 NRS 630.301(4) Malpractice and three (3) violations of NRS 630.3062(1)(a) Failure to Maintain
14 Proper Medical Records.

15 b. Respondent will pay the costs and expenses incurred in the investigation
16 and prosecution of the above-referenced matter within sixty (60) days of the Board's acceptance,
17 adoption and approval of this Agreement, the current amount being four thousand five hundred
18 four dollars and thirty-four cents (\$4,504.34).

19 c. Respondent shall pay a fine of four thousand five hundred dollars and zero
20 cents (\$4,500.00) within sixty (60) days of the Board's acceptance, adoption, and approval of this
21 Agreement.

22 d. Respondent shall perform ten (10) hours of Continuing Medical Education
23 (CME) relating to best practices in medical recordkeeping within six (6) months from the date of
24 the Board's acceptance, adoption, and approval of this agreement. The aforementioned hours of
25 CME shall be in addition to the CME requirements that are regularly imposed for licensure

26 e. The Respondent shall submit to and pass all five (5) sections of the Ethics
27 and Boundaries Assessment Services (EBAS) examination within sixty (60) days of Board
28 approval of this agreement to be paid for at the expense of the Respondent.

1 f. This Agreement shall be reported to the appropriate entities and parties as
2 required by law, including, but not limited to, the National Practitioner Data Bank.

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7 and agrees that the State of Nevada, the Board, and each of its members, staff, counsel,
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21 State of Nevada, Washoe County.

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OFFICE OF THE GENERAL COUNSEL

Nevada State Board of Medical Examiners
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1 Failure to comply with the terms of this Agreement, including failure to pay any fines, costs,
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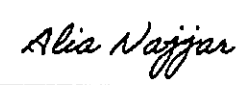
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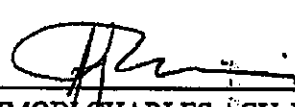
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18 Attorney for the Investigative Committee

By: 
ALIA A. NAJJAR, M.D., ESQ.
517 S. Third Street
Las Vegas, NV 89101
Tel: (702) 252-0055
Email: alia@ladahlaw.com
Attorney for Respondent

17 DATED this 14th day of November, 2021.

18
19 By: 
20 AJUMOB CHARLES AGU, M.D.,
21 Nevada License No. 8857
22 Respondent
23
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25
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27
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ORDER

IT IS HEREBY ORDERED that, the foregoing Settlement Agreement (Case No. 22-12518-1) was approved and accepted by the Nevada State Board of Medical Examiners on the 2nd day of December, 2022.

DATED this 2nd day of December, 2022.

NEVADA STATE BOARD OF MEDICAL
EXAMINERS

By: 

AURY NAGY, M.D.
Board President

OFFICE OF THE GENERAL COUNSEL
Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, Nevada 89521
(775) 688-2559

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BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

MATTHEW OKEKE, M.D.,
Certificate of Registration No. CS10935,

Respondent.

Case No. 19-013-CS-S

FIRST AMENDED NOTICE OF
INTENDED ACTION
AND ACCUSATION

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, files the following document that will serve as both a first amended notice of intended action under NRS 233B.127(3) and a first amended accusation under NRS 622A.300(1) and NRS 639.241.

JURISDICTION

1. The Nevada State Board of Pharmacy (Board) has jurisdiction over Respondent Matthew Okeke, M.D. (Respondent), because Respondent, at the time of the violations alleged herein, held a Nevada controlled substance registration, Certificate of Registration No. CS10935.

2. Respondent is a physician licensed by the Nevada State Board of Medical Examiners to practice psychiatry in Nevada. During the time periods discussed herein, Respondent was a “practitioner” as that term is defined at NRS 453.126.

FACTUAL ALLEGATIONS

3. Between February 28, 2017, and November 21, 2018, Respondent maintained a psychiatric practice in Las Vegas, Nevada. During that time frame, while engaged at various times in overseas travel, Respondent issued or caused to be issued at least one hundred twenty (120) prescriptions for controlled substances. These included prescriptions for alprazolam, clonazepam, diazepam, lacosamide, pregabalin, lisdexamfetamine, and buprenorphine.

4. Respondent was located outside of the United States during the periods from: 1) February 26 to March 11, 2017; 2) September 27 to October 2, 2017; 3) June 30 to July 17, 2018; and 4) November 9 to November 23, 2018.

5. While engaged in overseas travel as alleged above, Respondent employed the following methods of issuing prescriptions for controlled substances: 1) Respondent pre-signed certain of the prescriptions and supplied them to persons under his supervision or control for subsequent distribution to consumers; 2) Respondent authorized or directed one or more persons under his supervision or control to issue prescriptions to consumers by affixing Respondent's signature to those prescriptions via a rubber stamp imprinted with Respondent's signature; and 3) Respondent authorized or directed one or more persons under his supervision or control to telephonically issue prescriptions for consumers using Respondent's name and controlled substances registration number.

6. During the periods described herein, Respondent intentionally failed to maintain patient treatment charts and/or records from which a person could reasonably determine whether Respondent had a bona fide therapeutic relationship with the persons to whom prescriptions for controlled substances were issued under Respondent's name and controlled substances registration number.

7. Respondent caused, directed, or permitted one or more persons under his supervision or control to issue prescriptions for controlled substances even though such person(s) were not licensed or registered under state or federal law to prescribe controlled substances. Respondent knew or should have known that such person(s) were not licensed or registered under state or federal law to prescribe controlled substances.

8. On or about March 9, 2020, the Nevada State Board of Medical Examiners disciplined Respondent for malpractice and for failure to maintain proper medical records.

9. On or about September 7, 2022, Respondent entered a guilty plea pursuant to a plea agreement of committing the offense of intentional failure to maintain adequate records, a gross misdemeanor violation of NRS 422.510(1).

10. On or about September 7, 2022, Discovery Mind Center Ltd. (Discovery Mind Center), a Nevada limited-liability company, entered a guilty plea pursuant to a plea agreement of submitting false claims to defraud Medicaid, a felony violation of NRS 422.540; and of using the identifying information of an older person for unlawful purposes, a felony violation of NRS 205.463.

11. At the time of the offenses described in paragraph 10 above, Respondent owned, controlled, and/or managed Discovery Mind Center. Respondent entered guilty pleas on behalf of Discovery Mind Center.

12. On or about December 8, 2022, the Nevada State Board of Medical Examiners disciplined Respondent for failure to maintain proper medical records.

13. On or about January 17, 2023, Respondent and Discovery Mind Center were sentenced for the criminal offenses described in paragraph 10 above. Discovery Mind Center was ordered to pay \$330,000 in restitution, and Respondent was sentenced to probation and ordered to pay \$300,000 in costs and penalties.

14. On or about February 21, 2023, Matthew Okeke, M.D., Ltd., a Nevada limited-liability company, was convicted pursuant to a plea agreement of one count of submitting false claims: Medicaid fraud, a category D felony in violation of NRS 422.540(1)(a) and NRS 422.540(2)(a), and one count of obtaining and using personal identifying information of an older person for unlawful purposes, a category D felony in violation of NRS 205.463(1) and NRS 205.463(3)(a).

15. At the time of the offenses described in paragraph 14 above, Respondent owned, controlled, and/or managed Matthew Okeke, M.D., Ltd., a Nevada limited-liability company. Respondent entered guilty pleas on behalf of the company.

16. On or about February 21, 2023, Matthew Okeke, M.D., Ltd., a Nevada limited-liability company, was sentenced for the offenses described in paragraph 14 above. The company was ordered to pay a fine of \$100,000, among other fees and assessments.

17. Respondent was charged individually with the offenses described in paragraphs 9, 10, and 14 above. However, Respondent entered into plea agreements whereby he avoided individual convictions for all offenses except the gross misdemeanor offense described in paragraph 9 above.

18. On or about October 25, 2022, Respondent submitted to the Board his application to renew his certificate of registration to prescribe controlled substances. The application specifically directed Respondent to disclose any charges, arrests, or convictions. Respondent disclosed the

conviction described in paragraph 9 above, referring to it as a “misdemeanor for record keeping,” but he did not disclose the individual charges and/or arrests related to the felony fraud charges mentioned in paragraphs 10 and 14 above.

APPLICABLE LAW

19. In Nevada, it is unlawful to dispense a controlled substance except as authorized by NRS Chapter 453. *See* NRS 453.321(1)(a). “Dispense” is defined to include the act of prescribing a controlled substance. *See* NRS 453.056.

20. Every practitioner who prescribes controlled substances in Nevada must secure and maintain a certificate of registration from the Board. NRS 453.226(1)(a); NRS 453.231(3). A practitioner who fails to secure and maintain such a registration is subject to criminal and/or civil penalties for prescribing controlled substances without a registration. *See* NRS 453.232; NRS 453.553; NRS 453.5531.

21. In addition to any criminal or civil penalties that may apply, the Board may revoke or suspend the existing registration of any practitioner who has been guilty of unprofessional conduct or conduct contrary to the public interest. *See* NRS 639.210(4).

22. A practitioner’s conduct is deemed unprofessional and contrary to the public interest if the practitioner: 1) performs, without the required registration, any task or operation for which registration is required; 2) performs his or her duties in an incompetent, unskillful, or negligent manner; 3) performs or engages in any fraudulent or deceitful transaction; or, 4) prescribes a drug as a prescribing practitioner to a patient with whom the prescribing practitioner does not have a bona fide therapeutic relationship. *See* NAC 639.945(1)(h)-(o).

23. Additionally, the Board may revoke or suspend the registration of any practitioner who has violated any provision of the Federal Food, Drug and Cosmetic Act or any other federal law or regulation relating to controlled substances, *see* NRS 639.210(11), or who has violated any Nevada statute or regulation relating to drugs, the manufacture or distribution of drugs or the practice of pharmacy, *see* NRS 639.210(12).

24. Further, the Board may revoke or suspend the registration of any practitioner who has been convicted of a crime involving moral turpitude, dishonesty or corruption. *See* NRS 639.210(7)(c).

25. Finally, the Board may revoke or suspend the registration of any practitioner who “[h]as willfully made to the Board or its authorized representative any false statement which is material to the administration or enforcement of any of the provisions of [NRS chapter 639].” *See* NRS 639.210(9).

26. In addition to or in lieu of revoking or suspending a practitioner’s certificate of registration due to any violation described herein, the Board may impose an administrative fine upon such practitioner. The fine may not exceed \$10,000 for each offense. *See* NRS 639.255(1)(f) and (3).

COUNT ONE

Failure to Comply with Federal Registration Requirements

27. Between February 28, 2017, and November 21, 2018, Respondent caused, directed, or assisted one or more persons under his supervision or control to prescribed controlled substances in Nevada without their having obtained a registration from the Drug Enforcement Division of the U.S. Department of Justice. This constitutes a violation of federal law relating to controlled substances. *See* 21 U.S.C. 822(a)(2); 21 C.F.R. § 1306.03(a)(1). It also constitutes a violation of NRS 639.210(11), an offense for which the Board may impose administrative discipline.

COUNT TWO

Failure to Comply with State Registration Requirements

28. Between February 28, 2017, and November 21, 2018, Respondent caused, directed, or assisted one or more persons under his supervision or control to prescribe controlled substances in Nevada without their having obtained a registration from the Board. This violates state law relating to controlled substances. *See* NRS 453.321(1); NRS 453.226. It also constitutes a violation of NRS 639.210(12), an offense for which the Board may impose administrative discipline.

COUNT THREE**Participating in Deceitful Transactions**

29. Between February 28, 2017, and November 21, 2018, Respondent caused, directed, or assisted one or more persons under his supervision or control to prescribe controlled substances in Nevada.

30. Respondent engaged in the conduct described herein as part of a scheme to bill Medicaid for services that Respondent did not provide. In this regard, Respondent used prescriptions to falsely document patient visits that never occurred.

31. By causing prescriptions to be issued in the manner described herein, Respondent engaged in unprofessional conduct for which the Board may impose administrative discipline. *See* NRS 639.210(4); NAC 639.945(1)(h).

COUNT FOUR**Issuing Pre-signed Prescriptions**

32. Between February 28, 2017, and November 21, 2018, Respondent caused, directed, or assisted one or more persons under his supervision or control to prescribe controlled substances in Nevada by supplying patients with written prescriptions that Respondent had signed or stamped in advance of his overseas travel.

33. By causing prescriptions to be issued in the manner described herein, Respondent violated NRS 639.2353 by issuing pre-signed prescriptions. This constitutes a violation of state law for which the Board may impose administrative discipline. *See* NRS 639.210(12). Through his conduct, Respondent has potentially subjected other persons to administrative discipline. *See* NAC 639.295(15). (a physician assistant is subject to discipline for supplying patients with pre-signed prescriptions).

COUNT FIVE**Issuing Prescriptions from Unauthorized Locations**

34. Between May 18, 2022, and January 22, 2023, while located outside the United States, Respondent caused prescriptions for controlled substances to be issued in his name and under his controlled substances registration number.

35. By engaging in the conduct described herein, Respondent prescribed controlled substances from locations other than his office and/or a location properly registered with the Board. This constitutes a violation of state law for which the Board may impose administrative discipline. *See* NRS 453.226; NRS 639.210(12); NAC 453.130(3).

COUNT SIX

Performing Duties in an Incompetent, Unskillful, or Negligent Manner

36. Respondent failed to maintain patient charts and records from which the Board and/or a member of the Board's staff could reasonably ascertain whether Respondent maintained bona fide therapeutic relationships with the persons to whom prescriptions for controlled substances were issued between May 18, 2022, and January 22, 2023. Pursuant to NRS 453.246 and NAC 639.945(1)(o), Respondent had a legal duty to maintain such records.

37. By failing to maintain records as required by NRS 453.246 and NAC 639.945(1)(o), Respondent violated state law relating to controlled substances and/or performed his duties in an incompetent, unskillful and/or negligent manner. This is conduct for which the Board may impose administrative discipline. *See* NRS 639.210(4) and (12); NAC 639.945(1)(i).

38. By subjecting persons under his supervision or control to potential disciplinary action, Respondent performed his duties in an incompetent, unskillful and/or negligent manner. This too is conduct for which the Board may impose administrative discipline. *See* NRS 639.210(4); NAC 639.945(1)(i).

COUNT SEVEN

Failure to Establish Bona Fide Patient Relationships

39. Between February 28, 2017, and November 21, 2018, Respondent caused, directed, or assisted one or more persons under his supervision or control to prescribe controlled substances for persons whom Respondent identified as his patients. Respondent did not establish bona fide therapeutic relationship with one or more of these ostensible patients.

40. Respondent's conduct as described above constitutes unprofessional conduct for which the Board may impose administrative discipline. *See* NRS 639.210(4); NAC 639.945(1)(o).

COUNT EIGHT
Conviction of Crime Involving Dishonesty

41. As described above, Respondent was convicted of intentional failure to maintain adequate records, a gross misdemeanor.

42. Respondent's conviction for intentional failure to maintain adequate records, a gross misdemeanor, was directly related to a fraudulent billing scheme involving the Discovery Mind Center and Matthew Okeke, M.D., Ltd., both limited-liability companies under the ownership and control of Respondent.

43. Respondent's conviction for intentional failure to maintain adequate records, a gross misdemeanor, amounted to a conviction for a crime involving dishonesty. The Board may impose administrative discipline based upon that conviction. *See* NRS 639.210(7)(c).

COUNT NINE
Willfully Making False Statements in Connection with Renewal Application

44. As alleged above, on or about October 25, 2022, Respondent submitted to the Board his application to renew his certificate of registration to prescribe controlled substances. On the application, Respondent falsely represented that he had never been charged with or arrested for a criminal offense other than a misdemeanor offense related to record keeping. When he made this representation, Respondent had recently been charged with and/or arrested for multiple felony offenses related to a scheme to defraud Medicaid.

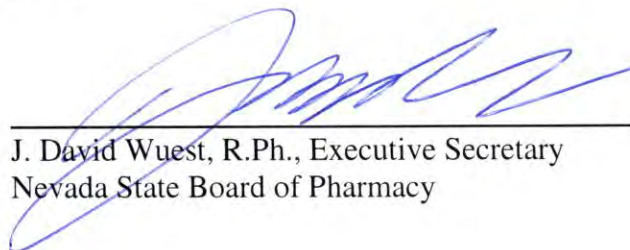
45. When he made the above false representation, Respondent knew that he had recently been charged with and/or arrested for multiple felony offenses related to a scheme to defraud Medicaid.

46. Respondent's false statement was material to the Board's determination whether to renew Respondent's certificate of registration to prescribe controlled substances.

47. Having willfully made a false representation as alleged above, Respondent is subject to discipline pursuant to NRS 639.210(9).

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 26th day of September 2023.



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,

CASE NO. 19-013-CS-S

Petitioner,

v.

**MATTHEW OKEKE, MD,
Certificate of Registration No. CS10935,**

**STATEMENT TO
THE RESPONDENT
AND NOTICE OF HEARING**

Respondent.

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 has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you, as is more fully explained and set forth in the First Amended Notice of Intended Action and Accusation served herewith and hereby incorporated reference herein.

2. You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the First Amended Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Statement and Notice, and of the First Amended Notice of Intended Action and Accusation served within. NRS 622A.320; NRS 639.243.

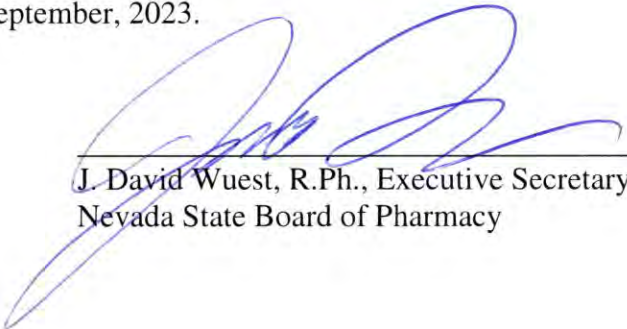
3. **The Board has rescheduled your hearing on this matter for Wednesday, December 6, 2023, at 9:00 AM PST or soon thereafter at the following location:**

**Hilton Garden Inn Las Vegas Strip South
7830 S. Las Vegas Blvd
Las Vegas, NV 89123**

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 28th day of September, 2023.



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.****MATTHEW OKEKE, MD,
Certificate of Registration No. CS10935,****Respondent.****CASE NO. 19-013-CS-S****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 _____, 2023.

MATTHEW OKEKE, MD

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 29th day of September 2023, I served a true and correct copy of the foregoing document by Certified U.S. Mail and Standard U.S. Mail to the following:

Liborius Agwara, JD, PhD
Law Offices of Libo Agwara, LTD
2785 E. Desert Inn Road, Suite 280
Las Vegas, NV 89121

Matthew Okeke, MD
[REDACTED] S. Las Vegas Blvd., [REDACTED]
Las Vegas, NV 89101


SHIRLEY HUNTING

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BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

**MONIVIRIN SON, MD,
Certificate of Registration No. CS35699,**

Respondent.

CASE NO. 23-046-CS-S

**NOTICE OF INTENDED ACTION
AND ACCUSATION**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, makes the following that will serve as both a notice of intended action under NRS 233B.127(3) and as an accusation under NRS 622A.300(1) and NRS 639.241.

JURISDICTION

1. The Nevada State Board of Pharmacy (Board) has jurisdiction over this matter and this respondent because at the time of the alleged events, Respondent Monivirin Son, MD, held expired Nevada controlled substance registrations, Certificate of Registration Nos. CS25265, CS12420, and CS15562, and/or a provisional Nevada controlled substance registration, CS35699, all issued by the Board.

FACTUAL ALLEGATIONS

2. Respondent failed to timely renew his Certificate of Registration Nos. CS25265, CS12420, and CS15562, all of which expired on October 31, 2018.

3. Respondent issued two thousand six hundred and eighty-four (2,684) prescriptions for controlled substances via telehealth to four hundred and eighty-four (484) patients in Nevada between November 1, 2018, and June 21, 2023, without a valid Nevada controlled substance registration and without accessing the Prescription Monitoring Program (PMP) database to review a patient utilization report.

4. On or about June 14, 2023, Respondent submitted an application to the Board for a new Nevada controlled substance registration, representing that his practice was located at 504 San Pablo Drive – APT 202, Las Vegas, NV 89104.

5. On or about June 22, 2023, Respondent was issued a new controlled substance registration, Certificate of Registration No. CS35699. However, Respondent failed to submit proof of his registration with the U.S. Drug Enforcement Administration pursuant to 21 U.S.C. § 822(a)(2) to the Board, and failed to enroll with the Board for Internet access to the PMP database.

6. Since June 22, 2023, Respondent has issued no fewer than eight hundred and six (806) prescriptions for controlled substances to patients in Nevada without complying with all requirements for prescribing under a Nevada controlled substance registration and without accessing the PMP database to review a patient utilization report.

7. On or about December 6, 2023, Respondent was served with an order pursuant to NRS 639.2895(1) to cease and desist possessing (except pursuant to the lawful order of a practitioner), administering, prescribing or dispensing any controlled substance under Certification of Registration No. CS35699 until he submits proof of registration with the U.S. Drug Enforcement Administration to the Board and enrolls with the Board for Internet access to the PMP database.

8. On or about December 12, 2023, Respondent admitted to the Executive Secretary that he does not practice at 504 San Pablo Drive – APT 202 in Las Vegas.

APPLICABLE LAW

9. A prescription for a controlled substance may be issued only for a legitimate medical purpose and in the usual course of his or her professional practice by an individual practitioner who holds a DEA registration and is authorized to prescribe controlled substances by the jurisdiction in which he is licensed to practice his profession. 21 U.S.C. § 822(a)(2); 21 U.S.C. § 823(f); 21 CFR § 1306.03(a)(1); NRS 453.226(1); NRS 453.232; NRS 453.321(1)(a); NRS 629.515(1); NRS 639.100(1); NRS 639.235(1).

10. A practitioner must present proof that he or she is authorized to access the PMP database to hold a valid Nevada controlled substance registration. NRS 453.226(1); NAC 453.065.

11. Falsely representing oneself as a practitioner entitled to issue prescriptions in this state, and unlawfully issuing a prescription for a controlled substance in this state, are felony offenses. 21 U.S.C. § 841(a); 21 U.S.C. § 842(a); NRS 453.232; NRS 453.321(1)(a); NRS 639.2813(1).

12. It is unlawful for a person knowingly or intentionally to furnish false or fraudulent material information in, or omit any material information from, any application for registration under NRS Chapter 453. NRS 453.331(1)(e); NRS 639.281(1).

13. Performing or in any way being a party to any fraudulent or deceitful practice or transaction constitutes unprofessional conduct or conduct contrary to the public interest pursuant to NAC 639.945(1)(h) and is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(4).

14. Performing any duties as the holder of a controlled substance registration in an incompetent, unskillful or negligent manner constitutes unprofessional conduct or conduct contrary to the public interest pursuant to NAC 639.945(1)(i) and is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(4).

15. Performing any act, task or operation for which licensure, certification or registration is required without the required license, certificate or registration constitutes unprofessional conduct and conduct contrary to the public interest pursuant to NAC 639.945(1)(k) and is grounds for suspension or revocation of any license or registration issued by the Board. NRS 453.236(1) and NRS 639.210(4).

16. Willfully making to the Board any false statement which is material to the administration or enforcement of Nevada law is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(9).

17. Obtaining any registration by the filing of an application, or any record, affidavit or other information in support thereof, which is false or fraudulent is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(10).

18. The Board may suspend or revoke a registration if the holder has violated any provision of the Federal Food, Drug and Cosmetic Act or any other federal law or regulation relating to prescription drugs. NRS 639.210(11).

19. The Board may suspend or revoke a registration if the holder has violated, attempted to violate, assisted or abetted in the violation of or conspired to violate any law or regulation relating to drugs, the manufacture or distribution of drugs or the practice of pharmacy. NRS 639.210(12).

20. The Board may suspend or revoke a registration if the holder has failed to timely renew a certificate of registration by failing to submit the application for renewal. NRS 639.210(13).

21. 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).

COUNT ONE

Violations of Federal Controlled Substances Act

22. By issuing prescriptions for controlled substances to patients in Nevada without a valid registration as alleged herein, Respondent falsely represented himself as a practitioner entitled to write prescriptions in this state and violated, attempted to violate, assisted or abetted in the violation of or conspired to violate 21 U.S.C. § 822(a)(2), 21 U.S.C. § 823(f), 21 U.S.C. § 841(a), 21 U.S.C. § 842(a) and/or 21 CFR § 1306.03(a)(1), and is subject to discipline pursuant to NRS 453.236(1)(e), NRS 453.241(1) and/or NRS 639.210(11).

COUNT TWO**Violations of State Controlled Substances Act**

23. By issuing prescriptions for controlled substances to patients in Nevada without a valid registration as alleged herein, Respondent falsely represented himself as a practitioner entitled to write prescriptions in this state and violated, attempted to violate, assisted or abetted in the violation of or conspired to violate NRS 453.226(1), NRS 453.232, NRS 453.321(1)(a), NRS 629.515(1), NRS 639.100(1), NRS 639.235(1) and/or NRS 639.2813(1), and is subject to discipline pursuant to NRS 453.236(1)(e), NRS 453.241(1) and/or NRS 639.210(12).

COUNT THREE**Failure to Timely Renew Controlled Substance Registration**

24. By failing to timely renew his Certificate of Registration Nos. CS25265, CS12420, and CS15562, and subsequently issuing prescriptions for controlled substances, Respondent is subject to discipline pursuant to NRS 453.236(1)(e), NRS 453.241(1) and/or NRS 639.210(13).

COUNT FOUR**Furnishing False Material Information to Board**

25. By falsely representing on his application for a new Nevada controlled substance registration that his practice was located at 504 San Pablo Drive – APT 202 in Las Vegas, Respondent violated NRS 453.331(1)(e) and NRS 639.281(1), and is subject to discipline pursuant to NRS 453.236(1)(a) and (e), NRS 453.241(1), NRS 639.210(9) and/or NRS 639.210(12).

COUNT FIVE**Obtaining Registration by False or Fraudulent Application**

26. By falsely representing on his application for a new Nevada controlled substance registration that his practice was located at 504 San Pablo Drive – APT 202 in Las Vegas, Respondent is subject to discipline pursuant to NRS 453.236(1)(a) and (e), NRS 453.241(1) and/or NRS 639.210(10).

COUNT SIX**Unprofessional Conduct – Fraudulent or Deceitful Practice or Transaction**

27. By falsely representing on his application for a new Nevada controlled substance registration that his practice was located at 504 San Pablo Drive – APT 202 in Las Vegas, Respondent was party to a fraudulent or deceitful practice or transaction and engaged in unprofessional conduct and conduct contrary to the public interest as defined in NAC 639.945(1)(h) and is subject to discipline pursuant to NRS 453.236(1)(a) and (e), NRS 453.241(1) and/or NRS 639.210(4).

COUNT SEVEN**Unprofessional Conduct – Prescribing without a Valid Registration**

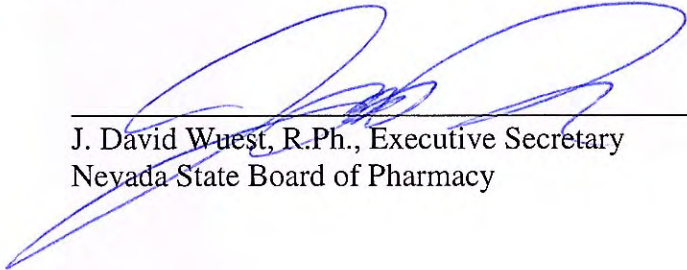
28. By issuing prescriptions for controlled substances to patients in Nevada without a valid registration as alleged herein, Respondent performed his duties as the holder of a controlled substance registration in an incompetent, unskillful or negligent manner, engaged in unprofessional conduct and conduct contrary to the public interest as defined in NAC 639.945(1)(i) and (k), and is subject to discipline pursuant to NRS 453.236(1)(e), NRS 453.241(1) and/or NRS 639.210(4).

COUNT EIGHT**Commission of Acts that Render Registration Inconsistent with the Public Interest**

29. By issuing prescriptions for controlled substances to patients in Nevada without a valid registration as alleged herein, by falsely representing himself as a practitioner entitled to issue prescriptions in this state, and by falsely representing on his application for a new Nevada controlled substance registration that his practice was located at 504 San Pablo Drive – APT 202 in Las Vegas, Respondent committed acts that render his registration inconsistent with the public interest, and is subject to discipline pursuant to NRS 453.236(1)(a) and (e) and/or NRS 453.241(1).

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificate of registration of this Respondent.

Signed this 14th day of December, 2023.



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.****MONIVIRIN SON, MD,
Certificate of Registration No. CS35699,****Respondent.****CASE NO. 23-046-CS-S****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, January 17, 2024, at 9:00 AM PST, or soon thereafter at the following location:**

**Hilton Garden Inn Las Vegas Strip South
7830 S. Las Vegas Blvd
Las Vegas, NV 89123**

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

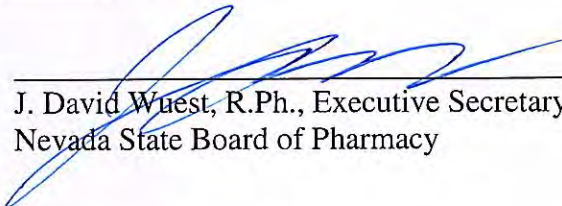
bkandt@pharmacy.nv.gov

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 14th day of DECEMBER 2023.



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.****MONIVIRIN SON, MD,
Certificate of Registration No. CS35699,****Respondent.****CASE NO. 23-046-CS-S****ANSWER AND NOTICE
OF DEFENSE**

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his/her objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him/her, is hereby interposed on the following grounds: (State specific objections or insert "none").

2. That, in answer to the Notice of Intended Action and Accusation, he/she admits, denies and alleges as follows:

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this _____ day of _____, 2023.

MONIVIRIN SON, MD

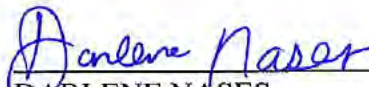
CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 14th day of December, 2023, I served a true and correct copy of the foregoing document by Certified U.S. Mail and Standard U.S. mail to the following:

Monivirin Son
[REDACTED] San Pablo Drive Ste [REDACTED]
Las Vegas, NV 89104

Monivirin Son
[REDACTED] W Sahara Ave
Las Vegas, NV 89117

Monivirin Son
[REDACTED] Bosque
Irvine, CA 92628


DARLENE NASES

6

6A

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

Section 1: General Information

Facility Name: ANGELES MEDICAL SUPPLIES LLC

MDEG Physical Address: 4160 S PECOS RD SUITE 20

City: LAS VEGAS State: NV Zip: 89121

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: (702)600-9395 Website: _____

Email: ANGELMEDICALSUPPLIES23@GMAIL.COM

Name of MDEG Administrator (NAC 639.694): REBEKAH THOMPSON

Entities the MDEG will Serve ☒ Patients by prescriptions ☐ Pharmacies ^a ☐ Practitioners ^a ☐ Hospitals/Clinics ^a ☐ Clinics ^a ☐ Wholesalers ^a ☐ Other business entities (specify) ^a : _____ This application is ONLY required if MDEG products will be sold to patients by prescription. ^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)	Type of MDEG products that will be sold (check all applicable) ☐ Medical Gases** ☐ Respiratory Equipment** ☐ Life-sustaining equipment** ☐ Parenteral and Enteral Equipment** ☒ Assistive Equipment ☐ Diabetic Supplies ☒ Orthotics and Prosthetics ☒ Others: <u>INCONTINENCE SUPPLIES, MOBILITY EQUIP.</u> **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): Name: _____ Telephone: _____
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Check the Days the Business will be Opened and provide the Hours of Operation

☒ Mon: 9AM-5PM	☒ Tue: 9AM-5PM	☒ Wed: 9AM-5PM	☒ Thurs: 9AM-5PM	☒ Fri: 9AM-5PM
☐ Sat: CLOSED	☐ 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))

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: _____	%: _____

- The Board will not issue a license to conduct business as a medical products provider or medical products wholesaler to:
 - A practicing health professional; or
 - 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.
- 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: 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: _____
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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: _____

Section 7: Partnership

Partnership Name: N/A

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 8: Sole Owner

Owner's Name: YACQUELINE GONZALEZ VILLAFRANCA

Business Name: ANGELES MEDICAL SUPPLIES LLC

Business Address: 4169 S PECOS RD STE 20 LAS VEGAS NV 89121

City: LAS VEGAS State: NV Zip: 89121

Telephone: 7026009395 Email: ANGELMEDICALSUPPLIES23@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	Partnership	Sole Owner
• List of <u>all</u> Officers and Directors.	✓	✓		
• List of <u>all</u> 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.

Jaqueline Gonzalez Villafranca
Print Name of Authorized Person Submitting Application

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

11/22/2023
Date

Board Use Only	Date Received: <u>12/14/23</u>	Amount: <u>\$590.00</u>
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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 ANGELES MEDICAL SUPPLIES, LLC MDEG License # (if applicable) _____
 Physical Address 4169 S PELOS ROAD, SUITE 20
 City LAS VEGAS State NV Zip 89121
 Mailing Address (if different from physical address) _____
 City _____ State _____ Zip _____
 Telephone (702) 600-9395 Website _____
 Licensing Company Email _____

Section 2: Personal Information

First REBEKAH Middle _____ Last THOMPSON
 Alias(es, nicknames, name changes, etc.) GUERRERO
 Date of Birth _____ SSN or ITIN _____ Sex ☐ M ☒ F ☐ X
 Mailing Address MOON RANCH AVENUE
 City NORTH LAS VEGAS State NV Zip 89031
 Telephone (702) 600-9395 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 EVEREST COLLEGE		From - To (MM/YY - MM/YY) 04/2001 - 08/2003		
Address 1460 S MILLIKEN AVENUE	City ONTARIO	State CA	Zip 91761	
Diploma/Degree obtained, if any AA - BUSINESS LAW				
School Name HOPKINSVILLE COMMUNITY COLLEGE		From - To (MM/YY - MM/YY) 08/98 - 08/99		
Address 120 NORTH DRIVE	City HOPKINSVILLE	State KY	Zip 42240	
Diploma/Degree obtained, if any N/A				
School Name NORTE VISTA High School		From - To (MM/YY - MM/YY) 09/90 - 06/94		
Address 6585 CREST AVENUE	City RIVERSIDE	State CA	Zip 92503	
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				

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) 02/20 - CURRENT	Address MODN RANCH AVE	City NORTH LAS VEGAS	State NV	Zip 89031
From - To (MM/YY - MM/YY) 10/17 - 02/20	Address DOUBLE VISTA WAY	City LAS VEGAS	State NV	Zip 89142
From - To (MM/YY - MM/YY) 02/16 - 08/17	Address RUNNING DOE COURT	City LAS VEGAS	State NV	Zip 89149
From - To (MM/YY - MM/YY) 07/13 - 02/16	Address TRUDEAU AVENUE	City LAS VEGAS	State NV	Zip 89143
From - To (MM/YY - MM/YY) 01/13 - 07/13	Address GRAND TETON DRIVE	City LAS VEGAS	State NV	Zip 89166
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip

Business Name				From - To (MM/YY - MM/YY)	
AMADOK MEDICAL				09/13 - 11/23	
Business Address		City	State	Zip	
4325 DEAN MARTIN DRIVE, SUITE 340		LAS VEGAS	NV	89103	
Phone	Title		Number of Employed Hours		
(702) 724-1734	CLIENT CARE MANAGER / OFFICE MANAGER / HR		17,520		
Description of Duties					
CLIENT INTAKE, PRODUCT SERVICING & SET UP, TRAINING OF DME WITH EMPLOYEES, MANAGING DAILY OPERATIONS, RECORD KEEPING / BILLING, HIRING & TERMINATIONS, CLIENT CARE COORDINATION & SATISFACTION, AUDITING.					
Business Name				From - To (MM/YY - MM/YY)	
Business Address				City	State Zip
Phone	Title		Number of Employed Hours		
Description 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			

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

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

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

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

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

Provide explanation below:


 Original Signature (electronic, copies or stamps not accepted)

11/20/2023
 Date

I, Rebekah Thompson, certify that as the MDEG Administrator for
Angles Medical Supplies, LLC

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

1. ☒ ☒ 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. ☒ ☒ 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. ☒ ☒ 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.

REBEKAH THOMPSON

Print Name (First, Last)



Original Signature (electronic, copies or stamps not accepted)

11/20/2023

Date

Board Use Only

Date Received: 12/14/23

Rebekah Thompson

Administrator

Contact

████ Moon Ranch Ave
North Las Vegas, NV 89031
702.600.9395
████████████████████

Education

Everest College
Rancho Cucamonga, CA
Business Law
GPA 4.0

Key Skills

Leadership
Project Management
Budget Planning
Communication
Problem-solving

Objective

As an administrator, my primary objective is to support the operations of the business by being a reliable, knowledgeable, and hands-on leader. I aim to develop a team that strives to excel in customer satisfaction, product knowledge, operation requirements and protocols. I will achieve this by setting clear goals, communicating effectively, and monitoring all aspects of performance.

Experience

January 2000 – December 2012
Store Manager • Blockbuster Video

January 2013 – September 2023
Eligibility and Benefits Verifier • Tender Dental

September 2013 – November 2023
Client Care Manager / Office Manager • Amador Medical

Responsibilities: onboarding of new employees, coaching/counseling of staff, maintaining personnel files and perform annual reviews of eligible staff members. I am also responsible for introducing new products, training and/or tasks to employees, as well as set up, installation and demonstration of equipment to clients, also providing ongoing support for any repair and maintenance issues as they arise. I conduct audits on client files, monthly and address any issues that may be found, immediately. I am responsible for ensuring company compliance in regard to Medicaid and Medicare standards, by conducting routine audits of billing tickets, client charts and doctor's orders, as well as, policy reviews and revisions

References

Available upon request.

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 InformationName of Pharmacy/MDEG/Wholesaler/Dispensing Site ANGELES MEDICAL SUPPLIES LLC

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

Physical Address 4169 S PECOS RD STE 20City LAS VEGASState NVZip 89121

Mailing Address (if different from physical address) _____

City _____

State _____

Zip _____

Telephone 7026009395

Website _____

Licensing Company Email ANGELMEDICALSUPPLIES23@GMAIL.COM**Section 2: Personal Information**First YACQUELINE

Middle _____

Last GONZALEZ VILLAFRANCA

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

Date of Birth _____

SSN or ITIN _____

Sex ☐ M ☒ F ☐ XMailing Address 4169 S PECOS RD STE 20City LAS VEGASState NVZip 89121Telephone 7026009395Email ANGELMEDICALSUPPLIES23@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 INSTITUTE JORGE LUIS ESTEBANEL		From - To (MM/YY - MM/YY) 09/81-06/84	
Address	City PINAR DEL RIO	State	Zip CUBA
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) 08/10-08/21	Address [REDACTED] MINERAL LAKE DR	City LAS VEGAS	State NV	Zip 89122
From - To (MM/YY - MM/YY) 08/21-11/23	Address [REDACTED] CLIFF BRANCH DR	City HENDERSON	State NV	Zip 89014
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	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 BARRIEL TAX SERVICES		From - To (MM/YY – MM/YY) 02/13-04/16	
Business Address 900 E DESERT IN RD		City LAS VEGAS	State NV
Phone 7028620486	Title TAX REPRESENTATIVE		
Description of Duties DID TAXES FOR INDIVIDUALS			
Business Name 1ST LOVE AND LIFE CAREGIVERS LLC		From - To (MM/YY – MM/YY) 05/16-11/23	
Business Address 1771 E FLAMINGO RD SUITE 114B		City LAS VEGAS	State NV
Phone 7024262586	Title MANAGER		
Description of Duties NON MEDICAL HOME CARE, BRING PCA (PERSONAL CARE ATTENDANTS) TO PATIENTS HOME.			
Business Name		From - To (MM/YY – MM/YY)	
Business Address		City	State
Phone	Title		
Description of Duties			
Business Name		From - To (MM/YY – MM/YY)	
Business Address		City	State
Phone	Title		
Description of Duties			
Business Name		From - To (MM/YY – MM/YY)	
Business Address		City	State
Phone	Title		
Description of Duties			
Continue on next page if additional space is needed.			

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

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

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

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

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

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

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

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

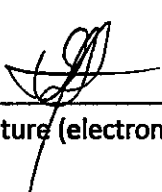
Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement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

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

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

Provide explanation below:

N/A


Original Signature (electronic, copies or stamps not accepted)

11/22/2023
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.

Yacquelina Gonzalez Villa Franca
Print Name (First, Last)

[Signature]
Original Signature (electronic, copies or stamps not accepted)

11/22/2023
Date

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

State of Nevada, ss. County of Clark

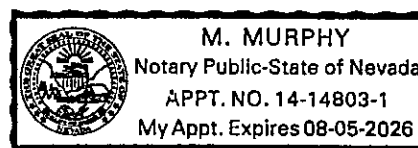
I, Yacquelina Gonzalez Villa Franca, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the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

[Signature]
Original Signature

11/22/2023
Date

Subscribed and Sworn to before me this 22nd day of Nov. 2023

M. Murphy
Notary Public Signature



(Seal)

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, 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, **Angeles 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 11/13/2023, 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 11/14/2023.

FRANCISCO V. AGUILAR
Secretary of State

Certificate Number: B202311144114403

You may verify this certificate
online at <http://www.nvsos.gov>

FRANCISCO V. AGUILAR
Secretary of State

DEPUTY BAKKEDAH
Deputy Secretary for
Commercial Recordings

STATE OF NEVADA



**OFFICE OF THE
SECRETARY OF STATE**

1479
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

Yacqueline Gonzalez-Villafranca
4160 s pecos road Suite 20
Las Vegas, NV 89121, USA

Work Order #: W2023111401001
November 14, 2023
Receipt Version: 1

Special Handling Instructions:

Submitter ID: 757807

Charges

Description	Fee Description	Filing Number	Filing Date/Time	Filing Status	Qty	Price	Amount
Certificates	Fees	20233624053	11/14/2023 12:02:08 PM	Approved	1	\$50.00	\$50.00
Total							\$50.00

Payments

Type	Description	Payment Status	Amount
Credit Card	6999921154106181503287	Success	\$50.00
Credit Card	Service Fee	Success	\$1.25
Total			\$51.25

Credit Balance: \$0.00

Yacqueline Gonzalez-Villafranca
4160 s pecos road Suite 20
Las Vegas, NV 89121, USA



ANGEMED-01

JMANN

CERTIFICATE OF LIABILITY INSURANCE

1480

DATE (MM/DD/YYYY)

11/15/2023

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 GLB Insurance Group of Nevada 4455 S. Pecos Road Las Vegas, NV 89121	CONTACT NAME:	
	PHONE (A/C, No, Ext): (702) 735-9333	FAX (A/C, No): (702) 735-6129
	E-MAIL ADDRESS: reception@glbins.com	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A: Continental Casualty Company	NAIC # 20443
INSURED ANGELES MEDICAL SUPPLIES LLC 4160 S Pecos Suite 20 Las Vegas, NV 89121	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: ☒ POLICY ☐ PRO-JECT ☐ LOC ☐ OTHER			7038615297	11/15/2023	11/15/2024	EACH OCCURRENCE \$ 1,000,000	
							DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000	
							MED EXP (Any one person) \$	
							PERSONAL & ADV INJURY \$ 1,000,000	
							GENERAL AGGREGATE \$ 2,000,000	
							PRODUCTS - COMP/OP AGG \$ 2,000,000	
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$	
	☐ ANY AUTO OWNED AUTOS ONLY ☐ SCHEDULED AUTOS						BODILY INJURY (Per person) \$	
	☐ HIRED AUTOS ONLY ☐ NON-OWNED AUTOS ONLY						BODILY INJURY (Per accident) \$	
							PROPERTY DAMAGE (Per accident) \$	
	UMBRELLA LIAB ☐ OCCUR						EACH OCCURRENCE \$	
	EXCESS LIAB ☐ CLAIMS-MADE						AGGREGATE \$	
	☐ DED ☐ RETENTION \$							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						PER STATUTE ☐ OTH-ER ☐	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) ☐ N/A						E L EACH ACCIDENT \$	
	If yes, describe under DESCRIPTION OF OPERATIONS below						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

Wazir Enterprises II, LP, a Nevada Limited Partnership
2701 N Tenaya Way
Las Vegas, NV 89128

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

POLICY NUMBER

B 7038615297

INSURED NAME AND ADDRESS

ANGELES MEDICAL SUPPLIES LLC

4160 S PECOS RD STE 20

LAS VEGAS, NV 89121

1481

ADDITIONAL NAMED INSURED SCHEDULE

WAZIR ENTERPRISES II, LP, A NEVADA LIMITED PARTNERSHIP

COMMUNITY VISION, INC.



6B

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

Section 1: General Information			
Facility Name: <u>ECLIPSE DURABLE SUPPLIES LLC</u>			
MDEG Physical Address: <u>1650 E Sahara Ave, suite 2</u>			
City: <u>Las Vegas</u>		State: <u>NV</u>	Zip: <u>89104</u>
Mailing Address (if different from physical address): <u>2121 E Flamingo Rd, suite 114</u>			
City: <u>Las Vegas</u>		State: <u>NV</u>	Zip: <u>89119</u>
Telephone: <u>702-573-2011</u>		Website: _____	
Email: <u>eclipsedurablesupplies01@gmail.com</u>			
Name of MDEG Administrator (NAC 639.694): <u>Adrianna Lopez</u>			
Entities the MDEG will Serve		Type of MDEG products that will be sold (check all applicable)	
☒ Patients by prescriptions ☐ Pharmacies ^a ☐ Practitioners ^a ☐ Hospitals/Clinics ^a ☐ Clinics ^a ☐ Wholesalers ^a ☐ Other business entities (specify) ^a : _____		☐ Medical Gases** ☐ Respiratory Equipment** ☐ Life-sustaining equipment** ☐ Parenteral and Enteral Equipment** ☒ Assistive Equipment ☒ Diabetic Supplies ☒ Orthotics and Prosthetics ☒ Others: <u>DISPOSABLE MEDICAL SUPPLIES</u>	
This application is ONLY required if MDEG products will be sold to patients by prescription. ^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: <u>Businesses (nv.gov)</u>		**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): Name: _____ Telephone: _____	

Check the Days the Business will be Opened and provide the Hours of Operation				
☒ Mon: 9AM - 5PM	☒ Tue: 9AM - 5PM	☒ Wed: 9AM - 5PM	☐ Thurs: 9AM - 5PM	☒ Fri: 9AM - 5PM
☐ Sat: CLOSED	☐ Sun: CLOSED	☐ Holidays: CLOSED		

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))
HELIOS MEDICAL CENTER LLC: NPI 1295463123 GROUP PTAN V75529
HELIOS MENTAL HEALTH LLC: NPI 1851002422

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 <u>practicing</u> 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 CorporationState of Incorporation: N/AParent 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 6: Non-Publicly Traded Corporation or CompanyState of Incorporation/Organization: N/AParent Company (if any): N/A

Corporation/Organization Name: _____

Mailing Address: _____

City: _____

State: _____

Zip: _____

Telephone: _____

Email: _____

Contact Person Name: _____

Section 7: PartnershipPartnership Name: ECLIPSE DURABLE SUPPLIES LLCMailing Address: 2121 E Flamingo Rd, suite 114City: Las VegasState: NVZip: 89119Telephone: 702-573-2011Email: eclipsedurablesupplies01@gmail.comContact Person Name: ISADORIS OTANO GUTIERREZ**Section 8: Sole Owner**Owner's Name: N/A

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	Partnership	Sole Owner
• List of <u>all</u> Officers and Directors.	✓	✓		
• List of <u>all</u> 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.

Isadon's Otano Gutierrez

Print Name of Authorized Person Submitting Application



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

11/14/23

Date

Board Use Only

Date Received: 11/21/23

Amount: 500.00



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	Eclipse Durable Supplies		MDEG License # (if applicable)
Physical Address	1650 E Sahara Ave Unit 2		
City	Las Vegas	State	NV Zip 89104
Mailing Address (if different from physical address)	2121 E Flamingo Road Suite 14		
City	Las Vegas	State	NV Zip 89119
Telephone	702-573-2011	Website	
Licensing Company Email	eclipsedurablesupplies01@gmail.com		

Section 2: Personal Information			
First	Adrianna	Middle	
Last	Lopez		
Alias(es, nicknames, name changes, etc.)			
Date of Birth		SSN or ITIN	
Sex	☐ M	☒ F	☐ X
Mailing Address	Jupiter Court		
City	Las Vegas	State	NV Zip 89119
Telephone		Email	
Are you a citizen of the United States?	☒ Yes	☐ No	

Section 3: Military Service (NRS 622.420)	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)		
ANTHEM INSTITUTE		2009 - 2010		
Address	City	State	Zip	
2320 S RANCHO DRIVE	LAS VEGAS	NV	89102	
Diploma/Degree obtained, if any MEDICAL ASSISTANT - DIPLOMA				
School Name		From - To (MM/YY - MM/YY)		
SILVERADO HIGH SCHOOL		2005 - 2009		
Address	City	State	Zip	
	LAS VEGAS	NV	89123	
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
2007 - CURRENT	Jupiter Court	LAS VEGAS	NV	89119
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	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 639.634)				
Business Name			From - To (MM/YY - MM/YY)	
HELIOS MEDICAL CENTER			01/2023 - PRESENT	
Business Address		City	State	Zip
2121 E FLAMINGO ROAD SUITE 14		LAS VEGAS	NV	89119
Phone	Title	Number of Employed Hours		
702-912-9886	QUALIFIED BEHAVIORAL AIDE (QBA)	960 HRS		
Description of Duties				
PROVIDE BEHAVIORAL THERAPY IN PATIENT HOUSES 3 TIMES A WEEK PER PATIENT, RECORD THERAPY PROGRESS, AND THERAPY DOCUMENTATION (GRAPHICS)				
Business Name			From - To (MM/YY - MM/YY)	
LUNA PERSONAL CARE			08/2020 - PRESENT	
Business Address		City	State	Zip
4829 PLATA DEL SOL DR		LAS VEGAS	NV	89121
Phone	Title	Number of Employed Hours		
702-573-2009	ADMINISTRATOR	2240 HRS APROX		
Description of Duties				
ADMINISTER A PERSONAL CARE AGENCY, PAYROLL, CREDENTIALING, ATTEND TO CLIENTS AND EMPLOYEES NEEDS KEEP EMPLOYEES AND CLIENT RECORDS UPDATED, REVIEW ALL EVV INFORMATION WEEKLY SO IT CAN BE TRANSFER TO THE CLEARING HOUSE CORRECTLY				
Business Name			From - To (MM/YY - MM/YY)	
IMPROVED MIND HEALTH CENTER			2019 - 2021	
Business Address		City	State	Zip
2235 E FLAMINGO ROAD		LAS VEGAS	NV	89119
Phone	Title	Number of Employed Hours		
702-462-2445	QUALIFIED BEHAVIORAL AIDE (QBA)	1920 HRS APROX		
Description of Duties				
PROVIDE BEHAVIORAL THERAPY IN PATIENT HOUSES 3 TIMES A WEEK PER PATIENT, RECORD THERAPY PROGRESS, AND THERAPY DOCUMENTATION (GRAPHICS)				
Business Name			From - To (MM/YY - MM/YY)	
GENESIS BEHAVIORAL			2021 - 2022	
Business Address		City	State	Zip
4660 S EASTERN AVE		LAS VEGAS	NV	
Phone	Title	Number of Employed Hours		
702-981-4012	QUALIFIED BEHAVIORAL AIDE (QBA)	660 HRS APROX		
Description of Duties				
PROVIDE BEHAVIORAL THERAPY IN PATIENT HOUSES 3 TIMES A WEEK PER PATIENT, RECORD THERAPY PROGRESS, AND THERAPY DOCUMENTATION (GRAPHICS)				
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.			

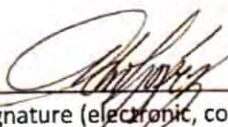
Section 8: Personal and Professional History		Yes	No
1.	Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓
2.	Have you been charged, arrested or convicted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

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

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

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

Provide explanation below:


Original Signature (electronic, copies or stamps not accepted)

12/06/2023
Date

I, ADRIANNA LOPEZ, certify that as the MDEG Administrator for
ECLIPSE DURABLE SUPPLIES

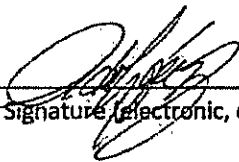
that I (initial that you have read and meet the following requirements):

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

ADRIANNA LOPEZ

Print Name (First, Last)


 Original Signature (electronic, copies or stamps not accepted)

12/06/2023
 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 Eclipse Durable Supplies
 Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable) _____
 Physical Address 1650 E Sahara Ave Unit 2
 City Las Vegas State NV Zip 89104
 Mailing Address (if different from physical address) 2121 E Flamingo Road Suite 14
 City Las Vegas State NV Zip 89119
 Telephone 702-573-2011 Website _____
 Licensing Company Email eclipsedurablesupplies01@gmail.com

Section 2: Personal Information

First Isadoris Middle _____ Last Otano Gutierrez
 Alias(es, nicknames, name changes, etc.) _____
 Date of Birth SSN or ITIN Sex ☐ M ☒ F ☐ X
 Mailing Address Cactus Bloom Ln
 City Las Vegas State NV Zip 89107
 Telephone Email
 Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)

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

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

School Name College of Sothern Nevada		From - To (MM/YY - MM/YY) 09/2019-05/2023	
Address 6375 W Charleston Blvd	City Las Vegas	State NV	Zip 89146
Diploma/Degree obtained, if any Associate of Art, Psychology Major			
School Name Adult Education Clar County- GED		From - To (MM/YY - MM/YY) 12/16/2016	
Address 2701 E Saint Louis Ave	City Las Vegas	State NV	Zip 89104
Diploma/Degree obtained, if any Certificate of High School Equivalency			
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) 09/2018- current	Address [REDACTED] Cactus Bloom Ln	City Las Vegas	State NV	Zip 89107
From - To (MM/YY - MM/YY) 06/2015-08/2018	Address [REDACTED] Blanton Dr	City Las Vegas	State NV	Zip 89121
From - To (MM/YY - MM/YY) 06/2017-06/2018	Address [REDACTED] S Martin Luther King Blvd	City Las Vegas	State NV	Zip 89106
From - To (MM/YY - MM/YY) 02/2015-6/2017	Address [REDACTED] Sunland ave	City Las Vegas	State NV	Zip 89106
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	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 Helios Medical Center		From - To (MM/YY - MM/YY) 01/2023- present	
Business Address 2121 E Flamingo Road suite 14		City Las Vegas	State NV
Phone 702-981-1484	Title Office Manager		
Description of Duties Possess and/or develop expertise in the areas of quality documentation and records review in relation to Medicaid/Medicare regulations and all other federal, state and local rules and regulations that apply to Helios Medical Center, LLC specific programs, manage medical records; requests, distribution, ROIs, communication, attend staff meetings, training and in-service as assigned by supervisor and/or as required by the agency.			
Business Name Cano Health		From - To (MM/YY - MM/YY) 10/2020-01/2023	
Business Address 3265 E Tropicana Ave Unit B		City Las Vegas	State NV
Phone 702-577-1910	Title Social Services Department Manager		
Description of Duties Ability to work with more than one medical software at once, Assist and educate patient in the correct use of their insurance and resources., Ensure that all HIPPA standards are being met, Responsible for creating and open and professional relationship with vendors and state/federal institutions, Responsible for monthly reports and monthly region numbers, successfully manage up to 12 other coordinators in different location and different states (CA, Texas, Chicago and NV)			
Business Name A Next Generation ADHC		From - To (MM/YY - MM/YY) 08/2017-01/2019	
Business Address 8225 W. Sahara Ave , Unit H		City Las Vegas	State NV
Phone 702-476-2899	Title Director Assistant		
Description of Duties Provide quality customer service to members, as well as accurate and timely information about the program, provide programmatic and administrative support to the Program Director and supervisors of the Adult Day Care Center, assist in preparing monthly reporting requirements and services coordination, perform personnel management support functions, such as tracking training, education and licensing completion and renewal dates as well as maintaining departmental employee information			
Business Name A Novo Care Personal Care Assistant		From - To (MM/YY - MM/YY) 05/2015-08/2017	
Business Address 8225 W. Sahara Ave, Suite C-2		City Las Vegas	State NV
Phone 702-802-0165	Title PCA Office Assistant		
Description of Duties Keep clients records up to date, make visits to patient's home, ask open-ended questions to assess client needs, Update and maintain databases such as mailing lists, contact lists and client information, entered details such as payments, accounts and medical insurance., Keep clients records up to date, etc.			
Business Name)		From - To (MM/YY - MM/YY)	
Business Address		City	State
Phone	Title		
Description of Duties			

Continue on next page if additional space is needed.

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

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

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

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

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

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

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

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

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

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

Provide explanation below:



Original Signature (electronic, copies or stamps not accepted)

11/14/23
Date

Personal History Application

(Applicant's Initials IO6)

6 of 7

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.

Isadonis Otano Gutierrez

Print Name (First, Last)

[Signature]

Original Signature (electronic, copies or stamps not accepted)

11/14/23

Date

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

State of Nevada, ss. County of Clark

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

[Signature]

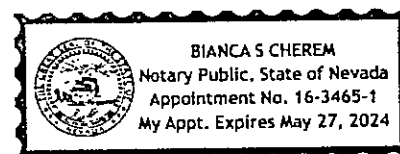
Original Signature

11/14/2023

Date

Subscribed and Sworn to before me this 14 day of November 2023

[Signature]
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 (05/18/2023)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site ECLIPSE DURABLE SUPPLIES
Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable) _____
Physical Address 1650 E SAHARA AVE UNIT 2
City LAS VEGAS State NV Zip 89104
Mailing Address (if different from physical address) 2121 E FLAMINGO RD SUITE 14
City LAS VEGAS State NV Zip 89119
Telephone 702-573-2011 Website _____
Licensing Company Email ECLIPSEDURABLESUPPLIES01@GMAIL.COM

Section 2: Personal Information

First ADRIANNA Middle _____ Last LOPEZ
Alias(es, nicknames, name changes, etc.) _____
Date of Birth _____ SSN or ITIN _____ Sex ☐ M ☒ F ☐ X
Mailing Address _____
City LAS VEGAS State NV Zip 89119
Telephone _____ Email _____
Are you a citizen of the United States? ☒ Yes ☐ No

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

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?		✓

Personal History Application

(Applicant's Initials

al)

1 of 7

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 ANTHEM INSTITUTE			From - To (MM/YY - MM/YY) 2009 - 2010	
Address 2320 S RANCHO DR		City LAS VEGAS	State NV	Zip 89102
Diploma/Degree obtained, if any MEDICAL ASSISTENT - DIPLOMA				
School Name SILVERADO HIGH SCHOOL			From - To (MM/YY - MM/YY) 2005 - 2009	
Address		City LAS VEGAS	State NV	Zip 89123
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) 2007- CURRENT	Address [REDACTED] JUPITER CT [REDACTED]	City LAS VEGAS	State NV	Zip 89119
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	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 LUNA PERSONAL CARE		From - To (MM/YY - MM/YY) 2020 - CURRENT	
Business Address 4829 PLATA DEL SOL DR		City LAS VEGAS	State NV
Phone 702-573-2009	Title ADMINISTRATOR		
Description of Duties ADMINISTER A PERSONAL CARE AGENCY, PAYROLL, CREDENTIALING			
Business Name IMPROVE MIND		From - To (MM/YY - MM/YY) 2019 - 2021	
Business Address		City LAS VEGAS	State NV
Phone	Title QUALIFIED BEHAVIORAL TECHNICIAN		
Description of Duties PROVIDER THERAPY IN PATIENT HOUSES			
Business Name		From - To (MM/YY - MM/YY)	
Business Address		City	State
Phone	Title		
Description of Duties			
Business Name		From - To (MM/YY - MM/YY)	
Business Address		City	State
Phone	Title		
Description of Duties			
Business Name		From - To (MM/YY - MM/YY)	
Business Address		City	State
Phone	Title		
Description of Duties			

Continue on next page if additional space is needed.



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

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

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

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

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

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

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



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?		✓

Type text here



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

Personal History Application

(Applicant's Initials

6 of 7

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.

Adrianna Lopez

Print Name (First, Last)

[Signature]

Original Signature (electronic, copies or stamps not accepted)

11/14/2023
Date

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

State of Nevada, ss. County of Clark.

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

[Signature]

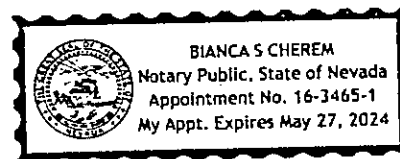
Original Signature

11/14/2023
Date

Subscribed and Sworn to before me this 14 day of November 2023

[Signature]

Notary Public Signature



(Seal)

ECLIPSE DURABLE SUPPLIES

1650 E Sahara Ave, suite 2

Las Vegas, Nevada 89014

Ph: 702-573-2011

OFFICER LIST:

NAME	% SHARE
ISADORIS OTANO GUTIERREZ	51%
ADRIANNA LOPEZ	49%



CERTIFICATE OF LIABILITY INSURANCE

1508

DATE (MM/DD/YYYY)

09/26/2023

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 Insurance Group of Nevada Corp 1415 Arville Street Suite 101-102E Las Vegas NV 89102		CONTACT NAME: Dante T Thompson PHONE (A/C, No, Ext): (702) 996-6434 E-MAIL ADDRESS: info@insurancechoice.us FAX (A/C, No): (702) 608-8566	
INSURED ECLIPSE DURABLE SUPPLIES LLC 1650 E Sahara Ave Suite 2 Las Vegas NV 89104		INSURER(S) AFFORDING COVERAGE INSURER A: Scottsdale Insurance Company INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	
		NAIC # 41297	

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 SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: ☒ POLICY ☐ PRO-JECT ☐ LOC OTHER:	X	CPS7869930	09/20/2023	09/20/2024	EACH OCCURRENCE \$ 1,000,000
	DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000					
	MED EXP (Any one person) \$ 5,000					
	PERSONAL & ADV INJURY \$ 1,000,000					
	AUTOMOBILE LIABILITY ☐ ANY AUTO ☐ OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☐ HIRED AUTOS ONLY ☐ NON-OWNED AUTOS ONLY					GENERAL AGGREGATE \$ 2,000,000
	UMBRELLA LIAB ☐ OCCUR EXCESS LIAB ☐ CLAIMS-MADE DED ☐ RETENTION \$					PRODUCTS - COMP/OP AGG \$ 2,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? ☐ Y ☒ N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A				COMBINED SINGLE LIMIT (Ea accident) \$
						BODILY INJURY (Per person) \$
						BODILY INJURY (Per accident) \$
						PROPERTY DAMAGE (Per accident) \$
						\$
						EACH OCCURRENCE \$
						AGGREGATE \$
						\$
						PER STATUTE ☐ OTH-ER ☐
						E.L. EACH ACCIDENT \$
						E.L. DISEASE - EA EMPLOYEE \$
						E.L. DISEASE - POLICY LIMIT \$

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

State of Nevada Division of Public and Behavioral Health Included as additional insured as respects to general liability as per written contract for durable medical supplies in the State of Nevada. 30-day notice of cancellation, unless for non-payment, then only 10 days are required

CERTIFICATE HOLDER**CANCELLATION**

State of Nevada Division of Public and Behavioral Health 727 Fairview Drive Suite E Carson City NV 89701	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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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, corporations sole, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada standing Revised Statutes which are either presently in a status of good standing or were in good for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **ECLIPSE DURABLE 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 07/24/2023, and is in good standing in this state.

I further certify that the above DOMESTIC LIMITED-LIABILITY COMPANY (86) has its formation document and no amendments on file in this office as of the date of this certificate.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 11/08/2023.

A handwritten signature in black ink that reads "FV Aguilar".

FRANCISCO V. AGUILAR
Secretary of State

Certificate Number: B202311084102839

You may verify this certificate
online at <http://www.nvsos.gov>

SECRETARY OF STATE

**DOMESTIC LIMITED-LIABILITY COMPANY (86) CHARTER**

I, FRANCISCO V. AGUILAR, the duly qualified and elected Nevada Secretary of State, do hereby certify that **ECLIPSE DURABLE SUPPLIES LLC** did, on 07/24/2023, file in this office the original Articles of Organization that said document is now on file and of record in the office of the Secretary of State of the State of Nevada, and further, that said document contains all the provisions required by the law of the State of Nevada.



Certificate
Number: B202307243825015
You may verify this certificate
online at <http://www.nvsos.gov>

IN WITNESS WHEREOF, I have hereunto set my
hand and affixed the Great Seal of State, at my
office on 07/24/2023.

A handwritten signature in black ink that reads "FV Aguilar".

FRANCISCO V. AGUILAR
Secretary of State

SECRETARY OF STATE



NEVADA STATE BUSINESS LICENSE

ECLIPSE DURABLE SUPPLIES LLC

Nevada Business Identification # NV20232851792

Expiration Date: 07/31/2024

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 07/24/2023.

FRANCISCO V. AGUILAR
Secretary of State

Certificate Number: B202307243825016

You may verify this certificate
online at <http://www.nvsos.gov>

FRANCISCO V. AGUILAR

Secretary of State

GABRIEL DI CHIARA

Chief Deputy

STATE OF NEVADA

OFFICE OF THE
SECRETARY OF STATE

Commercial Recordings Division

202 N. Carson Street
Carson City, NV 89701
Telephone (775) 684-5708
Fax (775) 684-7138North Las Vegas City Hall
2250 Las Vegas Blvd North, Suite 400
North Las Vegas, NV 89030
Telephone (702) 486-2880
Fax (702) 486-2888**Business Entity - Filing Acknowledgement**

07/27/2023

Work Order Item Number: W2023072701446 - 3053438
Filing Number: 20233375541
Filing Type: Amended List
Filing Date/Time: 07/27/2023 13:53:59 PM
Filing Page(s): 2

Indexed Entity Information:**Entity ID:** E33662902023-7**Entity Name:** ECLIPSE DURABLE
SUPPLIES LLC**Entity Status:** Active**Expiration Date:** None

Non-Commercial Registered Agent

ISADORIS OTANO GUTIERREZ

2121 E Flamingo Rd suite 114, Las Vegas, NV 89119, USA

The attached document(s) were filed with the Nevada Secretary of State, Commercial Recording Division. The filing date and time have been affixed to each document, indicating the date and time of filing. A filing number is also affixed and can be used to reference this document in the future.

Respectfully,

A handwritten signature in black ink, appearing to read "FV Aguilar".

FRANCISCO V. AGUILAR
Secretary of State



FRANCISCO V. AGUILAR
Secretary of State
202 North Carson Street
Carson City, Nevada 89701-4201
(775) 684-5708
Website: www.nvsos.gov
www.nvsilverflume.gov

Annual or Amended List and State Business License Application

☐ ANNUAL ☒ AMENDED (check one)

List of Officers, Managers, Members, General Partners, Managing Partners, Trustees or Subscribers:

ECLIPSE DURABLE SUPPLIES LLC

NV20232851792

NAME OF ENTITY

Entity or Nevada Business
Identification Number (NVID)

TYPE OR PRINT ONLY - USE DARK INK ONLY - DO NOT HIGHLIGHT

IMPORTANT: Read instructions before completing and returning this form.

Please indicate the entity type (check only one):

- ☐ Corporation
☐ This corporation is publicly traded, the Central Index Key number is:
- ☐ Nonprofit Corporation (see nonprofit sections below)
- ☒ Limited-Liability Company
- ☐ Limited Partnership
- ☐ Limited-Liability Partnership
- ☐ Limited-Liability Limited Partnership
- ☐ Business Trust
- ☐ Corporation Sole

Filed in the Office of	Business Number
<i>FV Aguilar</i>	E33662902023-7
Secretary of State	Filing Number
State Of Nevada	20233375541
	Filed On
	07/27/2023 13:53:59 PM
	Number of Pages
	2

Additional Officers, Managers, Members, General Partners, Managing Partners, Trustees or Subscribers, may be listed on a supplemental page.

CHECK ONLY IF APPLICABLE

Pursuant to NRS Chapter 76, this entity is exempt from the business license fee.

- ☐ 001 - Governmental Entity
- ☐ 006 - NRS 680B.020 Insurance Co, provide license or certificate of authority number

For nonprofit entities formed under NRS chapter 80: entities without 501(c) nonprofit designation are required to maintain a state business license, the fee is \$200.00. Those claiming an exemption under 501(c) designation must indicate by checking box below.

- ☐ Pursuant to NRS Chapter 76, this entity is a 501(c) nonprofit entity and is exempt from the business license fee.
Exemption Code 002

For nonprofit entities formed under NRS Chapter 81: entities which are Unit-owners' association or Religious, Charitable, fraternal or other organization that qualifies as a tax-exempt organization pursuant to 26 U.S.C § 501(c) are excluded from the requirement to obtain a state business license. Please indicate below if this entity falls under one of these categories by marking the appropriate box. If the entity does not fall under either of these categories please submit \$200.00 for the state business license.

- ☐ Unit-owners' Association ☐ Religious, charitable, fraternal or other organization that qualifies as a tax-exempt organization pursuant to 26 U.S.C. §501(c)

For nonprofit entities formed under NRS Chapter 82 and 80: Charitable Solicitation Information - check applicable box

Does the Organization intend to solicit charitable or tax deductible contributions?

- ☐ No - no additional form is required
- ☐ Yes - the "Charitable Solicitation Registration Statement" is required.
- ☐ The Organization claims exemption pursuant to NRS 82A 210 - the "Exemption From Charitable Solicitation Registration Statement" is required

****Failure to include the required statement form will result in rejection of the filing and could result in late fees.****



FRANCISCO V. AGUILAR
Secretary of State
202 North Carson Street
Carson City, Nevada 89701-4201
(775) 684-5708
Website: www.nvsos.gov
www.nvsilverflume.gov

Annual or Amended List and State Business License Application - Continued

Officers, Managers, Members, General Partners, Managing Partners, Trustees or Subscribers:

CORPORATION, INDICATE THE MANAGING MEMBER:

ISADORIS OTANO GUTIERREZ

Name

USA

Country

2121 E Flamingo Rd STE 114

Address

Las Vegas

City

NV

State

89119

Zip/Postal Code

CORPORATION, INDICATE THE MANAGING MEMBER:

ADRIANNA LOPEZ

Name

USA

Country

2121 E Flamingo Rd STE 114

Address

Las Vegas

City

NV

State

89119

Zip/Postal Code

None of the officers and directors identified in the list of officers has been identified with the fraudulent intent of concealing the identity of any person or persons exercising the power or authority of an officer or director in furtherance of any unlawful conduct.

I declare, to the best of my knowledge under penalty of perjury, that the information contained herein is correct and acknowledge that pursuant to NRS 239.330, it is a category C felony to knowingly offer any false or forged instrument for filing in the Office of the Secretary of State.

X ISADORIS OTANO GUTIERREZ

**Signature of Officer, Manager, Managing Member,
General Partner, Managing Partner, Trustee,
Subscriber, Member, Owner of Business,
Partner or Authorized Signer** FORM WILL BE RETURNED IF

UNSIGNED

Managing Member

Title

07/24/2023

Date

6C

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		
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: M _____	☐ 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*		☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9)

Section 1: General Information	
Facility Name: <u>KINETIC MEDICAL GROUP INC</u>	
MDEG Physical Address: <u>1516 E. TROPICANA AVE SUITE 190</u>	
City: <u>LAS VEGAS</u>	State: <u>NV</u> Zip: <u>89119</u>
Mailing Address (if different from physical address): _____	
City: _____	State: _____ Zip: _____
Telephone: _____	Website: _____
Email: <u>AGMARQUEZ168@ICLOUD.COM</u>	
Name of MDEG Administrator (NAC 639.694): <u>Albert Marquez</u> <i>lg</i>	
Entities the MDEG will Serve	Type of MDEG products that will be sold (check all applicable)
☒ Patients by prescriptions ☐ Pharmacies ^a ☐ Practitioners ^a ☐ Hospitals/Clinics ^a ☐ Clinics ^a ☐ Wholesalers ^a ☐ Other business entities (specify) ^a : _____	☐ Medical Gases** ☐ Respiratory Equipment** ☐ Life-sustaining equipment** ☐ Parenteral and Enteral Equipment** ☒ Assistive Equipment ☐ Diabetic Supplies ☐ Orthotics and Prosthetics ☐ Others: _____
This application is ONLY required if MDEG products will be sold to patients by prescription. ^aIf 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)	
**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): Name: <u>ALBERT MARQUEZ</u> Telephone: <u>725-250-8511</u>	

Check the Days the Business will be Opened and provide the Hours of Operation

☒ Mon: 9AM- 5PM	☒ Tue: 9AM- 5PM	☒ Wed: 9AM- 5PM	☒ Thurs: 9AM- 5PM	☒ Fri: 9AM- 5PM
☐ 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)(ii))

MEDICARE PTAN: 7855670001

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: N/A	Credentials: _____	%: _____
Name: N/A	Credentials: _____	%: _____
Name: N/A	Credentials: _____	%: _____
Name: N/A	Credentials: _____	%: _____

- The Board will not issue a license to conduct business as a medical products provider or medical products wholesaler to:
 - A practicing health professional; or
 - 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.
- 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 9: Provide all the applicable documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partnership	Sole Owner
• List of <u>all</u> Officers and Directors.	✓	✓		
• List of <u>all</u> 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.

JEREMIE RAMIREZ

Print Name of Authorized Person Submitting Application



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

09/20/2023

Date

Board Use Only

Date Received: 9/24/23

Amount: _____

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: NEVADA

Parent Company (if any): _____

Corporation/Organization Name: KINETIC MEDICAL GROUP INC.

Mailing Address: 1516 E. TROPICANA AVE SUITE 190

City: LAS VEGAS State: NV Zip: 89119

Telephone: 725-250-8511 Email: JRAMIREZ@NOVADME.NET

Contact Person Name: JEREMIE RAMIREZ

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: _____

CBR Detail Report

Business Name: KYNETIC MEDICAL GROUP INC

v3 - APPROVED - 08/07/2023 21:05:16

Current Version

Prior Versions

NV Business ID	NV2022574964
Entity Type	Foreign Corporation (80)
Entity Status	Active
State Business License Expiration Date	Sep 30, 2024
Last Updated By	jramirez@dmegroup.net
Last Updated Date	2023-08-07 21:03:46.0

Company Officers

Title	Name	Address
President	Jordana Arpa	1516 E. Tropicana Ave Las Vegas NV
Secretary	Jordana Arpa	1516 E. Tropicana Ave Las Vegas NV
Secretary	Jeremie Ramirez	5549 Mapledale Plaza Woodbridge VA
President	Jordana Arpa	5549 Mapledale Plaza Woodbridge VA

Compliance Information

State Business License:	Completed on 08/07/2023
B&I Workers' Compensation eAffirmation of Compliance (D-25)	Completed on 06/28/2023
Nevada Labor Laws eAffirmation of Compliance:	Completed on 06/28/2023
OSHA/Safety Consultation and Training (SCATS)	Completed on 06/28/2023
NV Dept of Taxation eClearance Receipt:	Completed on 06/28/2023
Department of Motor Vehicles:	Completed on 06/28/2023

Declaration

JEREMIE RAMIREZ on Aug 7, 2023

Export Information

Do you have a Nevada Location or conduct sales and services in Nevada? Yes
Do you sell goods and services outside the State of Nevada? No
Would you be interested to learn more about opportunities to expand your business outside Nevada? No
Federal Employer Identification Number: 83 2461552

Business Information

Primary NAICS Code:	423450 - Medical, Dental, and Hospital Equipment and Supplies Merchant Wholesalers
Applicable NAICS Codes:	423450 - Medical, Dental, and Hospital Equipment and Supplies Merchant Wholesalers
Business Description:	DMEPOS

Name	Title	Percent Owned	Address	Contact Number	Last Updated By	Last Updated Date
KYNETIC MEDICAL GROUP INC		100	1516 E. TROPICANA AVE SUITE 190, LAS VEGAS, NV 89119	US725-250-8511	jramirez@dmegroup.net	2023-08-07 21:03:46.0

Location Information

Primary Location	
Fictitious Firm Name/DBA:	NOVA DME
Applicable NAICS Codes:	423450 - Medical, Dental, and Hospital Equipment and Supplies Merchant Wholesalers
Business Description:	DMEPOS
Date Opened in NV:	Jun 1, 2023
Total # of Employees:	4
Total Part-Time Employees:	0
Total Full-Time Employees:	4
Physical Address:	1516 E. TROPICANA AVE SUITE 190, LAS VEGAS, NV 89119
Jurisdiction:	
Zoning:	
Assessor Parcel Number:	
Property Ownership:	
County:	Clark County
Mailing Address:	1516 E. TROPICANA AVE SUITE 190, LAS VEGAS, NV 89119
Phone:	(571) 471-8385
Fax:	
Last Updated By:	jramirez@dmegroup.net
Last Updated Date:	2023-08-07 21:03:46.0

Sales & Services (Non-Bricks & Mortar)

Fictitious Firm Name / DBA	County	City
None Entered	Clark County	City of North Las Vegas, Unincorporated Clark County, City of Las Vegas

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, 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, **KYNETIC MEDICAL GROUP 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 09/21/2022, 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 **08/07/2023.**

FRANCISCO V. AGUILAR
Secretary of State

Certificate Number: B202308073862123

You may verify this certificate
online at <http://www.nvsos.gov>

Certificate of Accreditation

Exemplary Provider® Award

Granted To

Kynetic Medical Group Inc.

Nova DME

5549 Mapledale Plaza Dale City, VA 22193

for demonstrating
Outstanding Healthcare Delivery Practices
and
Compliance to

Safety ♦ Honesty ♦ Caring®
Accreditation Quality Standards

DMEPOS

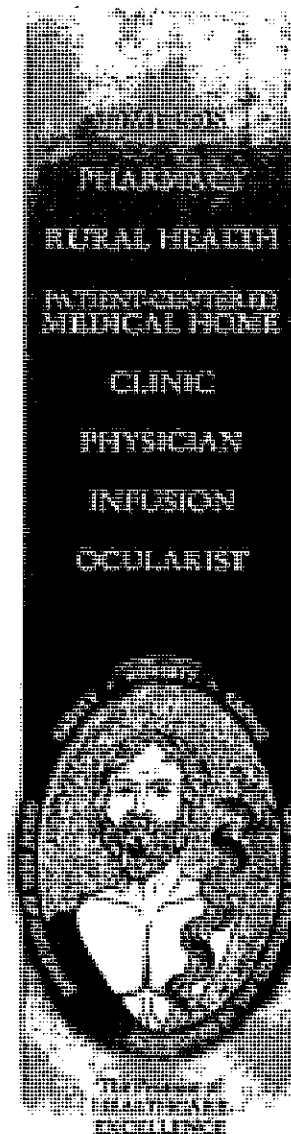
EXPIRATION DATE: MARCH 31, 2024

Janet Cano
Founder & CEO, The Compliance Team, Inc.

L. M. G. S.

March 26, 2021

Date





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
10/06/2024

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 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 Van Miller Way Waterloo IA 50701	CONTACT NAME: Becca Lyman	FAX (A/C, No):
	PHONE (A/C, No, Ext): (319) 274-8622	
	E-MAIL ADDRESS: Becca.Lyman@vgm.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: STATE NATIONAL INSURANCE CO	12831
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

INSURED Kynetic Medical Group Inc. NOVA DME 5549 Mapledale Plaza Woodridge VA 22193	
--	--

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 SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS														
A	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR ☒ Professional Liability GEN'L AGGREGATE LIMIT APPLIES PER: ☒ POLICY ☐ PRO-JECT ☐ LOC ☐ OTHER:		VGM D1022 G6081-5	06/05/2023	06/05/2024	<table border="1"><tr><td>EACH OCCURRENCE</td><td>\$ 1,000,000</td></tr><tr><td>DAMAGE TO RENTED PREMISES (Ea occurrence)</td><td>\$ 100,000</td></tr><tr><td>MED EXP (Any one person)</td><td>\$ 10,000</td></tr><tr><td>PERSONAL & ADV INJURY</td><td>\$ 1,000,000</td></tr><tr><td>GENERAL AGGREGATE</td><td>\$ 3,000,000</td></tr><tr><td>PRODUCTS - COMPI/OP AGG</td><td>\$ 3,000,000</td></tr><tr><td></td><td>\$</td></tr></table>	EACH OCCURRENCE	\$ 1,000,000	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000	MED EXP (Any one person)	\$ 10,000	PERSONAL & ADV INJURY	\$ 1,000,000	GENERAL AGGREGATE	\$ 3,000,000	PRODUCTS - COMPI/OP AGG	\$ 3,000,000		\$
EACH OCCURRENCE	\$ 1,000,000																			
DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000																			
MED EXP (Any one person)	\$ 10,000																			
PERSONAL & ADV INJURY	\$ 1,000,000																			
GENERAL AGGREGATE	\$ 3,000,000																			
PRODUCTS - COMPI/OP AGG	\$ 3,000,000																			
	\$																			
	AUTOMOBILE LIABILITY ☐ ANY AUTO ☐ ALL OWNED AUTOS ☐ HIRED AUTOS ☐ SCHEDULED AUTOS ☐ NON-OWNED AUTOS					<table border="1"><tr><td>COMBINED SINGLE LIMIT (Ea accident)</td><td>\$</td></tr><tr><td>BODILY INJURY (Per person)</td><td>\$</td></tr><tr><td>BODILY INJURY (Per accident)</td><td>\$</td></tr><tr><td>PROPERTY DAMAGE (Per accident)</td><td>\$</td></tr><tr><td></td><td>\$</td></tr></table>	COMBINED SINGLE LIMIT (Ea accident)	\$	BODILY INJURY (Per person)	\$	BODILY INJURY (Per accident)	\$	PROPERTY DAMAGE (Per accident)	\$		\$				
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 \$					<table border="1"><tr><td>EACH OCCURRENCE</td><td>\$</td></tr><tr><td>AGGREGATE</td><td>\$</td></tr><tr><td></td><td>\$</td></tr></table>	EACH OCCURRENCE	\$	AGGREGATE	\$		\$								
EACH OCCURRENCE	\$																			
AGGREGATE	\$																			
	\$																			
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below Y/N ☐ N/A					<table border="1"><tr><td>PER STATUTE</td><td>OTH-ER</td></tr><tr><td>E.L. EACH ACCIDENT</td><td>\$</td></tr><tr><td>E.L. DISEASE - EA EMPLOYEE</td><td>\$</td></tr><tr><td>E.L. DISEASE - POLICY LIMIT</td><td>\$</td></tr></table>	PER STATUTE	OTH-ER	E.L. EACH ACCIDENT	\$	E.L. DISEASE - EA EMPLOYEE	\$	E.L. DISEASE - POLICY LIMIT	\$						
PER STATUTE	OTH-ER																			
E.L. EACH ACCIDENT	\$																			
E.L. DISEASE - EA EMPLOYEE	\$																			
E.L. DISEASE - POLICY LIMIT	\$																			

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

Locations:
5549 Mapledale Plaza, Dale City, VA 22193
1516 E. Tropicana Ave, Suite 190, Las Vegas, NV 89119

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

[Signature]

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**SURETY BOND
SUPPLIERS OF DURABLE MEDICAL EQUIPMENT, PROSTHETICS, ORTHOTICS, AND SUPPLIES
MEDICARE PROGRAM**

PRINCIPAL: KINETIC MEDICAL GROUP INC DBA: NOVA DME**BONDNUMBER: 1171541****ADDRESS: 5549 MAPLEDALE PLZ WOODBRIDGE, VA 22193****NPI #: 1801364781****TIN: 83-2461552****NSC/PTAN#: PENDING**

KNOW ALL PERSONS BY THESE PRESENTS, that subject to the terms, conditions and limitations of this bond, **KINETIC MEDICAL GROUP INC DBA: NOVA DME 5549 MAPLEDALE PLZ WOODBRIDGE, VA 22193**, as Principal, and Lexon Insurance Company, 10002 Shelbyville Rd, Suite 100 Louisville, KY 40223, a corporation organized and existing under the laws of Texas, 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 ("CMS"), as Oblige, in the Penal Sum of Fifty Thousand 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,

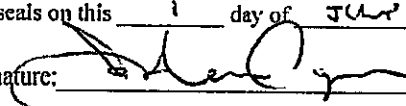
NOW THEREFORE, the condition of this Bond is that if the Principal shall pay the Oblige any unpaid claims, civil money penalties and assessments (as such terms are defined by 42 CFR § 424.57(a)) then this Bond shall be null and void, otherwise to remain in full force and effect, subject, however, to 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 Oblige 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 Oblige 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 Oblige. Cancellation or expiration shall be effective 30 days after notice of cancellation is sent to the Oblige'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 Oblige, 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.

This Bond is effective July 01, 2019

In witness whereof, the undersigned Principal and Surety have set their hands and seals on this 1 day of JULY, 2019

Principal: KINETIC MEDICAL GROUP INC.
Company Name

Signature: Print Name: JORDAN ARPATitle: CEOSignature: 

Attorney-in-fact

Surety: Lexon Insurance Company, TIN 76-0128873
Agent: VGM Insurance, TIN 42-1280573

SURETY BOND
SUPPLIERS OF DURABLE MEDICAL EQUIPMENT, PROSTHETICS, ORTHOTICS, AND SUPPLIES
MEDICARE PROGRAM

PRINCIPAL: KYNETIC MEDICAL GROUP INC DBA: NOVA DME**BONDNUMBER: 1171541****ADDRESS: 5549 MAPLEDALE PLZ WOODBRIDGE, VA 22193****NPI #: 1801364781****TIN: 83-2461552****NSC/PTAN#: PENDING**

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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 Oblige 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 Oblige 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 Oblige 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 Oblige. Cancellation or expiration shall be effective 30 days after notice of cancellation is sent to the Oblige'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 Oblige, 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.

This Bond is effective July 01, 2019

In witness whereof, the undersigned Principal and Surety have set their hands and seals on this 1 day of JUL, 2019

Principal: KYNETIC MEDICAL GROUP INC.
Company Name

Signature: [Signature]

Print Name: JORDANA GROS

Title: CEO

Signature: [Signature]

Attorney-in-fact

Surety: Lexon Insurance Company, TIN 76-0128873

Agent: VGM Insurance, TIN 42-1280573

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 KINETIC MEDICAL GROUP INC MDEG License # (if applicable) _____
 Physical Address 1516 E TROPICANA AVE. SUITE 190
 City LAS VEGAS State NV Zip 89119
 Mailing Address (if different from physical address) SAME
 City SAME State _____ Zip _____
 Telephone SAME Website WWW.NOVADME.NET
 Licensing Company Email _____

Section 2: Personal Information

First ALBERTO Middle SANTOS Last MARQUEZ
 Alias(es, nicknames, name changes, etc.) A.G.
 Date of Birth SSN or ITIN Sex ☒ M ☐ F ☐ X
 Mailing Address PURDY LODGE ST
 City LAS VEGAS State NV Zip 89138
 Telephone Email
 Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)

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

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 LA SALLE GREEN HILLS		From - To (MM/YY - MM/YY) JAN1977 - JAN1980	
Address 1556 ORTIGAS AVE	City MANDALUYONG	State MANILA	Zip 1550
Diploma/Degree obtained, if any HIGH SCHOOL			
School Name UNIVERSITY OF THE PHILLIPPINES		From - To (MM/YY - MM/YY) JAN1980 - JAN1985	
Address CLARK U.S. AIR FORCE BASE	City ANGELES CITY	State PAMP	Zip
Diploma/Degree obtained, if any BS BUSINESS MGT. 4TH YR.			
School Name UNIVERSITY OF THE PHILIPPINES		From - To (MM/YY - MM/YY) JAN1985.	
Address CLARK U.S. AIR FORCE BASE	City ANGELES CITY	State PAMP	Zip
Diploma/Degree obtained, if any MBA. 1ST YR. 1ST SEM.			
School Name N/A		From - To (MM/YY - MM/YY) N/A	
Address N/A	City	State	Zip
Diploma/Degree obtained, if any N/A			
School Name N/A		From - To (MM/YY - MM/YY)	
Address N/A	City	State	Zip
Diploma/Degree obtained, if any N/A			

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) JAN2003- PRESEN	Address PURDY LODGE ST	City LAS VEGAS	State NV	Zip 89138
From - To (MM/YY - MM/YY) N/A	Address N/A	City N/A	State N/A	Zip N/A
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	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 KINETIC MEDICAL GROUP INC		From - To (MM/YY - MM/YY) SEPT2022 - PRESENT	
Business Address 1516 E TROPICANA AVE. SUITE 190		City LAS VEGAS	State NV
Phone 7252508511		Title COMMUNITY LIAISON	Zip 89119
Number of Employed Hours 40-50 HRS/WK			
Description of Duties SALES & MARKETING			

Business Name PATIENTS CHOICE MEDICAL DME		From - To (MM/YY - MM/YY) JUNE2017-JUNE2022	
Business Address 3601 EDISON PL		City ROLLING MEADOWS	State IL
Phone 8478189088		Title REHAB TECHNOLOGY SPECIALIST	Zip 60008
Number of Employed Hours 40-50 HRS/ WK			
Description of Duties DME SALES & MARKETING.			

Business Name HEMOCARE AMERICA		From - To (MM/YY - MM/YY) JUNE2009 - JUNE2017	
Business Address 5967 HARRISON DR		City LAS VEGAS	State NV
Phone 7028919990		Title COMMUNITY LIAISON	Zip 89120
Number of Employed Hours 40-50 HRS/WK			
Description of Duties DME SALES & MARKETING.			

Business Name OZOMOR MEDICAL SUPPLIES INC		From - To (MM/YY - MM/YY) JUNE2012-JUNE2015	
Business Address 4481 W. RENO AVE		City LAS VEGAS	State NV
Phone 702-629-6845		Title COMMUNITY LIAISON	Zip 89118
Number of Employed Hours 40 HRS/WK			
Description of Duties DME SALES & MARKETING			

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

Continue on next page if additional space is needed.

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

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

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

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

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

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

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

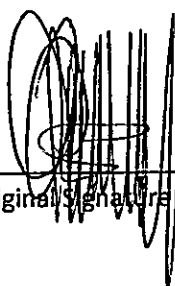
Please use and make copies of this page (if necessary) to provide information as requested below regarding any questions, 1-3, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain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

This is in response to Question # 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)

20SEPT2023

Date

I, ALBERTO S. MARQUEZ, certify that as the MDEG Administrator for

KINETIC MEDICAL GROUP INC

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

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

ALBERTO MARQUEZ

Print Name (First, Last)

[Signature]
Original Signature (electronic, copies or stamps not accepted)

20 SEPT 2023

Date

Board Use Only

Date Received: 9/26/23

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 InformationName of Pharmacy/MDEG/Wholesaler/Dispensing Site KYNETIC MEDICAL GROUP INC

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

Physical Address 1516 E. TROPICANA AVE SUITE 190City LAS VEGASState NVZip 89119

Mailing Address (if different from physical address) _____

City _____

State _____

Zip _____

Telephone _____

Website _____

Licensing Company Email _____

Section 2: Personal InformationFirst JORDANAMiddle LEELast ARPA

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

Date of Birth _____

SSN or ITIN _____

Sex ☐ M ☒ F ☐ XMailing Address 1516 E. TROPICANA AVE SUITE 190City LAS VEGASState NVZip 89119

Telephone _____

Email JARPA@NOVADME.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?

JDA)

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 MCLEAN HIGH SCHOOL		From - To (MM/YY - MM/YY) 09/1996-06/2000	
Address 1633 DAVIDSON RD	City MCLEAN	State VA	Zip 22101
Diploma/Degree obtained, if any			

School Name NORTHERN VIRGINIA COMMUNITY COLLEGE		From - To (MM/YY - MM/YY) 01/2001-05/2003	
Address 8333 LITTLE RIVER TURNPIKE	City ANNANDALE	State VA	Zip 22003
Diploma/Degree obtained, if any ASSOCIATES DEGREE IN BUSINESS			

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) 07/2012 - PRESENT	Address [REDACTED] IDYLWOOD RD	City VIENNA	State VA	Zip 22182
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	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 KYNETIC MEDICAL GROUP INC DBA NOVA DME		From - To (MM/YY - MM/YY) 11/2018- PRESENT	
Business Address 5549 MAPLEDALE PLAZA		City WOODBIDGE	State VA
Phone 703-763-3877	Title CEO		
Description of Duties DAILY OPERATIONS			

Business Name B. K. E.		From - To (MM/YY - MM/YY) 01/2013-9/2018	
Business Address 11911 FREEDOM DR		City RESTON	State VA
Phone 844-629-8797	Title FRANCHISEE FACILITATOR		
Description of Duties HANDLED FRANCISEES MARKETING AND OPERATIONS FOR EACH FRANCHISE			

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

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

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

Continue on next page if additional space is needed.

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

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

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

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

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

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

Make copies of this page OR use a separate piece of paper if additional space is needed.			
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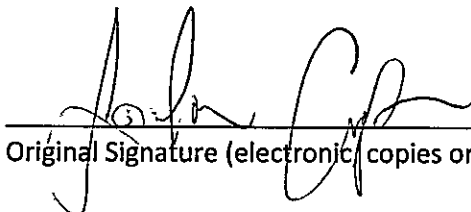
Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (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)

9/21/23
 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.

JORDANA ARPA
Print Name (First, Last)

[Signature]
Original Signature (electronic, copies or stamps not accepted)

9/21/23
Date

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

State of Virginia, ss. County of Fairfax

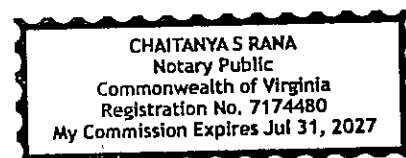
I, JORDANA ARPA, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation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

[Signature]
Original Signature

9/21/23
Date

Subscribed and Sworn to before me this 21st day of September 2023

Chaitanya S. Rana
Notary Public Signature



(Seal)

6D

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

Section 1: General Information			
Facility Name: <u>LifePro Medical Supplies</u>			
MDEG Physical Address: <u>3140 Polaris Ave. #37</u>			
City: <u>Las Vegas</u>		State: <u>NV</u>	Zip: <u>89102</u>
Mailing Address (if different from physical address): _____			
City: _____		State: _____	Zip: _____
Telephone: <u>(725) 777-9588</u>		Website: <u>lifepromedicalsupplies.com</u>	
Email: <u>lifepromedicalsupplies@gmail.com</u>			
Name of MDEG Administrator (NAC 639.694): <u>Andrea G. Aguilar</u>			

Entities the MDEG will Serve	Type of MDEG products that will be sold (check all applicable)
☐ Patients by prescriptions ☐ Pharmacies ^a ☐ Practitioners ^a ☐ Hospitals/Clinics ^a ☐ Clinics ^a ☐ Wholesalers ^a ☒ Other business entities (specify) ^a : <u>Hospices and home health</u>	☒ Medical Gases** ☒ Respiratory Equipment** ☐ Life-sustaining equipment** ☐ Parenteral and Enteral Equipment** ☒ Assistive Equipment ☐ Diabetic Supplies ☐ Orthotics and Prosthetics ☐ Others: _____
This application is ONLY required if MDEG products will be sold to patients by prescription. ^aIf 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)	**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): Name: <u>Andrea G. Aguilar</u> Telephone: <u>(702) 849-4481</u>

Check the Days the Business will be Opened and provide the Hours of Operation				
☒ Mon: 9am-5pm	☒ Tue: 9am-5pm	☒ Wed: 9am-5pm	☒ Thurs: 9am-5pm	☒ Fri: 9am-5pm
☐ Sat: CLOSED	☐ Sun: CLOSED	☐ Holidays: CLOSED		

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 practicing health professional; or - 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: Andrea G. Aguilar

Business Name: LifePro Medical Supplies

Business Address: 3140 Polaris Ave. #37

City: Las Vegas State: NV Zip: 89102

Telephone: (725) 777-9588 Email: lifepromedicalsupplies@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	Partnership	Sole Owner
• List of <u>all</u> Officers and Directors.	✓	✓		
• List of <u>all</u> 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.

Andrea G. Aguilar

Print Name of Authorized Person Submitting Application

[Signature]

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

09/12/23

Date

Board Use Only

Date Received: _____

Amount: _____



CERTIFICATE OF LIABILITY INSURANCE

1545

DATE (MM/DD/YYYY)
08/28/2023

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 Next First Insurance Agency, Inc. PO Box 60787 Palo Alto, CA 94306	CONTACT NAME: PHONE (A/C, No, Ext): (855) 222-5919 FAX (A/C, No): E-MAIL ADDRESS: support@nextinsurance.com																					
INSURED LifePro Medical Supplies 3140 Polaris Ave Ste 37 Las Vegas, NV 89102	<table border="1"><thead><tr><th colspan="2">INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr></thead><tbody><tr><td>INSURER A:</td><td>Next Insurance US Company</td><td>16285</td></tr><tr><td>INSURER B:</td><td></td><td></td></tr><tr><td>INSURER C:</td><td></td><td></td></tr><tr><td>INSURER D:</td><td></td><td></td></tr><tr><td>INSURER E:</td><td></td><td></td></tr><tr><td>INSURER F:</td><td></td><td></td></tr></tbody></table>	INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A:	Next Insurance US Company	16285	INSURER B:			INSURER C:			INSURER D:			INSURER E:			INSURER F:		
INSURER(S) AFFORDING COVERAGE		NAIC #																				
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INSURER B:																						
INSURER C:																						
INSURER D:																						
INSURER E:																						
INSURER F:																						

COVERAGES

CERTIFICATE NUMBER: 304028101

REVISION NUMBER:

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

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
A	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: ☒ POLICY ☐ PROJECT ☐ LOC ☐ OTHER:	X	X	NXTTQTLTFR-00-GL	08/26/2023	08/26/2024	EACH OCCURRENCE	\$1,000,000.00
	DAMAGE TO RENTED PREMISES (Ea occurrence)						\$100,000.00	
	MED EXP (Any one person)						\$10,000.00	
	PERSONAL & ADV INJURY						\$1,000,000.00	
						GENERAL AGGREGATE	\$1,000,000.00	
						PRODUCTS - COMP/OP AGG	\$1,000,000.00	
								\$
	AUTOMOBILE LIABILITY ☐ ANY AUTO ☐ OWNED AUTOS ONLY ☐ HIRED AUTOS ONLY ☐ SCHEDULED AUTOS ☐ NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident)	\$
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
	UMBRELLA LIAB EXCESS LIAB ☐ DED ☐ RETENTION \$						EACH OCCURRENCE	\$
							AGGREGATE	\$
								\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						PER STATUTE	OTH-ER
							E.L. EACH ACCIDENT	\$
							E.L. DISEASE - EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$

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

The Certificate Holder is MCA Realty, Inc. and its subsidiary and affiliated companies. A Waiver of Subrogation applies in favor of this Certificate Holder on the following policies: General Liability. This Certificate Holder is an Additional Insured on the General Liability policy on a primary and non-contributory basis. All Certificate Holder privileges apply only if required by written agreement between the Certificate Holder and the insured, and are subject to policy terms and conditions.

CERTIFICATE HOLDER

MCA Realty, Inc. and its subsidiary and affiliated companies
3400 W Desert Inn Rd Ste 17
Las Vegas, NV 89102

LIVE CERTIFICATE[Click or scan to view](#)**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



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
08/25/2023

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 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 NUTMEG INS AGENCY INC/PHS 76210775 The Hartford Business Service Center 3600 Wiseman Blvd San Antonio, TX 78251		CONTACT NAME: PHONE (888) 925-3137 (A/C, No, Ext): FAX (A/C, No): E-MAIL ADDRESS:	
INSURED LifePro Medical Supplies LLC 3140 POLARIS AVE STE 37 LAS VEGAS NV 89102-8362		INSURER(S) AFFORDING COVERAGE INSURER A: Trumbull Insurance Company 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
	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE ☐ OCCUR ☐ GEN'L AGGREGATE LIMIT APPLIES PER: POLICY ☐ PRO-JECT ☐ LOC ☐ OTHER:						EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG
	AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS HIRED AUTOS SCHEDULED AUTOS NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)
	UMBRELLA LIAB EXCESS LIAB DED: ☐ RETENTION \$ ☐ OCCUR CLAIMS-MADE ☐						EACH OCCURRENCE AGGREGATE
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N ☐	N/A	X	76 WEG AW3XTL	02/21/2023	02/21/2024 X PER STATUTE ☐ OTHER ☐ E.L. EACH ACCIDENT \$1,000,000 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)

Those usual to the Insured's Operations. Blanket Waiver of Subrogation applies in favor of the Certificate Holder, MCA Realty, Inc., per the Waiver of Our Right to Recover from Others Endorsement WC000313, attached to this policy.

CERTIFICATE HOLDER

MCA Realty, Inc.
3400 W DESERT INN RD STE 17
LAS VEGAS NV 89102-8355

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

Susan L. Castaneda

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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, corporations sole, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada standing Revised Statutes which are either presently in a status of good standing or were in good for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **life pro medical supplies LLC**, as a DOMESTIC LIMITED-LIABILITY COMPANY (86) duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since 10/24/2022, and is in good standing in this state.

I further certify that the above DOMESTIC LIMITED-LIABILITY COMPANY (86) has its formation document and no amendments on file in this office as of the date of this certificate.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 03/15/2023.

A handwritten signature in black ink that reads "FV Aguilar".

FRANCISCO V. AGUILAR
Secretary of State

Certificate Number: B202303153470460

You may verify this certificate
online at <http://www.nvsos.gov>



BARBARA K. CEGAVSKE
 Secretary of State
 202 North Carson Street
 Carson City, Nevada 89701-4201
 (775) 684-5708
 Website: www.nvsos.gov
www.nvsilverflume.gov

Initial List and State Business License Application

Initial List Of Officers, Managers, Members, General Partners, Managing Partners, or Trustees:

life pro medical supplies LLC

NAME OF ENTITY

TYPE OR PRINT ONLY - USE DARK INK ONLY - DO NOT HIGHLIGHT

IMPORTANT: Read instructions before completing and returning this form.

Please indicate the entity type (check only one):

- ☐ Corporation
- ☐ This corporation is publicly traded, the Central Index Key number is:
- ☐ Nonprofit Corporation (see nonprofit sections below)
- ☒ Limited-Liability Company
- ☐ Limited Partnership
- ☐ Limited-Liability Partnership
- ☐ Limited-Liability Limited Partnership (if formed at the same time as the Limited Partnership)
- ☐ Business Trust

Filed in the Office of <i>Barbara K. Cegavske</i> Secretary of State State Of Nevada	Business Number E27099752022-2 Filing Number 20222709976 Filed On 10/24/2022 15:57:42 PM Number of Pages 2
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Additional Officers, Managers, Members, General Partners, Managing Partners, Trustees or Subscribers, may be listed on a supplemental page.

CHECK ONLY IF APPLICABLE

Pursuant to NRS Chapter 76, this entity is exempt from the business license fee.

- ☐ 001 - Governmental Entity
- ☐ 006 - NRS 680B.020 Insurance Co, provide license or certificate of authority number

For nonprofit entities formed under NRS chapter 80: entities without 501(c) nonprofit designation are required to maintain a state business license, the fee is \$200.00. Those claiming and exemption under 501(c) designation must indicate by checking box below.

- ☐ Pursuant to NRS Chapter 76, this entity is a 501(c) nonprofit entity and is exempt from the business license fee.
 Exemption Code 002

For nonprofit entities formed under NRS Chapter 81: entities which are Unit-owners' association or Religious, Charitable, fraternal or other organization that qualifies as a tax-exempt organization pursuant to 26 U.S.C. § 501(c) are excluded from the requirement to obtain a state business license. Please indicate below if this entity falls under one of these categories by marking the appropriate box. If the entity does not fall under either of these categories please submit \$200.00 for the state business license.

- ☐ Unit-owners' Association ☐ Religious, charitable, fraternal or other organization that qualifies as a tax-exempt organization pursuant to 26 U.S.C. § 501(c)

For nonprofit entities formed under NRS Chapter 82 and 80: Charitable Solicitation Information - check applicable box

Does the Organization intend to solicit charitable or tax deductible contributions?

- ☐ No - no additional form is required
- ☐ Yes - the "Charitable Solicitation Registration Statement" is required.
- ☐ The Organization claims exemption pursuant to NRS 82A 210 - the "Exemption From Charitable Solicitation Registration Statement" is required

****Failure to include the required statement form will result in rejection of the filing and could result in late fees.****



BARBARA K. CEGAVSKE
 Secretary of State
 202 North Carson Street
 Carson City, Nevada 89701-4201
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Initial List and State Business License Application - Continued

*** Officers, Managers, Members, General Partners, Managing Partners or Trustees:**

CORPORATION, INDICATE THE MANAGER:

Andrea Garcia Aguilar

Name

USA

Country

Sun Stream Ct

Address

Las Vegas

City

NV

State

89103

Zip/Postal Code

None of the officers and directors identified in the list of officers has been identified with the fraudulent intent of concealing the identity of any person or persons exercising the power or authority of an officer or director in furtherance of any unlawful conduct.

I declare, to the best of my knowledge under penalty of perjury, that the information contained herein is correct and acknowledge that pursuant to NRS 239.330, it is a category C felony to knowingly offer any false or forged instrument for filing in the office of the Secretary of State.

X **Andrea Aguilar**

**Signature of Officer, Manager, Managing
 Member, General Partner, Managing Partner,
 Trustee, Member, Owner of Business,
 Partner or Authorized Signer** FORM WILL BE RETURNED IF

UNSIGNED

Managing Member

Title

10/24/2022

Date



BARBARA K. CEGAVSKE
Secretary of State
202 North Carson Street
Carson City, Nevada 89701-4201
(775) 684-5708
Website: www.nvsos.gov
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1550

Formation - Limited-Liability Company

Continued, Page 2

8. Profession to be Practiced: (NRS 89 only)																					
9. Series and/or Restricted Limited-Liability Company: (Optional)	Check box if a Series Limited-Liability Company ☐ Domestic Limited-Liability Company's only: The Limited-Liability Company is a Restricted Limited-Liability Company ☒																				
10. Records Office: (Foreign Limited-Liability Companies)	Address _____ City _____ State _____ Zip code _____ Country _____																				
11. Street Address of Principal Office: (Foreign Limited-Liability Companies)	Address _____ City _____ State _____ Zip code _____ Country _____																				
12. Name, Address and Signature of the Organizer: (NRS 86, NRS 89 -Each Organizer must be a licensed professional.) Name and Signature of Manager or Member: (NRS 86.544 only) See instructions	*Foreign Limited-Liability Company - In the event the designated Agent for Service of Process resigns and is not replaced or the agent's authority has been revoked or the agent cannot be found or served with exercise of reasonable diligence, then the Secretary of State is hereby appointed as the Agent for Service of Process. I declare, to the best of my knowledge under penalty of perjury, that the information contained herein is correct and acknowledge that pursuant to NRS 239.330, it is a category C felony to knowingly offer any false or forged instrument for filing in the Office of the Secretary of State. <table><tr><td>Andrea Aguilar</td><td colspan="3">United States</td></tr><tr><td>Name</td><td colspan="3">Country</td></tr><tr><td>Sun Stream Ct</td><td>Las Vegas</td><td>NV</td><td>89103</td></tr><tr><td>Address</td><td>City</td><td>State</td><td>Zip/Postal Code</td></tr><tr><td colspan="4">X Andrea Aguilar (attach additional page if necessary)</td></tr></table>	Andrea Aguilar	United States			Name	Country			Sun Stream Ct	Las Vegas	NV	89103	Address	City	State	Zip/Postal Code	X Andrea Aguilar (attach additional page if necessary)			
Andrea Aguilar	United States																				
Name	Country																				
Sun Stream Ct	Las Vegas	NV	89103																		
Address	City	State	Zip/Postal Code																		
X Andrea Aguilar (attach additional page if necessary)																					

AN INITIAL LIST OF OFFICERS MUST ACCOMPANY THIS FILING

Please include any required or optional information in space below:

(attach additional page(s) if necessary)



CERTIFICATE OF INSURANCE

Your professional liability insurance is written on a claims made basis and provides coverage for those claims which are the result of medical incidents occurring subsequent to the prior acts date stated and which are first made against you while this insurance is in force. Please discuss with your program administrator.

Prior Acts Date: 2023-02-15

Purchasing Group	Certificate Number	Policy Period
Professional Services Purchasing Group 11807 Westheimer Road, Suite 550 PMB 990, Houston, TX 77077	AH-181624-021523	from: 12:01 AM Standard Time on: 2023-02-15 to: 12:01 AM Standard Time on: 2024-02-15
Named Insured and Address	Business Address	Program Administrator
Lifepro Medical Supplies Llc 7501 Trinity Peak Ave suite 110 Las Vegas, NV 89128, USA	7501 Trinity Peak Ave suite 110 Las Vegas, NV 89128, USA	Greenhill Insurance Services 1707 Post Oak Blvd, #279, Houston, TX 77056
Medical Specialty: Durable Medical Equipment - Sales & Rental		Insurance Provided by: Certain Underwriters at Lloyd's, London
COVERAGE PARTS		LIMITS OF LIABILITY
A. PROFESSIONAL LIABILITY	<i>Deductible - \$1,000</i>	
Professional Liability (PL)	\$1,000,000 each claim	\$3,000,000 aggregate
Good Samaritan Liability	included above	
Personal Injury Liability	included above	
Malplacement Liability	included above	
B. Coverage Extensions:	Coverage part C. Workplace Liability does not apply if Coverage part D. General Liability is made part of this policy.	
License Protection	\$10,000 per proceeding	\$10,000 aggregate
Deposition Representation		\$10,000 aggregate
First Aid		\$2,500 aggregate
Medical Payments		\$2,500 aggregate
Damage to Property of Others	\$500 per incident	\$10,000 aggregate
C. WORKPLACE LIABILITY	Coverage part C. Workplace Liability does not apply if Coverage part D. General Liability is made part of this policy.	
Workplace Liability	included in A. PL Limit shown above	
Fire & Water Legal Liability	included in A. PL Limit above subject to	\$150,000 sub-limit
Personal Liability		\$150,000 aggregate
D. GENERAL LIABILITY	Coverage part D. General Liability does not apply if Coverage part C. Workplace Liability is made part of this policy	
General Liability (GL)	\$1,000,000 each occurrence	\$3,000,000 aggregate
Fire & Water Legal Liability	included in the GL limit above subject to	\$250,000 sub-limit
Personal Liability	included in the GL limit	included in the GL limit
Policy forms and endorsements attached at inception:		
GENERAL LIABILITY COVERAGE		

Keep this document in a safe place. It is evidence of your insurance coverage.

Master Policy #001-02242020-20

Authorized Representative

Philip G. Cabaud

Please Note: All inquiries regarding this Certificate of Insurance should be addressed to the following Correspondent:

NOW Insurance



1552
7501 Trinity Peak Ave. Suite 110
Las Vegas, NV 89128

+725.777.9588

www.lifepromedicalsupplies.com

lifepromedicalsupplies@gmail.com



Employee List:

1. Andrea Aguilar – CEO
2. Rosemarie Garcia – Office manager
3. James Aguilar – Driver/logistic supervisor

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 InformationName of Pharmacy/MDEG/Wholesaler LifePro Medical Supplies

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

Physical Address 7501 Trinity Peak Ave. Suite 110City Las VegasState NVZip 89103

Mailing Address (if different from physical address) _____

City _____

State _____

Zip _____

Telephone (725) 777-9588

Website _____

Licensing Company Email lifepromedicalsupplies@gmail.com**Section 2: Personal Information**First AndreaMiddle GarciaLast Aguilar

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

Date of Birth [REDACTED]SSN or ITIN [REDACTED]Sex ☐ M ☒ F ☐ XMailing Address [REDACTED] Sun Stream Ct.City Las VegasState NVZip 89103Telephone [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 California State University Northridge		From - To (MM/YY – MM/YY) 08/2008-05/2011	
Address 18111 Nordhoff St.	City Northridge	State CA	Zip 91330
Diploma/Degree obtained, if any Masters in Social Work			
School Name California State University Northridge		From - To (MM/YY – MM/YY) 08/2000-05/2004	
Address 18111 Nordhoff St.	City Northridge	State CA	Zip 91330
Diploma/Degree obtained, if any Bachelors degree in Psychology and Child Development			
School Name Los Angeles High School		From - To (MM/YY – MM/YY) 08/1997-06/2000	
Address 4650 W. Olympic Blvd.	City Los Angeles	State CA	Zip 90049
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) 06/209-present	Address Sun Stream Ct.	City Las Vegas	State NV	Zip 89103
From - To (MM/YY – MM/YY) 04/2017-06/2019	Lindley Ave. Apt. 49	City Northridge	State CA	Zip 91326
From - To (MM/YY – MM/YY) 03/2015-04/2017	Dupont St. Apt. 27	City Chatsworth	State CA	Zip 91311
From - To (MM/YY – MM/YY) 04/2014-03/2015	Cantara St.	City Canoga Park	State CA	Zip 91304
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	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 IMS Behavioral Health		From - To (MM/YY – MM/YY) 06/2019 to present	
Business Address 2860 E. Flamingo Rd. Suite D	City Las Vegas	State NV	Zip 89121
Phone (702) 202-0291	Title Clinical Supervisor		
Description of Duties Oversees the behavioral health care services for participants. Conducts initial psychosocial assessments for potential patients. Provides individual, group and biofeedback therapy.			
Business Name Divine Compassion Hospice		From - To (MM/YY – MM/YY) 08/2022 to present	
Business Address 9133 W. Russell Rd.	City Las Vegas	State NV	Zip 89148
Phone (702) 586-6100	Title Medical Social Worker		
Description of Duties Complete initial psychosocial assessment on new incoming hospice patients. Maintain a caseload of hospice patients requiring monthly routine visits to assess on-going need of care. Assist with case management needs or resources.			
Business Name Anthem Blue Cross/Blue Shield		From - To (MM/YY – MM/YY) 06/2021 to 03/2022	
Business Address 9133 W. Russell Rd.	City Las Vegas	State NV	Zip 89148
Phone (702) 586-6100	Title Behavioral Health Care Manager II		
Description of Duties Maintain a caseload of Anthem Blue Cross/Blue Shield members with behavioral health concerns. Conducts assessments to identify the member's needs. Makes and receives calls on a regular basis to assist with member's needed resources.			
Business Name Rhythm of Life Hospice Care		From - To (MM/YY – MM/YY) 06/2019 to 06/2021	
Business Address 2451 S. Buffalo Dr. Suite 138	City Las Vegas	State NV	Zip 89117
Phone (702) 776-8304	Title Medical Social Worker		
Description of Duties Complete initial psychosocial assessment on new incoming hospice patients. Maintain a caseload of hospice patients requiring monthly routine visits to assess on-going need of care. Assist with case management needs or resources.			
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			
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Business Address	City	State	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)

04/27/23

 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.

Andrea G. Aguilar

Print Name (First, Last)

[Signature]
Original Signature (electronic, copies or stamps not accepted)

Date

04/27/23

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

State of NEVADA, ss. County of CLARK

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

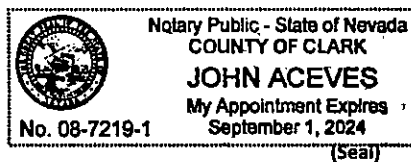
[Signature]
Original Signature

Date

04/27/23

Subscribed and Sworn to before me this 27 day of April 2023

[Signature]
Notary Public Signature



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)

NAC 639.694

1. Each medical products provider or medical products wholesaler shall employ an administrator at all times. The administrator must:
 - a. Be a natural person;
 - b. Have a high school diploma or its equivalent;
 - c. Have:
 - i. At least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler; or
 - ii. 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;
 - d. 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
 - e. Be approved by the Board.
2. The administrator shall ensure that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.
3. A medical products provider or medical products wholesaler shall notify the staff of the Board of the cessation of employment of an administrator within 3 business days after the cessation of the employment. A medical products provider or medical products wholesaler shall notify the staff of the Board of the employment of a new administrator within 3 business days after the beginning of the employment.
4. A medical products provider or medical products wholesaler may not operate for more than 10 business days without an administrator. The Board may summarily suspend the operation of a business or facility that operates without an administrator.

NAC 639.6946

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

NAC 639.6957

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

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

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

NEVADA STATE BOARD OF PHARMACY

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

**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 LifePro Medical Supplies MDEG License # (if applicable) _____

Physical Address 3140 Polaris Ave. #37

City Las Vegas State NV Zip 89102

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone (725) 777-9588 Website lifepromedicalsupplies@gmail.com

Licensing Company Email lifepromedicalsupplies@gmail.com

Section 2: Personal Information

First Andrea Middle Garcia Last Aguilar

Alias(es, nicknames, name changes, etc.) Andrea S. Garcia

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

Mailing Address [REDACTED] Sun Stream Ct

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.)			✓
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 California State University Northridge		From - To (MM/YY – MM/YY) 08/2008 to 05/2011	
Address 18111 Nordhoff St.	City Northridge	State CA	Zip 91330
Diploma/Degree obtained, if any Masters Degree in Social Work			
School Name California State University Northridge		From - To (MM/YY – MM/YY) 08/2000 to 05/2004	
Address 18111 Nordhoff St.	City Northridge	State CA	Zip 91330
Diploma/Degree obtained, if any Bachelors Degree in Psychology and Child Development			
School Name Los Angeles High School		From - To (MM/YY – MM/YY) 08/1997 to 06/2000	
Address 4650 West Olympic Blvd.	City Los Angeles	State CA	Zip 90049
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) 06/2019 to present	Address [Redacted] Sun Stream Ct.	City Las Vegas	State NV	Zip 89103
From - To (MM/YY – MM/YY) 04/2017 to 06/2019	Address [Redacted] Lindley Ave. Apt. 49	City Northridge	State CA	Zip 91326
From - To (MM/YY – MM/YY) 03/2015 to 04/2017	Address [Redacted] Dupont St. Apt. 27	City Chatsworth	State CA	Zip 91326
From - To (MM/YY – MM/YY) 04/2017 to 03/2015	Address [Redacted] Cantara St.	City Canoga Park	State CA	Zip 91304
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	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 Divine Compassion Hospice		From - To (MM/YY – MM/YY) 08/2022 to current	
Business Address 2860 E. Flamingo Rd. Suite D #108		City Las Vegas	State NV
Phone (702) 764-1998	Title Medical Social Worker	Number of Employed Hours 800 hours	
Description of Duties Complete initial psychosocial assessment on income hospice patients. Maintain a caseload of hospice patients requiring monthly routine visits to assess on-going need for care. Assist with case management needs and obtaining resources.			
Business Name Rhythm of Life Hospice		From - To (MM/YY – MM/YY) 06/2019 to 06/2021	
Business Address 2451 South Buffalo Drive Suite 138		City Las Vegas	State NV
Phone (702) 776-8304	Title Medical Social Worker	Number of Employed Hours 1000 hours	
Description of Duties Complete initial psychosocial assessment on income hospice patients. Maintain a caseload of hospice patients requiring monthly routine visits to assess on-going need for care. Assist with case management needs and obtaining resources.			
Business Name Aeon Medical Equipment and Supplies		From - To (MM/YY – MM/YY) 03/2010 to 04/2013	
Business Address 1925 McKinley Ave. Unit B		City La Verne	State CA
Phone (909) 908-5989	Title Intake Coordinator	Number of Employed Hours 6400 hours	
Description of Duties Processed purchasing and billing of supplies with manufacturers/wholesalers/vendors. Attended to incoming referrals of physicians, home health and hospice agencies.			
Business Name JM Medical Supplies		From - To (MM/YY – MM/YY) 06/1999 to 01/2000	
Business Address 8900 Benson Ave. Suite L		City Montclair	State CA
Phone (909) 608-1779	Title	Number of Employed Hours 500 hours	
Description of Duties Attends to incoming referrals of physicians, home health and hospice agencies. Determines insurance eligibility of the patients and schedule the delivery of equipment orders.			
Business Name		From - To (MM/YY – MM/YY)	
Business Address		City	State
Phone	Title	Number of Employed Hours	
Description of Duties			
Continue on next page if additional space is needed.			

Business Name		From - To (MM/YY – MM/YY)	
Business Address		City	State Zip
Phone	Title		Number of Employed Hours
Description of Duties			
Business Name		From - To (MM/YY – MM/YY)	
Business Address		City	State Zip
Phone	Title		Number of Employed Hours
Description of Duties			
Business Name		From - To (MM/YY – MM/YY)	
Business Address		City	State Zip
Phone	Title		Number of Employed Hours
Description of Duties			
Business Name		From - To (MM/YY – MM/YY)	
Business Address		City	State Zip
Phone	Title		Number of Employed Hours
Description of Duties			
Business Name		From - To (MM/YY – MM/YY)	
Business Address		City	State Zip
Phone	Title		Number of Employed Hours
Description of Duties			
Make copies of this page OR use a separate piece of paper if additional space is needed.			

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

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

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

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

Provide explanation below:



 Original Signature (electronic, copies or stamps not accepted)

03/15/23

 Date

I, ANDREA AGUILAR, certify that as the MDEG Administrator for
LIFE PRO MEDICAL SUPPLIES LLC

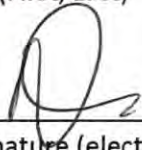
that I (initial that you have read and meet the following requirements):

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

ANDREA AGUILAR

Print Name (First, Last)


 Original Signature (electronic, copies or stamps not accepted)

March 15, 2023

Date

Board Use Only

Date Received: 3-23-23

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 Andrea Aguilar

Pharmacy/Wholesaler License # (if applicable) _____

Physical Address 7501 Trinity Peak Ave. Suite 110

City Las Vegas State NV Zip 89103

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone (725) 777-9588 Website _____

Licensing Company Email lifepromedicalsupplies@gmail.com

Section 2: Personal Information

First Andrea Middle Garcia Last Aguilar

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

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

Mailing Address Sun Stream Ct.

City Las Vegas State NV Zip 89103

Telephone Email

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

Section 3: Military Service (NRS 622.120)

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

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?		

NEVADA STATE BOARD OF PHARMACY

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

Designated Representative Application

Rev (05/12/2022)

An application for a license, or a licensee with a license, to conduct a pharmacy or to operate as a wholesaler shall designate at least one natural person to serve as the representative of the pharmacy or wholesaler. The Board will not issue or renew a license of an applicant or licensee that is required to designate a representative of a pharmacy or wholesaler unless the Board determines that the designated natural person meets the following qualifications per NAC 639.5005 (Pharmacy) or NAC 639.5935 (Wholesaler):

1. Is at least 21 years of age;
2. Has 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.

The designated representative of a pharmacy or a wholesaler:

1. Must be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
2. Must be employed full-time in a managerial level position with the pharmacy or wholesaler;
3. Must 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
4. May serve in this representative capacity for only one pharmacy or wholesaler at a time

A pharmacy or wholesaler that is required to designate a natural person as its representative shall not open or operate the pharmacy or wholesaler unless that representative is actually employed full-time in the operation of the pharmacy or wholesaler and is physically present at the site of the pharmacy or wholesaler during regular working hours, not including sick leave, vacation leave and other authorized absences from work. If the natural person designated as the representative of a pharmacy leaves the employ of the pharmacy or wholesaler, thus leaving the pharmacy or wholesaler without a representative in violation of this section, the pharmacy or wholesaler shall:

1. Immediately cease conducting business until another qualified natural person is approved by the Board to serve as the representative of the pharmacy or wholesaler; and
2. Not later than 48 hours after that person leaves its employ, notify the Board that the person designated as the representative of the pharmacy or wholesaler has left the employ of the pharmacy or wholesaler.

Before a pharmacy or wholesaler, that is in violation of NAC 639.5005 (Pharmacy) or NAC 639.5935 (Wholesaler) because the natural person designated as the representative of the pharmacy or wholesaler left the employ of the pharmacy or wholesaler, may continue conducting business:

1. The pharmacy or wholesaler must designate, on a form provided by the Board, a new natural person to serve as the representative of the pharmacy; and
2. The Board must approve the natural person so designated.

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

School Name California State University Northridge		From - To (MM/YY – MM/YY) 08/2008-05/2011	
Address 18111 Nordhoff St.	City Northridge	State CA	Zip 91330
Diploma/Degree obtained, if any Masters in Social Work			
School Name California State University Northridge		From - To (MM/YY – MM/YY) 08/2000-05/2004	
Address 18111 Nordhoff St.	City Northridge	State CA	Zip 91330
Diploma/Degree obtained, if any Bachelor's Degree in Psychology and Child Development			
School Name Los Angeles High School		From - To (MM/YY – MM/YY) 08/1997-06/2000	
Address 4650 West Olympic Blvd.	City Los Angeles	State CA	Zip 90049
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) 06/2019-present	Address [REDACTED] Sun Stream Ct	City Las Vegas	State NV	Zip 89103
From - To (MM/YY – MM/YY) 04/2017-06/2019	[REDACTED] Lindley Ave. Apt. 49	City Northridge	State CA	Zip 91326
From - To (MM/YY – MM/YY) 03/2015-04/2017	[REDACTED] Dupont St. Unit 27	City Chatsworth	State CA	Zip 91311
From - To (MM/YY – MM/YY) 04/2014-03/2015	[REDACTED] Cantara St.	City Canoga Park	State CA	Zip 91304
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	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 Divine Compassion Hospice		From - To (MM/YY – MM/YY) 08/2022-present	
Business Address 2860 E. Flamingo Rd. Suite D#108		City Las Vegas	State NV
Phone (702) 764-1998	Title Medical Social Worker	Number of Employed Hours 500 hours	
Description of Duties Complete initial psychosocial assessment on new incoming hospice patients. Maintain a caseload of hospice patients requiring monthly routine visits to assess on-going need of care. Assist with case management needs or resources.			
Business Name Rhythm of Life Hospice		From - To (MM/YY – MM/YY) 06/2019-06/2021	
Business Address 2451 S. Buffalo Dr. Suite 138		City Las Vegas	State NV
Phone (702) 776-8304	Title Medical Social Worker	Number of Employed Hours 1000 hours	
Description of Duties Complete initial psychosocial assessment on new incoming hospice patients. Maintain a caseload of hospice patients requiring monthly routine visits to assess on-going need of care. Assist with case management needs or resources.			
Business Name Aeon Medical Equipment and Supplies		From - To (MM/YY – MM/YY) 03/2010-04/2013	
Business Address 1925 McKinley Ave. Unit B		City La Verne	State CA
Phone (909) 908-5989	Title Intake Coordinator	Number of Employed Hours 6400 hours	
Description of Duties Processed purchasing and billing of supplies with manufacturers/wholesalers/vendors. Attended to incoming referrals of physicians, home health and hospice agencies.			
Business Name JM Medical Supplies		From - To (MM/YY – MM/YY) 06/1999-01/2000	
Business Address 8900 Benson Ave. Suite L		City Montclair	State CA
Phone (909) 608-1779	Title Intake Coordinator	Number of Employed Hours 500 hours	
Description of Duties Attends to incoming referrals of physicians, home health and hospice agencies. Determines insurance eligibility of the patients and schedule delivery of the equipment orders.			
Business Name		From - To (MM/YY – MM/YY)	
Business Address		City	State
Phone	Title	Number of Employed Hours	
Description of Duties			
Continue on next page if additional space is needed.			

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

04/27/23

Date

I, Andrea Aguilar, certify that as the designated representative for

LifePro Medical Supplies

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. AA I am at least 21 years of age;
3. AA 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. AA I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. AA I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. AA 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. AA I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Andrea Aguilar

Print Name (First, Last)

[Signature]
Original Signature (electronic, copies or stamps not accepted)

04/27/23

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.

Andrea G. Aguilar

Print Name (First, Last)

[Signature]
Original Signature (electronic, copies or stamps not accepted)

Date

04/27/23

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

State of NEVADA, ss. County of CLARK

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

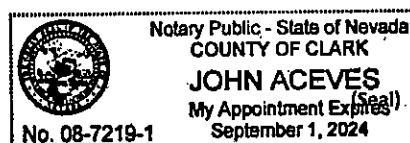
[Signature]
Original Signature

Date

04/27/23

Subscribed and Sworn to before me this 27 day of April 2023

[Signature]
Notary Public Signature



7

7A

NEVADA STATE BOARD OF PHARMACY

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

Ambulatory Surgical Center (ASC) and Recovery Center (RC) Application

Non-Refundable \$500.00 Fee

Rev (09/02/2021)

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

Section 1: General Information			
ASC/RC Name: <u>Pearl Surgery Center</u>			
Physical Address: <u>5191 Camino Al Norte</u>			
City: <u>North Las Vegas</u>	State: <u>NV</u>	Zip: <u>89031</u>	
Mailing Address (if different from physical address): <u>Same as above</u>			
City: _____	State: _____	Zip: _____	
Telephone: <u>702-551-7775</u>	Fax: <u>213-654-1550</u>	_____	
Contact Email: <u>sszabatura@pearlsurgerycenter.com</u>	Website: _____		
Nevada Business License # <u>NV20212246348</u>			
Employed/Contracted Pharmacist Name: <u>Mary Grear, RPh</u>		NV Pharmacist License #: <u>10687</u>	
Medical Director Name: <u>Kunal Parikh, MD</u>			
Days of Operation			
☒ Monday	☒ Tuesday	☒ Wednesday	☒ Thursday
☒ Friday	☐ Saturday	☐ Sunday	

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

Section 3: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

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

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 4: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: _____

Parent Company (if any): _____

Corporation/Organization Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Does the number of members or stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 5: Partnership

Partnership Name: Pearl Surgery Center

Mailing Address: 5191 Camino Al Norte

City: North Las Vegas State: NV Zip: 89031

Telephone: 702-551-7775 Email: sszabatura@pearlsurgerycenter.com

Contact Person Name: Sara Szabatura

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 6: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 7: Employed/Contracted Pharmacist (MUST BE COMPLETED BY the Employed/Contracted Pharmacist)Pharmacist Name: Mary Grear, RPhNV Pharmacist License #: 10687As the employed/contracted pharmacist, for (ASC/RC Name): Pearl Surgery Center :

I understand that I am responsible for establishing policies and procedures which (NAC 639.4996):

- a) Are consistent with the policies and procedures developed pursuant to NAC 639.447;
- b) Require to maintain records in accordance with the provisions of NAC 639.485 and 639.485;
- c) Address the purchase, storage, maintenance of records and dispensing of drugs and investigational drugs;
- d) Require maintenance of a perpetual inventory of all controlled substances;
- e) Prescribe the procedure for quarantining and destroying drugs and investigational drugs that are expired, adulterated, mislabeled or otherwise unsafe for human use;
- f) Require the storage of drugs and investigational drugs in accordance with the specifications of the manufacturer;
- g) Ensure that the ASC and RC dispenses drugs and investigational drugs pursuant to chart orders and in accordance with applicable state and federal laws; and
- h) Ensure that all compounding is
 - a. Performed by a registered pharmacist in accordance with the provisions of NRS and NAC 639; or
 - b. If performed by an employee of the ASC or RC, other than a registered pharmacist, performed:
 - i. In accordance with the provisions of NRS and NAC 639;
 - ii. In a location designated for compounding that is clean and disinfected before each act of compounding; and
 - iii. By a person who has completed training for the type of compounding that will be performed.

I understand that I shall (NAC 639.4998):

- a) Visit the ASC or RC at least once each month to:
 - a. Evaluate the effectiveness of the policies and procedures established pursuant to NAC 639.4996; and
 - b. Confirm that the ASC or RC is complying with those policies and procedures, the below provisions.
- b) Maintain documentation of each visit that the pharmacist makes;
- c) Conduct an audit at least once each month using a sufficient number of records of the ASC or RC, including, without limitation, records of patients and records relating to the purchasing, storing and dispensing of drugs and investigational drugs, which must be randomly selected, to determine whether:
 - a. The records indicate that the drugs and investigational drugs are dispensed in a safe and effective manner in accordance with accepted standards of practice and the specifications of the manufacturer;
 - b. Drugs and investigational drugs are diluted in accordance with accepted standards of practice or pursuant to the specifications of the manufacturer;
 - c. The records demonstrate:
 - i. That a discrepancy does not exist in the number of drugs and investigational drugs that are in vials designated by the manufacturer for a single use which are dispensed and the number of patients who receive such drugs and investigational drugs; and
 - ii. That drugs, not including investigational drugs, which are in vials designated by the manufacturer for a single use and any remaining medication in those vials are discarded after use;
 - d. The records demonstrate that drugs, not including investigational drugs, which are in vials designated by the manufacturer for more than one use are discarded when the medication in the vials has expired or not more than 28 days after the initial breach of the vial;
 - e. The employees of the ASC or RC properly maintain accurate records relating to drugs and investigational drugs; and
 - f. The employees of the ASC or RC properly monitor and maintain the perpetual inventory required pursuant to paragraph (d) of subsection 1 of NAC 639.4996; and
- d) Submit a written report, including, without limitation, a written explanation, to the Board not later than 5 business days after the pharmacist determines that:
 - a. The ASC or RC is violating a state or federal law which affects the care and safety of a patient;
 - b. There is a discrepancy of 5 percent or more between the actual quantity of a controlled substance in the possession of the ASC or RC and the amount of the controlled substance that should be in the possession of the ASC or RC according to the records of the ASC or RC, including, without limitation:
 - i. Purchase orders and invoices for the controlled substance;
 - ii. Records which indicate the removal of the controlled substance from the storage area;
 - iii. Patient records;
 - iv. Records which indicate the return of the controlled substance to the manufacturer;
 - v. Records which indicate that the controlled substance was destroyed; and
 - vi. Any other record for the controlled substance;
 - c. The recovery center or surgical center has intentionally or recklessly failed to create or maintain a record required by the policies and procedures established pursuant to NAC 639.4996;
 - d. The recovery center or surgical center is administering a drug or an investigational drug in violation of accepted standards of practice or the specifications of the manufacturer; or
 - e. The recovery center or surgical center is engaged in a practice which endangers the health, safety or welfare of a patient or employee of the recovery center or surgical center.

Section 8: Personal and Professional History of the Employed/Contracted Pharmacist			Yes	No
1.	Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?			✓
2.	Have you been charged, arrested, or convicted of a felony or misdemeanor in <u>any</u> state?			✓
3.	Have you been the subject of a board citation or an administrative action whether completed or pending in <u>any</u> state?	✓		
4.	Has your license been subjected to any discipline for violation of pharmacy or drug laws in <u>any</u> state?			✓

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 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 4/24/2002	Disposition Date May 2002	State NV	City Las Vegas	County Clark
Case # 02-036-RPH-S		Governing, licensing, Arresting Presiding Body/Agency/Court NV State Board of Pharmacy		
Reason/Charge Complaint concerning records of PRN, Inc.				
Plaintiff/Defendant/Claimant/Respondent Mary Grear			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity PRN, Inc.				

Provide explanation below:

A complaint was made concerning grants made by the Board of Pharmacy to PRN, Inc. under the care of Mary Grear, Executive Director. The Board of Pharmacy sent notice of a request for hearing to the wrong mailing address even though the correct address was on file at the Board Office. This resulted in my not being aware that I needed to appear until after the Board Meeting. I subsequently prepared the requested documents and submitted them to the Board Auditors who found no discrepancies in the funds granted by the Board of Pharmacy to PRN and the expense record under my administration. A rehearing was held and the case was closed finding all monies were accounted for the PRN, Inc. gronts.

Mary Grear, RPh.
Original signature of Employed/Contracted Pharmacist (copies or stamps not accepted)

10/17/2023
Date

Section 9: Provide all the applicable documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partnership	Sole Owner
• List <u>all</u> Officers and Directors. NRS 639.231(2)(b), NAC 639.214(5)(a)	✓	✓		
• List the <u>top four</u> stockholders and their percent ownership. NRS 639.231(3)	✓	✓		
• List <u>all</u> stockholders who hold 10% or more of the shares. NAC 639.214(4)(b)		✓		
• For General Partnerships, list the name of each partner. NAC 639.214(2) • For Limited Partnerships, list the names of (NAC 639.214(3)): ○ All General Partners; ○ All Limited Partners who hold 10% or more of the interest.			✓	
• Certificate of Corporate Status or Certificate of Good Standing from the Secretary of State's Office where the business is domiciled, dated within the last 6 months.	✓	✓	✓	✓
• Personal History Record Application must be completed by each shareholder/stockholder/partner/member/owner. Form found at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• Submit a copy of your license, certification, permit or registration issued to your ASC or RC by the Nevada Division of Public and Behavioral Health of the Department of Health and Human Services.	✓	✓	✓	✓

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

Reekesh Patel, MD

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

10/17/23

Board Use Only	Date Received: 10/23/23	Amount: \$500-CC
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CBR Detail Report

Business Name: Pearl Surgery Center, PLLC

v1 - APPROVED - 03/30/2023 22:27:09

Current Version

Prior Versions

NV Business ID	NV20212216348
Entity Type	Domestic Professional LLC (89PLLC)
Entity Status	Active
State Business License Expiration Date	Oct 31, 2024
Last Updated By	rcampone@gmail.com
Last Updated Date	2023-03-30 21:48:26.0

Company Officers

Title	Name	Address
Manager	Reekesh Patel	11870 Santa Monica Blvd, Ste 106532 Los Angeles CA

Compliance Information

State Business License:	Completed on 10/02/2023
B&I Workers' Compensation eAffirmation of Compliance (D-25)	Completed on 03/30/2023
Nevada Labor Laws eAffirmation of Compliance:	Completed on 03/30/2023
OSHA/Safety Consultation and Training (SCATS)	Completed on 03/30/2023
NV Dept of Taxation eClearance Receipt:	Completed on 03/30/2023
Department of Motor Vehicles:	Completed on 03/30/2023

Declaration

Reekesh Patel on Mar 30, 2023

Export Information

Do you have a Nevada Location or conduct sales and services in Nevada? Yes
 Do you sell goods and services outside the State of Nevada? No
 Would you be interested to learn more about opportunities to expand your business outside Nevada? No
 Federal Employer Identification Number: 87 4059496

Business Information

Primary NAICS Code:	621493 - Freestanding Ambulatory Surgical and Emergency Centers
Applicable NAICS Codes:	621493 - Freestanding Ambulatory Surgical and Emergency Centers
Business Description:	Ambulatory Surgery Center

Owner Information

Name	Title	Percent Owned	Address	Contact Number	Last Updated By	Last Updated Date
REEKESH PATEL	Managing Member	90	PEARL SURGERY CENTER PO BOX █████ LOS ANGELES, CA 90025	█████	█████	2023-03-30 21:48:51.0
KUNAL PARIKH	Member	10	█████ BOSCO DI FIORE ST, LAS VEGAS, NV 89138	█████	█████	2023-03-30 21:48:51.0

Location Information

1584

Primary Location	
Fictitious Firm Name/DBA:	EMERALD SURGERY CENTER
Applicable NAICS Codes:	621493 - Freestanding Ambulatory Surgical and Emergency Centers
Business Description:	Ambulatory Surgery Center
Date Opened in NV:	May 1, 2023
Total # of Employees:	2
Total Part-Time Employees:	0
Total Full-Time Employees:	2
Physical Address:	5191 CAMINO AL NORTE, NORTH LAS VEGAS, NV 89031
Jurisdiction:	
Zoning:	
Assessor Parcel Number:	
Property Ownership:	
County:	Clark County
Mailing Address:	PEARL SURGERY CENTER PO BOX 252039, LOS ANGELES, CA 90025
Phone:	
Fax:	
Last Updated By:	
Last Updated Date:	2023-03-30 21:48:51.0

Sales & Services (Non-Bricks & Mortar)

Fictitious Firm Name / DBA	County	City
None Entered	Clark County	City of North Las Vegas

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, 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, **Pearl Surgery Center, PLLC**, as a DOMESTIC PROFESSIONAL LLC (89) 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 10/07/2021, 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 11/09/2023.

FRANCISCO V. AGUILAR
Secretary of State

Certificate Number: B202311094105765

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

Personal History Application

Rev (05/18/2023)

Section 1: Pharmacy/MDEG/Wholesaler InformationName of Pharmacy/MDEG/Wholesaler/Dispensing Site Pearl Surgery Center

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

Physical Address 5191 Camino Al NorteCity North Las VegasState NVZip 89031Mailing Address (if different from physical address) Same as above

City _____

State _____

Zip _____

Telephone 702-551-7775

Website _____

Licensing Company Email sszabatura@pearlsurgerycenter.com**Section 2: Personal Information**First ReekeshMiddle RameshLast Patel

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

Date of Birth _____

SSN or ITIN _____

Sex

☒ M☐ F☐ XMailing Address 5191 Camino Al NorteCity North Las VegasState NVZip 89031

Telephone _____

Email _____

Are you a citizen of the United States?

☒ Yes☐ No**Section 3: Military Service (NRS 622.120)**

1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)

Yes

No

✓

2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)

✓

3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)

✓

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?

Personal History Application

(Applicant's Initials

RP)

1 of 7

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. George's University - School of Medicine		08/05 - 06/09		
Address	City	State	Zip	
University Centre Grenada, West Indies, Grenada				
Diploma/Degree obtained, if any				
MD				
School Name		From - To (MM/YY - MM/YY)		
University of California, Los Angeles		09/02 - 06/05		
Address	City	State	Zip	
405 Hilgard Avenue	Los Angeles	CA	90095	
Diploma/Degree obtained, if any				
Psychology				
School Name		From - To (MM/YY - MM/YY)		
University of California, Riverside		09/00 - 06/02		
Address	City	State	Zip	
900 University Ave.	Riverside	CA	92521	
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
2017 - 2023	██████████ 4th Street, Unit 3	Santa Monica	CA	90404
From - To (MM/YY - MM/YY)	Address	City	State	Zip
2013 - 2017	██████████ Wilshire	Santa Monica	CA	90401
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	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 manufacture or distribution of drugs or the practice of pharmacy?		✓
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

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 Pearl Surgery Center		From - To (MM/YY - MM/YY) 12/21 - Current	
Business Address 5191 Camino Al Norte	City North Las Vegas	State CA	Zip 89031
Phone 702-551-7775	Title Owner		
Description of Duties			
Business Name Hawthorne Surgery Center		From - To (MM/YY - MM/YY) 07/19 - Current	
Business Address 4477 W. 118th Street, Ste. 502	City Hawthorne	State CA	Zip 90250
Phone 213-600-0472	Title Owner/Medical Director		
Description of Duties			
Business Name California Sports & Spine		From - To (MM/YY - MM/YY) 08/16 - Current	
Business Address 44777 W. 118th Street, Ste. 501	City Hawthorne	State CA	Zip 90250
Phone 213-444-2772	Title Owner		
Description of Duties			
Business Name Synovation Medical Group		From - To (MM/YY - MM/YY) 08/14 - 7/16	
Business Address 1400 S. Grand Ave., Ste 707	City Los Angeles	State CA	Zip 90015
Phone 213-839-1119	Title Physician		
Description of Duties Patient Care			
Business Name		From - To (MM/YY - MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

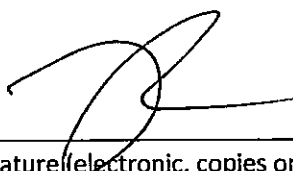
Continue on next page if additional space is needed.

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)

10/17/23
Date

Personal History Application

(Applicant's Initials RV)

6 of 7

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.

Heekesh Patel

Print Name (First, Last)

[Signature]
Original Signature (electronic, copies or stamps not accepted)

10/17/23

Date

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

State of California, ss. County of Los Angeles

I, Heekesh 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.

[Signature]
Original Signature

10/17/23

Date

Subscribed and Sworn to before me this 17th day of October, 2023

Nirde Cartu

Notary Public Signature



(Seal)

CALIFORNIA JURAT

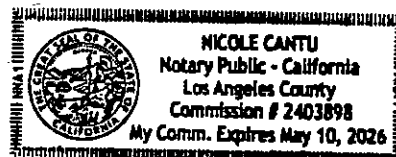
A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document, to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

STATE OF CALIFORNIA }

COUNTY OF Los Angeles }Subscribed and sworn to (or affirmed) before me on this 17th day of October, 2023
Date Month Yearby REEKESH PATEL

Name of Signers

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

Signature: Nicole Cantu
Signature of Notary PublicSeal
Place Notary Seal Above

OPTIONAL

Though this section is optional, completing this information can deter alteration of the document or fraudulent attachment of this form to an unintended document.

Description of Attached Document

Title or Type of Document: NEVADA STATE BOARD OF PHARMACYDocument Date: 10-17-23 PERSONAL HISTORY APPLICATIONNumber of Pages: 7 of 7Signer(s) Other Than Named Above: NO

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 Pearl Surgery Center
 Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable) _____
 Physical Address 5191 Camino Al Norte
 City North Las Vegas State NV Zip 89031
 Mailing Address (if different from physical address) _____
 City _____ State _____ Zip _____
 Telephone 702-551-7775 Website _____
 Licensing Company Email sszabatura@pearlsurgerycenter.com

Section 2: Personal Information

First Kunal Middle Rajeev Last Parikh
 Alias(es, nicknames, name changes, etc.) _____
 Date of Birth [REDACTED] SSN or ITIN [REDACTED] Sex ☒ M ☐ F ☐ X
 Mailing Address [REDACTED] Bosco Di Flore Street
 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 Ross University School of Medicine		From - To (MM/YY - MM/YY) 09/05-03/09	
Address 485 US Hwy 1 South, Building B, 4th Floor	City Iselin	State NJ	Zip 08830
Diploma/Degree obtained, if any Doctor of Medicine			
School Name University Of California Los Angeles		From - To (MM/YY - MM/YY) 09/01-06/05	
Address 405 Hilgard Ave	City Los Angeles	State CA	Zip 90095
Diploma/Degree obtained, if any Microbiology, Immunology & Molecular Genetics			
School Name Sonoro High School		From - To (MM/YY - MM/YY) 09/97-06/01	
Address 401 S Palm Street	City La Habra	State CA	Zip 90631
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) 04/17-Present	Address 4 Bosco Di Fiore Street	City Las Vegas	State NV	Zip 89138
From - To (MM/YY - MM/YY) 07/15-4/17	Address 1st Ave, 3F	City New York	State NY	Zip 10029
From - To (MM/YY - MM/YY) 07/13-07/15	Address Hammocks Dr. Apt 202	City Bladwinstville	State NY	Zip 13027
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	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 Las Vegas Sports & Spine Center		From - To (MM/YY - MM/YY) 09/21-Present	
Business Address 5191 Camino Al Norte	City North Las Vegas	State NV	Zip 89031
Phone 702-707-7246	Title MD, Co-Owner, Medical Director		
Description of Duties Interventional Spine and Pain Management			
Business Name Advanced Pain Management Center		From - To (MM/YY - MM/YY) 04/20-Present	
Business Address 9029 S. Pecos, Suite 2800	City Henderson	State NV	Zip 89074
Phone 702-739-8323	Title Pain Medicine Attending		
Description of Duties Interventional Spine and Pain Management			
Business Name Nevada Comprehensive Pain Center		From - To (MM/YY - MM/YY) 07/15-02/20	
Business Address 2809 W Charleston Blvd, Suite 150	City Las Vegas	State NV	Zip 89102
Phone 702-476-9999	Title Pain Medicine Attending		
Description of Duties Interventional Spine and Pain Management			
Business Name State University of New York, Upstate Medical University of Syracuse, New York		From - To (MM/YY - MM/YY) 07/14-06/2015	
Business Address 750 E. Adams St, 8th Floor, Room 8403	City Syracuse	State NY	Zip 13210
Phone 315-464-4895	Title Fellowship		
Description of Duties Interventional Spine and Pain Medicine Fellowship - Fellow			
Business Name State University of New York, Upstate Medical University of Syracuse, New York		From - To (MM/YY - MM/YY) 07/14-06/15	
Business Address 750 E. Adams St, JH 310	City Syracuse	State NY	Zip 13210
Phone 315-464-8672	Title Voluntary Attending Faculty - Department of Physical Medicine & Rehabilitation		
Description of Duties Voluntary Attending Faculty			
Continue on next page if additional space is needed.			



Business Name State Univeristy of New York, Upstate Medical University of Syracuse, New York		From - To (MM/YY - MM/YY) 07/13-06/14	
Business Address 750 E. Adams St, JH 310		City Syracuse	State NY
Phone 315-464-8672	Title Chief Resident		
Description of Duties Physical Medicine & Rehabilitation Residency - Chief Resident			

Business Name State Univeristy of New York, Upstate Medical University of Syracuse, New York		From - To (MM/YY - MM/YY) 07/11-6/13	
Business Address 750 E. Adams St, JH 310		City Syracuse	State NY
Phone 315-464-8672	Title Resident		
Description of Duties Physical Medicine & Rehabilitation Residency - Resident			

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

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

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

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



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

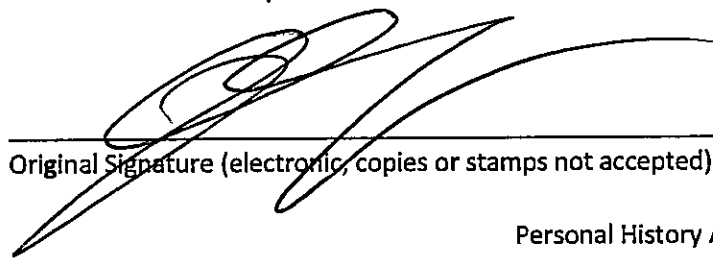


Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement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

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

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

Provide explanation below:


Original Signature (electronic, copies or stamps not accepted)

10/17/2023
Date

Personal History Application

(Applicant's Initials JP)

6 of 7

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.

Kunal Parikh

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

Date

10/17/2023

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

State of Nevada, ss. County of Clark

I, Kunal Parikh, 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.

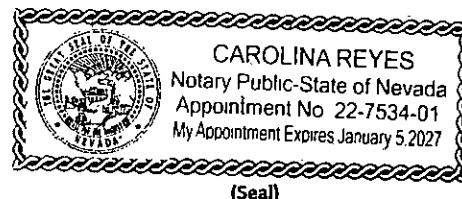
Original Signature

Date

10/17/2023

Subscribed and Sworn to before me this 17 day of October, 2023

Notary Public Signature



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 Pearl Surgery Center
 Pharmacy/Wholesaler License # (if applicable) _____
 Physical Address 5191 Camino Al Norte, Ste A
 City North Las Vegas State NV Zip 89031
 Mailing Address (if different from physical address) Same as above
 City _____ State _____ Zip _____
 Telephone 702-551-7775 Website _____
 Licensing Company Email sszabatura@pearlsurgerycenter.com

Section 2: Personal Information

First Sara Middle Janine Last Szabatura
 Alias(es, nicknames, name changes, etc.) N/A
 Date of Birth _____ SSN or ITIN _____ Sex ☐ M ☒ F ☐ X
 Mailing Address 1 Hayter Ave.
 City Bellflower State CA Zip 90706
 Telephone _____ Email sszabatura@pearlsurgerycenter.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 Long Beach City College		From - To (MM/YY - MM/YY) 01/11 - 06/14		
Address 4901 East Carson Street	City Long Beach	State CA	Zip 90808	
Diploma/Degree obtained, if any AS - Biological Sciences, Nursing: RN Program, AA - Speech Communication				
School Name Long Beach City College		From - To (MM/YY - MM/YY) 08/00 - 05/09		
Address 4901 East Carson Street	City Long Beach	State CA	Zip 90808	
Diploma/Degree obtained, if any AA - Social Sciences				
School Name Downey High School		From - To (MM/YY - MM/YY) 08/96 - 06/99		
Address 11040 Brookshire Ave.	City Downey	State CA	Zip 90241	
Diploma/Degree obtained, if any High School Diploma				
School Name Los Alamitos High School		From - To (MM/YY - MM/YY) 08/95 - 06/96		
Address 3591 W. Cerritos Ave.	City Los Alamitos	State CA	Zip 90720	
Diploma/Degree obtained, if any				
School Name		From - To (MM/YY - MM/YY)		
Address	City	State	Zip	
Diploma/Degree obtained, if any				

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)				
From - To (MM/YY - MM/YY) 08/14 - Current	Address [REDACTED] Hayter Ave.	City Bellflower	State CA	Zip 90706
From - To (MM/YY - MM/YY) 12/07 - 07/14	Address [REDACTED] Stanley Ave. Apt#C	City Long Beach	State CA	Zip 90804
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	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 Hawthorne Surgery Center			From - To (MM/YY - MM/YY) 08/22 - Current	
Business Address 4477 W. 118th Street, Ste. 502		City Hawthorne	State CA	Zip 90250
Phone 213-600-0472	Title Director of Nursing & Surgical Services		Number of Employed Hours 2750	
Description of Duties Managing day to day operations, medication management (inventory, audits, safety, staff trainings), medical records review, staffing				
Business Name San Vicente Surgery Center			From - To (MM/YY - MM/YY) 11/2020 - 07/22	
Business Address 11645 Wilshire Blvd., Ste 987		City Los Angeles	State CA	Zip 90025
Phone 310-289-8600	Title Director of Nursing		Number of Employed Hours 3450	
Description of Duties Managing day to day operations, medication management (inventory, audits, safety, staff trainings), medical records review, staffing				
Business Name Bedford Ambulatory Surgery Center			From - To (MM/YY - MM/YY) 04/2020 - 11/2020	
Business Address 436 N. Bedford Drive, Ste 207		City Beverly Hills	State CA	Zip 90210
Phone 310-247-1932	Title Director of Nursing		Number of Employed Hours 1250	
Description of Duties Managing day to day operations, medication management (inventory, audits, safety, staff trainings), medical records review, staffing				
Business Name Bonita Surgical Center			From - To (MM/YY - MM/YY) 09/15 - 04/19	
Business Address 221 N. Sam Dimas Ave.		City San Dimas	State CA	Zip 91773
Phone 800-400-6776	Title Director of Nursing		Number of Employed Hours 7280	
Description of Duties Managing day to day operations, medication management (inventory, audits, safety, staff trainings), medical records review, staffing				
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 manufacture or distribution of drugs or the practice of pharmacy?		✓
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

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

V. Gerbacia

10/18/27

Date _____

I, Sara Szabatura, certify that as the designated representative for
Pearl Surgery Center

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. SS I am at least 21 years of age;
3. SS 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. SS I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. SS I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. SS 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. SS I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Sara Szabatura

Print Name (First, Last)

S. Szabatura
 Original Signature (electronic, copies or stamps not accepted)

Date

10/18/23

CS

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.

Sara Szabatura

Print Name (First, Last)

S. Szabatura

Original Signature (electronic, copies or stamps not accepted)

10/18/23

Date

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

State of California, ss. County of Los Angeles

I, Sara Szabatura, 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.

S. Szabatura

Original Signature

10/18/23

Date

Subscribed and Sworn to before me this 18th day of October, 2023

Nicole Carter

Notary Public Signature



(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 Los Angeles }

Subscribed and sworn to (or affirmed) before me on this 18th day of October, 2023
Date Month Year

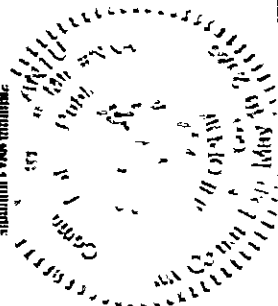
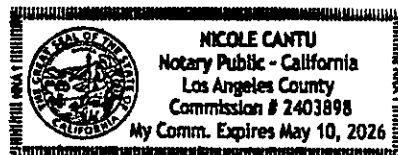
by SARA SZABATURA

Name of Signers

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

Signature: Nicole Cantu

Signature of Notary Public



Seal

Place Notary Seal Above

OPTIONAL

Though this section is optional, completing this information can deter alteration of the document or fraudulent attachment of this form to an unintended document.

Description of Attached Document

Title or Type of Document: NEVADA STATE BOARD OF PHARMACY DESIGNATED

Document Date: 10-18-23 REPRESENTATIVE APPLICATION

Number of Pages: 9 OF 9

Signer(s) Other Than Named Above: NO

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 #: <u>PH04151</u>	☒ 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 ☒ Tuesday ☒ Wednesday ☒ Thursday ☒ Friday ☐ Saturday ☐ Sunday ☐ Holidays		☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12) ☐ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12) ☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12) ☒ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)	

Section 1: General Information

Pharmacy Name: Credo Pharmacy LLC
 Physical Address: 8995 W Flamingo Road, Suite 120
 City: Las Vegas State: Nevada Zip: 89147
 Mailing Address (if different from physical address): _____
 City: _____ State: _____ Zip: _____
 Telephone: 702-800-4000 Toll Free # (NAC 639.708, NRS 639.23286): 888-800-3007
 Fax: 702-800-0488 Contact Email: david@credorx.com
 Website: www.credorx.com
 Nevada Business License # (if applicable) NV20191247874
 Supervising/Managing Pharmacist Name (NRS 639.220): Lorriane E. Galutera
 Supervising/Managing Pharmacist NV Pharmacist Registration #: 13045

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: <u>Lorriane E. Galutera</u>	NV Pharmacist Registration #: <u>13045</u>
Name: <u>Katelyn O'Gara</u>	NV Pharmacist Registration #: <u>23086</u>
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: <u>NA</u>	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: David Tatera

Business Name: Credo Pharmacy LLC

Business Address: 8995 W Flamingo Road, Suite 120

City: Las Vegas State: Nevada Zip: 89147

Telephone: 702-800-0400 Email: david@credorx.com

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the managing member (title) for Credo 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).

David Tatera

Print Name of Authorized Person

David Tatera

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

OCT 6, 2023

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

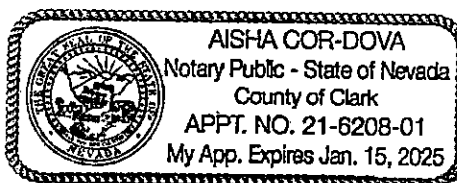
Affidavit for Pharmacy License

I, David Tatera 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 managing member (title) for Credo 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.

David Tatera
Signature



SUBSCRIBED AND SWORN TO
Before me, a notary public this 6th day of October, 2013

Aisha Cor-Dova
Notary Public

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: Lorlane E. Galutera Pharmacist Registration #: 13045
 Pharmacy Name: Credo Pharmacy LLC

Initial each statement below to indicate you have read and agree with the following:

- LG 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.
- LG 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.
- LG 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.
- LG 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)).
- LG 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 **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.

Lorlane E. Galutera
 Original signature of Managing Pharmacist (copies or stamps not accepted)

10/5/21
 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.

David Tatera

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

David Tatera

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

OCT 6, 2023

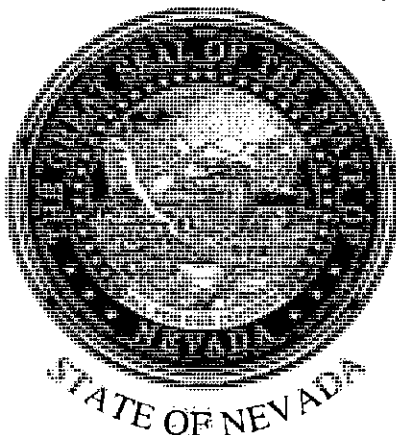
Date

Board Use Only

Date Received: *10/10/23*

Amount: *\$80-LL*

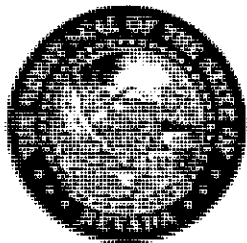
SECRETARY OF STATE

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, corporations sole, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada standing Revised Statutes which are either presently in a status of good standing or were in good for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **CREDO PHARMACY 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 03/29/2019, and is in good standing in this state.

I further certify that the above DOMESTIC LIMITED-LIABILITY COMPANY (86) has its formation document and no amendments on file in this office as of the date of this certificate.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 10/06/2023.

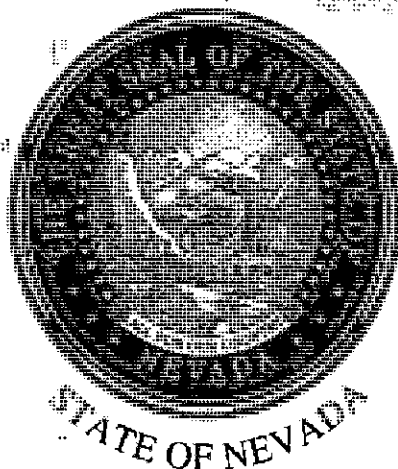
A handwritten signature in cursive script that reads "FV Aguilar".

FRANCISCO V. AGUILAR
Secretary of State

Certificate Number: B202310064020390

You may verify this certificate
online at <http://www.nvsos.gov>

SECRETARY OF STATE



NEVADA STATE BUSINESS LICENSE

CREDO PHARMACY LLC

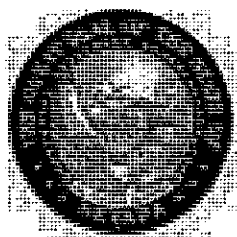
Nevada Business Identification # NV20191247874

Expiration Date: 03/31/2024

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 02/10/2023.

A handwritten signature in cursive script, reading "FV Aguilar", is positioned above the printed name of the Secretary of State.

Certificate Number: B202302103386427

You may verify this certificate
online at <http://www.nvsos.gov>

FRANCISCO V. AGUILAR
Secretary of State



Nevada State Board of Pharmacy
985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Inspection Report Retail Pharmacy

Section 1: General Information	
Inspection Date:	11/14/22
Pharmacy Name:	Credo Pharmacy
Pharmacy Address:	8995 W. Flamingo Rd #120
Pharmacy Phone:	702-800-4000
Pharmacy License #:	PH04154
Managing Pharmacist:	Lorraine Galutera
Managing Pharmacist License #:	13045
E-mail to be utilized for inspection f/u:	info@credorx.com
Name of Primary Wholesaler:	ABC
Name of Pharmacist present for inspection:	Katelyn O'Gara
Name of NVBOP Inspector:	Joe Dodge

Section 2: Inspector Review		Yes	No
1.	Self-Inspection Form complete and accurate Comments: Completed prior to inspection. Answers validated during on-site inspection.	☒	☐
2.	Pharmacy Personnel List complete and accurate Comments: Completed prior to inspection. Document retained for Inlunon verification. All licenses current and posted.	☒	☐
3.	Controlled Substance Biennial inventory complete and accurate Comments: Reviewed document dated 10/27/22. Document signed by PIC, dated, time of inventory, and C-II products separated from remaining controlled substances.	☒	☐
4.	CSOS receiving documents complete and accurate Comments: Reviewed November 2022 documents. Quantity and date received are completed electronically. Document is attached to invoice from wholesaler.	☒	☐
5.	Records of Pharmacy Personnel on duty complete and accurate Comments: Electronic time clock	☒	☐
6.	Controlled Substance invoices are complete and accurate Comments: Invoices contain signature, date, and license number of pharmacist receiving product.	☒	☐
7.	Change in Managing Pharmacist controlled substance inventory complete and accurate (if applicable) Comments: Reviewed document dated 4/15/22. Document signed by incoming and outgoing PIC. Document contains date, time of inventory, and C-II products separated from remaining controlled substances.	☒	☐
8.	Security of the pharmacy meets all of Nevada Statutes and Regulations Comments: Front door entry contains dead-bolt lock. Patient area has 5ft barrier. Video cameras located throughout pharmacy. Rear door entry contains dead-bolt, however the	☐	☒

	employee restroom and break room is on other side of door and door is open during business hours. The back door leading to outside area was found unlocked during inspection. Any person could have had direct access to pharmacy and there were filled prescriptions near rear door entry. C-II's kept in back room with key code entry. Only pharmacist have key code entry to room.		
9.	In-Service training records for pharmacy technicians complete and accurate Comments: All 5 technicians completed NV law CE for prior licensing period. Unable to produce any documentation for prior licensing period for any technicians. PIC states that she didn't check to make sure that technicians completed CE for prior licensing period.	☐	☒
10.	Activity logs for technicians in training complete and accurate Comments: Reviewed log for Ellada Saroyan (PT27427). Contains name, license number, date of training, description, hours completed, signature of both pharmacist and technician.	☒	☐

Section 3: Controlled Substance Audit Report			
Drug Name	Manual count at time of audit	Balance on hand from software system or manual record at time of audit	Discrepancy
Norco 5/325mg generic	234	234	0
Zolpidem 10mg	964	964	0
Lorazepam 1mg	120	120	0
Amphetamine Salt 30mg	20	20	0
Comments: Utilizes manual perpetual log for C-II products			

Section 4: Required Follow-Up – The following items were identified as issues which require a response from the managing pharmacist.	
Description of Issue	Response due date
PIC to send documentation for 12 hours of CE for prior licensing period (11/1/20 – 10/31/22) for all technicians.	11/21/22

Additional Comments:
Anda and Auburn Pharmaceuticals are secondary wholesalers. Both licensed in NV.
Providing Adult diapers. Large quantity in pharmacy warehouse area.
Large amount of Lidocaine 5% ointment 50gm jars on hand (picture taken)
Pharmacy has stock of LenzaPro Flex patch (Lidocaine/Menthol)
Pharmacy has stock of Diclofenac Epolamine Topical Solution 1.3% 30 topical systems
Temperature documented on manual log attached to front of refrigerator. All documented temperatures within acceptable range.
Dispensing a significant amount of Folite tablets (multivitamin)

If you are required to provide documentation to the inspector via fax or e-mail use the contact information listed below.

Please fax required documents to 1-702-486-7903 for Las Vegas inspectors

Luis Curras – lcurras@pharmacy.nv.gov

Leo Basch – lbach@pharmacy.nv.gov

Joe Dodge – j.dodge@pharmacy.nv.gov

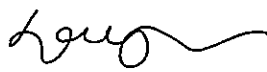
Please fax required documents to 1-775-850-1444 for Reno inspectors

Mui Lee – m.lee@pharmacy.nv.gov

Jenine Davis – jmdavis@pharmacy.nv.gov

Your location has been inspected by an agent of the Nevada Board of Pharmacy. Any noted unsatisfactory conditions that require action are listed above and they must be corrected within the time frames stated to ensure compliance with laws and regulations governing your business.

 Recoverable Signature

X 

Signature of Pharmacist on Duty

Signed by: 1d353de8-32fb-4b00-8ad7-4d1f91c64c65

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE UNITED STATES DEPARTMENT OF JUSTICE DRUG ENFORCEMENT ADMINISTRATION WASHINGTON, D.C. 20537		
DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
FC8908002	08-31-2025	\$888
SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	RETAIL PHARMACY	07-20-2022
CREDO PHARMACY LLC 8995 W FLAMINGO RD. STE 120 LAS VEGAS, NV 89147		
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
FC8908002	08-31-2025	\$888
SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	RETAIL PHARMACY	07-20-2022
CREDO PHARMACY LLC 8995 W FLAMINGO RD STE 120 LAS VEGAS, NV 89147		
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.		

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 Credo Pharmacy
 Pharmacy/Wholesaler License # (if applicable) PH04154
 Physical Address 8995 W Flamingo Rd Ste#120
 City Las Vegas State NV Zip 89147
 Mailing Address (if different from physical address) _____
 City _____ State _____ Zip _____
 Telephone 702-800-4000 Website credorx.com
 Licensing Company Email Info@credorx.com

Section 2: Personal Information

First Lorraine Middle Evaristo Last Galutera
 Alias(es, nicknames, name changes, etc.) _____
 Date of Birth [REDACTED] SSN or ITIN [REDACTED] Sex ☐ M ☒ F ☐ X
 Mailing Address [REDACTED] Antelope Canyon Ave
 City Las Vegas State NV Zip 89147
 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 University of Illinois College of Pharmacy		From - To (MM/YY - MM/YY) 09/86-12/90	
Address 833 S. Wood Street	City Chicago	State IL	Zip 60612
Diploma/Degree obtained, if any Doctorate of Pharmacy			
School Name Loyola University Chicago		From - To (MM/YY - MM/YY) 08/82-08/86	
Address 1032 W Sheridan Rd	City Chicago	State IL	Zip 60660
Diploma/Degree obtained, if any Bachelor's in Biology			
School Name Niles West		From - To (MM/YY - MM/YY) 08/78-08/82	
Address 5701 W Oakton St	City Skokie	State IL	Zip 60077
Diploma/Degree obtained, if any High School Degree			
School Name		From - To (MM/YY - MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY - MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

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

From - To (MM/YY - MM/YY) 01/98-10/23	Address [REDACTED] Antelope Canyon Ave	City Las Vegas	State NV	Zip 89147
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
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 CVS Pharmacy		From - To (MM/YY - MM/YY) 01/91-08/18	
Business Address 4014 S Rainbow Blvd		City Las Vegas	State NV
Phone 702-873-5917	Title PHARMACY MGR/STAFF PHARMACIST	Number of Employed Hours 56,000	

Description of Duties
Duties consisted of filling prescriptions, taking prescriptions over phone, controlling inventory/stock, customer service and supervising technicians, interns and staff pharmacists while manager.

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

Description of Duties

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

Description of Duties

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

Description of Duties

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

Description of Duties

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				
Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				
Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				
Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				
Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				
Make copies of this page OR use a separate piece of paper if additional space is needed.				

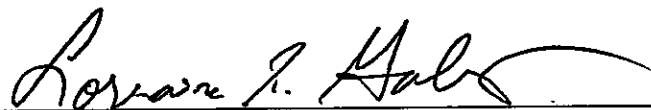
Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event?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

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

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

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

Provide explanation below:



Original Signature (electronic, copies or stamps not accepted)

10/6/23

Date

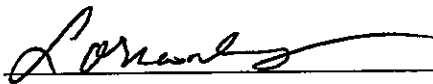
I, LORRAINE GALUTERA, certify that as the designated representative for
CREDO PHARMACY,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. LG I am at least 21 years of age;
3. LG 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. LG I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. LG I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. LG 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. LG I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

LORRAINE E GALUTERA

Print Name (First, Last)



Original Signature (electronic, copies or stamps not accepted)

10-5-2023

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.

LORRAINE GALUTERA

Print Name (First, Last)

Lorraine Galutera

Original Signature (electronic, copies or stamps not accepted)

10-5-2023

Date

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

State of Nevada, ss. County of Clark

I, Lorraine Galutera, 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.

Lorraine Galutera

Original Signature

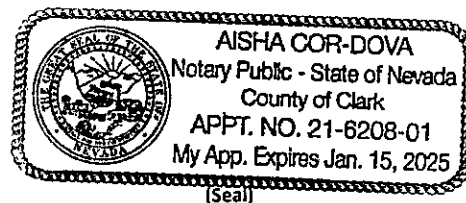
10/6/23

Date

Subscribed and Sworn to before me this 6th day of October 2023

Aisha Cor-Dova

Notary Public Signature



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 Credo Pharmacy

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable) NV20191247874 PH04154

Physical Address 8995 W Flamingo Rd Suite 120

City Las Vegas State NV Zip 89123

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 702-800-4000 Website www.credorx.com

Licensing Company Email david@credorx.com

Section 2: Personal Information

First David Middle M Last Tatera

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

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

Mailing Address Knight Ethan St

City Las Vegas State NV Zip 89123

Telephone Email

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

Section 3: Military Service (NRS 622.120)

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

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 Southern California		From - To (MM/YY - MM/YY) 8/89 to 5/95	
Address 3551 Trousdale Parkway	City Los Angeles	State CA	Zip 90089
Diploma/Degree obtained, if any Ph.D. Counseling Psychology			
School Name Pepperdine University		From - To (MM/YY - MM/YY) 8/87 to 7/89	
Address 24255 Pacific Coast Hwy	City Malibu	State CA	Zip 90263
Diploma/Degree obtained, if any M.A. Psychology			
School Name Lake Forest College		From - To (MM/YY - MM/YY) 08/83 to 5/87	
Address 555 N Sheridan Road	City Lake Forest	State CA	Zip 60045
Diploma/Degree obtained, if any B.A. double major: psychology and english			
School Name Driscoll Catholic High School		From - To (MM/YY - MM/YY) 08/79 to 06/83	
Address 555 N Lombard Road	City Addison	State IL	Zip 60101
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) 6/23 to present	Address ████ Knight Ethan St	City Las Vegas	State NV	Zip 89123
From - To (MM/YY - MM/YY) 10/17 to 6/23	Address ████████████████████	City FPO, AP Iwakuni Japan	State Japan	Zip 96310
From - To (MM/YY - MM/YY) 06/11 to 02/19	Address ████ Elmridge Court	City Beckley	State WV	Zip 25801
From - To (MM/YY - MM/YY) 10/07 to 04/11	Address ████ Richland View Lane	City Bartlett	State TN	Zip 38133
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	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)	
Advancia Aeronautics (2017-2021) and Goldbelt Glacier Health Care (2021-2023)		10/17 to 6/23	
Business Address	City	State	Zip
MCAS Iwakuni Marine Corps Air Station Iwakuni Japan			
Phone	Title		
	contract Clinical Psychologist in Primary Care @ Military Hospital Iwakuni Japan		
Description of Duties			
Sole Psychologist in Primary Care within MTF providing mental health services to reduce / eliminate chief complaint for active duty patients aged 17-47. Consulted & coordinated patient care (pharmacotherapy) with physicians, pharmacists and other specialists when medication was clinically appropriate.			
Business Name		From - To (MM/YY - MM/YY)	
Federal Bureau of Prisons / Department of Justice		8/95 to 10/17	
Business Address	City	State	Zip
6 different Federal duty stations across USA			
Phone	Title		
	Clinical Psychologist / Drug Program Coordinator		
Description of Duties			
Clinical Psychologist for DOJ for 20+ years, retired 10/17 with pension and full benefits. Worked at 6 different duty station with positions including program manager and department head (supervising staff and monitoring budgets) while still providing full range of direct clinical care to adult populations.			
Business Name		From - To (MM/YY - MM/YY)	
Business Address	City	State	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 B: 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.

David Tatera

Print Name (First, Last)

David Tatera

Original Signature (electronic, copies or stamps not accepted)

OCT 6, 2023

Date

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

State of Nevada, ss. County of CLARK

I, David Tatera, 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.

David Tatera

Original Signature

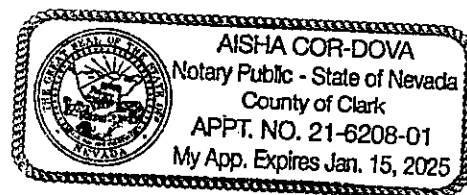
6 Oct 2023

Date

Subscribed and Sworn to before me this 6th day of OCTOBER 2023

Aisha Cor-Dova

Notary Public Signature



(Seal)

8B

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 ☒ Tuesday ☒ Wednesday ☒ Thursday ☒ Friday ☐ Saturday ☐ Sunday ☐ Holidays		☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12) ☐ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12) ☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12) ☒ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)	

Section 1: General Information

Pharmacy Name: Lyfe Pharmacy
 Physical Address: 4626 S Maryland pkwy unit B
 City: Las Vegas State: NV Zip: 89119
 Mailing Address (if different from physical address): [REDACTED] Lorca Major st
 City: Las Vegas State: NV Zip: 89141
 Telephone: [REDACTED] Toll Free # (NAC 639.708, NRS 639.23286): _____
 Fax: N/A Contact Email: [REDACTED]
 Website: N/A
 Nevada Business License # (if applicable): N/A
 Supervising/Managing Pharmacist Name (NRS 639.220): Nazokat Migmatova
 Supervising/Managing Pharmacist NV Pharmacist Registration # (if applicable): 20601

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: <u>Nazokat Nigmatova</u>	NV Pharmacist Registration #: <u>20601</u>
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: <u>NA</u>	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: Nazokat Nigmatova

Business Name: Lyfe Pharmacy

Business Address: 4626 S Maryland pkwy unit B

City: Las Vegas State: NV Zip: 89119

Telephone: _____ Email: _____

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)
Statement of Responsibility

1. I am the Nazokat Nigmatova (title) for Lyfe 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).

Nazokat Nigmatova
 Print Name of Authorized Person

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

10-20-2023
 Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, Nazokat Nigmatova 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 Lyfe 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

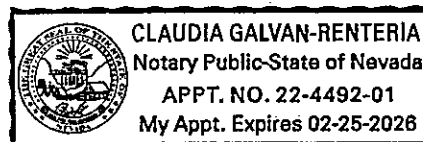
SUBSCRIBED AND SWORN TO

Before me, a notary public this 20th day of October, 2023

Claudia Galvan-Renteria

Notary Public

State of Nevada
County of Clark



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: Nizakat Nigmatova Pharmacist Registration #: 20601

 Pharmacy Name: Lyfe Pharmacy

Initial each statement below to indicate you have read and agree with the following:

- NN 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.
- NN 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.
- NN 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.
- NN 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)).
- NN 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 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:	
Criminal Action:		State:	Date:	Case #:	County:

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

Original signature of Managing Pharmacist (copies or stamps not accepted)

Date

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.

Nazokat Nigmatova

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

[Signature]

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

10-20-2023

Date

Board Use Only

Date Received: 10/23/23

Amount: \$500-CC

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 Lyfe Pharmacy
 Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable) N/A
 Physical Address 4626 S Maryland pkwy unit B
 City Las Vegas State NV Zip 89119
 Mailing Address (if different from physical address) [REDACTED] Lorca Major st
 City Las Vegas State NV Zip 89141
 Telephone [REDACTED] Website N/A
 Licensing Company Email [REDACTED]

Section 2: Personal Information

First Nazokat Middle _____ Last Nigmatova
 Alias(es, nicknames, name changes, etc.) _____
 Date of Birth [REDACTED] SSN or ITIN [REDACTED] Sex ☐ M ☒ F ☐ X
 Mailing Address [REDACTED] Lorca Major st
 City Las Vegas NV 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 <i>Roseman University of Health Sciences</i>		From - To (MM/YY - MM/YY) <i>8/17 - 5/2020</i>	
Address <i>11 Sunset Way</i>	City <i>Henderson</i>	State <i>NV</i>	Zip <i>89014</i>
Diploma/Degree obtained, if any <i>Doctor of Pharmacy</i>			
School Name		From - To (MM/YY - MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY - MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY - MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY - MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

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

From - To (MM/YY - MM/YY) <i>1/23 - 11/23</i>	Address <i>████████ Lorca Major st</i>	City <i>Las Vegas</i>	State <i>NV</i>	Zip <i>89141</i>
From - To (MM/YY - MM/YY) <i>5/22 - 1/23</i>	Address <i>████████ Brighton 6th st apt 4J</i>	City <i>Brooklyn</i>	State <i>NY</i>	Zip <i>11235</i>
From - To (MM/YY - MM/YY) <i>4/20 - 5/22</i>	Address <i>████████ Green Cedar Dr</i>	City <i>Las Vegas</i>	State <i>NV</i>	Zip <i>89123</i>
From - To (MM/YY - MM/YY) <i>8/17 - 4/20</i>	Address <i>████████ Windmill pkwy #1512</i>	City <i>Henderson</i>	State <i>NV</i>	Zip <i>89074</i>
From - To (MM/YY - MM/YY) <i>4/17 - 8/17</i>	Address <i>████████ Hollowglen</i>	City <i>Irvine</i>	State <i>CA</i>	Zip <i>92604</i>
From - To (MM/YY - MM/YY) <i>4/16 - 4/17</i>	Address <i>████████ Palatine apt 1113</i>	City <i>Irvine</i>	State <i>CA</i>	Zip <i>92612</i>
From - To (MM/YY - MM/YY) <i>5/15 - 4/16</i>	Address <i>████████ Palatine apt 442</i>	City <i>Irvine</i>	State <i>CA</i>	Zip <i>92612</i>
From - To (MM/YY - MM/YY) <i>8/13 - 5/15</i>	Address <i>████████ Brighton 6th st apt 4J</i>	City <i>Brooklyn</i>	State <i>NY</i>	Zip <i>11235</i>
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 Evergreen Pharmacy		From - To (MM/YY - MM/YY) 4/21 - 10/23	
Business Address 4110 S Maryland pkwy unit 17	City Las Vegas	State NV	Zip 89119
Phone 702-462-6262	Title Managing Pharmacist		
Description of Duties Manage day to day operations, precept tech in trainings, order medications, verify medications, consult doctors & patients			
Business Name Prevail Pharmacy		From - To (MM/YY - MM/YY) 10/22 - 12/22	
Business Address 850 Amsterdam Ave	City New York	State NY	Zip 100235
Phone 917-409-3891	Title Pharmacist		
Description of Duties Verify medications, do immunizations, consult patients, answer doctor phone calls.			
Business Name AB Clinical Trials		From - To (MM/YY - MM/YY) 1/21 - 4/21	
Business Address 2110 E Flamingo Rd #103	City Las Vegas	State NV	Zip 89119
Phone 702-233-4700	Title Pharmacist		
Description of Duties Administer mRNA COVID vaccine for clinical trial patients, document necessary steps, prepare vaccines.			
Business Name CVS Pharmacy		From - To (MM/YY - MM/YY) 8/20 - 3/21	
Business Address 6371 N Decatur Blvd	City Las Vegas	State NV	Zip 89130
Phone 702-515-8541	Title Pharmacist		
Description of Duties Verify medications, administer vaccines, consult patients.			
Business Name		From - To (MM/YY - MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			
Continue on next page if additional space is needed.			

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

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

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

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

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

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

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

Nazokat Nigmatova
 Print Name (First, Last)

[Signature]
 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 NEVADA, ss. County of CLARK

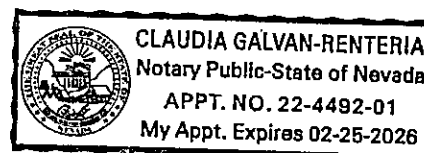
I, Claudia Galvan-Renteria, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge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

[Signature]
 Original Signature

10-20-23
 Date

Subscribed and Sworn to before me this 20th day of October, 2023.

Claudia Galvan-Renteria
 Notary Public Signature



(Seal)

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, corporations sole, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada standing Revised Statutes which are either presently in a status of good standing or were in good for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **Lyfe Pharmacy, Inc.**, as a DOMESTIC CORPORATION (78) 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 10/20/2023, and is in good standing in this state.

I further certify that the above DOMESTIC CORPORATION (78) has its formation document and no amendments on file in this office as of the date of this certificate.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 10/21/2023.

FRANCISCO V. AGUILAR
Secretary of State

Certificate Number: B202310214055888

You may verify this certificate
online at <http://www.nvsos.gov>

8C

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 ☒ Tuesday ☒ Wednesday ☒ Thursday	☒ Friday ☒ Saturday ☐ Sunday ☐ Holidays	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12) ☐ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12) ☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12) ☒ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)	

Section 1: General Information

Pharmacy Name: Vegas Youn Pharmacy
 Physical Address: 6126 W. Flamingo Road
 City: Las Vegas State: NV Zip: 89103
 Mailing Address (if different from physical address): 8038 Passion Ct.
 City: Las Vegas State: NV Zip: 89143
 Telephone: [REDACTED] Toll Free # (NAC 639.708, NRS 639.23286): _____
 Fax: _____ Contact Email: [REDACTED]
 Website: _____
 Nevada Business License # (if applicable) NV20232963036
 Supervising/Managing Pharmacist Name (NRS 639.220): Chang P. Kim
 Supervising/Managing Pharmacist NV Pharmacist Registration # (if applicable): 11328

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: <u>Chang P. Kim</u>	NV Pharmacist Registration #: <u>11328</u>
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 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: Chang P. Kim

Business Name: Vegas Your Pharmacy

Business Address: 6126 W. Flamingo Road

City: Las Vegas State: NV Zip: 89103

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 Vegas Youn 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).

Chang P. Kim

Print Name of Authorized Person



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

11-22-23

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

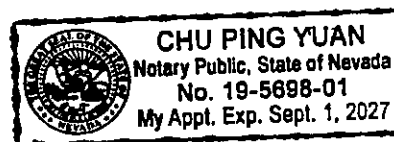
Affidavit for Pharmacy License

I, Chang P. Kim hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

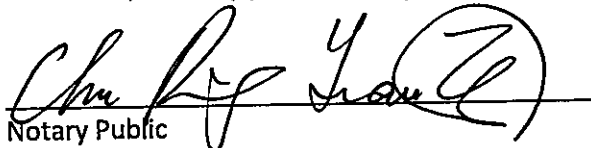
1. I am the managing pharmacist (title) for Vegas Your Pharmacy (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge 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 22nd day of Nov, 2023


Notary Public

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: Chang P. Kim Pharmacist Registration #: 11328

Pharmacy Name: Vegas Young Pharmacy

Initial each statement below to indicate you have read and agree with the following:

Ch

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.

Ch

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.

Ch

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.

Ch

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)).

Ch

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.

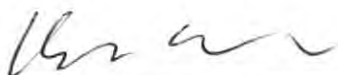

Original signature of Managing Pharmacist (copies or stamps not accepted)

11-22-23
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.

Chang P. Kim

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)

11-22-23

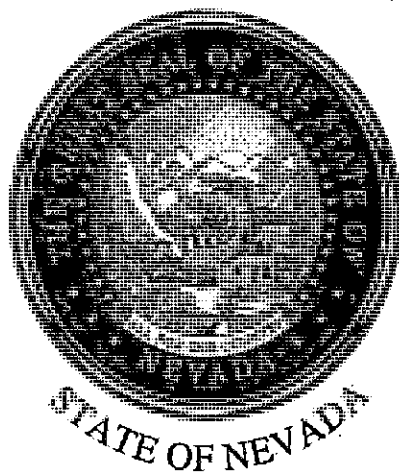
Date

Board Use Only

Date Received: 11/27/23

Amount: \$500 - check 1372

SECRETARY OF STATE



NEVADA STATE BUSINESS LICENSE

VEGAS YOUN PHARMACY LLC

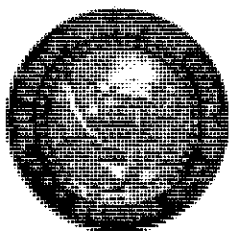
Nevada Business Identification # NV20232963036

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 11/22/2023.

A handwritten signature in cursive script, reading "FV Aguilar", is written over the printed name.

FRANCISCO V. AGUILAR
Secretary of State

Certificate Number: B202311224142638

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 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

Business Entity - Filing Acknowledgement

11/22/2023

Work Order Item Number: W2023112200785 - 3296209
Filing Number: 20233649928
Filing Type: Initial List
Filing Date/Time: 11/22/2023 11:26:25 AM
Filing Page(s): 2

Indexed Entity Information:

Entity ID: E36499272023-7

Entity Name: VEGAS YOUNG
PHARMACY LLC

Entity Status: Active

Expiration Date: None

Represented Entity

6126 W FLAMINGO ROAD, Las Vegas, NV 89103, USA

The attached document(s) were filed with the Nevada Secretary of State, Commercial Recording Division. The filing date and time have been affixed to each document, indicating the date and time of filing. A filing number is also affixed and can be used to reference this document in the future.

Respectfully,

A handwritten signature in black ink, appearing to read "FV Aguilar".

FRANCISCO V. AGUILAR
Secretary of State

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 Vegas Your Pharmacy
 Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable) _____
 Physical Address 6126 W. Flamingo Road
 City Las Vegas State NV Zip 89103
 Mailing Address (if different from physical address) Passion Ct.
 City Las Vegas State NV Zip 89113
 Telephone _____ Website _____
 Licensing Company Email _____

Section 2: Personal Information

First Chang P. Middle _____ Last Kim
 Alias(es, nicknames, name changes, etc.) _____
 Date of Birth _____ SSN or ITIN _____ Sex ☒ M ☐ F ☐ X
 Mailing Address Passion Ct
 City Las Vegas State NV Zip 89113
 Telephone _____ Email _____
 Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)

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

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 Choong Ang University		From - To (MM/YY - MM/YY) 03/80 - 01/87	
Address	City Seoul	State KOREA	Zip
Diploma/Degree obtained, if any Pharmacy bachelor degree			
School Name Hongik high school		From - To (MM/YY - MM/YY) 03/76 - 01/79	
Address	City Seoul	State KOREA	Zip
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) 05/23 - Now	Address Passion Ct	City Las Vegas	State NV	Zip 89113
From - To (MM/YY - MM/YY) 07/22 - 04/23	Address W Sunset Rd #1148	City Las Vegas	State NV	Zip 89113
From - To (MM/YY - MM/YY) 11/13 - 06/22	Address Lost Valley St.	City Las Vegas	State NV	Zip 89113
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	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		JDX pharmacy		From - To (MM/YY - MM/YY)		06/23 - now	
Business Address		1504 S Broadway		City	Santa Maria	State	CA
Phone		805-9221747		Title		pharmacist	
Description of Duties							
filling the prescription drugs and counseling to the patients about the OTC products and giving vaccinations							
Business Name		Rx Pharmacy		From - To (MM/YY - MM/YY)		03/22 - 07/22	
Business Address		3101 Sillect Ave #115		City	Bakersfield	State	CA
Phone		661-4895309		Title		pharmacist	
Description of Duties							
filling the prescription drugs and checking/verifying bubble pack medications and giving vaccinations							
Business Name		Walgreens		From - To (MM/YY - MM/YY)		12/13 - 12/20	
Business Address		9550 Hagamen Rd		City	Bakersfield	State	CA
Phone		661-5870838		Title		Night shift pharmacist	
Description of Duties							
filling the prescription drugs especially the ones from hospices, and counseling about OTC products and giving vaccinations.							
Business Name				From - To (MM/YY - MM/YY)			
Business Address				City		State	
Phone				Title			
Description of Duties							
Business Name				From - To (MM/YY - MM/YY)			
Business Address				City		State	
Phone				Title			
Description of Duties							

Continue on next page if additional space is needed.

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

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.

Chang P. Kim

Print Name (First, Last)

[Signature]

Original Signature (electronic, copies or stamps not accepted)

11/22/23

Date

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

State of Nevada, ss. County of Clark

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

[Signature]

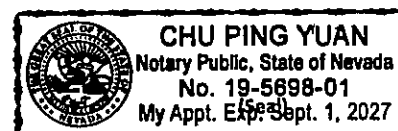
Original Signature

11/22/23

Date

Subscribed and Sworn to before me this 22nd day of Nov, 2023.

Chu Ping Yuan
Notary Public Signature



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 (8/02/2022)

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 ☒ Tuesday ☒ Wednesday ☒ Thursday	☒ Friday ☐ Saturday ☐ Sunday ☐ Holidays	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12) ☒ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12) ☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12) ☒ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)	

Section 1: General Information

Pharmacy Name: ALLAYMEDS INC

Physical Address: 2414 BABCOCK RD STE 111

City: SAN ANTONIO State: TX Zip: 78229

Mailing Address (if different from physical address): SAME AS ABOVE

City: _____ State: _____ Zip: _____

Telephone: 210-809-6607 Toll Free # (NAC 639.708, NRS 639.23286): _____

Fax: 210-809-6297 Contact Email: ALLAYMEDSINC@GMAIL.COM

Website: ALLAYMEDS.COM

Nevada Business License # (if applicable) _____

Supervising/Managing Pharmacist Name (NRS 639.220): Suryanarayana Raju

Supervising/Managing Pharmacist NV Pharmacist Registration # 22871

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: <u>DEREK ESTRADA</u>	NV Pharmacist Registration #: <u>23860</u>
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: <u>N/A</u>	Credentials: _____	%: _____
Name: <u>N/A</u>	Credentials: _____	%: _____
Name: <u>N/A</u>	Credentials: _____	%: _____
Name: <u>N/A</u>	Credentials: _____	%: _____
Name: <u>N/A</u>	Credentials: _____	%: _____

- The Board shall not issue a license to conduct a pharmacy:
 - To any practitioner; or
 - To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
- This section does not:
 - Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
 - 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: TEXAS

Parent Company (if any): _____

Corporation/Organization Name: ALLAYMEDS INC

Mailing Address: 2414 BABCOCK RD STE 111

City: SAN ANTONIO State: TX Zip: 78229

Telephone: 210-809-6607 Email: ALLAYMEDSINC@GMAIL.COM

Contact Person Name: RAJUSAGI

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: SURYANARAYANA RAJU SAGI

Business Name: ALLAYMEDS INC

Business Address: 2414 BABCOCK RD STE 111

City: SAN ANTONIO State: TEXAS Zip: 78229

Telephone: 210-809-6607 Email: ALLAYMEDSINC@GMAIL.COM

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the OWNER (title) for ALLAYMEDS 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).

SURYANARAYANA RAJU SAGI

Print Name of Authorized Person

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

06/26/2023

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.

DEREK ESTRADA

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)

08/22/2023

Date

Board Use Only

Date Received: 8/24/23

Amount: 500.00

Candy Nally

From: Allaymeds Inc <allaymedsinc@gmail.com>
Sent: Thursday, November 30, 2023 10:34 AM
To: Candy Nally
Cc: Pharmacy Board
Subject: Re: Out-of-State Pharmacy Application
Attachments: 2023-11-03 12-54 (1).pdf

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

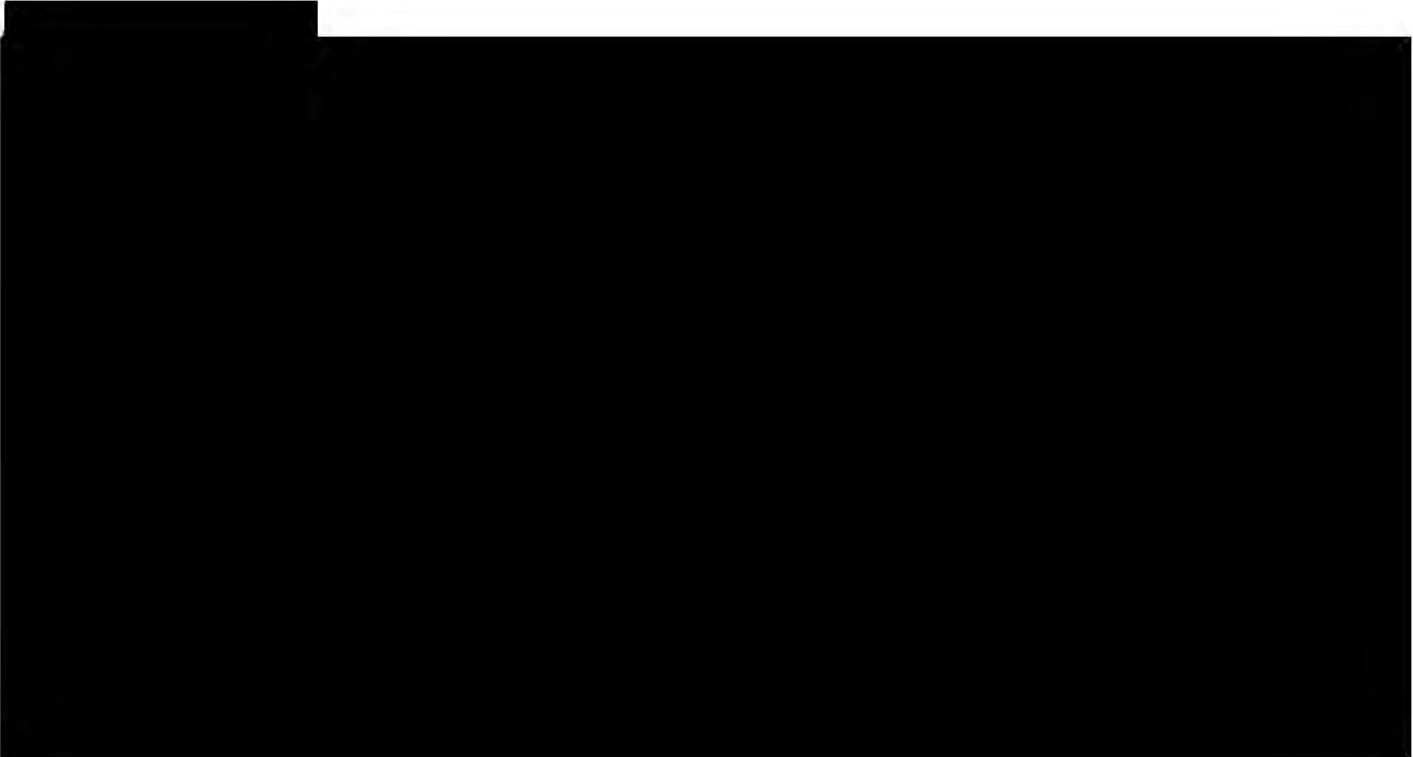
Hello,

We have sent the new license with the new pharmacist license on Fri, Nov 3, 12:58 PM to cnally email. I have attached the info below again.

In the pharmacy application it does not show a check mark to provide officers and directions info if it is owned by a sole owner. But below I have added my name as the owner and PIC for the pharmacy. If you needed any further info please let me know. I have sent several email to cnally email and never got reply past two months. Please check the SPAM folder.

Officer : Suryanarayarana Raju Sagi

Thank You
Rajusagi





Franchise Tax Account Status

As of : 10/28/2021 15:30:10

This page is valid for most business transactions but is not sufficient for filings with the Secretary of State

ALLAYMEDS INC	
Texas Taxpayer Number	32081084967
Mailing Address	3711 MEDICAL DR APT 1818 SAN ANTONIO, TX 78229-2295
Right to Transact Business in Texas	ACTIVE
State of Formation	TX
Effective SOS Registration Date	09/17/2021
Texas SOS File Number	0804236718
Registered Agent Name	SURYANARAYANA R SAGI
Registered Office Street Address	3711 MEDICAL DRIVE APT 1818 SAN ANTONIO, TX 78229

TEXAS STATE BOARD OF PHARMACY
333 GUADALUPE ST STE 3 500
AUSTIN TX 78701

ALLAYMEDS INC
2414 BABCOCK RD STE 111
SAN ANTONIO TX 78229



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

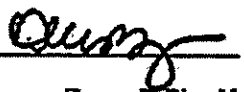
License No. **34312**

Expiration Date: **5/31/2024**

Balances: **2**

ALLAYMEDS INC
2414 BABCOCK RD STE 111
SAN ANTONIO TX 78229




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

MUST BE DISPLAYED IN FULL PUBLIC VIEW

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
FA1675985	06-30-2025	\$888

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	RETAIL PHARMACY	06-27-2022

ALLAYMEDS INC 2414 BABCOCK RD, STE 111 SAN ANTONIO, TX 78229

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.

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ALLAYMEDS INC 2414 BABCOCK RD, STE 111 SAN ANTONIO, TX 78229

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Form DEA-223 (9/2016)



Texas Pharmacy License # 34312

ALLAYMEDS INC

License Information

License Status Active
License # 34312
Expiration Date 05/31/2024
Date License Issued 05/23/2022

Address

2414 BABCOCK RD STE 111
SAN ANTONIO, TX 78229
County BEXAR
Phone (210) 809-6607

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 Sterile Compounding

Type of Ownership Corporation

Type of Pharmacy Community Independent

of Hospital beds

Employment Information

Pharmacist in Charge
ESTRADA, DEREK ALEXANDER

Pharmacy Profile *

Accessible to disabled persons? Yes

Participates in the Texas Medicaid program? Yes

**Translating services
(Listed Below If Available)**

Spanish

* 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

- 3231521 34312 ALLAYMEDSINC 2022-05 05-2027.pdf
- 3231521 34312 ALLAYMEDSINC 2023-01 01-2028.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	Yes
Compounding Sterile-Risk Level Med	Yes
Compounding Sterile-Risk Level High	Yes
Compounding Non-Sterile	Yes
24 Hour Service	No
Closed Door	No
Compounding, Office Use	Yes
Home Delivery	No
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
ESTRADA, DEREK ALEXANDER	67309	08/20/2020	07/31/2024	PIC	Active
POWELL, ZACHRY ALEXANDER	69407	09/09/2021	11/30/2023	Relief	Active
Page 1 of 1				20 ▼	View 1 - 2 of 2

Texas Registered Technicians/Trainees Employment Information

Technician/Trainee Name	License #	Registr. Date	Expir. Date	Emp. Status	Reg. Status
ALVARADO, KIMBERLY	359440	08/28/2023	08/31/2025	Staff	Active
CORONADO, ALAYSSA YVONNE	139179	05/17/2007	02/28/2025	Staff	Active
ESPARZA, DANIELA MICHELLE	342685	08/05/2022	08/31/2024	Staff	Active
MACIAS, JAVIER ARATH	355433	05/29/2023	05/31/2025	Staff	Active
MORIN, CHRISTA MARISSA	319212	03/16/2021	08/31/2024	Staff	Active
RAJ, PRASHANT	231567	06/13/2014	12/31/2023	Staff	Active
Page 1 of 1				20 ▼	View 1 - 6 of 6

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
ALLAYMEDS INC	OWNER	2414 BABCOCK RD STE 111	SAN ANTONIO	TX	78229
SAGI, SURYANARAYANA RAJU	OFFICER	,			
Page 1 of 1				20 ▼	View 1 - 2 of 2

Notice of Inspection

Facility Information

Name: *ALLAYMEDS INC*

License Number: *34312*

Address: *2414 BABCOCK RD STE 111, SAN ANTONIO, TX 78229*

Phone: *(210) 809-6607*

Email:

Class of License: *AS*

License Expiration: *05/31/2024*

DEA #: *FA1675985*

DEA Expiration: *06/30/2025*

Inspection Information

Type: *Compliance*

Purpose: *Routine*

Date: *01/17/2023*

Arrival Time: *11:30 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.

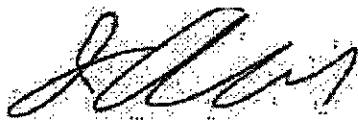


Raj Sagi

Staff

49922

Witness



Jim Clark

Inspection Report

Facility Information

Name: *ALLAYMEDS INC*

License Number: *34312*

Class of License: *AS*

Inspection Information

Type: *Compliance*

Purpose: *Routine*

Date: *01/17/2023*

Arrival Time: *11:30 AM*

Departure Time: *4:00 PM*

Action Taken: *Inspection*

General Comments:

Licenses/Registration

Verify personnel have active licenses & address with PIC/RPh if necessary

Satisfactory

01. Required licenses posted

Satisfactory

09. Active licenses/certifications

Satisfactory

62. No aiding and abetting

Satisfactory

65. Proper registration procedures

Satisfactory

79. Identification badges

Satisfactory

Comment

Advised to wear identification tag or badge with name and title at all times.

Inventory Records

15. Change of PIC inventory

Satisfactory

Comment

Change of PIC inventory completed on:8/4/2022

17. Meets inventory requirements

Satisfactory

59. Proper drug destruction

Satisfactory

68. Change of ownership controlled substance inventory

Not Applicable

69. Annual controlled substance inventory

Satisfactory

Comment

Initial controlled substance inventory completed on:8/4/2022

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

76. PIC (Does the pharmacy have a pharmacist-in-charge?)

Satisfactory

Environment/Equipment/Security

03. Orderly/Clean

Satisfactory

04. Balance inspection

Satisfactory

05. Equipment Inspection

Satisfactory

07. Security

Satisfactory

08. Environment

Satisfactory

48. Drugs (procurement, temperature, security, out-of-date, samples)

Satisfactory

90. TSBP complaint notification

Satisfactory

Controlled Substances

10. Prescriptions separated

Satisfactory

24. Theft/Loss

Satisfactory

26. Controlled substance prescription compliance

Satisfactory

Comment

Advised to have name and DEA of supervising physician on all RXs ordered by mid level practitioners

30. Controlled substance invoices dated/initialed by pharmacist

Satisfactory

Comment

Advised to initial and date all controlled substance invoices.

35. Controlled substance invoices separated

Satisfactory

46. Drug distribution

Satisfactory

53. Possession of controlled substances

Satisfactory

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?)

Satisfactory

45. Proper dispensing/labeling	Satisfactory
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54. Proper prepackaging procedures	Satisfactory
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Library

06. Required Library	Satisfactory
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Training

60. Documentation of required training	Satisfactory
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61. Supervision of supportive personnel	Satisfactory
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Patient/Computer/Dispensing Records

18. Records available	Satisfactory
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22. Data processing system compliance	Satisfactory
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25. Prescriptions (complete, retrievable, auto-refills, accelerated refills)	Satisfactory
--	--------------

37. Legal dispensing (Are valid prescriptions being dispensed by a pharmacist?)	Satisfactory
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56. Prescription transfers	Satisfactory
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67. Written drug information provided	Satisfactory
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80. Patient counseling	Satisfactory
------------------------	--------------

82. Patient Medication Records	Satisfactory
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84. Drug regimen review	Satisfactory
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86. Absence of pharmacist records	Satisfactory
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Comment

Due Date for Completed Correction: 02/16/2023

*Advised to maintain complete Absence of Pharmacist Pick-Up Records.***Policies & Procedures/SOPs**

70. Required policies & procedures/SOPs	Satisfactory
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92. Automated dispensing policy & procedures/SOPs	Satisfactory
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Non-Sterile Compounding

38. Area for non-sterile compounding	Satisfactory
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43. Records for non-sterile compounding	Satisfactory
---	--------------

Compounded Dosage Forms

Allergen extracts	No
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Parenteral solutions	No
Parenteral suspensions	No
Preservative-free parenterals	No
Ophthalmic preparations	No
Oral or nasal inhalation preparations (not topical spray)	No
Bath or soaks for live organs/tissues	No
Irrigations for wounds or body cavities	No
Any other sterile preparations (implants, pellets, etc) [list]	No
Investigational drugs	No
Blood products or other biological materials (wound care, autologous, eye drops, etc)	No
Any compounds using federally controlled substances Schedule I-V (list and percentage)	Yes
Does the pharmacy use lyophilizer?	No

Environment (Sterile)

S109. Is the cleanroom clean and free of objects that shed particles?	Satisfactory
S110. Is the cleanroom used only for sterile preparations?	Satisfactory
S119. Does the cleanroom contain only appropriate supplies?	Satisfactory
S101. Does the ante-area provide at least ISO Class 8 air quality under dynamic conditions?	Satisfactory
S115. Does the ante-area contain a hands-free sink with hot and cold running water?	Satisfactory
S102. Does the buffer area provide at least ISO Class 7 air quality under dynamic conditions?	Satisfactory
S106. Is the buffer area free from sources of water (e.g., sink, floor drains)?	Satisfactory
S108. Is there hands-free access to the buffer area?	Satisfactory
S113. Are floors, walls, ceilings & fixtures smooth, impervious and free from cracks & crevices?	Satisfactory
S112. Does the floor covering enable regular disinfection?	Satisfactory
S118. Are supplies stored above the floor to permit adequate floor cleaning?	Satisfactory
S127. Does the clean room have a pressure gauge or velocity meter to monitor pressure differential between buffer area and ante-area and between the ante-area and the general environment? Is the pressure differential at least 0.02" wc?	Satisfactory
S116. Are temperature and humidity monitored, documented and within the required range?	Satisfactory
S167. Is there a thermometer available for the cleanroom and refrigerator(s)?	Satisfactory

Primary Engineering Control (PECs) Device

S126. Is the laminar air flow hood located in a buffer area that has a minimum differential positive pressure of 0.02" wc?	<i>Satisfactory</i>
S121. Is the PEC able to maintain at least ISO Class 5 conditions while compounding sterile preparations?	<i>Satisfactory</i>
S246. Are hazardous drugs prepared in a Class II/III vertical flow BSC or CACI located in an ISO Class 7 area physically separated from other areas?	<i>Satisfactory</i>
S247. Does the area where the BSC or CACI is located have not less than 0.01" wc negative pressure adjacent to the positive pressure ISO Class 7 area?	<i>Satisfactory</i>
S105. Does the CAI or CACI provide unidirectional airflow?	<i>Not Applicable</i>
S104. If the CAI or CACI is used for high-risk sterile compounding, is it placed in an ISO Class 8 area?	<i>Not Applicable</i>
S122. If the CAI is not required to be placed in an ISO Class 7 area, does the pharmacy maintain documentation from the manufacturer?	<i>Not Applicable</i>
S124. Is the PEC certified by an independent contractor every 6 months and when relocated?	<i>Satisfactory</i>
S125. Are prefilters inspected periodically and replaced as needed?	<i>Satisfactory</i>
S128. Are differential pressures monitored and documented at least every work shift (at a minimum daily) or by a continuous recording device?	<i>Satisfactory</i>

Equipment and Supplies

S174. Does the pharmacy have disposable needles, syringes, and other required or applicable supplies?	<i>Satisfactory</i>
S177. Does the pharmacy have lint-free towels or wipes?	<i>Satisfactory</i>
S180. Does the pharmacy have masks, caps, gowns with tight cuffs, shoes covers, and beard covers (if applicable)?	<i>Satisfactory</i>
S176. Does the pharmacy have handwashing agents with bactericidal action?	<i>Satisfactory</i>
S175. Does the pharmacy have disinfectant cleaning solutions and dedicated cleaning supplies?	<i>Satisfactory</i>
S179. Does the pharmacy have hazardous spill kits, if applicable?	<i>Satisfactory</i>
S171. Does the pharmacy have appropriate containers for needles and syringes?	<i>Satisfactory</i>
S170. Does the pharmacy have sterile isopropyl alcohol, sterile gloves, and waterless alcohol-based surgical hand scrub?	<i>Satisfactory</i>
S178. Does the pharmacy have appropriate filters and filtration equipment?	<i>Satisfactory</i>
S181. If an automated compounding device is used, does the pharmacy calibrate & verify the device for accuracy, and document at least daily?	<i>Satisfactory</i>
S172. Does the pharmacy have packaging or delivery containers to maintain proper storage conditions for sterile preparations?	<i>Satisfactory</i>

High Risk CSPs

S103. If high-risk CSPs are compounded, does the buffer area provide physical separation from other compounding areas?	<i>Satisfactory</i>
S231. Is sterility testing performed if CSPs are prepared in groups > 25, or	<i>Satisfactory</i>
S232. If MDVs are prepared for multiple patients or when exposed > 12 hours at 2-8 degrees C before sterilized, or	<i>Satisfactory</i>
S233. If exposed > 6 hours at warmer than 8 degrees C before sterilized?	<i>Satisfactory</i>
S237. Are all non-sterile measuring, mixing, and purifying devices rinsed thoroughly with pyrogen-free or depyrogenated sterile water, and then thoroughly drained or dried immediately before use for high-risk sterile compounding?	<i>Satisfactory</i>
S238. Are all high-risk sterile solutions subjected to terminal sterilization prefiltered using no larger than a 1.2-micron filter to remove particulate matter? Is sterilization by filtration performed with a sterile 0.2 – 0.22 micrometer pore size filter within an ISO Class 5 environment or better?	<i>Satisfactory</i>
S165. Are filter integrity tests being performed and documented (e.g., bubble point test)?	<i>Satisfactory</i>
S239. Are pre-sterilization procedures (weighing and mixing) completed in an ISO Class 8 environment or better?	<i>Satisfactory</i>

Sterile Library

S154. Does the pharmacy have a reference on injectable drugs?	<i>Satisfactory</i>
S155. Does the pharmacy have a specialty reference?	<i>Satisfactory</i>
S156. Does the pharmacy have all of the required (USP chapters 71, 85, 795, 797, 1163) and applicable USP chapters?	<i>Satisfactory</i>

Hazardous CSPs

S242. Do personnel wear protective apparel at all times when hazardous drugs are handled?	<i>Satisfactory</i>
S243. Do personnel use appropriate safety and containment techniques when preparing hazardous CSPs?	<i>Satisfactory</i>
S244. Do personnel dispose of hazardous waste in compliance with local, state, and federal regulations?	<i>Satisfactory</i>
S245. Do personnel affix a proper label, including proper precautions inside and outside of the packaging?	<i>Satisfactory</i>
S248. Does the pharmacy have a pressure indicator that can be readily monitored for correct room pressurization?	<i>Satisfactory</i>
S249. Does the pharmacy meet the requirements for low volume preparation of hazardous drugs by using a device that provides two-tiers of containment (e.g., closed-system vial transfer device within a BSC)?	<i>Satisfactory</i>
S250. Are hazardous drugs stored separately from other inventory in a manner to prevent contamination and personnel exposure?	<i>Satisfactory</i>
Does the pharmacy have a plan to comply with USP <800> by the implementation date?	<i>Yes</i>

Are hazardous drugs stored separately in compliance with USP <800> (negative pressure at least -0.01" wc to adjacent areas and with at least 12 ACPH)?	Yes
Is hazardous drug waste quarantined in a designated area?	Yes
Are Safety Data Sheets (SDS) [formerly known as Material Safety Data Sheets (MSDS)] available to personnel for drugs and chemicals used in the pharmacy (including those for compounding, if applicable)?	Yes

Personnel Cleansing, Garbing, Hand Hygiene

S202. Does hand sanitizing and gowning occur in the ante-area (outside of the buffer area)?	Satisfactory
S180. Do compounding personnel don clean non-shedding gowns with sleeves that fit snugly around the wrists and enclose at the neck? Is the order of garbing appropriate (dirtiest to cleanest)?	Satisfactory
S194. Before entering the buffer area, do compounding personnel remove cosmetics?	Satisfactory
S195. Before entering the buffer area, do compounding personnel remove all hand, wrist, and other body jewelry/piercings?	Satisfactory
S196. Are natural nails kept neat and trim and no wearing of artificial nails or extenders?	Satisfactory
S200. Do compounding personnel remove debris from underneath fingernails using a nail cleaner under running warm water?	Satisfactory
S192. Are personnel with an apparent illness or open lesions compounding sterile preparations?	Satisfactory
S241. When compounding personnel temporarily exit the ISO Class 7 environment, are re-donning procedures properly followed?	Satisfactory
S201. Do compounding personnel engage in proper hand hygiene?	Satisfactory
S203. Do compounding personnel completely dry hands and forearms using lint-free disposable towels or hand dryer?	Satisfactory
S204. Is antiseptic hand cleansing performed using waterless alcohol-based surgical scrub once inside the buffer area and prior to donning sterile gloves?	Satisfactory
S206. Is sterile isopropyl alcohol applied to gloves throughout the day and when non-sterile surfaces are touched?	Satisfactory

Cleaning/Disinfection Procedures

S182. Does the pharmacy have written procedures on the cleaning and disinfecting of the direct and contiguous compounding areas (e.g., beginning of shift, every 30 minutes, before each batch, spills)?	Satisfactory
S230. Is cleaning performed by trained personnel using approved agents (described in written SOPs)?	Satisfactory
S228. Are supplies & equipment that are removed from shipping cartons wiped with a disinfecting agent (e.g., sterile IPA)?	Satisfactory
S226. Are work surfaces and floors in the ante-area and buffer area cleaned and disinfected daily with dedicated supplies?	Satisfactory

S227. Are walls, ceilings and shelving in the ante-area and buffer area cleaned and disinfected at least monthly? *Satisfactory*

S229. Does the pharmacy maintain documentation of cleaning procedures (i.e., date/time of cleaning, type of cleaning, name of individual who performed the cleaning)? *Satisfactory*

Environmental Sampling

S270. Is surface sampling conducted in all ISO classified areas on a periodic basis? *Satisfactory*

S272. Is viable air sampling performed? *Satisfactory*

S273. Is viable air sampling documented by properly trained individuals for all risk levels every 6 months? *Satisfactory*

S271. Are environmental sampling results evaluated and addressed (i.e., action levels followed)? *Satisfactory*

Records of CSPs

S252. Does the pharmacy maintain records relating to CSPs for a minimum of 2 years? *Satisfactory*

S253. Do compounding records include the date and time of preparation of a CSP? *Satisfactory*

S254. Do compounding records include the complete formula of a CSP? *Satisfactory*

S257. Do compounding records include the quantities of materials used in a CSP? *Satisfactory*

S255. Do compounding records include the signature or initials of who prepared a CSP? *Satisfactory*

S256. Do compounding records include the signature or initials of who conducted the final check of a CSP? *Satisfactory*

S258. Do compounding records include the container used and the number of units prepared for a CSP? *Satisfactory*

S259. Do compounding records include the criteria used to determine the beyond-use date of a CSP? *Satisfactory*

S260. Do compounding records include the documentation of performance of quality control procedures? *Satisfactory*

S261. Are master worksheets and preparation worksheets for batch compounding complete? *Satisfactory*

S262. Are master worksheets developed and approved by a pharmacist? *Satisfactory*

General Operational Requirements

S166. Is a pharmacist available at all times (24/7)? *Satisfactory*

S187. Are written SOPs developed and implemented for all significant procedures in the compounding area to include at a minimum: the facility, equipment, personnel, preparation evaluation, quality assurance, preparation recall, packaging, and storage of CSPs? *Satisfactory*

S188. Does the pharmacy have all required written policies (e.g., pharmaceutical care services, sampling plan, recalls)? *Satisfactory*

S158. If the pharmacy compounds commercially available products, does the pharmacy document the need by verifying and monitoring a drug shortage list (including if the preparation is quarantined/not available once removed from the shortage list)? Or, *Satisfactory*

S158. Does the pharmacy document the need for compounding commercially available products by individual patient needs determined by the prescribing practitioner (i.e., hypersensitivity to inactive ingredients or alternate dosage form)? *Satisfactory*

S275. If the pharmacy dispenses prescriptions to patients in other states, does the pharmacy have proper licensure in those states? *Not Applicable*

Office Use Compounding & Distribution of CSPs

S163. Does the pharmacy have a written agreement with the prescriber that meets all requirements to distribute compounded sterile preparations to practitioners for office use? *Not Applicable*

S162. If the pharmacy is distributing CSPs to another pharmacy, does the pharmacy meet the requirements for such distribution? *Not Applicable*

Is the pharmacy registered with the FDA as an Outsourcing Facility (503B)? *Not Applicable*

Quality Control & Verification of Compounding Accuracy

S207. Does a pharmacist review all compounding records for accuracy and perform the final check of a CSP? *Satisfactory*

S185. Are periodic in-process checks for CSPs defined in written procedures and conducted as defined? *Satisfactory*

S191. Are all drug components USP/NF grade substances manufactured in an FDA-registered facility? If USP/NF grade substances are not available, are the drug components of chemical grade in CP, AR, ACS, or Food Chemical Codex categories? *Satisfactory*

S191. Is a Certificate of Analysis available for all components of the preparation if materials are not purchased through an FDA-registered facility? *Satisfactory*

S191. Are any CSPs prepared by the pharmacy listed on the federal FDA list of drug products that are withdrawn or removed from the market for safety reasons? *Satisfactory*

Veterinary Compounding

Are APIs or other components labeled for veterinary use segregated or marked to prevent use for human compounding? *Not Applicable*

Does the pharmacy meet the same standards for animal compounding as human compounding? *Not Applicable*

Is the pharmacist knowledgeable or does the pharmacy have up-to-date references regarding species limits that can result in toxicity when compounding with particular drugs/excipients? *Not Applicable*

Does the pharmacy document if the animal is a pet or used for food? *Not Applicable*

Is the pharmacist familiar with, or does the pharmacy have the most up-to date references regarding drug residues in the food chain and withdrawal times if compounding for food-producing animals? *Not Applicable*

Does the pharmacy have a list of drugs and components that have been designated by state or federal authorities as prohibited ingredients in CSPs for food-producing animals?	<i>Not Applicable</i>
Is the pharmacist familiar with, or does the pharmacy have the most up-to-date reference regarding regulations for drug use in performance animals?	<i>Not Applicable</i>

Label

S209. Is the CSP properly labeled to include the generic name(s), and	<i>Satisfactory</i>
S210. For outpatient prescriptions, does the label include a statement that the CSP has been compounded by the pharmacy?	<i>Satisfactory</i>
S211. Does the label include a beyond-use date?	<i>Satisfactory</i>
S213. If the CSP is compounded as a batch, does the label contain a unique lot number assigned to the batch, and	<i>Satisfactory</i>
S214. Quantity, and	<i>Satisfactory</i>
S215. Appropriate ancillary instructions, such as storage or cautionary statements, and	<i>Satisfactory</i>
S216. Any device-specific instructions, if appropriate?	<i>Satisfactory</i>
S220. Are CSPs assigned a beyond-use date based on the specified labeling for the drug, appropriate literature sources, or direct testing?	<i>Satisfactory</i>

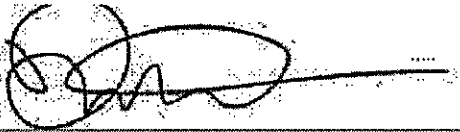
Training & Competency Testing

S129. Has each pharmacist completed the required education and training prior to engaging in sterile compounding?	<i>Satisfactory</i>
S130. Has each pharmacy technician completed the required education and training prior to engaging in sterile compounding?	<i>Satisfactory</i>
S142. Does the pharmacy maintain documentation to demonstrate that all compounding personnel have successfully passed initial competency evaluation/testing (e.g., media-fill testing, gloved fingertip/thumb testing)? Does the pharmacy have an on-the-job training program?	<i>Satisfactory</i>
S144. Does the pharmacy maintain documentation of on-going training and testing for all compounding personnel (e.g., observation of aseptic technique, media-fill testing, gloved fingertip/thumb testing, continuing education)?	<i>Satisfactory</i>

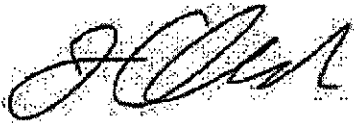
Signatures

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).



Derek Estrada



James Clark

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 <u>ALLAYMEDS INC</u>			
Pharmacy/Wholesaler License # (if applicable) <u>34312</u>			
Physical Address <u>2414 BABCOCK RD STE 111</u>			
City <u>SAN ANTONIO</u>	State <u>TX</u>	Zip <u>78229</u>	
Mailing Address (if different from physical address) <u>SAME AS ABOVE</u>			
City _____	State _____	Zip _____	
Telephone _____	Website _____		
Licensing Company Email _____			

Section 2: Personal Information			
First <u>SURYANARAYANA</u>	Middle <u>R</u>	Last <u>SAGI</u>	
Alias(es, nicknames, name changes, etc.) _____			
Date of Birth <u> </u>	SSN or ITIN <u> </u>	Sex	☒ M ☐ F ☐ X
Mailing Address <u> MEDICAL DRIVE </u>			
City <u>SAN ANTONIO</u>	State <u>TX</u>	Zip <u>78229</u>	
Telephone <u> </u>	Email <u> </u>		
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 Nitte Gulabi Shetty institute of pharmaceutical science		From - To (MM/YY - MM/YY) 02-01-1196 to 02-01-2002	
Address Paneer, India	City Mangalore	State Karnataka	Zip 575018
Diploma/Degree obtained, if any BACHELORS OF PHARMACY			
School Name Long Island Univerity		From - To (MM/YY - MM/YY)	
Address 1 University Plz	City Brooklyn	State NY	Zip 11201
Diploma/Degree obtained, if any Masters in Pharmacology			
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 ██████████ medical drive ██████████	City san antonio	State tx	Zip 78229
From - To (MM/YY - MM/YY)	Address ██████████ Medical drive ██████████	City san antonio	State tx	Zip 78229
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	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 ALLAYMEDS INC		From - To (MM/YY - MM/YY) 06-06-2022 TO PRESEN	
Business Address 2414 BABCOCK RD STE 111		City SAN ANTONIO	State TX
Phone 2108096607		Title PHARMACIST	Zip 78229
Description of Duties Management role, Verify prescription		Number of Employed Hours 2000	

Business Name ASPCARES INC		From - To (MM/YY - MM/YY) 10/01/2019-05-30-2022	
Business Address 2414 BABCOCK RD STE 106		City SAN ANTONIO	State TX
Phone 214-797-7172		Title Director Of Operations	Zip 78229
Description of Duties		Number of Employed Hours 4000	

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

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

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

Continue on next page if additional space is needed.

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

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

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

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

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

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

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

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

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

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

Provide explanation below:



Original Signature (electronic, copies or stamps not accepted)

6/26/23

Date

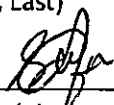
I, SURYANARAYANA RAJU SAGI, certify that as the designated representative for

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. RS RS I am at least 21 years of age;
3. RS RS 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. RS RS I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. RS RS I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. RS RS 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. RS RS I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

SURYANARAYANA RAJU SAGI

Print Name (First, Last)



Original Signature (electronic, copies or stamps not accepted)

06/26/2023

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.

Suryanarayana Sasi
Print Name (First, Last)

[Signature]
Original Signature (electronic, copies or stamps not accepted)

6/27/23
Date

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

State of Texas, ss. County of Bexar

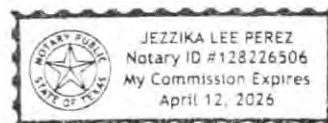
I, Suryanarayana Sasi, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that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

[Signature]
Original Signature

6/27/23
Date

Subscribed and Sworn to before me this 27 day of June 2023

[Signature]
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 (05/18/2023)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site ALLAYMEDS INC

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable) 34312

Physical Address 34312

City SAN ANTONIO State TX Zip 78229

Mailing Address (if different from physical address) SAME AS ABOVE

City _____ State _____ Zip _____

Telephone _____ Website _____

Licensing Company Email _____

Section 2: Personal Information

First SURYANARAYANA Middle RAJU Last SAGI

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

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

Mailing Address MEDICAL DRIVE _____

City SAN ANTONIO State TX Zip 78229

Telephone _____ Email _____

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

Section 3: Military Service (NRS 622-120)

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

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 Nitte Gulabi Shetty institute of pharmaceutical science		From - To (MM/YY - MM/YY) 02-01-1196 to 02-01-2002	
Address Paneer, India	City Mangalore	State Karnataka	Zip 575018
Diploma/Degree obtained, if any Bachelors of Pharmacy			
School Name Long island University		From - To (MM/YY - MM/YY) 02-01-1196 to 02-01-2002	
Address Masters in Pharmacology	City Brooklyn	State NY	Zip 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 [redacted] medical drive [redacted]	City SAN ANTONIO	State TX	Zip 78229
From - To (MM/YY - MM/YY)	Address [redacted] medical drive [redacted]	City SAN ANTONIO	State TX	Zip 78229
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	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 ALLAYMEDS INC		From - To (MM/YY - MM/YY) 06-06-2022 to PRESEN	
Business Address 2414 BABCOCK RD	City SAN ANTONIO	State TX	Zip 78229
Phone 210-809-6607	Title PHARMACIST		
Description of Duties MANAGEMENT ROLE, Verify prescriptions			

Business Name ASPCARES INC		From - To (MM/YY - MM/YY) 10-01-2019 to 05-30-2022	
Business Address 2414 Babcock rd Ste 106	City San Antonio	State TX	Zip 78229
Phone 214-797-7172	Title Director of Operations		
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.			
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Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
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.

Suryanarayana Sasi
Print Name (First, Last)

6/2/23 [Signature]
Original Signature (electronic, copies or stamps not accepted)

6/27/23
Date

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

State of Texas, ss. County of Bexar

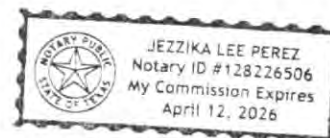
I, Suryanarayana Sasi, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that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

[Signature]
Original Signature

6/27/23
Date

Subscribed and Sworn to before me this 27 day of June 2023

[Signature]
Notary Public Signature



(Seal)

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: ALLAYMEDS INC

NV Pharmacy or Outsourcing facility license # (if applicable): _____

Physical Address: 2414 BABCOCK RD STE 111

City: SAN ANTONIO State: TX Zip: 78229

Mailing Address (if different from physical address): SAME AS ABOVE

City: _____ State: _____ Zip: _____

Telephone: 210-809-6607 Toll Free # (NAC 639.708, NRS 639.23286): _____

Fax: 210-809-6297 Contact Email: ALLAYMEDSINC@GMAIL.COM

Website: ALLAYMEDS.COM

Nevada Business License # (if applicable) _____

Supervising/Managing Pharmacist Name (NRS 639.220): DEREK ESTRADA

Supervising/Managing Pharmacist NV Pharmacist Registration #: 23860

Name of Person with direct knowledge of compounding procedures: DEREK ESTRADA, SURYANARAYANA RAJU SAGI

Email of Person with direct knowledge of compounding procedures: ALLAYMEDSINC@GMAIL.COM

Telephone of Person with direct knowledge of compounding procedures: 956-645-5250 , 214-797-7172

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:

Testosterone Cyp 200mg/ml Inj
Semaglutide /Cyanocobalamin 2.5/1 mg/mL Inj

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:

USP <71> Sterility
USP <85> Endotoxin
USP <51> Preservative Effectiveness
USP <788> / <789> Particulate Matter
USP <1207> Container Closure
USP <791> pH
Appearance
Rapid Sterility

6. What laboratory performs this additional testing?

Name: Eagle Analytical Services

Address: 1111S WILCREST

City: HOUSTON

State: TX

Zip: 77099

Telephone: 800-745-8916

7. What is your procedure for visual inspection of compounded sterile products?

SOP Attached

8. How often do you perform glove fingertip and medial fill testing?

Every Six Month and moving forward every three months

9. What is your policy if an employee fails a glove fingertip or media-fill test?

Employee have to start over with three media fills, and pass three gloved finger tip test again to qualify to compound .

10. Describe your initial and annual training program for all personnel performing sterile compounding:

All Sterile compounding technician are initially trained in USP 795, 797, 800. They have to complete and understand the SOP before getting evaluated and assessed on there compounding skills. And there is continuous observation by the PIC to correct any mistakes. Every year there have to go through a set of SOP that are critical to sterile compounding apart from initial training.

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:

The procedure has be attached to this application

12. Who performs the sterile compounding process at your facility?

Qualified Sterile Technicians

13. Who is responsible and accountable for the sterile compounding process at your facility?

The Pharmacist Incharge

14. If products are shipped/mailed, what shipping conditions are used to ensure product safety/efficacy?

We ship with frozen gel packs and use only next day air service to ensure product safety and efficacy.

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?

Laminar Airflow Unit, Biological Safety Cabinet

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?

Wash hands before and after handling hazardous medicines.

Use disposable gloves if you are touching any type of hazardous medicine

Use disposable plastic medicine cups to move a pill from a medicine bottle.

Throw away any used gloves, gowns, medicine cups, oral syringes, or bottles in a two-ply, heavy-duty trash bag.

At request of customer we send them return label and ziploc bag so that they can send to the pharmacy for us to dispose for them.

9. Describe your initial process for training new employees prior to compounding sterile hazardous drugs?

All new employees are trained in the SOP for Sterile / Non-Sterile Compounding.

They have to pass observation test for cleaning, garb validation, gowning, media fills and Glove finger tip test.

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:

Testosterone Cyp 200mg/ml Inj
Semaglutide /Cyanocobalamin 2.5/1 mg/mL Inj

2. What sterilization methods are utilized at your facility?

Steam Sterilization

3. Does your facility utilize biological indicators?

☒ Yes

☐ No

4. If yes, describe how they are utilized:

We use biological indicators with chemical indicators to make sure the autoclave is performing as it is supposed to .

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.

Derek Estrada

Name of Person who Completed the Form

Pharmacist Incharge

Title



8/22/2023

Signature (copies or stamps not accepted)

Date

Board Use Only

Date Received: _____

Date Approved: _____

Approved By: _____

SOP CODE:	USA – STRL – P4.2.1.0	REVISION NUMBER:	2 . 2 . 0
ISSUE DATE:	March 01 2023		
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☐ n/a	TITLE:	SIGNATURE	DATE
VERIFIED BY:	SIGNATORY:		
☐ n/a	TITLE:	SIGNATURE	DATE
APPROVED :	SIGNATORY:	DEREK ESTRADA	3/1/2023
DEREK	TITLE: DESIGNATED PERSON	SIGNATURE	DATE
APPROVED BY:	SIGNATORY:		
☐ n/a	TITLE: DESIGNATED PERSON	SIGNATURE	DATE

RELATED LOGS & FORMS

RECORD	SPECIFICATION / DESCRIPTION

RELATED STANDARD OPERATING PROCEDURES

SOP CODE	SOP TITLE
USA – STRL – P0.1.1.0	Preamble – Implementing – Standard Operating Procedures – Compounding Practices
USA – STRL – P0.2.1.0	Preamble – Customizing – Standard Operating Procedures – Compounding Practices
USA – STRL – P0.3.1.0	Preamble – Recording – Good Documenting Practices – Compounding Practices
USA – STRL – P4.1.1.0	Process - Developing - Process Development Records - Compounding Practices
USA – STRL – P5.1.1.0	Preparation - Managing - Formulation Record Database - Compounding Practices
USA – STRL – P6.1.1.0	Patient - Processing - Compounding Records - Compounding Practices

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RESPONSIBILITIES

1. Designated Person oversees this SOP.
2. Pharmacists are responsible for performing visual inspection of finished preparations.

PURPOSE

1. To appropriately perform a visual inspection of a compounded sterile preparation as part of the release testing procedure.

SCOPE

1. Applies to non-hazardous and hazardous compounded sterile preparations.

DEFINITIONS

1. Compounded Sterile Preparation (CSP): A preparation intended to be sterile that is created by combining, admixing, diluting, pooling, reconstituting, repackaging, or otherwise altering a drug product or bulk drug substance.
2. Designated Person: One or more individuals assigned to be responsible and accountable for the performance and operation of the facility and personnel for the preparation of CSPs.

FREQUENCY

1. Perform a visual inspection while establishing a Process Development Record.
2. Perform a visual inspection of all compounded preparations prior to dispensing.
3. Perform a visual inspection after a preparation has been held in storage and before its release.
4. Document the visual inspection findings while completing a Compounding Record.

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SPECIAL CIRCUMSTANCE

1. Not applicable.

PROCEDURE

This SOP is divided into the following sections:

1. Release Post-Preparation
2. Storage Before Release Post-Preparation
1. Release Post-Preparation
 1. Perform visual inspection on all CSPs as part of a release testing procedure before dispensing.
 - a. Determine if the finished preparation appearance is as expected.
 - b. Remove any temporary labels on container prior to performing inspection.
 - c. Ensure preparation labels not on the preparation containers are isolated and segregated from other preparations.
 2. Mix the contents of the container by inversion while ensuring no air bubbles are introduced during the process.
 3. Examine preparations against a matt black background and against a non-glare white background using an incandescent light.
 - a. Use higher illumination intensity sufficient to detect particles for preparations where solutions are colored, opaque or in containers other than clear glass.
 - b. Utilize magnification as required.
 4. Assess preparations for particulate, including the following:
 1. Precipitate.
 2. Non-dissolved particles.
 3. Non-viable particulate.
 4. Viable particulate.
 5. Small rubber cores.
 6. Discoloration.
 7. Crystals.
 8. Foreign materials.

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5. Assess the physical properties of the preparation with respect to the expected appearance as per the Master Formulation or Compounding Record, including the following:
 1. Transparency.
 2. Clarity.
 3. Color.
6. Assess the integrity and appropriateness of the preparation container-closure as per the Master Formulation or Compounding Record, including the following:
 1. Intact seals.
 2. Absence of defects.
 3. Absence of leaks.
 4. Absence of port or packaging cracks.
7. Verify that the final fill amount is accurate with respect to the fill/over-fill volume indicated in the Master Formulation or Compounding Record.
8. Ensure the correct number of units were obtained.
9. Inspect for excess air in applicable dispensing containers including but not limited to transfer tube sets, pre-filled syringes, pain balls, cassettes, elastomeric infusers, pain pumps, total parenteral nutrition containers, large volume parenteral and mini bags.
10. Confirm that the CSP and its labeling match the prescription or medication order.
11. Label preparations after completion of visual inspection.

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2. Storage Before Release Post-Preparation

1. Ensure appropriate internal storage conditions during the time between the CSP having been finished and its release date and time.
2. When a CSP will not be released or dispensed on the day of its preparation, a visual inspection must be conducted immediately before it is released or dispensed to make sure that the CSP does not exhibit any defects.
 - a. Precipitation
 - b. Cloudiness
 - c. Leakage
 - i. A CSP with such defects must be immediately discarded, or marked and segregated from acceptable units in a manner that prevents it from being released or dispensed.
 - ii. Any defect may indicate sterility or stability problems, which should be investigated to determine the cause.

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VERIFICATION

- Any out-of-specification results must be investigated, and a corrective action plan must be implemented and documented as part of the quality assurance and quality control program.

CORRECTIVE MEASURES

- In the event of a failed visual inspection:
 - Quarantine the preparation and mark it as having been rejected, and then segregate it from acceptable units in a manner that prevents them from being released or dispensed.
 - Discard the rejected compounded preparation.
 - Initiate an investigation to determine root causes of observed defects and take appropriate corrective measures.

PREVENTIVE MEASURES

- Not applicable.

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TECHNOLOGICAL RESOURCES

EQUIPMENT	MANUFACTURER	MAKE	MODEL	SERIAL NUMBER	ID CODE
<u>Medisca Equipment & Devices</u>					

EDUCATIONAL AND SERVICE RESOURCES

AVAILABLE OFFERINGS	
<u>LP3 Network</u>	<u>Medisca Compounding Services</u>
<u>Sterile Training - Home Studies</u>	<u>Medisca Formulation Support</u>
<u>Sterile Training - Live Event</u>	<u>Medisca Specialized Consultations</u>
<u>Self-Directed Learning Modules</u>	<u>Medisca Sterile Designated Person Appraisal</u>
<u>eLearning</u>	

SPECIFICATION DOCUMENTS

DOCUMENT NUMBER	DOCUMENT NAME	SOURCE	DESCRIPTION

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REVISION HISTORY

REVISION NUMBER	IMPLEMENTATION DATE	TERMINATION DATE	SUMMARY OF CHANGE TO CURRENT VERSION

REGULATORY COMPLIANCE GUIDELINES AND STANDARDS OF PRACTICE

REFERENCE SOURCE	REFERENCE CODE	REFERENCE DATE	SECTION CODE	SECTION DESCRIPTION
USP	797	01NOV23		Pharmaceutical Compounding – Sterile Preparations
USP	1163	01 AUG 15		Quality Assurance in Pharmaceutical Compounding

Sterile Compounding: Cleaning of the Cleanroom Facility		
	SOP # 1.002	Version# 1
Facility: ALLAYMEDS INC.	Written By: DEREK ESTRADA	Date Written: 12/26/2022
Approved By: DEREK ESTRADA	Effective Date: 10/27/2022	Expiration Date: N/A
Review Date: 10/28/2022	Reviewed By: RAJU SAGI	Archived Date: N/A

1. PURPOSE

- 1.1. The purpose of this procedure is to outline the requirements for the cleaning and disinfection of the cleanroom facility to minimize and control the amount of particulate matter and microbial contamination.

2. SCOPE

- 2.1. This procedure applies to the cleaning and disinfection of the cleanroom facility for the following:
 - 2.1.1. Routine daily, monthly, and quarterly cleaning and disinfection.
 - 2.1.2. Cleaning and disinfection after recovery of objectionable microorganisms, bacterial spores, or if a loss of control is identified.
 - 2.1.3. Cleaning and disinfection after HVAC failure or cleanroom facility construction.

3. RESPONSIBILITY

- 3.1. Quality Unit
 - 3.1.1. Review and maintenance of cleaning logs.
 - 3.1.2. Assessment of environmental data for adequacy of cleaning and disinfection program.
- 3.2. Production Management
 - 3.2.1. Selection of cleaning and disinfecting agents.
 - 3.2.2. Development of cleaning procedure and frequency.
 - 3.2.3. Assessment of cleaning personnel for adherence to this procedure.
- 3.3. Production Unit
 - 3.3.1. Clean and disinfect the cleanroom facility in accordance with this procedure.

4. REFERENCES

- 4.1. SOP 6.001 – Required Garb for the Cleanroom Facility
- 4.2. FORM 1.002-1 – Daily Cleaning Log (Non-HD Cleanrooms)
- 4.3. FORM 1.002-2 – Sporicidal Cleaning of the Cleanroom Facility
- 4.4. FORM 1.002-3 – Assessment of Cleaning and Disinfection Procedures
- 4.5. FORM 1.002-4 – Daily Cleaning Log (HD Cleanrooms)
- 4.6. FORM 1.002-5 – End of Day Cleaning Log (Non-Sterile HD / Non-Sterile Room)

5. DEFINITIONS

- 5.1. BSC – biological safety cabinet
- 5.2. Cleaning – the removal of contamination from facility and equipment surfaces through mechanical action.
- 5.3. Cleaning agent – an agent for the removal of product residues from facility and equipment surfaces that may inactivate sanitizing agents or harbor microorganisms.

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- 5.4. Disinfectant – a chemical or physical agent that reduces, destroys, or eliminates vegetative forms of harmful microorganisms but not spores.
- 5.5. ISO 5 – for the purpose of this procedure, may refer to the LAFW or the BSC.
- 5.6. LAFW – laminar airflow workbench
- 5.7. Objectional microorganism – gram negative rods, coagulase positive Staphylococcus, molds, yeasts.
- 5.8. Sanitizer – an agent that will reduce the number of vegetative microorganisms by 10^3 .
- 5.9. sIPA – sterile 70% isopropyl alcohol
- 5.10. Sporicide – an agent that destroys all vegetative microorganisms and bacterial and fungal spores when used for a specified contact time.

6. FREQUENCY

- 6.1. Daily
 - 6.1.1. Sporicide , Quaternary ammonium followed by sIPA
- 6.2. Monthly
 - 6.2.1. Peracetic hydrogen peroxide followed by sIPA
- 6.3. Quarterly
 - 6.3.1. Residue remover followed by monthly clean
- 6.4. As needed
 - 6.4.1. Triple clean

7. EQUIPMENT AND SUPPLIES

- 7.1. The following items shall be sterile:
 - 7.1.1. Cleanroom wipes
 - 7.1.2. Single-use, disposable mop head
 - 7.1.3. Bucket liners
 - 7.1.4. Isopropyl alcohol
 - 7.1.5. Quaternary ammonium
 - 7.1.6. Peracetic hydrogen peroxide
 - 7.1.7. Water
- 7.2. Mop
- 7.3. Three-bucket cleaning system with wringer
- 7.4. Trash liners

8. GENERAL INFORMATION

- 8.1. Classification of disinfectants:
 - 8.1.1. 70% isopropyl alcohol – general purpose disinfectant, antiseptic, antiviral agent
 - 8.1.2. Quaternary ammonium compounds – general purpose disinfectant, antiseptic
 - 8.1.3. Peracetic hydrogen peroxide – sporicidal agent

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- 8.2. Cleaning shall be performed from areas of higher classification to areas of lower classification.
- 8.3. Cleaning of the cleanroom facility is prohibited during compounding activities other than cleaning of horizontal work surfaces and the ISO 5 areas.
- 8.4. Daily cleaning is specific to production days and areas used for aseptic operations.
- 8.5. Cleaning solutions shall be prepared as directed and not be used past their expiration.
- 8.6. A new mop head shall be used for each of the following surfaces: ceilings, walls, and floors.
- 8.7. HEPA filters shall not be sprayed with cleaning and disinfection solutions as this may damage the filter media.

9. PROCEDURES

9.1. Three-bucket System

- 9.1.1. Clean and disinfect cart system and wheels using sIPA.
- 9.1.2. Install the wringer on the handlebar, directly over the red waste bucket.
- 9.1.3. Install the blue rinse bucket in the center position.
- 9.1.4. Install the black cleaning solution bucket next to the blue bucket, distal to the handlebar.
- 9.1.5. Fit a bucket liner followed by the debris screen in the blue and black bucket.
- 9.1.6. Add cleaning solution to the black bucket. Add sterile water to the blue bucket.
- 9.1.7. Wet mop head with cleaning solution and remove excess solution into the waste bucket using the wringer.
- 9.1.8. Perform the mopping process as outlined below in Section 9.2.
- 9.1.9. Remove contaminated solution from mop head into the waste bucket using the wringer.
- 9.1.10. Rinse the mop head in sterile water bucket and remove excess water into waste bucket using wringer.
- 9.1.11. Reapply cleaning solution and repeat process until cleaning is complete.

9.2. Cleaning and Disinfection Methods

9.2.1. Ceilings

- 9.2.1.1. Start at the corner of the room furthest from the entryway.
- 9.2.1.2. Spray the ceiling or wet the mop head.
- 9.2.1.3. Move the mop along the edge of the ceiling using overlapping, unidirectional strokes across the entire ceiling, wetting the mop as necessary.

9.2.2. Walls

9.2.2.1. Vertical Method

- 9.2.2.1.1. Start at the corner of the room furthest from the entryway.
- 9.2.2.1.2. Spray the wall or wet the mop head.
- 9.2.2.1.3. Move the mop from the topmost corner *down* the wall towards the floor using overlapping, unidirectional vertical strokes.
- 9.2.2.1.4. Wet the mop approximately every two square meters.
- 9.2.2.1.5. Repeat until all walls have been cleaned.

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9.2.2.2. Horizontal Method

- 9.2.2.2.1. Start at the corner of the room furthest from the entryway.
- 9.2.2.2.2. Spray the wall or wet the mop head.
- 9.2.2.2.3. Move the mop from the topmost corner *across* the wall, covering an area that can be reached from a standing position using overlapping, unidirectional horizontal strokes.
- 9.2.2.2.4. Wet the mop approximately every two meters.
- 9.2.2.2.5. Repeat until all walls have been cleaned.

9.2.2.3. Hybrid Method

- 9.2.2.3.1. Start at the corner of the room furthest from the entryway.
- 9.2.2.3.2. Spray the wall or wet the mop head.
- 9.2.2.3.3. Move the mop from the topmost corner halfway down the wall using overlapping, unidirectional vertical strokes.
- 9.2.2.3.4. Then, starting at the corner of the room furthest from the entryway at the middle of the wall where the downstrokes stopped, move the mop horizontally across the length of the wall using overlapping, unidirectional horizontal strokes.
- 9.2.2.3.5. Repeat until all walls have been cleaned.

9.2.3. Floors

- 9.2.3.1. Start at the corner of the room furthest away from the entryway.
- 9.2.3.2. Spray the floor or wet the mop head.
- 9.2.3.3. Place the mop on the floor and pull using overlapping, unidirectional strokes.
 - 9.2.3.3.1. Alternatively, pull the mop along the wall edge, then start the S-curve by walking backwards, moving the mop in an "S" shape using overlapping strokes, ensuring one leading edge is maintained throughout the process.
- 9.2.3.4. Wet the mop approximately every square meter.
- 9.2.3.5. Repeat until the entire floor has been cleaned, working way out of the room. Do not step over areas that have been previously cleaned while wet.

9.2.4. Hoods

9.2.4.1. Horizontal Laminar Airflow Workbench

- 9.2.4.1.1. Clean the top, using a wet cleanroom wipe, starting at the top back corner and working outward using overlapping, unidirectional horizontal strokes.
- 9.2.4.1.2. Clean the pole and each hook.
- 9.2.4.1.3. Clean the side walls, starting at the top back corner and working outward using overlapping, unidirectional vertical strokes.
- 9.2.4.1.4. Clean the horizontal surface, starting at the back corner and working outward using overlapping, unidirectional horizontal strokes.
- 9.2.4.1.5. Replace/rewet wipe as needed.

9.2.4.2. Biological Safety Cabinet

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9.2.4.2.1. Clean the back, using a wet cleanroom wipe, starting at the top corner working downward using overlapping, unidirectional horizontal strokes.

9.2.4.2.2. Clean the pole and each hook.

9.2.4.2.3. Clean the side walls, starting at the top back corner and working outward using overlapping, unidirectional vertical strokes.

9.2.4.2.4. Clean the horizontal surface, starting at the back corner and working outward using overlapping, unidirectional horizontal strokes.

9.2.4.2.5. Replace/rewet wipe as needed.

9.2.5. Horizontal Work Surfaces

9.2.5.1. Spray the surface or saturate a cleanroom wipe.

9.2.5.2. Clean surface using overlapping, unidirectional strokes.

9.2.5.3. Replace/rewet wipe as needed.

9.3. General Cleaning Schedule

9.3.1. Daily

9.3.1.1. Start of Shift

9.3.1.1.1. Peel off layer of tacky mat outside of anteroom, if visibly dirty.

9.3.1.1.2. Clean and disinfect hoods, horizontal work surfaces and floors with quaternary ammonium unless areas have been cleaned within 24 hours.

9.3.1.1.2.1. Solution shall be applied to surface and mopped or wiped, as mechanical action is critical to ensure proper cleaning is achieved.

9.3.1.1.2.2. Surfaces shall remain visibly wet for 10 minutes. Rewet surfaces if the solution dries prior to the required contact time.

9.3.1.1.3. Sanitize hoods, horizontal work surfaces and equipment with sIPA. Wipe and allow to dry.

9.3.1.1.3.1. Hoods shall be sanitized prior to every batch.

9.3.1.2. Continuous Compounding

9.3.1.2.1. Sanitize LAFW/BSC during continuous compounding as follows:

9.3.1.2.1.1. Every 30 minutes, at minimum;

9.3.1.2.1.2. When spills occur;

9.3.1.2.1.3. When surface contamination is known.

9.3.1.2.2. Hood shall be dry prior to resuming compounding.

9.3.1.3. End of Shift

9.3.1.3.1. Empty all waste receptacles by removing the trash liner. Spray the waste receptacle with quaternary ammonium and wipe. Surface shall remain visibly wet for 10 minutes. Spray with sIPA. Wipe and allow to dry.

9.3.1.3.2. Clean and disinfect hoods, horizontal work surfaces, benches, equipment, door plates and handles, and floors with quaternary ammonium.

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9.3.1.3.2.1. Solution shall be applied to surface and mopped or wiped, as mechanical action is critical to ensure proper cleaning is achieved.

9.3.1.3.2.2. Surfaces shall remain visibly wet for 10 minutes. Rewet surfaces if the solution dries prior to the required contact time.

9.3.1.3.3. Sanitize hoods, horizontal work surfaces, benches, equipment, door plates and handles, and floors using sIPA to minimize quaternary ammonium residue deposits. Mop or wipe and allow to dry.

9.3.1.3.4. Peel off layer of tacky mat outside of anteroom, if visibly dirty.

9.3.2. Monthly

9.3.2.1. Clean and disinfect the following areas with a sporicidal agent monthly ($\pm$ 5 business days), at minimum, moving from cleanest to dirtiest:

9.3.2.1.1. ISO 5

9.3.2.1.2. Ceiling

9.3.2.1.3. Walls

9.3.2.1.4. Door plates and handles

9.3.2.1.5. Equipment

9.3.2.1.6. Horizontal work surfaces and benches

9.3.2.1.7. Storage totes and shelving

9.3.2.1.8. Carts

9.3.2.1.9. Floors

9.3.2.2. Sporicide shall be applied to surface and mopped or wiped, as mechanical action is critical to ensure proper cleaning is achieved.

9.3.2.3. Surfaces shall remain visibly wet for 10 minutes. Rewet surfaces if the sporicide dries prior to the required contact time.

9.3.2.4. Sanitize all surfaces using sIPA to minimize sporicide residue. Mop or wipe and allow to dry.

9.3.2.5. Peel of layer of tacky mat outside of anteroom, if visibly dirty.

9.3.3. Quarterly

9.3.3.1. Clean the following areas with a residue remover quarterly, at minimum, and immediately prior to monthly clean, moving from cleanest to dirtiest:

9.3.3.1.1. ISO 5

9.3.3.1.2. Ceiling

9.3.3.1.3. Walls

9.3.3.1.4. Door plates and handles

9.3.3.1.5. Equipment

9.3.3.1.6. Horizontal work surfaces and benches

9.3.3.1.7. Storage shelving

9.3.3.1.8. Carts

Sterile Compounding: Cleaning of the Cleanroom Facility		
	SOP # 1.002	Version# 1
Facility: ALLAYMEDS INC.	Written By: DEREK ESTRADA	Date Written: 12/26/2022
Approved By: DEREK ESTRADA	Effective Date: 10/27/2022	Expiration Date: N/A
Review Date: 10/28/2022	Reviewed By: RAJU SAGI	Archived Date: N/A

9.3.3.1.9. Floors

9.3.3.2. Residue remover shall be generously applied to surface and mopped or wiped.

Residue removal is critical to assure effective disinfection of product surfaces.

9.4. Triple Clean

9.4.1. A triple clean shall be performed after any of the following events:

- 9.4.1.1. Construction;
- 9.4.1.2. HVAC failure or power outage;
- 9.4.1.3. In response to recovery of objectionable microorganisms or bacterial spores;
- 9.4.1.4. At the discretion of the quality unit.

9.4.2. Triple cleaning shall be performed in the following order according to the aforementioned procedure:

- 9.4.2.1. Quaternary ammonium
- 9.4.2.2. Sporicidal agent
- 9.4.2.3. sIPA

9.5. Training

9.5.1. A qualified individual shall train and assess cleaning personnel prior to performing any cleaning activities independently.

9.5.2. Retraining for this procedure shall occur annually and an assessment of cleaning and disinfection shall occur any time there is a change to this procedure.

9.6. Documentation

9.6.1. Daily cleaning of the cleanroom facility shall be documented on FORM 1.002-1 – Daily Cleaning Log (Non-HD Cleanrooms) and FORM 1.002-4 – Daily Cleaning Log (HD Cleanrooms), respectively.

9.6.2. Monthly cleanings and triple cleanings shall be documented on FORM 1.002-2 – Sporicidal Cleaning of the Cleanroom Facility.

9.6.3. Assessment of cleaning personnel for adherence to this procedure shall be documented on FORM 1.002-3 – Assessment of Cleaning and Disinfection Procedures.

Sterile Compounding: Cleaning of the Cleanroom Facility		
	SOP # 1.002	Version# 1
Facility: ALLAYMEDS INC.	Written By: DEREK ESTRADA	Date Written: 12/26/2022
Approved By: DEREK ESTRADA	Effective Date: 10/27/2022	Expiration Date: N/A
Review Date: 10/28/2022	Reviewed By: RAJU SAGI	Archived Date: N/A

By my signature I acknowledge the contents, requirements, and responsibilities outlined in this Standard Operating Procedure.

X _____
Employee Signature

Date: _____

X _____
Supervisor Signature

Date: _____

Sterile Compounding: Cleaning of the Cleanroom Facility		
	SOP # 1.002	Version# 1
Facility: ALLAYMEDS INC.	Written By: DEREK ESTRADA	Date Written: 12/26/2022
Approved By: DEREK ESTRADA	Effective Date: 10/27/2022	Expiration Date: N/A
Review Date: 10/28/2022	Reviewed By: RAJU SAGI	Archived Date: N/A

Review Date:		Reviewed By:		Outcome:	OK	Revise	Archive
Notable Changes							
Review Date:		Reviewed By:		Outcome:	OK	Revise	Archive
Notable Changes							
Review Date:		Reviewed By:		Outcome:	OK	Revise	Archive
Notable Changes							
Review Date:		Reviewed By:		Outcome:	OK	Revise	Archive
Notable Changes							
Review Date:		Reviewed By:		Outcome:	OK	Revise	Archive
Notable Changes							



TEXAS STATE BOARD OF PHARMACY

August 23, 2023

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

RE: Allaymeds Inc. (Texas Pharmacy License #34312)

Hello:

On August 23, 2023, the Texas State Board of Pharmacy (TSBP) received a request for information regarding the above-described licensee.

We have enclosed documents responsive to the request.

The Texas State Board of Pharmacy would like to request your assistance in assessing the customer service you received. We appreciate your time and input. Please use <https://www.surveymonkey.com/r/WYGCJKS> to access the survey.

If you need additional information, please contact Lori Gonzales, Senior Administrative Assistant, at (512) 305-8097.

Sincerely,

Open Records
Texas State Board of Pharmacy

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: Allaymeds Inc

Address: 2414 Babcock Rd, Ste 111

City: San Antonio State: TX Zip: 78229

I hereby authorize the State Board of Pharmacy to furnish to the Nevada State Board of Pharmacy, the information requested below.

Signature of Applicant 

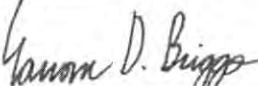
THIS FORM MUST BE FORWARDED TO THE HOME STATE LICENSING AGENCY FOR COMPLETION. DO **NOT** WRITE BELOW THIS LINE

License Number	License Status	Date License Issued	Date License Expires
34312	Active	May 23, 2022	May 31, 2024

Has this license been encumbered in any way? ☐ Yes ☒ No (see attached)	Type of Encumbrance: (if any) ☐ Revoked ☐ Surrendered ☐ Limited ☐ Suspended ☐ Restricted ☐ Probation Please attach copies of any pertinent legal documents
---	---

USE REVERSE SIDE OF THIS FORM FOR EXPLANATIONS IF NECESSARY

Has the applicant been convicted of any federal, state or local laws relating to drug samples, wholesale or retail drug distribution, or distribution of controlled substances? (If yes, please explain)	☐ Yes ☒ No
Has the applicant furnished any false or fraudulent material in any applications made in connection with drug manufacturing or distribution? (if yes, please explain)	☐ Yes ☒ No
Have any inspections of the applicant resulted in deficient ratings? (If yes, please explain)	☐ Yes ☒ No (see attached)
Has applicant met all licensing requirements of your state? (If no, please explain)	☒ Yes ☐ No

Signature of State Official	Title	State	Date	State
	Deputy General Counsel	Texas	August 23, 2023	State





TEXAS STATE BOARD OF PHARMACY

Re: Allaymeds Inc.

Address: 2414 Babcock Road, Suite 111
San Antonio, Texas 78229

License No.: 34312

Date Issued: May 23, 2022

Licensure Status: Active

Expiration Date: May 31, 2024

Type of Pharmacy: Community – Class A

Prior Disciplinary Orders: No

The Texas State Board of Pharmacy maintains records regarding licensure and disciplinary action against a licensee. Allaymeds Inc. (Texas Pharmacy License #34312) has not been subject to disciplinary action by the Texas State Board of Pharmacy.

Form Completed by:

A handwritten signature in black ink, reading "Eamon D. Briggs".

Eamon D. Briggs
Deputy General Counsel
Texas State Board of Pharmacy

August 23, 2023
Date

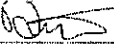


The Texas Department of State Health Services, Drugs and Medical Devices Division, Wholesaler Registration, 1100 W. 49th Street, Austin, TX 78756, is responsible for issuing registrations to wholesale drug distributors and drug manufacturers in Texas.

Pharmacist in Charge Attestation:

I hereby attest the following statements are true and accurate (initial each statement below):

 I am the Pharmacist-in-Charge (PIC) of ALLAYMEDS INC, pharmacy license number 34312, and I ☒ was/ ☐ was not present during a Compliance Inspection conducted by a Texas State Board of Pharmacy Compliance Officer/Inspector on 01/17/2023.

 I received and reviewed the Notice of Inspection, Inspection Report, and Warning Notice (if applicable) issued by the Compliance Officer/Inspector.

 I reviewed the document titled Texas State Board of Pharmacy "Red Flags" Checklist for Pharmacies YOU MIGHT BE A PILL MILL IF.

 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.

 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: 

Date: 01/17/2023

Printed Name: Derek Estrada

License No.(if applicable): 67309

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 for opiates, 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.

Texas State Board of Pharmacy
1801 Congress Avenue, Suite 13.100
Austin, TX 78701
512-305-8000

1737

Notice of Inspection

Facility Information

Name: *ALLAYMEDS INC*

License Number: *34312*

Address: *2414 BABCOCK RD STE 111, SAN ANTONIO, TX 78229*

Phone: *(210) 809-6607*

Email:

Class of License: *AS*

License Expiration: *05/31/2024*

DEA #: *FA1675985*

DEA Expiration: *06/30/2025*

Inspection Information

Type: *Compliance*

Purpose: *Routine*

Date: *01/17/2023*

Arrival Time: *11:30 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.



Raj Sagi

Staff

49922

Witness



Jim Clark

Texas State Board of Pharmacy
1801 Congress Avenue, Suite 13.100
Austin, TX 78701
512-305-8000

Inspection Report

Facility Information

Name: ALLAYMEDS INC

License Number: 34312

Class of License: AS

Inspection Information

Type: Compliance

Purpose: Routine

Date: 01/17/2023

Arrival Time: 11:30 AM

Departure Time: 4:00 PM

Action Taken: Inspection

General Comments:

Licenses/Registration

Verify personnel have active licenses & address with PIC/RPh if necessary

Satisfactory

01. Required licenses posted

Satisfactory

09. Active licenses/certifications

Satisfactory

62. No aiding and abetting

Satisfactory

65. Proper registration procedures

Satisfactory

79. Identification badges

Satisfactory

Comment

Advised to wear identification tag or badge with name and title at all times.

Inventory Records

15. Change of PIC inventory

Satisfactory

Comment

Change of PIC inventory completed on:8/4/2022

17. Meets inventory requirements

Satisfactory

59. Proper drug destruction

Satisfactory

68. Change of ownership controlled substance inventory

Not Applicable

69. Annual controlled substance inventory

Satisfactory

Comment

Initial controlled substance inventory completed on:8/4/2022

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

76. PIC (Does the pharmacy have a pharmacist-in-charge?)

Satisfactory

Environment/Equipment/Security

03. Orderly/Clean

Satisfactory

04. Balance inspection

Satisfactory

05. Equipment Inspection

Satisfactory

07. Security

Satisfactory

08. Environment

Satisfactory

48. Drugs (procurement, temperature, security, out-of-date, samples)

Satisfactory

90. T5BP complaint notification

Satisfactory

Controlled Substances

10. Prescriptions separated

Satisfactory

24. Theft/Loss

Satisfactory

26. Controlled substance prescription compliance

Satisfactory

Comment

Advised to have name and DEA of supervising physician on all RXs ordered by mid level practitioners

30. Controlled substance invoices dated/initialed by pharmacist

Satisfactory

Comment

Advised to initial and date all controlled substance invoices.

35. Controlled substance invoices separated

Satisfactory

46. Drug distribution

Satisfactory

53. Possession of controlled substances

Satisfactory

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?)

Satisfactory

45. Proper dispensing/labeling	Satisfactory
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54. Proper repackaging procedures	Satisfactory
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Library

06. Required Library	Satisfactory
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Training

60. Documentation of required training	Satisfactory
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61. Supervision of supportive personnel	Satisfactory
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Patient/Computer/Dispensing Records

18. Records available	Satisfactory
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22. Data processing system compliance	Satisfactory
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25. Prescriptions (complete, retrievable, auto-refills, accelerated refills)	Satisfactory
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37. Legal dispensing (Are valid prescriptions being dispensed by a pharmacist?)	Satisfactory
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56. Prescription transfers	Satisfactory
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67. Written drug information provided	Satisfactory
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80. Patient counseling	Satisfactory
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82. Patient Medication Records	Satisfactory
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84. Drug regimen review	Satisfactory
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86. Absence of pharmacist records	Satisfactory
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Comment

Due Date for Completed Correction: 02/16/2023

Advised to maintain complete Absence of Pharmacist Pick-Up Records.

Policies & Procedures/SOPs

70. Required policies & procedures/SOPs	Satisfactory
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92. Automated dispensing policy & procedures/SOPs	Satisfactory
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Non-Sterile Compounding

38. Area for non-sterile compounding	Satisfactory
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43. Records for non-sterile compounding	Satisfactory
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Compounded Dosage Forms

Allergen extracts	No
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Parenteral solutions	No
Parenteral suspensions	No
Preservative-free parenterals	No
Ophthalmic preparations	No
Oral or nasal inhalation preparations (not topical spray)	No
Bath or soaks for live organs/tissues	No
Irrigations for wounds or body cavities	No
Any other sterile preparations (implants, pellets, etc) [list]	No
Investigational drugs	No
Blood products or other biological materials (wound care, autologous, eye drops, etc)	No
Any compounds using federally controlled substances Schedule I-V (list and percentage)	Yes
Does the pharmacy use lyophilizer?	No

Environment (Sterile)

S109. Is the cleanroom clean and free of objects that shed particles?	Satisfactory
S110. Is the cleanroom used only for sterile preparations?	Satisfactory
S119. Does the cleanroom contain only appropriate supplies?	Satisfactory
S101. Does the ante-area provide at least ISO Class 8 air quality under dynamic conditions?	Satisfactory
S115. Does the ante-area contain a hands-free sink with hot and cold running water?	Satisfactory
S102. Does the buffer area provide at least ISO Class 7 air quality under dynamic conditions?	Satisfactory
S106. Is the buffer area free from sources of water (e.g., sink, floor drains)?	Satisfactory
S108. Is there hands-free access to the buffer area?	Satisfactory
S113. Are floors, walls, ceilings & fixtures smooth, impervious and free from cracks & crevices?	Satisfactory
S112. Does the floor covering enable regular disinfection?	Satisfactory
S118. Are supplies stored above the floor to permit adequate floor cleaning?	Satisfactory
S127. Does the clean room have a pressure gauge or velocity meter to monitor pressure differential between buffer area and ante-area and between the ante-area and the general environment? Is the pressure differential at least 0.02" wc?	Satisfactory
S116. Are temperature and humidity monitored, documented and within the required range?	Satisfactory
S167. Is there a thermometer available for the cleanroom and refrigerator(s)?	Satisfactory

Primary Engineering Control (PECs) Device

S126. Is the laminar air flow hood located in a buffer area that has a minimum differential positive pressure of 0.02" wc?	<i>Satisfactory</i>
S121. Is the PEC able to maintain at least ISO Class 5 conditions while compounding sterile preparations?	<i>Satisfactory</i>
S246. Are hazardous drugs prepared in a Class II/III vertical flow BSC or CACI located in an ISO Class 7 area physically separated from other areas?	<i>Satisfactory</i>
S247. Does the area where the BSC or CACI is located have not less than 0.01" wc negative pressure adjacent to the positive pressure ISO Class 7 area?	<i>Satisfactory</i>
S105. Does the CAI or CACI provide unidirectional airflow?	<i>Not Applicable</i>
S104. If the CAI or CACI is used for high-risk sterile compounding, is it placed in an ISO Class 8 area?	<i>Not Applicable</i>
S122. If the CAI is not required to be placed in an ISO Class 7 area, does the pharmacy maintain documentation from the manufacturer?	<i>Not Applicable</i>
S124. Is the PEC certified by an independent contractor every 6 months and when relocated?	<i>Satisfactory</i>
S125. Are prefilters inspected periodically and replaced as needed?	<i>Satisfactory</i>
S128. Are differential pressures monitored and documented at least every work shift (at a minimum daily) or by a continuous recording device?	<i>Satisfactory</i>

Equipment and Supplies

S174. Does the pharmacy have disposable needles, syringes, and other required or applicable supplies?	<i>Satisfactory</i>
S177. Does the pharmacy have lint-free towels or wipes?	<i>Satisfactory</i>
S180. Does the pharmacy have masks, caps, gowns with tight cuffs, shoes covers, and beard covers (if applicable)?	<i>Satisfactory</i>
S176. Does the pharmacy have handwashing agents with bactericidal action?	<i>Satisfactory</i>
S175. Does the pharmacy have disinfectant cleaning solutions and dedicated cleaning supplies?	<i>Satisfactory</i>
S179. Does the pharmacy have hazardous spill kits, if applicable?	<i>Satisfactory</i>
S171. Does the pharmacy have appropriate containers for needles and syringes?	<i>Satisfactory</i>
S170. Does the pharmacy have sterile isopropyl alcohol, sterile gloves, and waterless alcohol-based surgical hand scrub?	<i>Satisfactory</i>
S178. Does the pharmacy have appropriate filters and filtration equipment?	<i>Satisfactory</i>
S181. If an automated compounding device is used, does the pharmacy calibrate & verify the device for accuracy, and document at least daily?	<i>Satisfactory</i>
S172. Does the pharmacy have packaging or delivery containers to maintain proper storage conditions for sterile preparations?	<i>Satisfactory</i>

High Risk CSPs

S103. If high-risk CSPs are compounded, does the buffer area provide physical separation from other compounding areas?	<i>Satisfactory</i>
S231. Is sterility testing performed if CSPs are prepared in groups > 25, or	<i>Satisfactory</i>
S232. If MDVs are prepared for multiple patients or when exposed > 12 hours at 2-8 degrees C before sterilized, or	<i>Satisfactory</i>
S233. If exposed ¹ > 6 hours at warmer than 8 degrees C before sterilized?	<i>Satisfactory</i>
S237. Are all non-sterile measuring, mixing, and purifying devices rinsed thoroughly with pyrogen-free or depyrogenated sterile water, and then thoroughly drained or dried immediately before use for high-risk sterile compounding?	<i>Satisfactory</i>
S238. Are all high-risk sterile solutions subjected to terminal sterilization prefiltered using no larger than a 1.2-micron filter to remove particulate matter? Is sterilization by filtration performed with a sterile 0.2 – 0.22 micrometer pore size filter within an ISO Class 5 environment or better?	<i>Satisfactory</i>
S165. Are filter integrity tests being performed and documented (e.g., bubble point test)?	<i>Satisfactory</i>
S239. Are pre-sterilization procedures (weighing and mixing) completed in an ISO Class 8 environment or better?	<i>Satisfactory</i>

Sterile Library

S154. Does the pharmacy have a reference on injectable drugs?	<i>Satisfactory</i>
S155. Does the pharmacy have a specialty reference?	<i>Satisfactory</i>
S156. Does the pharmacy have all of the required (USP chapters 71, 85, 795, 797, 1163) and applicable USP chapters?	<i>Satisfactory</i>

Hazardous CSPs

S242. Do personnel wear protective apparel at all times when hazardous drugs are handled?	<i>Satisfactory</i>
S243. Do personnel use appropriate safety and containment techniques when preparing hazardous CSPs?	<i>Satisfactory</i>
S244. Do personnel dispose of hazardous waste in compliance with local, state, and federal regulations?	<i>Satisfactory</i>
S245. Do personnel affix a proper label, including proper precautions inside and outside of the packaging?	<i>Satisfactory</i>
S248. Does the pharmacy have a pressure indicator that can be readily monitored for correct room pressurization?	<i>Satisfactory</i>
S249. Does the pharmacy meet the requirements for low volume preparation of hazardous drugs by using a device that provides two-tiers of containment (e.g., closed-system vial transfer device within a BSC)?	<i>Satisfactory</i>
S250. Are hazardous drugs stored separately from other inventory in a manner to prevent contamination and personnel exposure?	<i>Satisfactory</i>
Does the pharmacy have a plan to comply with USP <800> by the implementation date?	<i>Yes</i>

Are hazardous drugs stored separately in compliance with USP <800> (negative pressure at least -0.01" wc to adjacent areas and with at least 12 ACPH)?	Yes
Is hazardous drug waste quarantined in a designated area?	Yes
Are Safety Data Sheets (SDS) [formerly known as Material Safety Data Sheets (MSDS)] available to personnel for drugs and chemicals used in the pharmacy (including those for compounding, if applicable)?	Yes

Personnel Cleansing, Garbing, Hand Hygiene

S202. Does hand sanitizing and gowning occur in the ante-area (outside of the buffer area)?	Satisfactory
S180. Do compounding personnel don clean non-shedding gowns with sleeves that fit snugly around the wrists and enclose at the neck? Is the order of garbing appropriate (dirtiest to cleanest)?	Satisfactory
S194. Before entering the buffer area, do compounding personnel remove cosmetics?	Satisfactory
S195. Before entering the buffer area, do compounding personnel remove all hand, wrist, and other body jewelry/piercings?	Satisfactory
S196. Are natural nails kept neat and trim and no wearing of artificial nails or extenders?	Satisfactory
S200. Do compounding personnel remove debris from underneath fingernails using a nail cleaner under running warm water?	Satisfactory
S192. Are personnel with an apparent illness or open lesions compounding sterile preparations?	Satisfactory
S241. When compounding personnel temporarily exit the ISO Class 7 environment, are re-donning procedures properly followed?	Satisfactory
S201. Do compounding personnel engage in proper hand hygiene?	Satisfactory
S203. Do compounding personnel completely dry hands and forearms using lint-free disposable towels or hand dryer?	Satisfactory
S204. Is antiseptic hand cleansing performed using waterless alcohol-based surgical scrub once inside the buffer area and prior to donning sterile gloves?	Satisfactory
S206. Is sterile isopropyl alcohol applied to gloves throughout the day and when non-sterile surfaces are touched?	Satisfactory

Cleaning/Disinfection Procedures

S182. Does the pharmacy have written procedures on the cleaning and disinfecting of the direct and contiguous compounding areas (e.g., beginning of shift, every 30 minutes, before each batch, spills)?	Satisfactory
S230. Is cleaning performed by trained personnel using approved agents (described in written SOPs)?	Satisfactory
S228. Are supplies & equipment that are removed from shipping cartons wiped with a disinfecting agent (e.g., sterile IPA)?	Satisfactory
S226. Are work surfaces and floors in the ante-area and buffer area cleaned and disinfected daily with dedicated supplies?	Satisfactory

S227. Are walls, ceilings and shelving in the ante-area and buffer area cleaned and disinfected at least monthly? *Satisfactory*

S229. Does the pharmacy maintain documentation of cleaning procedures (i.e., date/time of cleaning, type of cleaning, name of individual who performed the cleaning)? *Satisfactory*

Environmental Sampling

S270. Is surface sampling conducted in all ISO classified areas on a periodic basis? *Satisfactory*

S272. Is viable air sampling performed? *Satisfactory*

S273. Is viable air sampling documented by properly trained individuals for all risk levels every 6 months? *Satisfactory*

S271. Are environmental sampling results evaluated and addressed (i.e., action levels followed)? *Satisfactory*

Records of CSPs

S252. Does the pharmacy maintain records relating to CSPs for a minimum of 2 years? *Satisfactory*

S253. Do compounding records include the date and time of preparation of a CSP? *Satisfactory*

S254. Do compounding records include the complete formula of a CSP? *Satisfactory*

S257. Do compounding records include the quantities of materials used in a CSP? *Satisfactory*

S255. Do compounding records include the signature or initials of who prepared a CSP? *Satisfactory*

S256. Do compounding records include the signature or initials of who conducted the final check of a CSP? *Satisfactory*

S258. Do compounding records include the container used and the number of units prepared for a CSP? *Satisfactory*

S259. Do compounding records include the criteria used to determine the beyond-use date of a CSP? *Satisfactory*

S260. Do compounding records include the documentation of performance of quality control procedures? *Satisfactory*

S261. Are master worksheets and preparation worksheets for batch compounding complete? *Satisfactory*

S262. Are master worksheets developed and approved by a pharmacist? *Satisfactory*

General Operational Requirements

S166. Is a pharmacist available at all times (24/7)? *Satisfactory*

S187. Are written SOPs developed and implemented for all significant procedures in the compounding area to include at a minimum: the facility, equipment, personnel, preparation evaluation, quality assurance, preparation recall, packaging, and storage of CSPs? *Satisfactory*

S188. Does the pharmacy have all required written policies (e.g., pharmaceutical care services, sampling plan, recalls)? *Satisfactory*

ALLAYMEDS INC

S158. If the pharmacy compounds commercially available products, does the pharmacy document the need by verifying and monitoring a drug shortage list (including if the preparation is quarantined/not available once removed from the shortage list)? Or,	<i>Satisfactory</i>
S158. Does the pharmacy document the need for compounding commercially available products by individual patient needs determined by the prescribing practitioner (i.e, hypersensitivity to inactive ingredients or alternate dosage form)?	<i>Satisfactory</i>
S275. If the pharmacy dispenses prescriptions to patients in other states, does the pharmacy have proper licensure in those states?	<i>Not Applicable</i>

Office Use Compounding & Distribution of CSPs

S163. Does the pharmacy have a written agreement with the prescriber that meets all requirements to distribute compounded sterile preparations to practitioners for office use?	<i>Not Applicable</i>
S162. If the pharmacy is distributing CSPs to another pharmacy, does the pharmacy meet the requirements for such distribution?	<i>Not Applicable</i>
Is the pharmacy registered with the FDA as an Outsourcing Facility (503B)?	<i>Not Applicable</i>

Quality Control & Verification of Compounding Accuracy

S207. Does a pharmacist review all compounding records for accuracy and perform the final check of a CSP?	<i>Satisfactory</i>
S185. Are periodic in-process checks for CSPs defined in written procedures and conducted as defined?	<i>Satisfactory</i>
S191. Are all drug components USP/NF grade substances manufactured in an FDA-registered facility? If USP/NF grade substances are not available, are the drug components of chemical grade in CP, AR, ACS, or Food Chemical Codex categories?	<i>Satisfactory</i>
S191. Is a Certificate of Analysis available for all components of the preparation if materials are not purchased through an FDA-registered facility?	<i>Satisfactory</i>
S191. Are any CSPs prepared by the pharmacy listed on the federal FDA list of drug products that are withdrawn or removed from the market for safety reasons?	<i>Satisfactory</i>

Veterinary Compounding

Are APIs or other components labeled for veterinary use segregated or marked to prevent use for human compounding?	<i>Not Applicable</i>
Does the pharmacy meet the same standards for animal compounding as human compounding?	<i>Not Applicable</i>
Is the pharmacist knowledgeable or does the pharmacy have up-to-date references regarding species limits that can result in toxicity when compounding with particular drugs/excipients?	<i>Not Applicable</i>
Does the pharmacy document if the animal is a pet or used for food?	<i>Not Applicable</i>
Is the pharmacist familiar with, or does the pharmacy have the most up-to date references regarding drug residues in the food chain and withdrawal times if compounding for food-producing animals?	<i>Not Applicable</i>

Does the pharmacy have a list of drugs and components that have been designated by state or federal authorities as prohibited ingredients in CSPs for food-producing animals?	<i>Not Applicable</i>
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Is the pharmacist familiar with, or does the pharmacy have the most up-to-date reference regarding regulations for drug use in performance animals?	<i>Not Applicable</i>
---	-----------------------

Label

S209. Is the CSP properly labeled to include the generic name(s), and	<i>Satisfactory</i>
---	---------------------

S210. For outpatient prescriptions, does the label include a statement that the CSP has been compounded by the pharmacy?	<i>Satisfactory</i>
--	---------------------

S211. Does the label include a beyond-use date?	<i>Satisfactory</i>
---	---------------------

S213. If the CSP is compounded as a batch, does the label contain a unique lot number assigned to the batch, and	<i>Satisfactory</i>
--	---------------------

S214. Quantity, and	<i>Satisfactory</i>
---------------------	---------------------

S215. Appropriate ancillary instructions, such as storage or cautionary statements, and	<i>Satisfactory</i>
---	---------------------

S216. Any device-specific instructions, if appropriate?	<i>Satisfactory</i>
---	---------------------

S220. Are CSPs assigned a beyond-use date based on the specified labeling for the drug, appropriate literature sources, or direct testing?	<i>Satisfactory</i>
--	---------------------

Training & Competency Testing

S129. Has each pharmacist completed the required education and training prior to engaging in sterile compounding?	<i>Satisfactory</i>
---	---------------------

S130. Has each pharmacy technician completed the required education and training prior to engaging in sterile compounding?	<i>Satisfactory</i>
--	---------------------

S142. Does the pharmacy maintain documentation to demonstrate that all compounding personnel have successfully passed initial competency evaluation/testing (e.g., media-fill testing, gloved fingertip/thumb testing)? Does the pharmacy have an on-the-job training program?	<i>Satisfactory</i>
--	---------------------

S144. Does the pharmacy maintain documentation of on-going training and testing for all compounding personnel (e.g., observation of aseptic technique, media-fill testing, gloved fingertip/thumb testing, continuing education)?	<i>Satisfactory</i>
---	---------------------

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).



Derek Estrada



James Clark

Pharmacist in Charge Attestation:

I hereby attest the following statements are true and accurate (initial each statement below):

ZAP I am the Pharmacist-in-Charge (PIC) of ALLAYMEDS INC, pharmacy license number , and I ☒ was/ ☐ was not present during a Compliance Inspection conducted by a Texas State Board of Pharmacy Compliance Officer/Inspector on 05/19/2022.

ZAP I received and reviewed the Notice of Inspection, Inspection Report, and Warning Notice (if applicable) issued by the Compliance Officer/Inspector.

ZAP I reviewed the document titled Texas State Board of Pharmacy "Red Flags" Checklist for Pharmacies YOU MIGHT BE A PILL MILL IF.

ZAP 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.

ZAP 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: _____



Date: 05/19/2022

Printed Name: Zachary Powell

License No.(if applicable): 69407

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 for opiates, 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
333 Guadalupe Street, Suite 3-500
Austin, TX 78701
512-305-8000

1751

Notice of Inspection

Facility Information

Name: ALLAYMEDS INC

License Number:

Address: 2414 BABCOCK RD SUITE 111, SAN ANTONIO, TX

Phone: 210-809-6607

Email:

Class of License: AS

License Expiration:

DEA #:

DEA Expiration:

Inspection Information

Type: Compliance

Purpose: Pre-Inspection

Date: 05/19/2022

Arrival Time: 9:00 AM

Acknowledgment

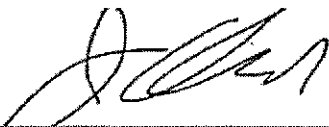
This is to acknowledge that Texas State Board of Pharmacy Agent has presented official credentials and this Notice of Inspection citing Sections 554.001, 556.001, 556.051-556.054, and 556.101 of the Texas Pharmacy Act which authorizes an inspection of the above described facility. By my signature, I 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.



Zachary Powell PIC 69407

Witness



Jim Clark

Texas State Board of Pharmacy
333 Guadalupe Street, Suite 3-500
Austin, TX 78701
512-305-8000

Inspection Report

Facility Information

Name: ALLAYMEDS INC

License Number:

Class of License: AS

Inspection Information

Type: Compliance

Purpose: Pre-Inspection

Date: 05/19/2022

Arrival Time: 9:00 AM

Departure Time: 10:30 AM

Action Taken: Pre-Inspection

General Comments: Must have initial inventory of all c/s on hand on first day of business, if none, indicate zero

Must follow Corresponding Responsibilities requirements

Must be operational 6 months from date license issued

Must report to PMP as required

Pre-Inspection Checklist

- | | |
|---|-----|
| 1. The prescription department has adequate space for the size and scope of the pharmaceutical services provided by the pharmacy. | Yes |
| 2. Fixtures (i.e. shelving, countertops, etc.) for the storage of drugs, equipment, and supplies necessary to operate a pharmacy are installed. | Yes |
| 3. Electrical supply exists. | Yes |
| 4. A sink with hot and cold running water available exclusive of the restroom facilities. | Yes |
| 5. Pharmacy arranged in an orderly fashion and kept clean. | Yes |
| 6. The prescription department is complete and contains the following required equipment and supplies including, but not limited to: | Yes |
| 6a. data processing system including a printer or comparable equipment; | Yes |
| 6b. refrigerator to be maintained within a range compatible with the proper storage of drugs requiring refrigeration; | Yes |
| 6c. adequate supply of child-resistant, light-resistant, tight, and, if applicable, glass containers; | Yes |
| 6d. adequate supply of prescription labels with name, address, and telephone number of the pharmacy; | Yes |
| 6e. appropriate equipment necessary for the proper preparation of prescription drug orders; | Yes |
| 6f. metric-apothecary weight and measure conversion charts; | Yes |
| 6g. if the pharmacy serves the public, the word "pharmacy" or similar word or symbol, as determined by the board, is displayed in a prominent place on the front of the pharmacy. | Yes |

ALLAYMEDS INC

7. A reference library is on site and current:	Yes
7a. Texas Pharmacy Laws and Regulations (publication year: _____) Publication Year : Online	Yes
7b. Drug Interactions Reference (publication year: _____) Publication Year : Online	Yes
7c. General Information Reference (publication year: _____) Publication Year : Online	Yes
7d. Chapter 795 of the USP/NF concerning Pharmacy Compounding Non-Sterile Preparations (if the pharmacy is compounding non-sterile preparations)	Yes
7e. General reference text on veterinary drugs (if the pharmacy dispenses veterinary prescriptions)	Not Applicable
7f. Basic Antidote Information and telephone number of the nearest Regional Poison Control Center.	Yes
8. If the pharmacy is compounding sterile preparations, the following references are also required:	Yes
8a. United States Pharmacopeia/National Formulary or USP Pharmacist's Pharmacopeia containing USP Chapter 797, Pharmaceutical Compounding Sterile Preparations	Yes
8b. Chapter 71 of the USP/NF concerning Sterility Tests	Yes
8c. Chapter 85 of the USP/NF concerning Bacterial Endotoxins Test	Yes
8d. Chapter 1163 of the USP/NF concerning Quality Assurance in Pharmaceutical Compounding	Yes
8e. Handbook on Injectable Drugs (publication year: _____) Publication Year : Online	Yes
8f. Specialty reference text appropriate for the scope of pharmacy services provided by the pharmacy (e.g., if the pharmacy prepares hazardous drugs, a reference text on the preparation of hazardous drugs)	Yes
9. Security Requirements can be met to assure the pharmacy will be locked by key, combination, or other mechanical or electronic means to prohibit unauthorized access when a pharmacist is not on-site.	Yes
10. Pharmacy has basic alarm system with the off-site monitoring and perimeter and motion sensors. (Alarm must be activated). *If your city requires an alarm permit, provide a copy of the permit.	Yes
11. Written policies and procedures for the pharmacy's security system that meet the requirements of Rule 291.33(b)(2)(E)	Yes

ALLAYMEDS INC

12. An area suitable for confidential patient counseling, if the pharmacy serves the general public Yes

13. If compounding sterile preparations, the pharmacy has controlled area that meets the requirements in Rule 291.133 (d)(6)(A) if the pharmacy is compounding low-risk and medium-risk preparations or Rule 291.133(d)(6)(B) if high-risk preparations are being compounded. Yes

14. Certified primary engineering control device (e.g., laminar airflow work benches, biological safety cabinets, compounding aseptic isolators, and compounding aseptic containment isolators). Yes

15. Certified clean room(s) (e.g. ante area, buffer area). Yes

Verify Owner/Owner's Representative ID Yes

Name	Title
: Raja Suryanarayana	: Owner

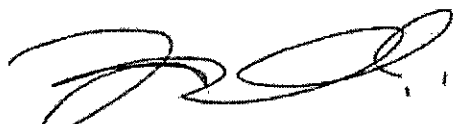
Verify PIC ID Yes

Name	Title
: Zachary Powell	: PIC

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).



Zachary Powell



James Clark

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 (8/02/2022)

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 <u>02809</u>	☐ Retail/Community ☐ Hospital (# beds _____) ☐ Internet ☐ Nuclear ☒ Other: <u>Mail Order; Sterile and Non-Sterile Compounding</u>	☐ 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 ☒ Tuesday ☒ Wednesday ☒ Thursday	☒ Friday ☐ Saturday ☐ Sunday ☐ Holidays	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12) ☒ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12) ☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12) ☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)	

Section 1: General Information

Pharmacy Name: Civic Center Pharmacy, LLC

Physical Address: 7331 E. Osborn Drive, Suite 208

City: Scottsdale State: AZ Zip: 85251

Mailing Address (if different from physical address): Same as physical address.

City: _____ State: _____ Zip: _____

Telephone: 480-945-9519 Toll Free # (NAC 639.708, NRS 639.23286): 866-945-9510

Fax: 480-275-7812 Contact Email: acctofo@civiccenterpharmacy.com

Website: https://civiccenterpharmacy.com/

Nevada Business License # (if applicable) N/A

Supervising/Managing Pharmacist Name (NRS 639.220): Tenille Dawn Davis

Supervising/Managing Pharmacist NV Pharmacist Registration #: 22061

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: <u>Tenille Dawn Davis</u>	NV Pharmacist Registration #: <u>22061</u>
Name: <u>Matthew Fisher</u>	NV Pharmacist Registration #: <u>22121</u>
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: <u>N/A</u>	Credentials: <u>N/A</u>	%: <u>N/A</u>
Name: <u>N/A</u>	Credentials: <u>N/A</u>	%: <u>N/A</u>
Name: <u>N/A</u>	Credentials: <u>N/A</u>	%: <u>N/A</u>
Name: <u>N/A</u>	Credentials: <u>N/A</u>	%: <u>N/A</u>
Name: <u>N/A</u>	Credentials: <u>N/A</u>	%: <u>N/A</u>

- The Board shall not issue a license to conduct a pharmacy:
 - To any practitioner; or
 - To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
- This section does not:
 - Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
 - 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): N/A

Corporation Name: N/A

Mailing Address: N/A

City: N/A State: N/A Zip: N/A

Telephone: N/A Email: N/A

Contact Person Name: N/A

Date of SEC Registration: N/A SEC Registration Number: N/A Stock Exchange Symbol: N/A

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): Chemistry Rx Holdings, LLC (*)

Corporation/Organization Name: Civic Center Pharmacy, LLC

Mailing Address: 7331 E. Osborn Drive, Suite 208

City: Scottsdale State: AZ Zip: 85251

Telephone: 480-945-9519 Email: amurphy@pinetreeequity.com

Contact Person Name: Austin Christopher Murphy

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☒ No

(*) Chemistry Rx Holdings, LLC is the sole member of Civic Center Pharmacy, LLC.

Section 7: Partnership

Partnership Name: N/A

Mailing Address: N/A

City: N/A State: N/A Zip: N/A

Telephone: N/A Email: N/A

Contact Person Name: N/A

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: N/A

Business Address: N/A

City: N/A State: N/A Zip: N/A

Telephone: N/A Email: N/A

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the VP, Secretary, and Manager (title) for Civic Center 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).

Austin Christopher Murphy

Print Name of Authorized Person

Austin Murphy

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

09/27/2023

Date

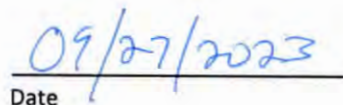
I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application 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.

Austin Christopher Murphy, VP, Secretary, and Manager

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215



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



Date

Board Use Only

Date Received: 10/9/23

Amount: 500-04-8804741

CIVIC CENTER PHARMACY, LLC**Pharmacy Application, Section 3, History of Company, Questions 3 and 5****Statement of Explanation:****Non-Resident State Boards of Pharmacy:****1. Colorado Board of Pharmacy**

- a. **December 2008 Fine (Case No. 2009-001497):** In December 2008, the Colorado Board of Pharmacy ("Colorado BOP") disciplined the Company for repeated failures to submit bi-monthly "zero reports" to the Colorado Electronic Prescription Drug Monitoring Program ("Colorado PDMP"). The Colorado BOP issued a Stipulation and Final Agency Order in December 2008. The Company ultimately paid a \$5,750 fine and terminated the employee responsible for the non-compliance (the "Colorado 2008 Disciplinary Action").
- b. **January 2010 Registration Relinquishment, Cancellation, and 2 year prohibition on re-application (Case No. 2010-002042):** In January 2010, the Colorado BOP disciplined the Company for additional failures to submit zero reports and comply with the 2008 Stipulation and Final Agency Order. The Company and the Colorado BOP entered into a Final Agency Order that required the Company to relinquish and cancel its registration as a non-resident prescription drug outlet in Colorado and prohibited the Company from reapplying for registration in Colorado for at least two (2) years (the "Colorado 2010 Disciplinary Action").
- c. **June 2012 Fine (Case No. 2012-003310):** In June 2012, the Colorado BOP disciplined the Company for failing to comply with the Colorado PDMP's data submission requirements on two (2) occasions, and for failing to disclose the Colorado 2010 Disciplinary Action (including its registration relinquishment) in the Company's 2011 Colorado registration application. The Company and the Colorado BOP entered into a Stipulation and Final Agency Order, the Company paid a \$10,000 fine, and the Colorado BOP reissued the Company's Colorado registration (the "Colorado 2012 Disciplinary Action").
- d. **2014 Permanent Relinquishment (Case No. 2014-2393):** In 2014, the Company and the Colorado BOP entered into a Final Agency Order whereby the Company permanently relinquished and cancelled its registration as a non-resident prescription drug outlet in Colorado, and waived its right to reapply for the registration at any time in the future (the "Colorado 2014 Disciplinary Action"). The Company is no longer licensed in Colorado and does not conduct any business in Colorado.

2. **Texas Board of Pharmacy March 2014 Fine (Agreed Board Order #L-13-047):** In March 2014, the Texas Board of Pharmacy ("Texas BOP") disciplined the Company for omitting the Colorado 2008 and 2010 Disciplinary Actions from the Company's initial Texas license application and the Company's 2011 license renewal application. The Company and the Texas

BOP entered into Board Order #L-13-047, under which the Company paid a \$2,000 administrative fine (the "Texas 2014 Disciplinary Action").

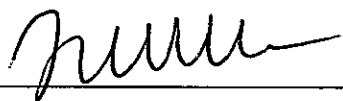
3. **North Carolina Board of Pharmacy June 2014 Stayed Suspension:** In June 2014, following an investigation by the North Carolina Board of Pharmacy ("North Carolina BOP") that began in December 2012 and found the Company knew or reasonably should have known that approximately one hundred eighty (180) human chorionic gonadotropin prescriptions the Company filled and sent into North Carolina were issued without a physical examination of the patients and in absence of a prior physician-patient relationship, the Company entered into a Consent Order with the North Carolina BOP. Pursuant to the Consent Order, the Company's North Carolina Permit was indefinitely suspended, but that suspension was indefinitely stayed (the "North Carolina 2014 Disciplinary Action"). **This action has no associated disciplinary case number or citation number.**
4. **Hawaii Board of Pharmacy October 2014 Investigation and Fine (Case No. PHA 2014-31-L:** In October 2014, the Company informed the Hawaii Board of Pharmacy ("Hawaii BOP") of the North Carolina 2014 Disciplinary Action. After the Hawaii Department of Commerce and Consumer Affairs, Regulated Industries Complaint Office ("Hawaii RICO") conducted an investigation, the Company entered into a First Amended Settlement Agreement with Hawaii RICO and the Hawaii BOP in May 2015. The Company paid a \$1,500 administrative fine to resolve the Investigation (the "Hawaii 2015 Disciplinary Action").
5. **South Carolina 2015 Stayed Suspension, Probation, and Voluntary Termination (Office of Investigations and Enforcement # 2014-80):** In March 2015, the Company and the South Carolina Board of Pharmacy ("South Carolina BOP") entered into a Consent Agreement, in which the Company admitted to the conduct underlying the North Carolina 2014 Disciplinary Action, that such conduct violated South Carolina law, and that such conduct constituted sufficient grounds for discipline under South Carolina law. Pursuant to the Consent Agreement, the Company's South Carolina license was suspended for two (2) years, but that suspension was immediately stayed and the Company's license placed on probation for two (2) years (the "South Carolina 2015 Disciplinary Action"). The Company voluntarily terminated its South Carolina license on June 30, 2018. The Company is no longer licensed in South Carolina and does not conduct any business in South Carolina.
6. **Kansas Board of Pharmacy 2015 Stayed Suspension, and Voluntary Non-Renewal (Case No. 15-085):** In May 2015, the Company notified the Kansas Board of Pharmacy ("Kansas BOP") of the Colorado 2008, 2010, 2012, and 2014 Disciplinary Actions, the Texas 2014 Disciplinary Action, the North Carolina 2014 Disciplinary Action, the South Carolina 2015 Disciplinary Action, and the Hawaii 2015 Disciplinary Action. The Kansas BOP found that the disclosed disciplinary actions were grounds for disciplinary action in violation of Kansas law. In November 2015, the Company and the Kansas BOP entered into a Stipulation and Consent Order whereby the Company's Kansas Registration was indefinitely suspended, but that suspension was indefinitely stayed (the "Kansas 2015 Disciplinary Action"). The Company elected not to renew its Kansas Registration in June 2018 and does not conduct any business in Kansas.

7. **Michigan Board of Pharmacy December 2015 Fine (File Number: 53-15-137790):** In August 2015, the Disciplinary Subcommittee for the Michigan Department of Licensing and Regulatory Affairs, Bureau of Professional Licensing, Board of Pharmacy ("Michigan BOP") executed an Administrative Complaint against the Company, alleging conduct underlying the North Carolina 2014 Disciplinary Action and the Hawaii 2015 Disciplinary Action violated Michigan Law. In October 2015, the Company and the Michigan BOP Entered into a Stipulation and Consent Order that the facts in the Complaint were true and that the Company violated Michigan Law, and imposing a \$1000 fine that the Company paid (the "Michigan 2015 Disciplinary Action"). The Company elected not to renew its Michigan license in June 2015 and no longer conducts business in Michigan.
8. **Hawaii Board of Pharmacy May 2016 Investigation and Fine (Case No. PHA 2016-136-L):** In 2016, the Company notified the Hawaii BOP of the Company for the Colorado 2008, 2010, 2012, and 2014 Disciplinary Actions, the Michigan 2015 Disciplinary Action, the South Carolina 2015 Disciplinary Action, and the Kansas 2015 Disciplinary Action, which led to a Hawaii RICO investigation. In May 2016, the Company entered into a Settlement Agreement with the Hawaii RICO and the Hawaii BOP, and paid a \$5,000 administrative fine to resolve the Investigation (the "Hawaii 2016 Disciplinary Action").
9. **Texas Board of Pharmacy May 2016 Indefinite Probation and Administrative Penalty (Agreed Board Order #L-16-004):** In May 2016, the Company and the Texas BOP entered into Board Order #L-16-004, to resolve allegations relating to the North Carolina 2014 Disciplinary Action. Under the Order, the Texas BOP indefinitely suspended the Company's pharmacy license, but indefinitely stayed this suspension and placed the Company's license on indefinite probation, requiring the Company to abide by the terms of Order #L-16-004 and all federal and Texas laws governing the operations of a pharmacy, controlled substances, dangerous drugs, and related regulations. The Company paid a \$1,200 administrative penalty to resolve the allegations (the "Texas 2016 Disciplinary Action").
10. **Illinois Board of Pharmacy July 2016 Reprimand (Case No. 2015-09878):** In July 2016, the Company and the Illinois Board of Pharmacy ("Illinois BOP") entered into a Consent Order that reprimanded the Company's Illinois Pharmacy license for the conduct underlying the North Carolina 2014 Disciplinary Action (the "Illinois 2016 Disciplinary Action").
11. **New Mexico Board of Pharmacy October 2016 Fine (Case No. 2015-050):** In October 2016, the New Mexico Board of Pharmacy ("New Mexico BOP") disciplined the Company for attestations, submitted in 2013 by the Company's former owner and pharmacist-in-charge, that incorrectly claimed the Company did not ship non-patient specific prescriptions into New Mexico. The New Mexico BOP reviewed invoices for prescriptions shipped into New Mexico and found 5 invoices for non-patient specific prescriptions. The Company and the New Mexico BOP entered into a Settlement Agreement pursuant to which the Company paid a \$5,800 fine to resolve the disciplinary proceedings (the "New Mexico 2016 Disciplinary Action").

12. **Rhode Island Board of Pharmacy 2017 Investigation, Stayed Suspension, and Voluntary Non-Renewal (C16-684):** In February 2017, the Company and the Rhode Island Board of Pharmacy ("Rhode Island BOP") entered into a Consent Agreement for Suspension, following an investigation of a complaint that the Company's conduct giving rise to the North Carolina 2014 Disciplinary Action violated Rhode Island law. The Company's Rhode Island License was indefinitely suspended, but that suspension was indefinitely stayed until the North Carolina BOP reinstates the Company's license (the "Rhode Island 2017 Disciplinary Action"). The Company elected not to renew its Rhode Island license in September 2017 and no longer conducts any business in Rhode Island.
13. **Hawaii Board of Pharmacy 2017 Investigation, Fine, and Voluntary Non-Renewal (Case No. 2017-16-L):** In 2017, the Company notified the Hawaii BOP of the New Mexico Disciplinary Action. The Hawaii RICO investigated, and in May 2017, the Company entered into a Settlement Agreement with the Hawaii RICO and the Hawaii BOP, and paid a \$750 administrative fine to resolve the Investigation (the "Hawaii 2017 Disciplinary Action"). The Company elected not to renew its Hawaii license in August 2017 and no longer conducts any business in Hawaii.
14. **Texas Board of Pharmacy November 2017 Fine and Policy and Procedure Implementation (Agreed Board Order #K-17-009):** In November 2017, the Company and the Texas BOP entered into Board Order #K-17-009, which alleged a violation of Board Order #L-16-004 and other state law for operating in Texas between September 1, 2016 and June 7, 2017 without a pharmacist-in-charge who was licensed in Texas, and for the conduct underlying the New Mexico 2016 Disciplinary Action. The Company paid a \$1,000 administrative fine and was required to develop and implement policies and procedures to ensure compliance with pharmacy and pharmacist licensure requirements in states in which it operates or seeks to operate (the "Texas 2017 Disciplinary Action").
15. **Oregon Board of Pharmacy February 2018 Stayed Suspension and Fine (Case No. 2017-0371):** In January 2018, the Oregon Board of Pharmacy ("Oregon BOP") alleged the Company sent prescriptions and non-specific compounded medications into Oregon between 2010 and 2013 without an Oregon drug outlet registration, and that the Company violated Oregon law for the conduct underlying the North Carolina 2014 Disciplinary Action. In February 2018, the Oregon BOP and the Company entered into a Consent Order whereby the Company's Oregon drug outlet registration was indefinitely suspended, but that suspension was indefinitely stayed, so long as the Company does not violate any law governing the practice of pharmacy or distribution of a drug, and the Company paid a \$10,000 fine (the "Oregon 2018 Disciplinary Action").

[Remainder of page intentionally left blank; signature page follows]

Civic Center Pharmacy, LLC

By: _____

Name: Tenille Dawn Davis

Title: Pharmacist-in-Charge

**BEFORE THE STATE BOARD OF PHARMACY
STATE OF COLORADO**

Case No. 2009-001497

STIPULATION AND FINAL AGENCY ORDER

**IN THE MATTER OF THE DISCIPLINARY PROCEEDING REGARDING THE NON-
RESIDENT PRESCRIPTION DRUG OUTLET REGISTRATION OF CIVIC CENTER
PHARMACY, REGISTRATION NO. 5580,**

RESPONDENT PHARMACY.

IT IS HEREBY STIPULATED by and between the Colorado State Board of Pharmacy ("Board") and Civic Center Pharmacy ("Respondent Pharmacy"), to resolve all matters pertaining to Board Case Number 2009-001497 as follows:

1. The Board has jurisdiction over Respondent Pharmacy, its registration as a non-resident prescription drug outlet, and the subject matter of this Stipulation and Final Agency Order ("Final Agency Order") pursuant to the provisions of title 12, article 22, C.R.S. (2008), otherwise known as the Pharmaceuticals and Pharmacists Act.
2. Respondent Pharmacy has been registered by the Board as a non-resident prescription drug outlet in the State of Colorado at all times relevant to this disciplinary action.
3. Respondent Pharmacy's address of record with the Board and current location is 7331 East Osborn Drive, #208, Scottsdale, Arizona, 85251.
4. Respondent Pharmacy does not contest these findings and hereby waives any further proof in this proceeding before the Board regarding the following facts.
5. On November 4, 2008, the Board initiated a complaint against Respondent, because Respondent failed to comply with the data submission requirements of Colorado's Electronic Prescription Drug Monitoring Program (PDMP).
6. Respondent hereby admits that the following facts are true and waives any further proof in this or any other proceeding before or initiated by the Board in this case:
 - a. On or about July 2, 2008, the Board initiated complaint 2009-000046 against Respondent Pharmacy because Respondent Pharmacy failed to comply with the data submission requirements of Colorado's Electronic Prescription Drug Monitoring Program (PDMP).

- b. On or about August 15, 2008, the Board dismissed the complaint with a confidential Letter of Concern.
 - c. Since then, Respondent has failed to timely comply with PDMP requirements.
6. Respondent Pharmacy does not contest that the conduct described above constitutes a violation of §12-22-708, C.R.S. and that such conduct provides grounds for disciplinary action against Respondent Pharmacy's non-resident prescription drug outlet registration.

DISPOSITION

\$5,000.00 Fine with Surcharge and Terms

7. **Fine with Surcharge.** Respondent Pharmacy accepts the following discipline: Pursuant to §12-22-125.2(5), C.R.S., Respondent Pharmacy shall pay a fine of Five Thousand Dollars and No Cents (\$5,000.00). Respondent Pharmacy understands and acknowledges that, pursuant to §24-34-108, C.R.S., the Executive Director of the Department of Regulatory Agencies shall impose an additional surcharge of 15% of this fine. Respondent Pharmacy shall therefore pay a total amount of Five Thousand, Seven Hundred Fifty Dollars and No Cents (\$5,750.00). The total amount shall be payable to the State of Colorado and shall be remitted in one lump sum to be included when Respondent Pharmacy submits this signed Final Agency Order to the Board.
8. **Compliance.** Respondent Pharmacy shall at all times be registered with the Board, and shall comply with the data submission requirements of the PDMP.
9. **Advisements and Waivers.** Respondent Pharmacy enters into this Final Agency Order freely and voluntarily, whether or not Respondent Pharmacy has consulted with legal counsel. Respondent Pharmacy acknowledges its understanding that it has the following rights:
- a. To have a formal notice of hearing and charges served upon it;
 - b. To respond to said formal notice of charges;
 - c. To have a formal disciplinary hearing pursuant to §12-22-125, C.R.S.;
and
 - d. To appeal this Board order.

Respondent Pharmacy freely waives these rights, and acknowledges that such waiver is made voluntarily in consideration for Board's limiting the action taken against it to the sanctions imposed herein.

10. **Acknowledgments.** The undersigned authorized agent of Respondent Pharmacy has read this Final Agency Order in its entirety and acknowledges, whether or not Respondent Pharmacy has consulted with legal counsel, that Respondent Pharmacy

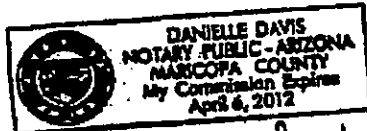
understands the legal consequences and agrees that none of the terms or conditions herein are unconscionable. Respondent Pharmacy is not relying on any statements, promises or representations from the Board other than as may be contained in this Final Agency Order. Respondent Pharmacy further acknowledges that it is not entering into this Final Agency Order under any duress.

11. **Violations.** Time is of the essence to this Final Agency Order. It is the responsibility of Respondent Pharmacy to take all appropriate steps to comply fully with this Final Agency Order. Respondent Pharmacy acknowledges and agrees that any violation of this Final Agency Order may be sanctioned as provided under §12-22-125.2(4), C.R.S., and may be sufficient grounds for additional discipline, including but not limited to revocation of its registration. The pendency of any suspension or disciplinary action arising out of an alleged violation of this Final Agency Order shall not affect the obligation of Respondent Pharmacy to comply with all terms and conditions of this Final Agency Order.
12. **Integration and Severability.** Upon execution by all parties, this Final Agency Order shall represent the entire and final agreement of and between the parties in this case. In the event any provision of this Final Agency Order is deemed invalid or unenforceable by a court of law, it shall be severed and the remaining provisions of this Final Agency Order shall be given full force and effect.
13. **Public Record.** Upon execution by all parties, this Final Agency Order shall be a public record, maintained in the custody of the Board.
14. **Effective Date.** This Final Agency Order shall become effective upon signature of a Board member or representative.

ACCEPTED AND AGREED BY

PAID
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2478 23An Scheffer
Authorized Agent of Respondent PharmacyDated: 12/9/08

9th day of December, 2008 by _____, in his/her capacity as an authorized agent of _____

My commission expires: April 6th 2012Danielle Davis
Notary Public

FINAL AGENCY ORDER

WHEREFORE, the within Stipulation and Final Agency Order is approved, accepted, and hereby made an Order of the Board.

DONE AND EFFECTIVE THIS 29th DAY OF December, 2008.

State Board of Pharmacy

BY: Wendy AndersonWendy Anderson
Program Director

**BEFORE THE STATE BOARD OF PHARMACY
STATE OF COLORADO**

Case No. 2010-002042

STIPULATION AND FINAL AGENCY ORDER

IN THE MATTER OF THE DISCIPLINARY PROCEEDING REGARDING THE NON-RESIDENT PRESCRIPTION DRUG OUTLET REGISTRATION OF CIVIC CENTER PHARMACY, REGISTRATION NO. OSP 5580,

RESPONDENT PHARMACY.

IT IS HEREBY STIPULATED by and between the Colorado State Board of Pharmacy ("Board") and Civic Center Pharmacy ("Respondent Pharmacy"), to resolve all matters pertaining to Board Case Number 2010-002042 as follows:

1. The Board has jurisdiction over Respondent Pharmacy, its registration as a non-resident prescription drug outlet, and the subject matter of this Stipulation and Final Agency Order ("Final Agency Order") pursuant to the provisions of title 12, article 22, C.R.S. (2009), otherwise known as the Pharmaceuticals and Pharmacists Act.
2. Respondent Pharmacy has been registered by the Board as a non-resident prescription drug outlet in the State of Colorado at all times relevant to this disciplinary action.
3. Respondent Pharmacy's address of record with the Board and current location is 7331 E. Osborn Dr., #208, Scottsdale, AZ 85251.
4. Respondent Pharmacy does not contest these findings and hereby waives any further proof in this proceeding before the Board regarding the following facts.
5. Respondent Pharmacy failed to comply with the Colorado Prescription Drug Monitoring Program (PDMP) because it failed to upload data or submit a zero report for the December 1 through December 10, 2009, data reporting period.
6. As a result, Respondent Pharmacy also failed to comply with the terms of its Stipulation and Final Agency Order which it entered into with the Colorado Board of Pharmacy effective December 29, 2008, in Case No. 2009-001497.
7. On December 14, 2009, the Board initiated a complaint against Respondent Pharmacy because Respondent Pharmacy failed to comply with the PDMP and Respondent Pharmacy's December 29, 2008 Stipulation and Final Agency Order.

8. Respondent Pharmacy does not contest that the conduct described above constitutes a violation of 12-22-125(1)(c)(I), (II) and (III) and (m) and section 12-22-708, C.R.S. and that such conduct provides grounds for disciplinary action against Respondent Pharmacy's non-resident prescription drug outlet registration.

DISPOSITION

Relinquishment of Registration as a Non-Resident Prescription Drug Outlet

9. **Relinquishment of Registration.** Respondent Pharmacy consents to the Board's entry of this Final Agency Order whereby Respondent Pharmacy's Colorado registration as a non-resident prescription drug outlet shall be relinquished and canceled. Such relinquishment shall have full force and effect as a revocation ordered by the Board. Upon the effective date of this Final Agency Order, Respondent Pharmacy shall promptly surrender to the Board all indicia of its Colorado registration. Respondent Pharmacy shall not reapply for registration in this state for a minimum of two (2) years. Any future application will be handled in the normal course of business.
10. **Advisements and Waivers.** Respondent Pharmacy enters into this Final Agency Order freely and voluntarily, whether or not Respondent Pharmacy has consulted with legal counsel. Respondent Pharmacy acknowledges its understanding that it has the following rights:
- a. To have a formal notice of hearing and charges served upon it;
 - b. To respond to said formal notice of charges;
 - c. To have a formal disciplinary hearing pursuant to section 12-22-125, C.R.S.; and
 - d. To appeal this Board order.

Respondent Pharmacy freely **waives** these rights, and acknowledges that such waiver is made voluntarily in consideration for Board's limiting the action taken against it to the sanctions imposed herein.

11. **Acknowledgments.** The undersigned authorized agent of Respondent Pharmacy has read this Final Agency Order in its entirety and acknowledges, whether or not Respondent Pharmacy has consulted with legal counsel, that Respondent Pharmacy understands the legal consequences and agrees that none of the terms or conditions herein are unconscionable. Respondent Pharmacy is not relying on any statements, promises or representations from the Board other than as may be contained in this Final Agency Order. Respondent Pharmacy further acknowledges that it is not entering into this Final Agency Order under any duress.
12. **Violations.** Time is of the essence to this Final Agency Order. It is the responsibility of Respondent Pharmacy to take all appropriate steps to comply fully with this Final Agency Order. Respondent Pharmacy acknowledges and agrees that any violation of this Final Agency Order may be sufficient grounds for additional legal

action. The pendency of any action arising out of an alleged violation of this Final Agency Order shall not affect the obligation of Respondent Pharmacy to comply with all terms and conditions of this Final Agency Order.

13. **Integration and Severability.** Upon execution by all parties, this Final Agency Order shall represent the entire and final agreement of and between the parties in this case. In the event any provision of this Final Agency Order is deemed invalid or unenforceable by a court of law, it shall be severed and the remaining provisions of this Final Agency Order shall be given full force and effect.
14. **Public Record.** Upon execution by all parties, this Final Agency Order shall be a public record, maintained in the custody of the Board.
15. **Effective Date.** This Final Agency Order shall become effective upon signature of a Board member or representative.

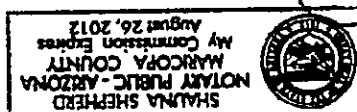
ACCEPTED AND AGREED BY

Am. Scholer
Authorized Agent of Respondent Pharmacy

Dated: 1/20/2010

Subscribed and sworn to before me in the County of Maricopa,
State of ARIZONA, this 20 day of January, 2010 by
Am. Scholer, in his/her capacity as an authorized agent of Civic
Center Pharmacy.

My commission expires:



Shaina Shepherd
Notary Public

FINAL AGENCY ORDER

WHEREFORE, the within Stipulation and Final Agency Order is approved, accepted, and hereby made an Order of the Board.

DONE AND EFFECTIVE THIS 3rd DAY OF February, 2010.

State Board of Pharmacy

BY: Wendy Anderson
Wendy Anderson
Program Director

BEFORE THE STATE BOARD OF PHARMACY**STATE OF COLORADO****Case No. 2012-003310**

STIPULATION AND FINAL AGENCY ORDER

IN THE MATTER OF THE APPLICATION FOR A NON-RESIDENT PRESCRIPTION
DRUG OUTLET REGISTRATION OF CIVIC CENTER PHARMACY, REGISTRATION
NO. OSP (Pending),

RESPONDENT PHARMACY.

IT IS HEREBY STIPULATED by and between the Colorado State Board of
Pharmacy ("Board") and Civic Center Pharmacy ("Respondent Pharmacy"), to resolve
all matters pertaining to Board Case Number 2012-003310 as follows:

1. On or about December 8, 2011, Respondent Pharmacy submitted an application for registration as a non-resident prescription drug outlet in the State of Colorado ("Application") with the Board. The Application is currently pending.
2. The Board has jurisdiction over Respondent Pharmacy, the Application, and the subject matter of this Stipulation and Final Agency Order ("Final Agency Order") pursuant to the provisions of title 12, article 22, C.R.S., otherwise known as the Pharmaceuticals and Pharmacists Act.
3. Respondent Pharmacy's address of record with the Board and current location is 7331 East Osborn Drive, Suite 208, Scottsdale, Arizona 85251.
4. Respondent Pharmacy admits these findings and hereby waives any further proof in this or any other proceeding before the Board regarding the following facts.
5. Respondent Pharmacy was previously registered with the Board as a non-resident prescription drug outlet, having been issued registration no. 5580.
6. On December 29, 2008, Respondent Pharmacy entered into a Stipulation and Final Agency Order with the Board in Case No. 2009-001497 for failing to comply with the data submission requirements of Colorado's Electronic Prescription Drug Monitoring Program ("PDMP").
7. On February 3, 2010, Respondent Pharmacy entered into another Stipulation and Final Agency Order with the Board in Case No. 2010-002042 for failing to comply

with the data submission requirements of the PDMP. In lieu of paying a \$10,000.00 fine, Respondent Pharmacy chose to relinquish its non-resident prescription drug outlet registration no. 5580 in the February 3, 2010 Stipulation and Final Agency Order.

8. On or about December 8, 2011, Respondent Pharmacy submitted an application for a new non-resident prescription drug outlet registration and, in doing so, it failed to disclose the February 3, 2010 relinquishment of its registration no. 5580 with the Board.
9. Respondent Pharmacy admits that the conduct described above constitutes a violation of §12-22-125(1)(a) and (c), C.R.S., and that such conduct provides grounds for disciplinary action pursuant to Board Policy 20-2 in connection with the Board's decision to offer Respondent Pharmacy a conditional registration as a non-resident prescription drug outlet in the State of Colorado. Respondent Pharmacy accepts the following discipline.

DISPOSITION

10. **Issuance of Registration.** Subject to all the terms of this Final Agency Order, Respondent Pharmacy shall receive a registration as a non-resident prescription drug outlet in the State of Colorado.
11. **Fine with Surcharge.** Pursuant to §12-22-125.2(5), C.R.S. Respondent Pharmacy shall pay a fine of Ten Thousand Dollars and No Cents (\$10,000.00). Respondent Pharmacy understands and acknowledges that, pursuant to §24-34-108, C.R.S., the Executive Director of the Department of Regulatory Agencies shall impose an additional surcharge of 10% of this fine. Respondent Pharmacy shall therefore pay a total amount of **Eleven Thousand Dollars and No Cents (\$11,000.00)**. The total amount shall be payable to the State of Colorado and shall be remitted in one lump sum to be included when Respondent Pharmacy submits this signed Final Agency Order to the Board.
12. **Registration with PDMP.** Respondent Pharmacy shall register with the PDMP within thirty (30) days of the effective date of this Final Agency Order.
13. **Compliance with PDMP.** At all times Respondent Pharmacy is registered with the Board, it shall comply with the data submission requirements of the PDMP. Respondent Pharmacy understands and acknowledges that any violations of PDMP reporting requirements, including failure to submit a "zero" report in the event of no dispensing transactions in Colorado during the relevant reporting period, shall lead to penalties pursuant to Board Policy 30-8.
14. **Application Background Questions.** Respondent Pharmacy shall truthfully answer all background questions pertaining to Respondent Pharmacy on all future applications submitted to the Board.

15. **Advisements and Waivers.** Respondent Pharmacy enters into this Final Agency Order freely and voluntarily, after having had the opportunity to consult with its own legal counsel and/or choosing not to do so. Respondent Pharmacy acknowledges its understanding that it has the following rights:

- a. To have a formal notice of hearing and charges served upon it;
- b. To respond to said formal notice of charges;
- c. To have a formal disciplinary hearing pursuant to §12-22-125, C.R.S.; and
- d. To appeal this Board order.

Respondent Pharmacy freely **waives** these rights, and acknowledges that such waiver is made voluntarily in consideration for the Board's limiting the action taken against it to the sanctions imposed herein.

16. **Acknowledgments.** The undersigned authorized agent of Respondent Pharmacy has read this Final Agency Order in its entirety and acknowledges, after having had the opportunity to consult with its own legal counsel and/or choosing not to do so, that Respondent Pharmacy understands the legal consequences and agrees that none of the terms or conditions herein is unconscionable. Respondent Pharmacy is not relying on any statements, promises or representations from the Board other than as may be contained in this Final Agency Order. Respondent Pharmacy further acknowledges that it is not entering into this Final Agency Order under any duress.

17. **Other Requirements.** Through its undersigned Authorized Representative, Respondent Pharmacy acknowledges and agrees that, as a condition of this Final Agency Order, Respondent Pharmacy shall:

- a. promptly pay all its own fees and costs associated with this Final Agency Order;
- b. comply fully with this Final Agency Order; and
- c. comply fully with the Pharmaceuticals and Pharmacists Act, all Board rules and regulations, and any other state and federal laws and regulations related to pharmaceutical and pharmacists in the State of Colorado.

18. **Violations.** Time is of the essence to this Final Agency Order. It is the responsibility of Respondent Pharmacy to take all appropriate steps to comply fully with this Final Agency Order. Respondent Pharmacy acknowledges and agrees that any violation of this Final Agency Order may be sanctioned as provided under §12-22-125.2(4), C.R.S., and may be sufficient grounds for additional discipline, including but not limited to revocation of its registration. The pendency of any suspension or

disciplinary action arising out of an alleged violation of this Final Agency Order shall not affect the obligation of Respondent Pharmacy to comply with all terms and conditions of this Final Agency Order.

19. **Integration and Severability.** Upon execution by all parties, this Final Agency Order shall represent the entire and final agreement of and between the parties in this case. In the event any provision of this Final Agency Order is deemed invalid or unenforceable by a court of law, it shall be severed and the remaining provisions of this Final Agency Order shall be given full force and effect.
20. **Public Record.** Upon execution by all parties, this Final Agency Order shall be a public record, maintained in the custody of the Board.
21. **Effective Date.** This Final Agency Order shall become effective upon signature of a Board member or representative.

ACCEPTED AND AGREED BY

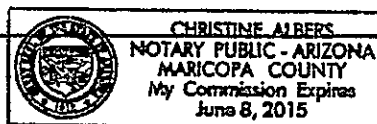
Ari Schaffer
Authorized Agent of Respondent Pharmacy

Dated: 5/16/12

Subscribed and sworn to before me in the County of Maricopa, State of Arizona, this 16th day of May, 2012 by Ari Schaffer, in his/her capacity as an authorized agent of Civic Center Pharmacy.

My commission expires: 06/08/15

Christine Aibers
Notary Public



FINAL AGENCY ORDER

WHEREFORE, the within Stipulation and Final Agency Order is approved, accepted, and hereby made an Order of the Board.

DONE AND EFFECTIVE THIS 17th DAY OF June, 2012.

State Board of Pharmacy

BY: Wendy Anderson
Wendy Anderson
Program Director

CERTIFICATE OF MAILING

This is to certify that I have mailed the within **STIPULATION AND FINAL AGENCY ORDER** to all parties herein by depositing copies of same in the United States mail, first class postage prepaid, at Denver, Colorado, this 14th day of May 2012, addressed as follows:

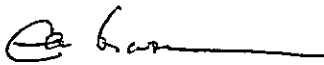
Civic Center Pharmacy
Attn: Ari Schafer
7331 E. Osborn Drive, Suite 208
Scottsdale, AZ 85251


Lauri A. Rose

CERTIFICATE OF SERVICE

This is to certify that I have duly served the within **STIPULATION AND FINAL AGENCY ORDER** upon all parties herein by depositing copies of same in the United States mail, postage prepaid, at Denver, Colorado this 11th day of June 2012, addressed as follows:

Civic Center Pharmacy
Attn: Ari Schafer
7331 E. Osborn Drive, Suite 208
Scottsdale, AZ 85251


Agent of the Board

BEFORE THE STATE BOARD OF PHARMACY**STATE OF COLORADO****Case No. 2014-2393**

STIPULATION AND FINAL AGENCY ORDER

IN THE MATTER OF DISCIPLINARY PROCEEDINGS REGARDING THE NON-RESIDENT PRESCRIPTION DRUG OUTLET REGISTRATION IN THE STATE OF COLORADO OF CIVIC CENTER PHARMACY, REGISTRATION NO. OSP 6057,

Respondent Pharmacy.

IT IS HEREBY STIPULATED AND AGREED by and between the Colorado State Board of Pharmacy ("Board") and Civic Center Pharmacy ("Respondent Pharmacy") to resolve all matters pertaining to Board Case Number 2014-2393, as follows:

FINDINGS AND CONCLUSIONS

- 1. The Board has jurisdiction over Respondent Pharmacy, its registration as a non-resident prescription drug outlet, and the subject matter of this Stipulation and Final Agency Order ("Final Agency Order") pursuant to provisions of the Pharmacists, Pharmacy Businesses, and Pharmaceuticals Act at Title 12, Article 42.5, C.R.S. (2014).**
- 2. Respondent Pharmacy was originally registered in the State of Colorado on or about June 11, 2012, being issued registration number OSP 6057, and has been so registered at all times relevant to this disciplinary action.**
- 3. Respondent Pharmacy's address of record with the Board and current location is 7331 East Osborn Drive, #208, Scottsdale, Arizona 85251.**
- 4. Respondent Pharmacy hereby waives any further proof in this or any other proceeding before the Board regarding the following facts.**
- 5. The parties agree to resolve Case No. 2014-2393 on the following terms:**

DISPOSITION

- 6. Permanent Relinquishment of Registration. Respondent Pharmacy consents to the Board's entry of this Final Agency Order whereby Respondent Pharmacy's Colorado Registration shall be relinquished and canceled. Said relinquishment shall be permanent and Respondent Pharmacy waives the right to reapply for a Colorado**

registration at any time in the future. Upon the effective date of this Final Agency Order, Respondent Pharmacy shall promptly surrender to the Board all indicia of its Colorado registration. Such relinquishment shall have full force and effect as a revocation ordered by the Board.

7. **Other Requirements.** Through its undersigned Authorized Representative, Respondent Pharmacy acknowledges and agrees that, as a condition of this Final Agency Order, Respondent Pharmacy shall:

- a. promptly pay all its own fees and costs associated with this Final Agency Order, and
- b. comply fully with this Final Agency Order.

8. **Violations.** Time is of the essence in this Final Agency Order. It is the responsibility of Respondent Pharmacy to take all appropriate steps to comply fully with this Final Agency Order. Respondent Pharmacy acknowledges and agrees that any violation of this Final Agency Order shall constitute a willful violation of a lawful Board order, and may constitute grounds for further legal action. The pendency of any litigation arising out of an alleged violation of this Final Agency Order shall not affect the obligation of Respondent Pharmacy to comply with all terms and conditions of this Final Agency Order.

9. **Advisements and Waivers.** Through its undersigned Authorized Representative, Respondent Pharmacy enters into this Final Agency Order freely and voluntarily, after having the opportunity to consult with legal counsel and/or choosing not to do so. Respondent Pharmacy acknowledges its understanding that it has the following rights:

- a. To have a formal notice of hearing and charges served upon it;
- b. To respond to said formal notice of charges;
- c. to have a formal disciplinary hearing pursuant to §§12-42.5-123 and 12-42.5-124, C.R.S.; and
- d. To appeal this Board order.

Respondent Pharmacy freely waives these rights, and acknowledges that such waiver is made voluntarily in consideration for Board's limiting the action taken against it to the sanctions imposed herein.

10. **Acknowledgments.** The undersigned Authorized Representative of Respondent Pharmacy has read this Final Agency Order in its entirety and acknowledges, after having the opportunity to consult with legal counsel and/or choosing not to do so, that Respondent Pharmacy understands the legal consequences and agrees that none of the terms or conditions herein is unconscionable. Respondent Pharmacy is

not relying on any statements, promises or representations from the Board other than as may be contained in this Final Agency Order. Respondent Pharmacy further acknowledges that it is not entering into this Final Agency Order under any duress.

11. **Integration and Severability.** Upon execution by all parties, this Final Agency Order shall represent the entire and final agreement of and between the parties in this case. In the event any provision of this Final Agency Order is deemed invalid or unenforceable by a court of law, it shall be severed and the remaining provisions of this Final Agency Order shall be given full force and effect.
12. **Public Record.** Upon execution by all parties, this Final Agency Order shall be a public record, maintained in the custody of the Board.
13. **Board Order.** This Final Agency Order shall become an order of the Board when it is accepted and signed by the Program Director or authorized Board representative.
14. **Effective Date.** This Final Agency Order shall become effective upon (a) mailing by first-class mail to Respondent Pharmacy at Respondent Pharmacy's address of record with the Board, or (b) service by electronic means on Respondent Pharmacy at Respondent Pharmacy's electronic address of record with the Board. Respondent Pharmacy hereby consents to service by electronic means if Respondent Pharmacy has an electronic address on file with the Board.

ACCEPTED AND AGREED BY

Respondent Pharmacy



Tenille Davis, Pharm D
RPh
 Authorized Representative / Title

Dated: 11/12/14

Subscribed and sworn to before me in the County of MARICOPA, State of AZ, this 12TH day of NOVEMBER, 2014; by TENILLE DAVIS, in his/her capacity as an authorized agent of Civic Center Pharmacy.

[Signature]
 Notary Public

My commission expires:

DEC 18, 2016

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 18th day of November, 2014.

State Board of Pharmacy

BY: 

Chris Gassen
Program Director

AGREED BOARD ORDER #L-13-047

RE: IN THE MATTER OF
CIVIC CENTER PHARMACY
(PHARMACY LICENSE #24239)

BEFORE THE TEXAS STATE
BOARD OF PHARMACY

On this day came on to be considered by the Texas State Board of Pharmacy ("Board") the matter of pharmacy license number 24239 issued to Civic Center Pharmacy ("Respondent"), 7331 East Osborn Drive, Scottsdale, Arizona 85251.

By letter dated February 25, 2014, the Board gave preliminary notice to Respondent of its intent to take disciplinary action. This action was taken as a result of an investigation which produced evidence indicating that Respondent may have violated:

Section 565.002(a)(3) and (10) of the Texas Pharmacy Act, TEX. OCC. CODE ANN. Title 3, Subtitle J (2011); and

Section 281.8(c) of the Texas Pharmacy Board Rules, 22 TEX. ADMIN. CODE (2011), as alleged in the Counts below.

BACKGROUND INFORMATION

- (1) On or about December 29, 2008, the Colorado State Board of Pharmacy entered an order in Case No. 2009-001497 against Colorado Pharmacy Registration No. 5580 held by Civic Center Pharmacy. The order was based on findings that the pharmacy failed to comply with the data submission requirements of Colorado's Electronic Prescription Drug Monitoring Program. The order imposed a \$5000 fine.
- (2) On or about February 3, 2010, the Colorado State Board of Pharmacy entered an order in Case No. 2010-002042 against Colorado Pharmacy Registration No. 5580 held by Civic Center Pharmacy. The order was based on findings that the pharmacy failed to comply with the data submission requirements of Colorado's Electronic Prescription Drug Monitoring Program. The order resulted in Civic Center Pharmacy relinquishing its pharmacy registration.

COUNTS

- (1) On or about August 4, 2009, Civic Center Pharmacy submitted a fraudulent application for pharmacy license renewal to the Texas State Board of Pharmacy. On the application, it was falsely indicated that the pharmacy had not been subject to disciplinary action by another state board, when, as described above in Background Information (1), the pharmacy had been disciplined by the Colorado State Board of Pharmacy in 2008.

Agreed Board Order #L-13-047

Civic Center Pharmacy

Page 2

- (2) On or about August 24, 2011, Civic Center Pharmacy submitted a fraudulent application for pharmacy license renewal to the Texas State Board of Pharmacy. On the application, it was falsely indicated that the pharmacy had not been subject to disciplinary action by another state board, when, as described above in Background Information (1) and (2), the pharmacy had been disciplined by the Colorado State Board of Pharmacy in 2008 and in 2010.

By letter dated February 25, 2014, Respondent was notified that the matters previously set out in this Order could be disposed of without the scheduling of an informal conference or a formal administrative hearing. By signing this Order, Ari Schafer, Corporate President of Civic Center Pharmacy (Corporation), on behalf of Respondent, neither admits nor denies the truth of the matters previously set out in this Order, and agrees that the Board has jurisdiction in this matter and waives the right to informal conference, notice of hearing, formal administrative hearing, and judicial review of this Order.

The parties acknowledge that this Order resolves the allegations set forth herein, and agree to the terms and conditions set forth in the ORDER OF THE BOARD below.

ORDER OF THE BOARD

THEREFORE, PREMISES CONSIDERED, the Board does hereby ORDER that:

- (1) Respondent shall pay an administrative penalty of two thousand dollars (\$2,000) due ninety (90) days after the entry of this Order.
- (2) Respondent shall allow Board staff to directly contact Respondent on any matter regarding the enforcement of this Order.
- (3) Failure to comply with any of the requirements in this Order constitutes a violation and shall be grounds for further disciplinary action. The requirements of this Order are subject to the Texas Pharmacy Act, TEX. OCC. CODE ANN., Title 3, Subtitle J (2013), and Texas Pharmacy Board Rules, 22 TEX. ADMIN. CODE (2014).

Agreed Board Order #L-13-047
Civic Center Pharmacy
Page 3

And it is so Ordered.

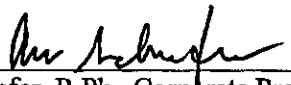
THIS ORDER IS A PUBLIC RECORD.

Signed and entered by the Executive Director on behalf of the Texas State Board of Pharmacy on
this 27th day of March, 2014.



Gay Dodson, R.Ph., Executive Director/Secretary
Texas State Board of Pharmacy

APPROVED AS TO FORM AND AGREED TO:



Ari Schafer, R.Ph., Corporate President of Civic Center Pharmacy (Corporation)
for and on behalf of Civic Center Pharmacy

APPROVED AS TO FORM:



Kersin E. Arnold, General Counsel
Texas State Board of Pharmacy

BEFORE THE NORTH CAROLINA BOARD OF PHARMACY

In the Matter of:

CIVIC CENTER PHARMACY, INC.
(Permit No. 9155)**CONSENT ORDER**

THIS MATTER came on to be considered at a prehearing conference (hereinafter, "Conference") before a member of the North Carolina Board of Pharmacy (hereinafter, "Board") pursuant to 21 N.C.A.C. 46 .2008. This Conference was scheduled for May 12, 2014 and, after appropriate notice, was heard on that day by Board member Dr. J. Parker Chesson, Jr. at the offices the Board. Respondent Civic Center Pharmacy, Inc. (Permit No. 9155) (hereinafter, "Respondent" or "Civic Center") was present and was represented by Counsel Brenda M. Maloney Shafer. Counsel Clinton R. Pinyan represented the Board. Members of the Board's investigative staff were also present at the Conference.

Respondent has agreed to waive a formal hearing in the above-referenced matter. Both parties stipulate and agree 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. Based upon the consent of the parties, the Board hereby enters the following:

FINDINGS OF FACT

1. The North Carolina Board of Pharmacy is a body duly organized under the laws of North Carolina and is the proper body for this proceeding under the authority granted it in Chapter 90 of the General Statutes of North Carolina, and the rules and regulations promulgated thereunder.

2. Respondent is the holder of Permit No. 9155 from the Board and is located at 7331 East Osborn Drive, Suite 208, Scottsdale, Arizona. Respondent's out-of-state permit was issued on September 19, 2005. Respondent is and was, at all relevant times referenced to herein, subject to the rules and regulations of the North Carolina Board of Pharmacy and the laws of the State of North Carolina.

3. Between approximately January 2010 and August 2012, Civic Center filled approximately 4,700 prescriptions written by William Shuler and Thom Lobe, physicians with HCG Medical of Tulsa, Oklahoma. Approximately half of the prescriptions were for human chorionic gonadotropin (HCG), and the other half were for syringes for administering the HCG. Civic Center never filled any prescriptions written by either Dr. Shuler or Dr. Lobe for anything other than HCG or associated syringes. Civic Center filled HCG prescriptions issued by HCG Medical for patients in 48 states (every state but Hawaii and Maine), as well as the District of Columbia and British Columbia. At the time these prescriptions were compounded, Civic Center had received an increased volume of HCG prescriptions due to its particular compounding methods. Although HCG Medical was located in Tulsa, Oklahoma and all of the prescriptions were issued from that office, many of the prescriptions written by Dr. Lobe listed his address as Beverly Hills, California.

4. Between approximately September 2010 and July 2012, Civic Center dispensed approximately 180 of these prescriptions to patients in North Carolina, including approximately 90 prescriptions for HCG, which is a schedule III controlled substance in North Carolina.

5. Under the circumstances, Civic Center knew or reasonably should have known that the prescriptions were issued without a physical examination of the patients and in the absence of prior prescriber-patient relationships.

6. Civic Center's current pharmacist-manager, Tenille Davis, testified that, when Civic Center began filling the prescriptions, she had concerns that the prescriptions were invalid. She raised those concerns with Ari Schafer, who was then the pharmacist-manager, and who told Davis that Schafer had contacted HCG Medical and was informed that the physicians had requested the primary care provider's records, had ordered laboratory tests and were performing physical examinations. Notwithstanding that explanation, Davis testified that she did not believe that the physicians were performing in-person physical examinations on all of the patients and that it was not reasonable for any pharmacist to believe that they were. She testified that, at the time, she believed that the physicians may have had remote encounters with the patients, which she acknowledged that she incorrectly believed were lawful and satisfied the physical examination requirements. Davis filled more than half of the prescriptions dispensed to North Carolina patients.

7. On August 8, 2011, Dr. Shuler was disciplined by the State of Utah for, on multiple occasions, issuing online prescriptions for prescription medications to Utah residents. Thereafter, numerous other states disciplined Dr. Shuler for the same behavior, including but not limited to California, Illinois, Minnesota, Ohio, Tennessee, Texas and Wisconsin. Civic Center was not aware of these disciplinary actions, and Civic Center continued filling prescriptions issued by HCG Medical, including 54 prescriptions written by Dr. Shuler and hundreds of prescriptions written by Dr. Lobe after August 8, 2011. Civic Center filled the majority of the prescriptions from HCG Medical prior to August 8, 2011, when there were no disciplinary orders against Dr. Shuler related to his online prescribing.

8. On December 7, 2012, the Board requested certain patient records from Civic Center Pharmacy that it is required to maintain and provide upon Board request. The Board sent

the request by certified mail, to the correct address for Civic Center, and the Board received a return receipt showing that the request was received. Nevertheless, Civic Center's representative testified that Civic Center's pharmacist-manager did not personally receive the correspondence. Civic Center did not provide the requested records until March 2013, after the Board sent a notice that a prehearing conference would be held due to the failure to provide the records. Schafer was not aware of the December 7, 2012 request until he received the prehearing conference notice. Upon receiving the notice, Civic Center immediately responded and thereafter fully cooperated with the Board's investigation.

CONCLUSIONS OF LAW

1. All parties are properly before the Board, and the Board has jurisdiction over Respondent and the subject matter of this proceeding.

2. Respondent's conduct, as set out in the findings of fact and conclusions of law above, constitutes grounds for discipline pursuant to North Carolina General Statutes § 90-85.38(b) because Respondent's acts were in violation of N.C. Gen. Stat. §§ 90-85.26, 90-85.40(b) and (f), 90-106(c), 90-108(a)(2), 106-122(1), 106-134 and 106-134.1(a); 21 N.C.A.C. 46 .1601(b)(3) and (4), 46 .1607(b)(2), (c) and (d), 46 .1801 and 46 .1805; and Arizona Administrative Code R4-23-404(E) and (F).

3. Respondent admits that the conduct in this matter constitutes sufficient grounds for disciplinary action on its permit under N.C. Gen. Stat. § 90-85.38(b).

CONCLUSIONS REGARDING DISCIPLINE

Based upon the foregoing, and with the consent of the parties, IT IS THEREFORE ORDERED that the permit of Respondent Civic Center Pharmacy, Inc., Permit No. 9155, is hereby SUSPENDED indefinitely. The suspension is stayed INDEFINITELY upon the following conditions:

1. Respondent shall violate no laws governing the practice of pharmacy or the distribution of drugs; and
2. Respondent shall violate no rules or regulations of the Board, including but not limited to 21 N.C.A.C. 46 .1801.

If Respondent fails to comply with any terms or conditions of this Order, the stay of Respondent's suspension shall be terminated and Respondent may be subject to additional disciplinary action by the Board.

This the 10 day of June, 2014.

NORTH CAROLINA BOARD OF PHARMACY

By: _____
Jay W. Campbell, IV
Executive Director

Civic Center Pharmacy, 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. The undersigned freely, knowingly and voluntarily waives such right by entering into this Final Consent Order. The undersigned understands and agrees that by entering into this Final Consent Order, she certifies that she has read the foregoing Final Consent Order and that Civic Center Pharmacy, Inc. voluntarily consents to the terms and conditions set forth therein and relinquishes any right to judicial review of Board actions which may be taken concerning this matter. The undersigned further understands that should Civic Center Pharmacy, Inc. violate the terms and conditions of this Final Consent Order, the Board may take additional disciplinary action. The undersigned understands and agrees that this Final Consent Order will not become effective unless and until approved by the Board. The undersigned understands that Civic Center Pharmacy, Inc. has the right to have counsel of its choice review and advise it with respect to its rights and this Final Consent Order, and represents that it enters this Final Consent Order after consultation with its counsel or after knowingly and voluntarily choosing not to consult with counsel.

The undersigned certifies that its agent executing this Final Consent Order is duly authorized to accept the Final Consent Order on behalf of Civic Center Pharmacy, Inc., and to bind the permit holder.

ACCEPTED AND CONSENTED TO BY:

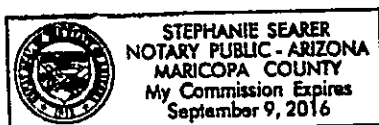
CIVIC CENTER PHARMACY, INC.
(Permit No. 9155)

Tenille Davis Date 6/10/14
By: Tenille Davis
Title: Pharmacy Manager

STATE OF Arizona
Maricopa COUNTY

I, the undersigned Notary Public of the County and State aforesaid, do hereby certify that personally appeared before me this day, and each acknowledged the due execution of the foregoing document: Consent Order.

Date: 6/10/14



Stephanie Searer
Notary Public
Stephanie Searer
My commission expires: 9/9/16

REJECTED BY:

CIVIC CENTER PHARMACY, INC.
(Permit No. 9155)

_____ Date _____

By: _____

Title: _____

JOHN T. HASSLER 5311 DEPT. OF COMMERCE
 Regulated Industries Complaints Office AND CONSUMER AFFAIRS
 Department of Commerce and Consumer Affairs
 State of Hawaii 2015 JUN 19 P 12:53
 Leiopapa A Kamehameha Building HEARINGS OFFICE
 235 South Beretania Street, Suite 900
 Honolulu, Hawaii 96813
 Telephone: 586-2660

2015 JUN -3 A 10:00
 DEPT. OF COMMERCE
 AND CONSUMER AFFAIRS

Attorneys for Department of Commerce
 and Consumer Affairs

BOARD OF PHARMACY
 DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS
 STATE OF HAWAII

In the Matter of the Miscellaneous Permit of) PHA 2014-31-L
)
 CIVIC CENTER PHARMACY,) FIRST AMENDED SETTLEMENT
) AGREEMENT PRIOR TO FILING OF
 Respondent.) PETITION FOR DISCIPLINARY ACTION
) AND BOARD'S FINAL ORDER; EXHIBIT
) "1"

241042211

FIRST AMENDED SETTLEMENT AGREEMENT PRIOR TO FILING
 OF PETITION FOR DISCIPLINARY ACTION AND BOARD'S FINAL ORDER

Petitioner, DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS'

REGULATED INDUSTRIES COMPLAINTS OFFICE (hereinafter "RICO" or "Petitioner"),
 through its undersigned attorney, and Respondent CIVIC CENTER PHARMACY (hereinafter
 "Respondent"), enter into this First Amended Settlement Agreement ("Settlement Agreement")
 on the terms and conditions set forth below.

A. UNCONTESTED FACTS:

1. At all relevant times herein, Respondent was the holder of a miscellaneous permit
 issued by the Board of Pharmacy (hereinafter the "Board") under miscellaneous permit number

I HEREBY CERTIFY THAT THE ATTACHED
 IS A TRUE AND CORRECT COPY OF THE
 ORIGINAL ON FILE IN THE DEPARTMENT
 OF COMMERCE & CONSUMER AFFAIRS.

Cheryl Hill

PMP 769. The miscellaneous permit was issued on or about April 30, 2012. The miscellaneous permit will expire or forfeit on or about December 31, 2015.

2. Respondent's mailing address for purposes of this action is 7331 E. Osborn Drive #208, Scottsdale, Arizona 85251.

3. On or about October July 10, 2014, Respondent submitted a letter to the Board indicating it had been disciplined by the State of North Carolina.

4. Respondent attached a copy of a June 10, 2014, Consent Order with the North Carolina Board of Pharmacy in In the Matter of Civic Center Pharmacy, Inc., (Permit No. 9155), (hereinafter "the June 10, 2014, North Carolina action") (Exhibit "1"). The June 10, 2014, North Carolina action alleged Respondent filled invalid prescriptions written by physicians in Oklahoma for patients in North Carolina. North Carolina suspended Respondent's license indefinitely, but stayed the suspension indefinitely upon Respondent's compliance with certain conditions.

5. RICO alleges that disciplinary action was taken against Respondent by the State of North Carolina.

6. The foregoing allegation, 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).

7. The Board has jurisdiction over the subject matter herein and over the parties hereto.

B. REPRESENTATIONS BY RESPONDENT:

OF COMMERCE & CONSUMER AFFAIRS
ORIGINAL ON FILE IN THE DEPARTMENT
IS A TRUE AND CORRECT COPY OF THE
I HEREBY CERTIFY THAT THE

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 the holder of a miscellaneous permit acknowledges that Respondent is subject to penalties including but not limited to, revocation, suspension or limitation of the permit and administrative fines, if the foregoing allegations are proven at hearing.
5. Respondent represents Exhibit "I" is a true and correct copy of the June 10, 2014, Consent Order with the North Carolina Board of Pharmacy in In the Matter of Civic Center Pharmacy, Inc., (Permit No. 9155).
6. Respondent understands that any false or untrue statement or any material misrepresentation or omission of fact by Respondent in this settlement agreement may be grounds for further disciplinary action under HRS chapters 436B and 461.
7. Respondent 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.

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 miscellaneous 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 No. PHA 2014-31-L.

11. Respondent understands that this Settlement Agreement may be subject to reporting requirements.

12. Respondent understands this Settlement Agreement is public record pursuant to Hawaii Revised Statutes chapter 92F.

C. TERMS OF SETTLEMENT:

1. Administrative fine. Respondent agrees to pay a fine in the amount of ONE THOUSAND FIVE HUNDRED AND NO/100 DOLLARS (\$1,500.00). Payment shall be made by cashier's check or money order made payable to "DCCA - Compliance Resolution Fund" and mailed to the Regulated Industries Complaints Office, Attn: John T. Hassler, Esq., 235 S. Beretania Street, 9th Floor, Honolulu, Hawaii 96813. Payment of the fine shall be due at the time this Settlement Agreement is returned to RICO.

2. Failure to Comply with Settlement Agreement. If Respondent fails to fully and timely comply with the terms of this Settlement Agreement as set forth in paragraph C.1. above, Respondent's permit shall be automatically revoked upon RICO's filing of an affidavit with the Board attesting to such failure. In case of such revocation, Respondent shall turn in all indicia of

the permit to the Executive Officer of the Board within ten (10) days after receipt of notice of the revocation. In case of such revocation, Respondent understands Respondent cannot apply for a new permit until the expiration of at least five (5) years after the effective date of the revocation. Respondent understands that if Respondent desires to become permitted again, Respondent must apply to the Board for a new permit pursuant to and subject to HRS §§ 92-17, 436B-21, and all other applicable laws and rules in effect at the time.

3. Possible further sanction. The Board, at its discretion, may pursue additional disciplinary action as provided by law to include further fines and other sanctions as the Board may deem appropriate if Respondent violates any provision of the statutes or rules governing the conduct of miscellaneous pharmacy permit holders in the State of Hawaii, or if Respondent fails to abide by the terms of this Settlement Agreement.

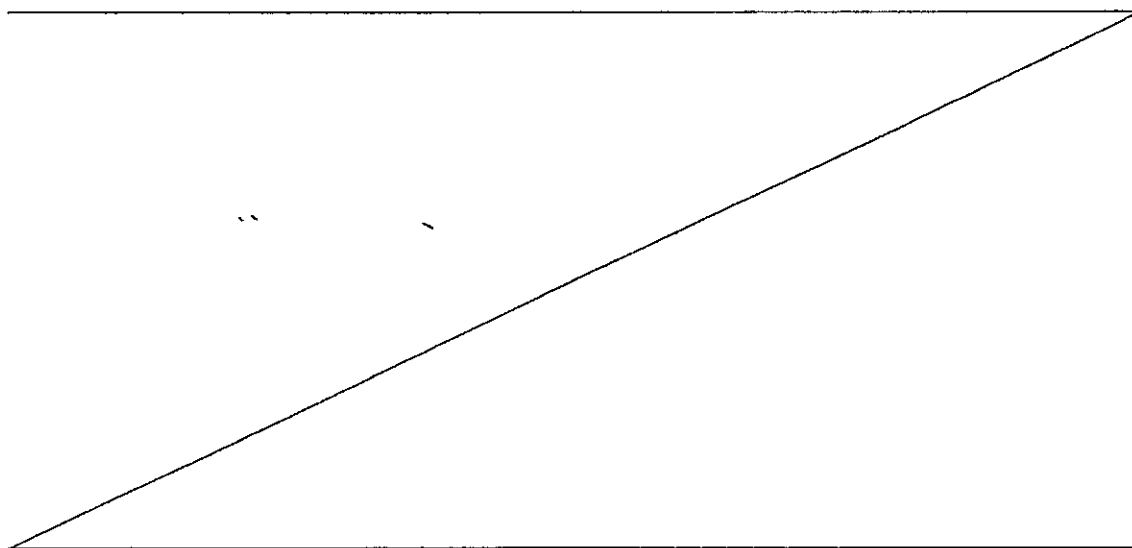
4. Approval of the Board. Respondent agrees that, except for the representations, agreements and covenants contained in Paragraphs C.5, C.6, C.7, and C.8 below, this Settlement Agreement shall not be binding on any of the parties unless and until it is approved by the Board.

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.

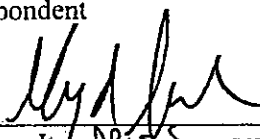
8. Complete Agreement. This Settlement Agreement is a complete settlement of the rights, responsibilities and liabilities of the parties hereto with respect to the subject matter hereof; contains the entire agreement of the parties; and may only be modified, changed or amended by written instrument duly executed by all parties hereto.



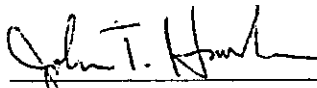
IN WITNESS WHEREOF, the parties have signed this Settlement Agreement on the date(s) set forth below.

DATED: 20th, MAY, 2015.

CIVIC CENTER PHARMACY
Respondent

By: 
Its PRESIDENT

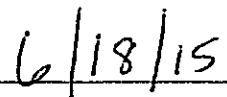
DATED: Honolulu, Hawaii, June 2, 2015.


JOHN T. HASSLER
Attorneys for Department of Commerce
and Consumer Affairs

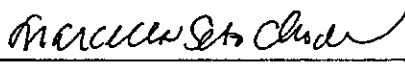
IN THE MATTER OF THE MISCELLANEOUS PERMIT OF CIVIC CENTER PHARMACY;
FIRST AMENDED SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION FOR
DISCIPLINARY ACTION AND BOARD'S FINAL ORDER; CASE NO. PHA 2014-31-L

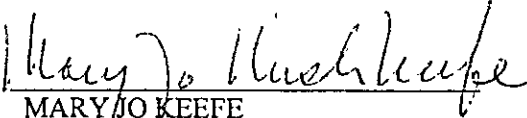
APPROVED AND SO ORDERED:
BOARD OF PHARMACY
STATE OF HAWAII


KERRI OKAMURA
Chairperson

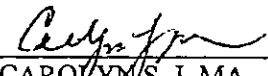

DATE


GARRETT A. LAU
Vice Chairperson


MARCELLA CHOCK


MARY JO KEEFE

LYDIA KUMASAKA

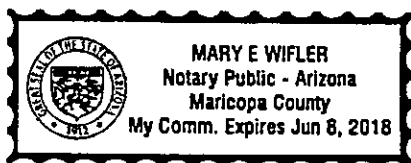

CAROLYN S. J. MA

PVL 07/01/14

STATE OF ARIZONA)
COUNTY OF MARICOPA) SS.
)

On this 20th day of MAY, 2015, before me personally appeared
LLOYD J LEVISON, to me known to be the person described, and who executed the
foregoing instrument on behalf of CIVIC CENTER PHARMACY as its
PRESIDENT, and acknowledged that he/she executed the same as
his/her free act and deed.

This 9-page FIRST AMENDMENT SETTLEMENT AGREEMENT
PICO CASE NO. PH# 2014-31-L
document dated MAY 11, 2015 was acknowledged before me by
LLOYD J. LEVISON this 20th day of MAY, 2015, in the
City of SCOTTSDALE, in the County of MARICOPA, in the N/A
Circuit, State of ARIZONA.



Mary E Wifler
Name: _____
Notary Public, State of ARIZONA
My Commission expires: 6-8-18

**SOUTH CAROLINA DEPARTMENT OF LABOR, LICENSING AND REGULATION
BEFORE THE STATE BOARD OF PHARMACY OF SOUTH CAROLINA**

In the Matter of:

CIVIC CENTER PHARMACY
License No. PY 8218

OIE # 2014-80

Respondent.

CONSENT AGREEMENT

By agreement of the Board of Pharmacy ("the Board") and the above-named Respondent, the following disposition of this matter is entered pursuant to the provisions of S.C. Code Ann. § 1-23-320(f) (1976, as amended), in lieu of, inter alia, a hearing before the Board, a hearing officer or panel appointed by the Board/Commission.

FINDINGS OF FACT

1. Respondent was permitted as a non-resident Pharmacy in the State of South Carolina at all times relevant to the matters asserted in this case. The Board has jurisdiction over this matter.
2. Respondent admits the following:
 - a. On or about June 10, 2014, Respondent was sanctioned by the North Carolina Board of Pharmacy (NCBOP). Respondent shipped HCG a legend drug, having reason to know that no valid physician patient relationship sufficient to prescribe such substances existed.
3. Respondent further admits that as a result of the previous admissions herein, Respondent has violated S.C. Code Ann. § 40-1-110(1)(b) (1976, as amended).
4. Respondent waives any further findings of fact with respect to this matter.

CONCLUSIONS OF LAW

1. Respondent admits that the conduct in this matter constitutes sufficient grounds for disciplinary or corrective action under South Carolina Code Ann. §§ 40-43-140 and 40-1-120 (Supp. 2014). Respondent hereby waives any further conclusions of law with respect to this matter.

2. Respondent has full knowledge that Respondent has the right to a hearing and to be represented by counsel in this matter, and freely, knowingly, and voluntarily waives such rights by entering into this Consent Agreement. Respondent understands and agrees that by entering into this Consent Agreement, Respondent voluntarily relinquishes any right to judicial review of Board action(s), which may be taken concerning any related matters. Respondent understands and agrees that this Consent Agreement will not become effective unless and until approved by the Board. Respondent understands and agrees that a representative of the General Counsel's Office and Respondent may be present during presentation of this Consent Agreement to the Board. Respondent understands and agrees that if this Consent Agreement is not approved, it shall not constitute an admission against interest in this proceeding or prejudice the right of the Board to adjudicate this matter.

THEREFORE, IT IS AGREED WITH RESPONDENT'S CONSENT THAT:

1. Respondent's permit is hereby suspended for a period of two years; however, such suspension shall be stayed immediately and Respondent's permit will continue uninterrupted in a probationary status, contingent upon Respondent's compliance with the terms of this Agreement, which shall remain in effect for a period of not less than two (2) years and until further Order of the Board.
2. Respondent shall submit updated policies and procedures to the South Carolina Board of Pharmacy at such time as this Consent Agreement is submitted to the Board for approval in order to ensure future compliance with state and federal laws and regulations governing Respondent.
3. Respondent shall promptly advise this Board in writing of any changes in address, practice, professional status, or any other factors affecting compliance with this Consent Agreement. Correspondence and copies of reports and notices mentioned herein shall be directed to:

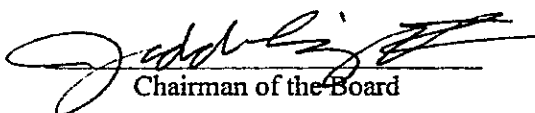
LLR-Board of Pharmacy
P.O. Box 11927
Columbia, SC 29211-1927
4. Respondent enters into this Consent Agreement freely and voluntarily and not under duress, restraint or compulsion.
5. It is understood and agreed that if Respondent fails to meet the conditions agreed to in this Consent Agreement, Respondent's permit may be immediately administratively suspended pending compliance. Non-compliance may result in further discipline. Any license law violations by Respondent constitute a failure to meet the conditions of this Consent Agreement.
6. Respondent agrees to comply with all state and federal statutes and regulations governing the practice of pharmacy.

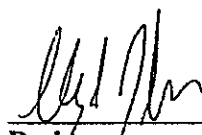
7. Respondent shall cooperate with the Board, its attorneys, investigators, and other representatives in the investigation of Respondent's practice and compliance with the provisions of this Consent Agreement. Respondent may be required to furnish the Board with additional information as may be deemed necessary by the Board or its representatives. In addition to such requests, the Board in its discretion may require Respondent to submit further documentation regarding Respondent's practice, and it is Respondent's responsibility to comply with all reasonable requests in a timely fashion. Failure to comply with such requests is a violation of this Consent Agreement, and may result in the immediate administrative suspension of Respondent's permit, pending a hearing and until further Order of the Board.
8. Pursuant to the South Carolina Freedom of Information Act, this Consent Agreement, with attachments, is a public document, and this action will be reported to the National Practitioner Data Bank in accordance with P.L. 99-660.
9. This Consent Agreement shall take effect upon service of an executed copy on the Respondent or counsel.

AND IT IS SO AGREED.

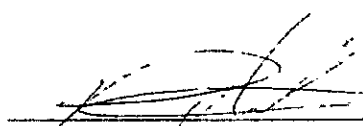
STATE BOARD OF PHARMACY

3/18/15
Date


Chairman of the Board


1/13/15
Designee
Respondent

DATE


PATRICK D. HANKS
Assistant General Counsel
South Carolina Department of Labor,
Licensing & Regulation

5/14/15
DATE

17-19-14

BEFORE THE KANSAS BOARD OF PHARMACY

In the Matter of)

Case No. 15-085

CIVIC CENTER PHARMACY)

Kansas Registration Nos. 22-02317)

75783
- 11/2
KANSAS STATE
BOARD OF PHARMACY

STIPULATION AND CONSENT ORDER

IT IS HEREBY STIPULATED AND AGREED by and between the Kansas Pharmacy Board (the "Board") and Civic Center Pharmacy ("Respondent") as follows:

1. The Board is represented herein by its attorney, Randall J. Forbes of Frieden, Unrein & Forbes, LLP, 1414 SW Ashworth Place, Suite 201, Topeka, Kansas 66604. The Respondent is represented herein by its attorney,

_____.

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.*, (the "Act") including conducting hearings and proceedings to revoke, suspend or otherwise discipline a Kansas registration to operate a pharmacy.

3. The Respondent is presently entitled to operate a pharmacy in the State of Kansas by reason of the Board having issued it Kansas registration number 22-02317 ("Kansas Registration"). At all times relevant hereto, the Respondent has held a current registration to operate a pharmacy in the State of Kansas.

4. The Board's Investigation Member has received certain information, investigated and determined that there are reasonable grounds to believe that Respondent has operated in a manner that violates the Act.

5. Respondent hereby admits and waives any further proof in this or any other proceeding before or initiated by the Board, and upon motion duly made, seconded and passed, the Board finds the following:

A. On or about June 11, 2012, Respondent entered into a Stipulation and Final Agency Order with the State of Colorado Board of Pharmacy relating to Respondent's failure to comply with the data submission requirements of Colorado's Electronic Prescription Drug Monitoring Program ("PDMP") on 2 occasions and failure to disclose a subsequent relinquishment on a December 8, 2011 application for a Colorado new non-resident drug outlet registration (the "Colorado Order"). (A true and correct copy of the Colorado Order is attached hereto as Exhibit A and incorporated herein by this reference).

B. Respondent entered into the a Stipulation and Final Agency Order with the Colorado Board, Case No. 2009-001497, on or about December 29, 2008, relating to Respondent's failure to comply with the Colorado PDMP's data submission requirements. Therein Respondent was ordered to register and comply with all data submission requirements of the PDMP and pay a \$5,750.00 fine, including surcharge.

C. Respondent entered into a second Stipulation and Final Agency Order with the Colorado Board, Case No. 2010-002042, on or about February 3, 2010, relating to Respondent's failure to comply with the Colorado PDMP's data submission requirements. In lieu of paying an ordered \$10,000.00 fine, Respondent relinquished its Colorado registration.

D. Respondent submitted an application for a Colorado new non-resident drug outlet registration on or about December 8, 2011. Therein, Respondent failed to disclose the February 3, 2010 relinquishment of its Colorado registration.

E. Pursuant to the Colorado Order, under which Respondent admitted to the findings and waived all further proof in the matter, the Colorado Board reissued Respondent's Colorado registration subject to Respondent paying a \$10,000.00 fine, timely registering with the Colorado PDMP, compliance with all data submission requirements of the PDMP, truthfully answering all background questions pertaining to Respondent on future Colorado applications, and compliance with all other terms and conditions of the Colorado Order.

F. On or about March 27, 2014, Respondent entered into an Agreed Board Order with the Texas State Board of Pharmacy relating to a failure to disclose the Colorado Orders to the Texas Board on its August 4, 2009 and August 24, 2011 applications for licensure. (the "Texas Order"). (A true and correct copy of the Texas Order is attached hereto as Exhibit B and incorporated herein by this reference).

G. The Texas Board alleged that Respondent's response to a question regarding whether Respondent had been subject to discipline in another state in its August 4, 2009 application, Respondent failed to disclose the discipline rendered by the Colorado Board in Case No. 2009-001497. Additionally, the Texas Board alleged that Respondent's response to a question regarding whether Respondent had been subject to discipline in another state in its August 24, 2011 application, Respondent failed to disclose the discipline rendered by the Colorado Board in Case Nos. 2009-001497 and 2010-002042.

H. Respondent neither admitted nor denied the truth of the Texas Board's allegations in the Texas Order.

I. Pursuant to the Texas Order, Respondent agreed to pay an administrative penalty of \$2,000.00, allow Texas Board staff to directly contact Respondent regarding

enforcement of the Texas Order, and required Respondent to comply with all other terms of the Texas Order.

J. On or about June 10, 2014, Respondent entered into a Consent Order with the North Carolina Board of Pharmacy relating to the filling and shipping of approximately 180 prescriptions for North Carolina patients written by Oklahoma doctors between September 2010 and July 2012. (the "North Carolina Order") Said prescriptions were found to be filled in violation of North Carolina law. (A true and correct copy of the North Carolina Order is attached hereto as Exhibit C and incorporated herein by this reference).

K. By and through the North Carolina Order, the North Carolina Board found that Respondent knew or reasonably should have known that the prescriptions not accompanied by the required physical examination for schedule III controlled substances under North Carolina law.

L. Moreover, the North Carolina Board found that Respondent did not provide records requested by the North Carolina Board on December 7, 2012, until March of 2013, after the North Carolina sent notice of prehearing conference relating the failure to timely provide records.

M. By and through the North Carolina Order, Respondent's North Carolina permit was indefinitely suspended. However, the suspension was stayed indefinitely based upon Respondent abiding by the laws governing the practice of pharmacy and the distribution of drugs, and Respondent abiding by the rules and regulations of the North Carolina Board. Furthermore, Respondent agreed to comply with the terms and conditions of the North Carolina Order.

N. On or about March 18, 2015, Respondent entered into a Consent Agreement with the State Board of Pharmacy of South Carolina pursuant to the discipline imposed by the North Carolina Order (the "South Carolina Order"). (A true and correct copy of the South Carolina Order is attached hereto as Exhibit D and incorporated herein by this reference).

O. By and through the South Carolina Order, Respondent's South Carolina permit was suspended for 2 years. However, the suspension was stayed immediately with Respondent's permit continuing on probationary status for not less than 2 years, contingent upon Respondent's compliance with the terms of the South Carolina Order. Moreover, Respondent was required to submit updated policies and procedures to the South Carolina Board and comply with all other terms and conditions of the South Carolina Order.

P. On or about April 8, 2015, Respondent entered into a Settlement Agreement Prior to Filing of Petition for Disciplinary Action and Board's Final Order with the Board of Pharmacy Department of Commerce and Consumer Affairs State of Hawaii pursuant to the discipline imposed by the North Carolina Order (the "Hawaii Order"). (A true and correct copy of the South Carolina Order is attached hereto as Exhibit E and incorporated herein by this reference).

Q. By and through the Hawaii Order, Respondent agreed to pay a fine of \$1,500.00 and comply fully with all other terms of the Hawaii Order.

R. Respondent self-reported the Orders referenced herein to the Board on or before May 20, 2015.

6. Upon motion duly made, seconded and passed, the Board finds and concludes that the events described in paragraph 5 above, constitute the operation of a pharmacy in a manner

that violates the Act and the Regulations of the Board and is therefore grounds for disciplinary action against the Respondent's Kansas Registration pursuant to K.S.A. § 65-1627 (e)(4).

7. The Respondent agrees and consents and the Board finds concludes and orders that the following disposition is just and appropriate under the circumstances:

A. INDEFINITE SUSPENSION. Respondent agrees and consents and the Board further orders that Respondent's Kansas Registration is hereby suspended indefinitely. However, such suspension is indefinitely stayed contingent upon the following:

i. Respondent shall not violate any laws governing the practice of pharmacy or the distribution of drugs; and

ii. Respondent shall not violate any rules or regulations of the Board.

Moreover, in the event that Respondent fails to comply with any term or condition of this Stipulation and Consent Order, the stay of Respondent's suspension shall be terminated and Respondent may be subject to additional disciplinary action by the Board.

B. COMPLIANCE WITH OTHER STATE ORDERS. As a condition of the stay of its indefinite suspension, Respondent agrees and consents and the Board further orders that Respondent shall fully comply with any and all terms, conditions, limitations and other requirements of the Colorado Order, the Texas Order, the North Carolina Order, the South Carolina Order and the Hawaii Order.

C. 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:

1. Comply fully with this Stipulation and Consent Order;

2. Comply fully with the Kansas Pharmacy Act, the Board's rules and regulations; and

3. Comply fully with all state and federal laws relating to pharmacy practice;

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.

9. The stipulations contained herein shall not become binding until this Stipulation and Consent Order is approved by the Board and the Final Order provided for herein is entered by the Board. 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 Procedures Act, K.S.A. §§ 77-501 *et seq.* and the Kansas Judicial Review Act, K.S.A. §§ 77-601 *et seq.*

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 the 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 Carly

Haynes, its Acting Executive Secretary at 800 SW Jackson St., Suite 1414, Topeka, KS 66612.

The Respondent hereby waives those rights.

ENTERED AND EFFECTIVE this 6th day of November, 2015.

KANSAS BOARD OF PHARMACY

By:

Dr. Robert Haneke
DR. ROBERT HANEKE, President

AGREED AND APPROVED BY:

Civic Center Pharmacy

By: [Signature]

10/7/15
Date

[Signature]
Mike Lomergan, R.Ph.
Investigation Member

11-5-15
Date

Respondent's Attorney's Name & Address

Date

[Signature]

Randall J. Forbes, KS#09089 MO#64335

Timothy D. Resner, #25064

FRIEDEN, UNREIN & FORBES, LLP

1414 SW Ashworth Place, Suite 201

Topeka, KS 66604

(785) 354-1100

(785) 354-1113 (fax)

Attorneys for the Kansas Board of Pharmacy

10.15.15
Date

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 10th day of November, 2015 addressed to:

Randall J. Forbes
Timothy D. Resner
FRIEDEN, UNREIN & FORBES, LLP
1414 SW Ashworth Place, Suite 201
Topeka, KS 66604

Civic Center Pharmacy
7331 E. Osborn Drive, #208
Scottsdale, AZ 85251

Carly Haynes RPh.
Carly Haynes
Acting Executive Director
KANSAS BOARD OF PHARMACY

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF PROFESSIONAL LICENSING
BOARD OF PHARMACY
DISCIPLINARY SUBCOMMITTEE

In the Matter of

CIVIC CENTER PHARMACY
License Number: 53-01-009792

File Number: 53-15-137790
CONSENT ORDER AND STIPULATION

CONSENT ORDER

An Administrative Complaint (Complaint) was executed on August 10, 2015, charging Civic Center Pharmacy (Respondent Pharmacy) with violating section 17768(2)(d) of the Public Health Code, 1978 PA 368, as amended; MCL 333.1101 et seq; and

Respondent has admitted that the facts alleged in the Complaint are true and constitute violations 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 17768(2)(d) of the Public Health Code, supra.

Accordingly,

IT IS ORDERED that for the cited violation of the Public Health Code, Respondent Pharmacy is FINED \$1,000.00 to be paid to the State of Michigan within 60 days of the effective date of this Order.

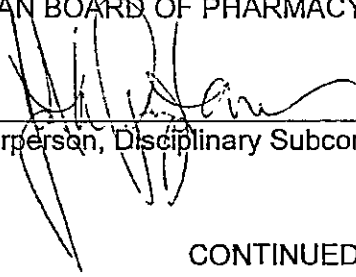
IT IS FURTHER ORDERED that the fine shall be mailed to the **Department of Licensing and Regulatory Affairs, Regulatory and Compliance Division, Sanction Monitoring, P.O. Box 30189, Lansing, MI 48909**. The fine shall be paid by check or money order, made payable to the State of Michigan, and the check or money order shall clearly display file number **53-15-137790**.

IT IS FURTHER ORDERED that in the event Respondent Pharmacy violates any provision of this Order, the Disciplinary Subcommittee may proceed to take disciplinary action pursuant to Mich Admin Code, R 338.1632 and section 16221(h) of the Public Health Code, supra.

IT IS FURTHER ORDERED that this Order shall be effective 30 days from the date signed by the Disciplinary Subcommittee, as set forth below.

Dated: 12.9.15

MICHIGAN BOARD OF PHARMACY

By: 
Chairperson, Disciplinary Subcommittee

CONTINUED ON NEXT PAGE

STIPULATION

1. The facts alleged in the Complaint are true and constitute a violation of section 17768(2)(d) the Public Health Code, supra.

2. Respondent Pharmacy understands and intends that by signing this Stipulation, Respondent is waiving the right, pursuant to the Public Health Code, the rules promulgated thereunder, and the Administrative Procedures Act of 1969, 1969 PA 306, as amended; MCL 24.201 et seq, to require the Department of Licensing and Regulatory Affairs (Department) to prove the charges set forth in the Complaint by presentation of evidence and legal authority, and Respondent Pharmacy is waving the right to appear with an attorney and such witnesses as Respondent Pharmacy may desire to present a defense to the charges.

3. Respondent Pharmacy and the Department further agree that this matter is a public record required to be published and made available to the public pursuant to section 11(1)(a) of the Michigan Freedom of Information Act, 1976 PA 442, as amended; MCL 15.241(1)(a); and this action will be reported to the National Practitioner Data Bank, and any other entity as required by state or federal law, in accordance with 42 USC 11101-11152.

4. Dhafer Almaklani, R.Ph., a member of the Michigan Board of Pharmacy, who supports this proposal, and the Department's representative are both free to discuss this matter with the Disciplinary Subcommittee and recommend acceptance of the resolution set forth in this Order.

5. This Order is approved as to form and substance by Respondent Pharmacy and the Department and may be entered as the final order of the Disciplinary Subcommittee in this matter.

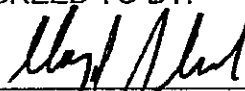
6. This proposal is conditioned upon acceptance by the Disciplinary Subcommittee, Respondent Pharmacy and the Department expressly reserving the right to further proceedings without prejudice should the Order be rejected.

AGREED TO BY:



Kim Gaedeke, Director
Bureau of Professional Licensing
Department of Licensing and
Regulatory Affairs

AGREED TO BY:



~~Reana Contreras~~ Lloyd Levidow
Authorized Representative for
Civic Center Pharmacy
Respondent Pharmacy

Dated:

10/22/2015

Dated:

10-7-15

This is the final page of a Consent Order and Stipulation in the matter of Civic Center Pharmacy, File Number 53-15-137790, before the Disciplinary Subcommittee of the Michigan Board of Pharmacy, consisting of four pages, this page included.

DWC

DARIA A. LOY-GOTO 6175
 JOHN T. HASSLER 5311
 Regulated Industries Complaints Office
 Department of Commerce and Consumer Affairs
 State of Hawaii
 Leiopapa A Kamehameha Building
 235 South Beretania Street, Suite 900
 Honolulu, Hawaii 96813
 Telephone: 586-2660

Attorneys for Department of Commerce
 and Consumer Affairs

BOARD OF PHARMACY
 DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS
 STATE OF HAWAII

In the Matter of the Pharmacy Permit of	)	PHA 2016-136-L
	)	
CIVIC CENTER PHARMACY,	)	SETTLEMENT AGREEMENT PRIOR TO
	)	FILING OF PETITION FOR DISCIPLINARY
Respondent.	)	ACTION AND BOARD'S FINAL ORDER;
	)	EXHIBITS "1" THROUGH "4"
	)	

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 CIVIC CENTER PHARMACY (hereinafter "Respondent"), enter into this Settlement Agreement on the terms and conditions set forth below.

A. UNCONTESTED FACTS:

1. At all relevant times herein, Respondent was permitted by the Board of Pharmacy (hereinafter the "Board") as a miscellaneous permit holder under permit number PMP 769. The permit was issued on or about April 30, 2012 and will expire or forfeit on or about December 31, 2017.

2. Respondent's mailing address for purposes of this action is 7331 E. Osborn Drive, No. 208, Scottsdale, Arizona 85251.

3. RICO received a request for investigation from the Board after Respondent reported disciplinary action by other states.

4. Respondent provided a copy of a Consent Agreement from the South Carolina Board of Pharmacy issued to Respondent in OIE # 2014-80 (hereinafter "the South Carolina Agreement") (Exhibit "1"). The South Carolina Agreement was based on disciplinary action taken by the State of North Carolina and resulted in a two year suspension (stayed).

5. Respondent provided copies of Stipulation and Final Agency Orders from the Colorado Board of Pharmacy issued to Respondent in Case No. 2009-001497, Case No. 2010-002042, Case No. 2012-003310 and Case No. 2014-2393 (hereinafter "the Colorado Orders") (Exhibit "2"). The Colorado Orders were based on failures to comply with the Colorado Electronic Prescription Drug Monitoring Program and imposed fines. The Colorado Order in Case No. 2014-2393 resulted in the permanent relinquishment of Respondent's Colorado registration.

6. Respondent provided a copy of a Consent Order from the Michigan Board of Pharmacy issued to Respondent in File Number: 53-15-137790 (hereinafter "the Michigan Order") (Exhibit "3"). The Michigan Order was based on alleged violation of Michigan Health Code (specifically, that action was imposed by another state) and imposed a \$1,000.00 fine.

7. Respondent also provided a copy of a Stipulation and Consent Order from the Kansas Board of Pharmacy issued to Respondent in Case No. 15-085 (hereinafter "the Kansas Order") (Exhibit "4"). The Kansas Order was based on disciplinary actions taken in other states and imposed stipulations including compliance with out of state orders.

8. RICO alleges that disciplinary action was taken against Respondent in other states.

9. 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).

10. 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 any attorney and is represented in this matter by Christine Cassetta, Esq., Quarles & Brady, LLP, Renaissance One, Two North Central Avenue, Phoenix, Arizona 85004-2391.

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 pharmacy by the Board acknowledges that Respondent is subject to penalties including but not limited to, revocation, suspension or limitation of the permit and administrative fines, if the foregoing allegations are proven at hearing.

5. Respondent represents the exhibits referenced in this Settlement Agreement are true and correct copies.

6. Respondent understands that any false or untrue statement or any material misrepresentation or omission of fact by Respondent in this settlement agreement may be grounds for further disciplinary action under HRS chapters 436B and 461.

7. Respondent does not admit to violating any law or rule, but acknowledges that RICO has sufficient cause to file a Petition for Disciplinary Action against Respondent's permit.

8. Respondent enters into this Settlement Agreement as a compromise of the claims and to conserve on the expenses of proceeding with an administrative hearing on this matter.

9. Respondent agrees that this Settlement Agreement is intended to resolve the issues raised in RICO's investigation in RICO Case Number PHA 2016-136-L.

10. Respondent understands that this Settlement Agreement may be subject to reporting requirements.

11. Respondent understands this Settlement Agreement is public record pursuant to Hawaii Revised Statutes chapter 92F.

C. TERMS OF SETTLEMENT:

1. Administrative fine. Respondent agrees to pay administrative fines in the amount of FIVE THOUSAND AND NO/100 DOLLARS (\$5,000.00). Payment shall be made by **cashier's check or money order made payable to "DCCA - Compliance Resolution Fund"** and mailed to the Regulated Industries Complaints Office, Attn: John T. Hassler, Esq., 235 S. Beretania Street, 9th Floor, Honolulu, Hawaii 96813. Payment of costs shall be due at the time this Settlement Agreement is returned to RICO.

2. Failure to Comply with Settlement Agreement. If Respondent fails to fully and timely comply with the terms of this Settlement Agreement as set forth in paragraph(s) C.1 above, Respondent's permit shall be automatically revoked upon RICO's filing of an affidavit with the Board attesting to such failure. In case of such revocation, Respondent shall turn in all

indicia of the permit to the Executive Officer of the Board within ten (10) days after receipt of notice of the revocation. In case of such revocation, Respondent understands Respondent cannot apply for a new permit until the expiration of at least five (5) years after the effective date of the revocation. Respondent understands that if Respondent desires to become permitted again, Respondent must apply to the Board for a new permit pursuant to and subject to HRS §§ 92-17, 436B-21, and all other applicable laws and rules in effect at the time.

3. Possible further sanction. The Board, at its discretion, may pursue additional disciplinary action as provided by law to include further fines and other sanctions as the Board may deem appropriate if Respondent violates any provision of the statutes or rules governing the conduct of pharmacies in the State of Hawaii, or if Respondent fails to abide by the terms of this Settlement Agreement.

4. Approval of the Board. Respondent agrees that, except for the representations, agreements and covenants contained in Paragraphs C.5, C.6, C.7 and C.8 below, this Settlement Agreement shall not be binding on any of the parties unless and until it is approved by the Board.

5. No Objection if Board Fails to Approve. If the Board does not approve this Settlement Agreement, does not issue an order pursuant thereto, or does not approve a lesser remedy, but instead an administrative hearing is conducted against Respondent in the Board's usual and customary fashion pursuant to the Administrative Procedure Act, Respondent agrees that neither Respondent nor any attorney that Respondent may retain, will raise as an objection in any administrative proceeding or in any judicial action, to the Board's proceeding against Respondent on the basis that the Board has become disqualified to consider the case because of its review and consideration of this Settlement Agreement.

6. Any Ambiguities Shall be Construed to Protect the Consuming Public. It is agreed that any ambiguity in this Settlement Agreement is to be read in the manner that most completely protects the interests of the consuming public.

7. No Reliance on Representations by RICO. Other than the matters specifically stated in this Settlement Agreement, neither RICO nor anyone acting on its behalf has made any representation of fact, opinion or promise to Respondent to induce entry into this Settlement Agreement, and Respondent is not relying upon any statement, representation or opinion or promise made by RICO or any of its agents, employees, representatives or attorneys concerning the nature, extent or duration of exposure to legal liability arising from the subject matter of this Settlement Agreement or concerning any other matter.

8. Complete Agreement. This Settlement Agreement is a complete settlement of the rights, responsibilities and liabilities of the parties hereto with respect to the subject matter hereof; contains the entire agreement of the parties; and may only be modified, changed or amended by written instrument duly executed by all parties hereto.

IN WITNESS WHEREOF, the parties have signed this Settlement Agreement on the date(s) set forth below.

DATED: Scottsdale, Arizona, May 26, 2016.
(CITY) (STATE)

CIVIC CENTER PHARMACY
Respondent

By: [Signature]
 Its President, Lloyd Levidow

DATED: Honolulu, Hawaii, _____.

 DARIA A. LOY-GOTO
 JOHN T. HASSLER
 Attorneys for Department of Commerce and
 Consumer Affairs

APPROVED AS TO FORM:

 CHRISTINE CASSETTA, ESQ.
 Attorney for Respondent

 IN THE MATTER OF THE PHARMACY PERMIT OF CIVIC CENTER PHARMACY;
 SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION FOR DISCIPLINARY
 ACTION AND BOARD'S FINAL ORDER; EXHIBITS "1" THROUGH "4";
 CASE NO(S). PHA 2016-136-L

IN THE MATTER OF THE PHARMACY PERMIT OF CIVIC CENTER PHARMACY;
SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION FOR DISCIPLINARY
ACTION AND BOARD'S FINAL ORDER; EXHIBITS "1" THROUGH "4";
CASE NO(S). PHA 2016-136-L

APPROVED AND SO ORDERED:
BOARD OF PHARMACY
STATE OF HAWAII

KERRI OKAMURA
Chairperson

DATE

GARRETT A. LAU
Vice Chairperson

MARCELLA CHOCK

MARY JO KEEFE

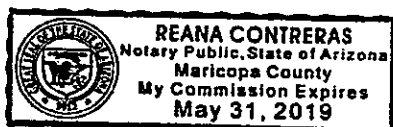
CAROLYN S. J. MA

PVL 07/01/15

STATE OF Arizona)
COUNTY OF Maricopa) SS.
)

On this 26th day of May, 20 16, before me personally appeared
Lloyd Levidon, to me known to be the person described, and who executed the
foregoing instrument on behalf of Civic Center Pharmacy as its
President, and acknowledged that he she executed the same as
his her free act and deed.

This 5th -page Settlement Agreement PHA 2016-136-L
document dated doc not dated was acknowledged before me by
Lloyd Levidon this 26th day of May, 20 16, in the
City of Scottsdale, in the County of Maricopa, in the State of
Arizona.



[Signature]
Name: _____
Notary Public, State of _____
My Commission expires: 5-31-19

AGREED BOARD ORDER #L-16-004

**RE: IN THE MATTER OF
CIVIC CENTER PHARMACY
(PHARMACY LICENSE #24239)**

**BEFORE THE TEXAS STATE
BOARD OF PHARMACY**

On this day came on to be considered by the Texas State Board of Pharmacy (Board) the matter of pharmacy license number 24239 issued to Civic Center Pharmacy (Respondent), 7331 East Osborn Drive #208, Scottsdale, Arizona 85251.

By letter dated November 19, 2015, the Board gave preliminary notice to Respondent of its intent to take disciplinary action. This action was taken as a result of an investigation which produced evidence indicating that Respondent may have violated:

Sections 565.002(a)(3) and (13); and 565.002(c) of the Texas Pharmacy Act, TEX. OCC. CODE ANN. Title 3, Subtitle J (2013), as alleged in the Count below.

The conduct described in the Consent Order of the North Carolina Board of Pharmacy is substantially similar to conduct described in:

Sections 562.112(a); and 565.002(a)(3) of the Texas Pharmacy Act, TEX. OCC. CODE ANN. Title 3, Subtitle J (2011);

Sections 291.29; 291.32(a)(2)(H); 291.32(c)(1)(E); 291.34(b)(1)(A) and (B); and 295.3 of the of the Texas Pharmacy Board Rules, 22 TEX. ADMIN. CODE (2012);

Sections 481.071(b) and (c); and 481.074(a)(1), (2) and (3) of the Texas Controlled Substances Act, TEX. HEALTH & SAFETY CODE ANN. (2011); and

Section 1306.04 of the Rules of the Federal Drug Enforcement Administration, TITLE 21 U.S. CODE OF FEDERAL REGULATIONS (2012).

PREVIOUS HISTORY

Texas:

- (1) On or about March 27, 2014, the Texas State Board of Pharmacy entered Agreed Board Order #L-13-047 in the matter of Civic Center Pharmacy. The Order was based on allegations that the pharmacy failed to disclose the disciplinary actions described below in Previous History (2) and (3) by the Colorado State Board of Pharmacy on its 2009 and 2011 license renewal applications. The Order imposed a \$2,000 penalty.

Other Jurisdictions:

- (2) On or about December 29, 2008, the Colorado State Board of Pharmacy entered a Stipulation and Final Agency Order in the matter of the Colorado pharmacy registration number 5580 held by Civic Center Pharmacy. The Order was based on findings that the

Agreed Board Order #L-16-004
Civic Center Pharmacy
Page 2

pharmacy failed to comply with the data submission requirements of Colorado's Electronic Prescription Drug Monitoring Program. The Order imposed a \$5,000 fine.

- (3) On or about February 3, 2010, the Colorado State Board of Pharmacy entered a Stipulation and Final Agency Order in the matter of the Colorado pharmacy registration number 5580 held by Civic Center Pharmacy. The Order was based on findings that the pharmacy failed to comply with the data submission requirements of Colorado's Electronic Prescription Drug Monitoring Program. The Order imposed a relinquishment of the pharmacy's registration.
- (4) On or about June 11, 2012, the Colorado State Board of Pharmacy entered a Stipulation and Final Agency Order in the matter of the Application for a Non-Resident Prescription Drug Outlet Registration of Civic Center Pharmacy. The Order was based on the pharmacy's disciplinary history in Colorado and failure to disclose on the application the prior relinquishment of the pharmacy's registration. The Order issued the pharmacy registration and imposed a \$10,000 fine.
- (5) On or about March 18, 2015, the South Carolina State Board of Pharmacy entered a Consent Agreement in the matter of South Carolina pharmacy license number PY 8218 held by Civic Center Pharmacy. The Agreement was based on a finding of fact that the pharmacy was subject to disciplinary action by the North Carolina Board of Pharmacy, as described below in the Count. The Agreement imposed a two-year probation and required the pharmacy to submit policies and procedures regarding compliance with pharmacy laws and regulations.
- (6) On or about June 18, 2015, the Hawaii Board of Pharmacy entered a First Amended Settlement Agreement Prior to Filing of Petition for Disciplinary Action and Board's Final Order in the matter of Hawaii permit number PHA 2014-31-L held by Civic Center Pharmacy. The Order was based on an uncontested fact that the pharmacy was subject to disciplinary action by the North Carolina Board of Pharmacy, as described below in the Count. The Order imposed a \$1,500 fine.

COUNT

On or about June 10, 2014, the North Carolina Board of Pharmacy entered a Consent Order in the matter of North Carolina permit number 9155 held by Civic Center Pharmacy. The Order was based on findings of fact that over a period of approximately thirty months ending in August 2012, the pharmacy dispensed approximately 4,700 prescriptions for human chorionic gonadotropin ("HCG," a controlled substance) or syringes for administering HCG that the pharmacy knew or should have known were invalid due to a lack of a valid patient/practitioner relationship, in that the patients were located in various states and the prescribers were located in Oklahoma and/or California. The Order imposed a suspension, which is stayed indefinitely subject to conditions.

Agreed Board Order #L-16-004
Civic Center Pharmacy
Page 3

An informal conference was held in the Board's office on January 6, 2016, with Tenille Davis, on behalf of Respondent, and Lisa E. Davis, Legal Counsel for Respondent, in attendance. The informal conference was heard by a Board panel comprised of: Jeanne D. Waggener, R.Ph., Board Member; Gay Dodson, R.Ph., Executive Director/Secretary; and Carol Fisher, R.Ph., M.P.A., Director of Enforcement; with Kerstin Arnold, General Counsel. Megan Holloway, Staff Attorney, was also in attendance.

By appearing at the informal conference and by signing this Order, Tenille Davis and Respondent's counsel neither admit nor deny the truth of the matters previously set out in this Order, and agree that the Board has jurisdiction in this matter and waive the right to notice of hearing, formal administrative hearing, and judicial review of this Order.

The parties acknowledge that this Order resolves the allegations set forth herein, and agree to the terms and conditions set forth in the ORDER OF THE BOARD below.

ORDER OF THE BOARD

THEREFORE, PREMISES CONSIDERED, the Board does hereby ORDER that:

- (1) Effective thirty (30) days after the entry of this Order, license number 24239 issued to Respondent shall be suspended for a period of time which shall run concurrent with, and expire upon the expiration date of the sanction imposed on North Carolina permit number 9155, issued to Respondent, as set forth in the Consent Order, entered by the North Carolina Board of Pharmacy on June 10, 2014. Such suspension shall be probated under the conditions that Respondent shall abide by the terms of this Order, all Federal laws and laws of the State of Texas and any other state with respect to pharmacy, controlled substances, and dangerous drugs, and all rules and regulations adopted pursuant to the aforementioned statutes.
- (2) Respondent shall pay a probation fee of one thousand two hundred dollars (\$1,200). This probation fee is due one hundred twenty (120) days after the entry of this Order.
- (3) Respondent shall allow Board staff to directly contact Respondent on any matter regarding the enforcement of this Order.
- (4) Failure to comply with any of the requirements in this Order constitutes a violation and shall be grounds for further disciplinary action. The requirements of this Order are subject to the Texas Pharmacy Act, TEX. OCC. CODE ANN., Title 3, Subtitle J (2015), and Texas Pharmacy Board Rules, 22 TEX. ADMIN. CODE (2016).

Agreed Board Order #L-16-004

Civic Center Pharmacy

Page 4

And it is so ORDERED.

THIS ORDER IS A PUBLIC RECORD.

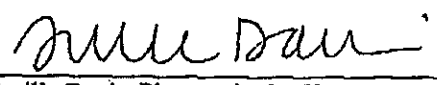
SIGNED AND ENTERED ON THIS 3 day of May, 2016.

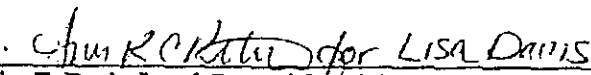

MEMBER, TEXAS STATE BOARD OF PHARMACY

ATTEST:

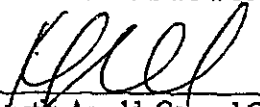

Gay Dodson, R.Ph., Executive Director/Secretary
Texas State Board of Pharmacy

APPROVED AS TO FORM AND AGREED TO:


Tenille Davis, Pharmacist-in-Charge
For and on behalf of Civic Center Pharmacy


Lisa E. Davis, Legal Counsel for Civic Center Pharmacy
Quarles & Brady LLP
Renaissance One, Two North Central Avenue
Phoenix, Arizona 85004-2391

APPROVED AS TO FORM:


Kerstin Arnold, General Counsel
Texas State Board of Pharmacy

**STATE OF ILLINOIS
DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION
DIVISION OF PROFESSIONAL REGULATION**

DEPARTMENT OF FINANCIAL AND PROFESSIONAL	)	
REGULATION, DIVISION OF PROFESSIONAL REGULATION	)	
of the State of Illinois,	)	
v.	)	No. 2015-09878
CIVIC CENTER PHARMACY	)	
License No. 054-015484,	)	
Respondent	)	

CONSENT ORDER

The Illinois Department of Financial and Professional Regulation, Division of Professional Regulation, (hereinafter the "Department") by Alex Cooper, its attorney, and CIVIC CENTER PHARMACY, Respondent, agree to the following:

STIPULATIONS

CIVIC CENTER PHARMACY is licensed as a pharmacy in the State of Illinois, holding License No. 054-015484. At all times material to the matters set forth in this Consent Order, the Illinois Department of Financial and Professional Regulation of the State of Illinois had jurisdiction over the subject matter and parties to this Consent Order.

On or about June 10, 2014, Respondent entered into an agreement with the North Carolina Board of Pharmacy (attached hereto as "Exhibit A"), which suspended Respondent's North Carolina pharmacy license indefinitely, following allegations that Respondent filled several prescriptions knowing that no physician/patient relationship existed to prescribe the drug. The suspension is stayed indefinitely, so long as Respondent complies with the terms of the aforementioned agreement.

The aforementioned conduct as set forth herein, if proven to be true, would constitute grounds for disciplinary action against Respondent's pharmacy license on the authority of 225 ILCS 85/30(a)(8).

Respondent has been advised of the right to have the pending allegation reduced to written charges, the right to a hearing, the right to contest any charges brought, and the right to administrative review of any Order resulting from a hearing. Respondent knowingly waives each of these rights, as well as any right to administrative review of this Consent Order. Such waiver ceases if this Consent Order is rejected by either Illinois State Board of Pharmacy or the Director of the Division of Professional Regulation of the Illinois Department of Financial and Professional Regulation. Respondent acknowledges that it has entered into this Consent Order freely and of its own will without threat or coercion by the Department or any person. Respondent acknowledges that the Department attorney may be requested to communicate with the Illinois State Board of Pharmacy or the Director of the Division of Professional Regulation of the Illinois Department of Financial and Professional Regulation in furtherance of the approval of this Consent Order.

Respondent and the Department have agreed, in order to resolve this matter, that Respondent be permitted to enter into a Consent Order with the Department, providing for the imposition of disciplinary measures which are fair and equitable in these circumstances and which are consistent with the best interests of the people of the State of Illinois.

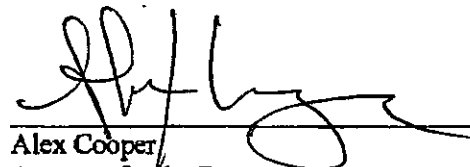
CONDITIONS

WHEREFORE, the Illinois Department of Financial and Professional Regulation, Division of Professional Regulation, by Alex Cooper, its attorney, and CIVIC CENTER PHARMACY, Respondent, agree to the following:

- A. The license of CIVIC CENTER PHARMACY, license No. 054-015484, is REPRIMANDED.
- B. This Consent Order shall become effective immediately upon signing and approval by the Director of the Division of Professional Regulation of the Department.

DIVISION OF PROFESSIONAL REGULATION
of the State of Illinois

7/12/16
DATE



Alex Cooper
Attorney for the Department

7-5-16
DATE



CIVIC CENTER PHARMACY
by its designated representative

7/12/16
DATE

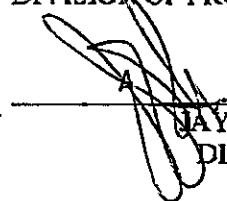


Member
Illinois State Board of Pharmacy

THIS CONSENT ORDER IS APPROVED IN FULL:

DATED THIS 21st DAY OF July, 2016.

ILLINOIS DEPARTMENT OF FINANCIAL AND
PROFESSIONAL REGULATION
OF THE STATE OF ILLINOIS
BRYAN SCHNEIDER, SECRETARY
DIVISION OF PROFESSIONAL REGULATION



JAY STEWART
DIRECTOR

Case No. 201509878
License No. 054015484

**BEFORE THE BOARD OF PHARMACY
OF THE STATE OF NEW MEXICO**

IN THE MATTER OF:

Civic Center Pharmacy
License No.: PH-2736, CS-218518

Case No. 2015-050

Respondent.

SETTLEMENT AGREEMENT

The New Mexico Board of Pharmacy ("Board") and Civic Center Pharmacy ("Respondent") have agreed to resolve all matters related to the above referenced case pending before the Board without issuance of an NCA as required under the ULA and without need for a formal hearing.

IT IS STIPULATED AND AGREED AS FOLLOWS:

1. **Jurisdiction.** Respondent is a licensed nonresident pharmacy pursuant to the New Mexico Pharmacy Act, §§ 61-11-1 to 61-11-29, NMSA 1978, as amended, and, as such, is subject to the jurisdiction of the Board.
2. **Violations:** Respondent admits to having shipped non patient specific compounded (sterile, and non-sterile) preparation into New Mexico and acknowledges that a pharmacist employed by Respondent, who is now deceased submitted a self-assessment form to the Board denying such. This is evidenced by five (5) invoices, out of a total of 103 invoices reviewed. Respondent admits that this conduct constitutes sufficient grounds for discipline under § 61-11-20 NMSA 1978.

3. **Discipline:** This Agreement constitutes disciplinary action by the Board against Respondent.
4. The Board shall take no further action against Respondent with respect to the matters alleged in paragraph-2 above, provided that Respondent complies completely with the following:
 - A. Respondent shall pay a fine in the amount of five thousand dollars (\$5,000.00) (one thousand per each invoice) and eight hundred dollars (\$800.00) for cost of the Board's investigation, for a total of five thousand eight hundred (\$5,800.00), within thirty (90) days of receipt of the signed approved Agreement.
5. **Waivers:** Respondent acknowledges, agrees and stipulates to the following waivers:
 - A. Respondent waives any and all time limitations set forth in the Uniform Licensing Act (ULA), §§ 61-1-1 through 61-1-33, NMSA 1978, as amended, including all rights to have this matter heard within the time frame established in the ULA.
 - B. Respondent enters into this Agreement voluntarily and waives the right to have these matters heard in the manner described in the ULA, including the right to a full evidentiary hearing, the right to confront and cross-examine witnesses, and the right to appeal any decision of the Board following such hearing.
 - C. Respondent waives any right to assert a claim of bias or move to excuse any Board member from the Board member's consideration of this Agreement.
 - D. Respondent's waiver of these rights is made knowingly, intentionally, and voluntarily.
6. Respondent acknowledges that the Board has authority to investigate and adjudicate allegations of professional misconduct committed by nonresident pharmacies. Upon execution

of this Agreement, Respondent releases the Board from any and all claims potentially arising out of the Board's decision to investigate and take the actions described herein.

7. This Agreement is subject to approval by the Board. If the Board rejects this Agreement, the Board may proceed to formal hearing based on the issuance of a Notice of Contemplated Action. If the Board rejects this Agreement, the terms of this Agreement or statements made by the Respondent in support of this Agreement shall not be used against Respondent in a subsequent proceeding concerning the matter resolved by this Settlement Agreement.

8. This Agreement is binding upon the Board and the Respondent upon the date of the last signature..

9. Upon the Board Chairperson affixing his signature to this agreement, copies of both documents shall be mailed to Respondent by Certified Mail. Such mailing shall fulfill the Board's obligation to notify Respondent of the Board's acceptance of this Agreement. The time limitations for Respondent's compliance with the requirements of this Agreement shall commence five days after said mailing by the Board as such date shall be deemed receipt by Respondent of this Agreement.

10. Upon fulfillment of the above requirements the Board shall consider this matter closed and resolved and will contemplate no further action against Respondent's license for the conduct made the subject matter of this Agreement as long as all provisions of this agreement are completed in full by Respondent. However, the Board may consider this misconduct as evidence of a pattern of conduct in the event that similar or other misconduct is proven against Respondent in the future. Additionally, the Board may consider the fact that discipline was imposed through this Agreement and the accompanying Order as a factor in determining appropriate discipline should any further misconduct be proven against Respondent in the future.

11. This Agreement is a settlement of New Mexico Board of Pharmacy Case Number 2015-050 and only for the specific allegations contained therein. The Board reserves the right to initiate proceedings for any other violations of the New Mexico Pharmacy Act, the Controlled Substances Act and/or the Rules and Regulations of the Board adopted by the Board pursuant to that Act, the Controlled Substances Act and/or the ULA.

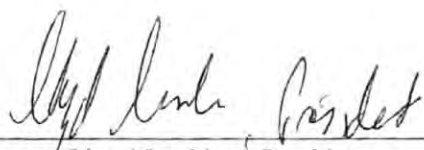
12. Respondent understands and acknowledges that Respondent's action in entering this Agreement is a final act and not subject to reconsideration, judicial review or appeal.

13. Respondent stipulates that any violations of this Agreement and/or failure to comply with the terms of this Agreement shall be separate and independent grounds for discipline. Should, Respondent fail to comply with any provisions of this Agreement, an Order to Show Cause shall be filed as to why the Board should not find the Respondent in violation of the Agreement and impose any and all lawful sanctions at its disposal including but not limited to revocation, suspension or denial of Respondent's license, restrictions on its scope of practice, imposition of fees, penalties and costs and/or any other disciplinary action authorized pursuant to the Pharmacy Act and/or the Uniform Licensing Act.

14. This Settlement Agreement is a public record within the meaning of the Inspection of Public Records Act, § 14-2-6(E) NMSA 1978. Other information acquired by the Board relating to this matter shall be public as provided by the Pharmacy Act and the Controlled Substances Act. This Agreement is reportable to the Healthcare Integrity and Protection Data Bank. This matter may be published on the Board's website.

15. Respondent acknowledges that Respondent has the right to be represented by an attorney and has been given the opportunity to have counsel of Respondent's choice review this Agreement.

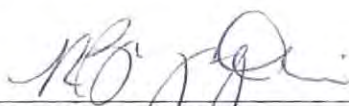
16. Respondent affirmatively states that Respondent has read this entire document and understands Respondent's responsibilities and duties in reference to settlement of this matter. Respondent agrees and stipulates to all of the terms of this agreement. Respondent knowingly, intentionally and voluntarily enters into and executes this Agreement and affirms that no promises or representations have been made other than the terms and conditions expressly stated herein.



Print name: Lloyd Levidow, President
On behalf Civil Pharmacy

10/10/16

Date



Richard Mazzoni, Chairman
On behalf of Pharmacy Board

10/29/16

Date

7012 0470 0001 4599 8032

10/20/16 



Department of Health

Three Capitol Hill
Providence, RI 02908-5097

TTY: 711

www.health.ri.govSTATE OF RHODE ISLAND AND
PROVIDENCE PLANTATIONSDEPARTMENT OF HEALTH
DIVISION OF HEALTH SERVICES REGULATION
BOARD OF PHARMACY

In the Matter of:
Civic Center Pharmacy Inc.
LICENSE #PHN09628
C16-684

CONSENT AGREEMENT FOR SUSPENSION

Pursuant to Rhode Island General Laws § 5-19.1-21 and the Rules and Regulations promulgated there under, the Department of Health (Department), Board of Pharmacy (Board) has investigated a complaint charging Civic Center Pharmacy Inc., (hereinafter "Respondent"), with violations of RIGL § 5-19.1-21 of the Rules and Regulations Pertaining to Pharmacists, Pharmacies and Manufacturers, Wholesalers and Distributors ("Rules"). After consideration by the Board, the following constitutes the Findings of Fact with respect to the professional performance of the Respondent:

1. Respondent is licensed as a non-resident pharmacy in the State of Rhode Island and holds license #PHN09628. Respondent pharmacy is physically located at 7331 East Osborn Drive, Suite 208, Scottsdale, Arizona.
2. Based on the findings of the North Carolina Board of Pharmacy, Respondent pharmacy filled approximately 4,700 prescriptions written by physicians from HCG Medical of Tulsa, Oklahoma between

approximately January 2010 and August 2012. Approximately half of the prescriptions were filled for HCG (Human Chorionic Gonadotrophin) and the other half were for syringes to administer the HCG. Respondent pharmacy never filled any prescriptions written by the physicians from HCG Medical for any medication other than HCG and associated syringes for administration. Respondent pharmacy filled HCG prescriptions issued by HCG Medical in 48 states, the District of Columbia and British Columbia. Although HCG Medical was located in Tulsa, Oklahoma and all of the HCG prescriptions were issued from that office, many of the prescriptions written by one of the physicians listed an office address in Beverly Hills, California.

3. Between approximately September 2010 and July 2012, Civic Center dispensed approximately 180 of these prescriptions to patients in North Carolina, including approximately 90 prescriptions for HCG, which is a Schedule III controlled substance in North Carolina.
4. The Rhode Island Board of Pharmacy investigative committee concurs with the findings and conclusions of the North Carolina Board of Pharmacy that the Respondent pharmacy knew or reasonably should have known that the prescriptions were issued without a physical examination of the patients and in the absence of prior prescriber-patient relationships.

Based on these findings, the Respondent agrees to the following conditions of this Consent Order:

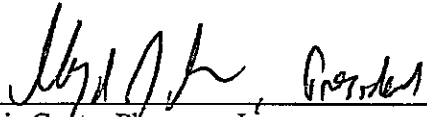
1. Respondent pharmacy license is hereby suspended. The suspension is stayed and will remain on probation until reinstated by the North Carolina Board of Pharmacy. Respondent pharmacy shall notify the Rhode Island Board of Pharmacy to request relief from probation.
2. Respondent pharmacy agrees that it shall comply with all of the terms and requirements contained in the consent agreement ratified by the North Carolina Board of Pharmacy.

Based on the foregoing, the parties agree as follows:

1. Respondent is a non-resident pharmacy and is able to conduct business under and by virtue of the laws of the State of Rhode Island.
2. Respondent admits to the jurisdiction of the Department and hereby agrees to remain under the jurisdiction of the Department.
3. Respondent has read this Consent Order and understands that it is a proposal of the Board and is subject to the final ratification by the Department. This Consent Order and the contents thereof are not binding on Respondent until final ratification by the Department.
4. Respondent hereby acknowledges and waives:
 - a) The right to appear personally or by counsel or both before the Board;
 - b) The right to produce witnesses and evidence on its behalf at a hearing;
 - c) The right to cross-examine witnesses;
 - d) The right to have subpoenas issued by Board and or the Department;
 - e) The right to further procedural steps except for those specifically contained herein;
 - f) Any and all rights of appeal of this Consent Order;
 - g) Any objection to the fact that this Consent Order will be presented to the Department for consideration and review;
 - h) Any objection to the fact that it will be necessary for the Department to become acquainted with all evidence pertaining to this matter in order to adequately review this Consent Order;

- i) Any objection to the fact that the Board reviewing this Consent Order may be the same as the hearing committee presiding over this matter should it later be brought to an administrative hearing; and
 - j) Any objection to the fact that potential bias against the Respondent may occur as a result of the presentation of this Consent Order to the Department.
5. This Consent Order shall become part of the public record of this proceeding once it is accepted by all parties and accepted by the Department.
 6. Acceptance by the Respondent and approval by the Department of this Consent Order constitutes an admission of the facts contained herein.
 7. That should Respondent violate the terms of this Consent Order, Respondent shall be subject to further disciplinary sanctions.

2-17-17
Date


Civic Center Pharmacy Inc.
License # PHN09628

Date

Leo Lariviere, RPh
Chairperson
Rhode Island Board of Pharmacy

Ratified on this 17th day of February, 2017
~~2016~~.

DARIA A. LOY-GOTO 6175
 JOHN T. HASSLER 5311
 Regulated Industries Complaints Office
 Department of Commerce and Consumer Affairs
 State of Hawaii
 Leiopapa A Kamehameha Building
 235 South Beretania Street, Suite 900
 Honolulu, Hawaii 96813
 Telephone: 586-2660

Attorneys for Department of Commerce
 and Consumer Affairs

BOARD OF PHARMACY
 DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS
 STATE OF HAWAII

In the Matter of the Miscellaneous Permit of) PHA 2017-16-L
)
 CIVIC CENTER PHARMACY,)
)
 Respondent.) 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 CIVIC CENTER PHARMACY (hereinafter
 "Respondent"), enter into this Settlement Agreement on the terms and conditions set forth below.

A. UNCONTESTED FACTS:

1. At all relevant times herein, Respondent was permitted as a miscellaneous permit holder by the Board of Pharmacy (hereinafter the "Board") under permit number PMP 769. The permit was issued on or about April 30, 2012. The permit will expire or forfeit on or about December 31, 2017.
2. Respondent's mailing address for purposes of this action is 7331 E Osborn Drive, #208, Scottsdale, Arizona 85251.
3. Respondent reported it was disciplined by the State of New Mexico Board of Pharmacy.
4. Respondent provided copy of a Settlement Agreement issued to Respondent by

the State of New Mexico Board of Pharmacy in Case No. 2015-050 (hereinafter the "New Mexico Agreement") (Exhibit "1"). The New Mexico Agreement was based on allegations Respondent shipped non patient specific compounded preparations into New Mexico. Respondent was ordered to pay fines and costs totaling \$5,800.00.

5. RICO alleges Respondent was disciplined by the State of New Mexico.

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).

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 Settlement Agreement issued to Respondent by the State of New Mexico Board of Pharmacy in Case No. 2015-050.

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 2017-16-L.

11. Respondent understands that this Settlement Agreement may be subject to reporting requirements.

12. 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 an administrative fine in the amount of SEVEN HUNDRED FIFTY AND NO/100 DOLLARS (\$750.00). Payment shall be made by **cashier's check or money order made payable to "DCCA - Compliance Resolution Fund"** and mailed to the Regulated Industries Complaints Office, Attn: John T. Hassler, Esq., 235 S. Beretania Street, 9th Floor, Honolulu, Hawaii 96813. Payment shall be due at the time this Settlement Agreement is returned to RICO.

2. Failure to Comply with Settlement Agreement. If Respondent fails to fully and timely comply with the terms of this Settlement Agreement as set forth in paragraph 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: Scottsdale, Arizona, 5-10-17
(City) (State) (Date)

CIVIC CENTER PHARMACY
Respondent

By: [Signature]
(Signature)

Lloyd Levidow
(Print Name)

Its President

DATED: Honolulu, Hawaii, MAY 16 2017

[Signature]
 DANA A. LOY-GOTO

JOHN T. HASSLER
 Attorneys for Department of Commerce
 and Consumer Affairs

 IN THE MATTER OF THE MISCELLANEOUS PERMIT OF CIVIC CENTER PHARMACY; SETTLEMENT AGREEMENT
 PRIOR TO FILING OF PETITION FOR DISCIPLINARY ACTION AND BOARD'S FINAL ORDER; EXHIBIT "1"; RICO
 CASE NO. PHA 2017-16-L

IN THE MATTER OF THE MISCELLANEOUS PERMIT OF CIVIC CENTER PHARMACY;
SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION FOR DISCIPLINARY
ACTION AND BOARD'S FINAL ORDER; EXHIBIT "1"; RICO CASE NO. PHA 2017-16-L

APPROVED AND SO ORDERED:
BOARD OF PHARMACY
STATE OF HAWAII

Kerri Okamura
KERRI OKAMURA
Chairperson

6/15/17
DATE

Garrett A. Lau
GARRETT A. LAU
Vice Chairperson

Marcella Chock
MARCELLA CHOCK

Mary Jo Keefe
MARY JO KEEFE

Carolyn S. J. Ma
CAROLYN S. J. MA

Ronald Weinberg
RONALD WEINBERG

Julie Yurie Takishima-Lacasa
JULIE YURIE TAKISHIMA-LACASA

PVL 05/26/16

STATE OF Arizona)
COUNTY OF Maricopa) SS.
)

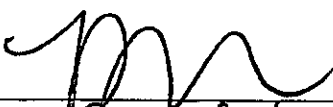
On this 10th day of May, 2017, before me personally appeared
Lloyd Levidow, to me known to be the person described, and who executed the
foregoing instrument on behalf of CIVIC CENTER PHARMACY as its
President, and acknowledged that he/~~she~~ executed the same as
his/~~her~~ free act and deed.

This 7-page SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION
FOR DISCIPLINARY ACTION AND BOARD'S FINAL ORDER document dated

May 10th, 2017 was acknowledged before me by
[Date Document Signed by Respondent]

Lloyd Levidow this 10th day of May, 2017,
[Name of Person Signing Document]

in the City of Scottsdale, in the County of Maricopa, in the State of
Arizona.


Name: Reana Contreras
Notary Public, State of Arizona

My Commission expires: May 31, 2019



AGREED BOARD ORDER #K-17-009

RE: IN THE MATTER OF
CIVIC CENTER PHARMACY
(PHARMACY LICENSE #24239)

BEFORE THE TEXAS STATE
BOARD OF PHARMACY

On this day came on to be considered by the Texas State Board of Pharmacy (Board) the matter of pharmacy license number 24239 issued to Civic Center Pharmacy (Respondent), 7331 East Osborn Drive, #208, Scottsdale, Arizona 85251.

By letter dated June 7, 2017, the Board gave preliminary notice to Respondent of its intent to take disciplinary action. This action was taken as a result of an investigation which produced evidence indicating that Respondent may have violated:

Sections 562.101(f); 565.002(a)(3), (11) and (13); and 565.002(c) of the Texas Pharmacy Act, TEX. OCC. CODE ANN. Title 3, Subtitle J (2015); and

Section 291.103 of the Texas Pharmacy Board Rules, 22 TEX. ADMIN. CODE (2016), as alleged in the Counts below.

The conduct described in the Settlement Agreement by the New Mexico Board of Pharmacy is substantially similar to:

Section 565.002(a)(3) and (10) of the Texas Pharmacy Act, TEX. OCC. CODE ANN. Title 3, Subtitle J (2015); and

Section 281.8(c) of the Texas Pharmacy Board Rules, 22 TEX. ADMIN. CODE (2016).

PREVIOUS HISTORY

Texas:

- (1) On or about March 27, 2014, the Texas State Board of Pharmacy entered Agreed Board Order #L-13-047 in the matter of Civic Center Pharmacy. The Order was based on allegations that the pharmacy failed to disclose the disciplinary actions described below in Previous History (3) and (4) by the Colorado State Board of Pharmacy on its 2009 and 2011 license renewal applications. The Order imposed a \$2,000 penalty.
- (2) On or about May 3, 2016, the Texas State Board of Pharmacy entered Agreed Board Order #L-16-004 in the matter of Civic Center Pharmacy. The Order was based on the disciplinary action by the North Carolina Board of Pharmacy described below in Previous History (6). The Order imposed a probation to run concurrently with the sanction imposed in the North Carolina disciplinary action.

Other Jurisdictions:

- (3) On or about December 29, 2008, the Colorado State Board of Pharmacy entered a Stipulation and Final Agency Order in the matter of the Colorado pharmacy registration number 5580 held by Civic Center Pharmacy. The Order was based on findings that the pharmacy failed to comply with the data submission requirements of Colorado's Electronic Prescription Drug Monitoring Program. The Order imposed a \$5,000 fine.
- (4) On or about February 3, 2010, the Colorado State Board of Pharmacy entered a Stipulation and Final Agency Order in the matter of the Colorado pharmacy registration number 5580 held by Civic Center Pharmacy. The Order was based on findings that the pharmacy failed to comply with the data submission requirements of Colorado's Electronic Prescription Drug Monitoring Program. The Order imposed a relinquishment of the pharmacy's registration.
- (5) On or about June 11, 2012, the Colorado State Board of Pharmacy entered a Stipulation and Final Agency Order in the matter of the Application for a Non-Resident Prescription Drug Outlet Registration of Civic Center Pharmacy. The Order was based on the pharmacy's disciplinary history in Colorado and failure to disclose on the application the prior relinquishment of the pharmacy's registration. The Order issued the pharmacy registration and imposed a \$10,000 fine.
- (6) On or about June 10, 2014, the North Carolina Board of Pharmacy entered a Consent Order in the matter of the North Carolina permit number 9155 held by Civic Center Pharmacy. The Order was based on findings of fact that the pharmacy dispensed prescriptions for human chorionic gonadotropin ("HCG," a controlled substance) or syringes for administering HCG that the pharmacy knew or should have known were invalid due to a lack of a valid patient/practitioner relationship. The Order imposed a suspension, which was stayed indefinitely subject to conditions.
- (7) On or about March 18, 2015, the South Carolina State Board of Pharmacy entered a Consent Agreement in the matter of the South Carolina pharmacy license number PY 8218 held by Civic Center Pharmacy. The Agreement was based on a finding of fact that the pharmacy was subject to disciplinary action by the North Carolina Board of Pharmacy described in Previous History (6). The Agreement imposed a two-year probation and required the pharmacy to submit policies and procedures regarding compliance with pharmacy laws and regulations.
- (8) On or about June 18, 2015, the Hawaii Board of Pharmacy entered a First Amended Settlement Agreement Prior to Filing of Petition for Disciplinary Action and Board's Final Order in the matter of Hawaii permit number PHA 2014-31-L held by Civic Center Pharmacy. The Order was based on an uncontested fact that the pharmacy was subject to disciplinary action by the North Carolina Board of Pharmacy described in Previous History (6). The Order imposed a \$1,500 fine.

COUNTS

- (1) On or about September 1, 2016, through on or about June 7, 2017, Civic Center Pharmacy, 7331 East Osborn Drive, #208, Scottsdale, Arizona, 85251, was engaged in the operation of a non-resident pharmacy in violation of Texas Pharmacy Board Rules, in that the pharmacy was not under the supervision of a pharmacist-in-charge licensed as a pharmacist in Texas.
- (2) On or about October 21, 2016, the New Mexico Board of Pharmacy entered a Settlement Agreement in the matter of the New Mexico pharmacy license number PH-2736, CS-218518 held by Civic Center Pharmacy. The Agreement was based on stipulations that the pharmacy submitted false information on a self-assessment form submitted to the New Mexico Board of Pharmacy. The Agreement imposed a \$5,000 fine.
- (3) The conduct described above in Counts (1) and (2) occurred while Civic Center Pharmacy was subject to the terms set forth in Agreed Board Order #L-16-004, which requires that the pharmacy obey federal and state laws and rules with respect to pharmacy, controlled substances, and dangerous drugs, and not violate the terms of Agreed Board Order #L-16-004. This conduct is in violation of Agreed Board Order #L-16-004.

An informal conference was held in the Board's office on October 25, 2017, with Tenille Davis, R.Ph., Pharmacist-in-Charge, on behalf of Respondent, and Lisa E. Davis, Legal Counsel for Respondent, in attendance. The informal conference was heard by a Board panel comprised of: Dennis F. Wiesner, R.Ph., Board Member; and Carol Fisher, R.Ph., M.P.A., Director of Enforcement; with Kerstin Arnold, General Counsel. Megan Holloway, Staff Attorney, was also in attendance.

By appearing at the informal conference and by signing this Order, Tenille Davis and Respondent's counsel neither admit nor deny the truth of the matters previously set out in this Order, and agree that the Board has jurisdiction in this matter and waive the right to notice of hearing, formal administrative hearing, and judicial review of this Order.

The parties acknowledge that this Order resolves the allegations set forth herein, and agree to the terms and conditions set forth in the ORDER OF THE BOARD below.

ORDER OF THE BOARD

THEREFORE, PREMISES CONSIDERED, the Board does hereby ORDER that:

- (1) This Order shall not supersede Agreed Board Order #L-16-004, which was entered on or about May 3, 2016, and that Agreed Board Order #L-16-004 shall remain in full force and effect.
- (2) Respondent shall pay an administrative penalty of one thousand dollars (\$1,000) due one hundred twenty (120) days after the entry of this Order.
- (3) Respondent shall develop and implement policies and procedures to ensure compliance with pharmacy and pharmacist licensure requirements from licensing entities in states where Respondent operates or seeks to operate as a pharmacy or wholesale facility. A written report of such policies and procedures shall be submitted to Board staff within one hundred twenty (120) days after the entry of this Order.
- (4) Respondent shall be responsible for all costs relating to compliance with the requirements of this Order.
- (5) Respondent shall allow Board staff to directly contact Respondent on any matter regarding the enforcement of this Order.
- (6) Failure to comply with any of the requirements in this Order constitutes a violation and shall be grounds for further disciplinary action. The requirements of this Order are subject to the Texas Pharmacy Act, TEX. OCC. CODE ANN., Title 3, Subtitle J (2017), and Texas Pharmacy Board Rules, 22 TEX. ADMIN. CODE (2017).

Agreed Board Order #K-17-009
Civic Center Pharmacy
Page 5

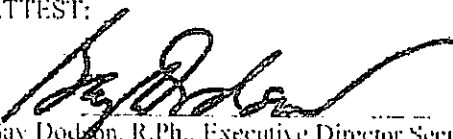
And it is so ORDERED.

THIS ORDER IS A PUBLIC RECORD.

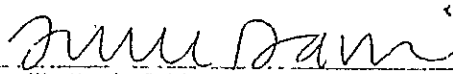
SIGNED AND ENTERED ON THIS 7th day of November, 2017.

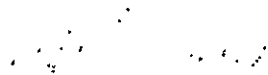

MEMBER, TEXAS STATE BOARD OF PHARMACY

ATTEST:

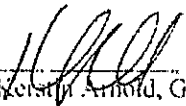

Gay Dodson, R.Ph., Executive Director Secretary
Texas State Board of Pharmacy

APPROVED AS TO FORM AND AGREED TO:


Jenille Davis, R.Ph., Pharmacist-in-Charge
For and on behalf of Civic Center Pharmacy


Lisa E. Davis, Legal Counsel for Civic Center Pharmacy
DuBois Bryant & Campbell
303 Colorado, Suite 2300
Austin, Texas 78701

APPROVED AS TO FORM:


Kerstin Arnold, General Counsel
Texas State Board of Pharmacy

RECEIVED

FEB 15 2018

BEFORE THE BOARD OF PHARMACY
OF THE STATE OF OREGON OREGON BOARD OF PHARMACY

In the Matter of the) Case No. 2017-0371
Drug Outlet Registration of)
SCHAFFER LIVING TRUST dba:) CONSENT ORDER
CIVIC CENTER PHARMACY)
Registrant)

WHEREAS, the Board of Pharmacy of the State of Oregon has filed a Notice of Proposed Disciplinary Action; Answer Required ("Notice"), hereby incorporated by reference, regarding the registrant in the above-captioned matter; and

WHEREAS, the above-noted Notice was duly served on the registrant as required by law; and

WHEREAS, the parties are desirous of resolving and settling those matters contained in the above-noted Notice without further proceedings thereon; and

WHEREAS, the registrant is aware of the right to a hearing with the assistance of counsel and the right to judicial review of the Board's decision, and hereby freely and voluntarily waives those rights; and

WHEREAS, the registrant admits that the facts alleged in the above-noted Notice are true, that the registrant's conduct, as admitted, violated the statutes and rules cited in the Notice, and that legal cause exists pursuant to ORS 689.405 for disciplinary action by the Board; and

WHEREAS, the registrant consents to the disciplinary action as set forth herein;

The Board finds that the allegations in the Notice are true and hereby:

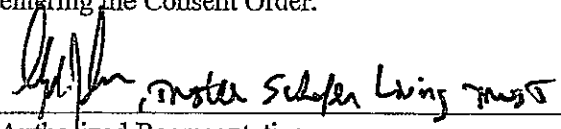
1. The drug outlet registration issued to Civic Center Pharmacy is suspended with the suspension stayed for the duration of the stay with the North Carolina Board of Pharmacy and pending no further violation of a law or rule governing the practice of pharmacy or the distribution of a drug.

2. The registrant shall pay the Board a civil penalty in the amount of \$10,000, said payment to be made within ten days from the date this Consent Order becomes final.

3. This consent order is effective when signed by the Board.

CONSENT

I hereby acknowledge that I am the authorized representative of registrant. On behalf of the registrant, I hereby acknowledge that I have read and understand the above-noted Notice and the terms of the Consent Order. I hereby acknowledge that I understand that the Consent Order with incorporated Notice is a public record and shall be available via the Board's online licensure verification; is available upon written request pursuant to public disclosure laws; and shall be reported to the National Practitioner Data Bank as required by federal law. I agree to the Board entering the Consent Order.

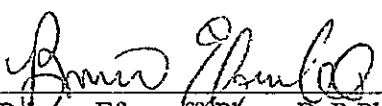

Authorized Representative
SCHAFFER LIVING TRUST dba:
Civic Center Pharmacy
Registrant (Registration No. RP-0002258)

Date

2/13/18

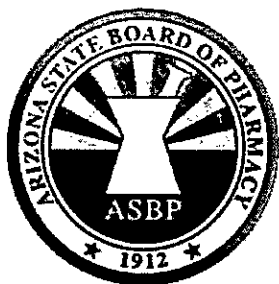
IT IS SO ORDERED.

BOARD OF PHARMACY
FOR THE STATE OF OREGON


Brianne Efremoff, Pharm.D., R.Ph.,
Compliance Director

Date

2/20/18



Arizona State Board of Pharmacy

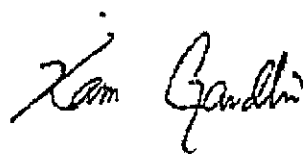
Physical Address: 1110 W. Washington St., Suite 260,
Phoenix, AZ 85007

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/registration/permit but
serves as the primary source of verification.**

Name :	Civic Center Pharmacy
Address :	7331 E. Osborn Dr. #208 Scottsdale AZ 85251
Registration No :	Y002813
Permit Type :	Pharmacy
Sub Type :	Independent
Date Issued :	06/01/1996
Expiration Date :	10/31/2025
Status :	OPEN
Discipline :	No

A handwritten signature in black ink, appearing to read "Kam Gandhi". The signature is fluid and cursive, with the first name "Kam" and the last name "Gandhi" clearly distinguishable.

Kam Gandhi

Executive Director
Arizona State Board of Pharmacy

Date: 11/07/2023

CIVIC CENTER PHARMACY, LLC**Directors & Officers****Officers of Pharmacy – Civic Center Pharmacy, LLC:**

	Name	Title
1.	Jeff Charles Settembrino	Chairman, Manager
2.	Roberto Javier Canto	Vice President, Manager
3.	Austin Christopher Murphy	Vice President, Secretary, and Manager

CIVIC CENTER PHARMACY, LLC**List of the Pharmacy's Top Four Stockholders and Percentages of Ownership &
All Members Holding More Than 10% of the Membership Interests of the Pharmacy:**

Civic Center Pharmacy, LLC, a limited liability company, has members, not stockholders. In particular, Chemistry Rx Holdings, LLC, a Delaware limited liability company, is the sole member and holder of 100% of the Membership Interests of Civic Center Pharmacy, LLC.

CIVIC CENTER PHARMACY, LLC**Certificate of Good Standing**

Please note the attached Certificate of Good Standing was issued to Civic Center Pharmacy, Inc. A Certificate of Good Standing for Civic Center Pharmacy, LLC is not yet available because the Pharmacy's reorganization into an Arizona LLC has not yet been completed. An updated Certificate of Good Standing, reflecting the Pharmacy's updated name, will be provided to the Nevada State Board of Pharmacy once available.

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:

CIVIC CENTER PHARMACY, INC.

ACC file number: 12014964

was incorporated under the laws of the State of Arizona on 05/11/2005;

That all annual reports owed to date by said corporation have been filed or delivered for filing, and all annual filing fees owed to date have been paid; and

That, according to the records of the Arizona Corporation Commission, said corporation is in good standing in the State of Arizona as of the date this Certificate is issued.

This Certificate relates only to the legal existence of the above named entity as of the date this Certificate is issued, and is not an endorsement, recommendation, or approval of the entity's condition, business activities, affairs, or practices.

IN WITNESS WHEREOF, I have hereunto set my hand, affixed the official seal of the Arizona Corporation Commission, and issued this Certificate on this date: 09/15/2023



A handwritten signature in black ink, reading "Douglas R. Clark".

Douglas R. Clark, Executive Director

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 Civic Center Pharmacy, LLC

Pharmacy/Wholesaler License # (if applicable) PH02809

Physical Address 7331 E. Osborn Drive, Suite 208

City Scottsdale State AZ Zip 85251

Mailing Address (if different from physical address) Same as physical address.

City _____ State _____ Zip _____

Telephone 480-945-9519 Website https://civiccenterpharmacy.com/

Licensing Company Email acctofc@civiccenterpharmacy.com

Section 2: Personal Information

First Tenille Middle Dawn Last Davis

Alias(es, nicknames, name changes, etc.) Tenille Dawn Bourne; Tenille Dawn Cowart

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

Mailing Address 7331 E. Osborn Drive, Suite 208

City Scottsdale State AZ Zip 85251

Telephone 480-945-9519 Email tenille@civiccenterpharmacy.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 Idaho State University		From - To (MM/YY - MM/YY) 8/99 - 5/05	
Address 921 S. 8th Ave	City Pocatello	State ID	Zip 83209
Diploma/Degree obtained, if any PharmD			
School Name Skyline High School		From - To (MM/YY - MM/YY) 8/96 - 5/99	
Address 1747 Blue Sky Drive	City Idaho Falls	State ID	Zip 83402
Diploma/Degree obtained, if any HS diploma			
School Name		From - To (MM/YY - MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY - MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
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) 11/18 - Present	Address [REDACTED] E. Orange Drive	City Phoenix	State AZ	Zip 85014
From - To (MM/YY - MM/YY) 10/17 - 11/18	Address [REDACTED] E Pasadena	City Phoenix	State AZ	Zip 85016
From - To (MM/YY - MM/YY) 6/05 - 10/17	Address [REDACTED] S Blossom	City Mesa	State AZ	Zip 85206
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	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 Civic Center Pharmacy, LLC		From - To (MM/YY - MM/YY) 04/2008 - Present	
Business Address 7331 E. Osborn Drive, Suite 208		City Scottsdale	State AZ
Phone 480-945-9519	Title Pharmacist-in-Charge	Zip 85251	
Number of Employed Hours 30,000+			
Description of Duties PIC since 2014, employed since 2008 full time.			
Business Name N/A		From - To (MM/YY - MM/YY) N/A	
Business Address N/A		City N/A	State N/A
Phone N/A	Title N/A	Zip N/A	
Number of Employed Hours N/A			
Description of Duties N/A			
Business Name N/A		From - To (MM/YY - MM/YY) N/A	
Business Address N/A		City N/A	State N/A
Phone N/A	Title N/A	Zip N/A	
Number of Employed Hours N/A			
Description of Duties N/A			
Business Name N/A		From - To (MM/YY - MM/YY) N/A	
Business Address N/A		City N/A	State N/A
Phone N/A	Title N/A	Zip N/A	
Number of Employed Hours N/A			
Description of Duties N/A			
Business Name N/A		From - To (MM/YY - MM/YY) N/A	
Business Address N/A		City N/A	State N/A
Phone N/A	Title N/A	Zip N/A	
Number of Employed Hours N/A			
Description of Duties N/A			

Continue on next page if additional space is needed.

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

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

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

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

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

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

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

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

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

This is in response to Question # 10. Provide all the following where applicable:

Date of Event/Arrest 5/11/14	Disposition Date	State NC	City Raleigh	County
Case # N/A	Governing, licensing, Arresting Presiding Body/Agency/Court North Carolina Board of Pharmacy			
Reason/Charge appearance on behalf of Civic Center Pharmacy				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Appeared to answer questions regarding prescriptions filled before I was PIC.

ended in consent agreement with a stayed suspension



Original Signature (electronic, copies or stamps not accepted)

9/28/23

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 # 6. Provide all the following where applicable:

Date of Event/Arrest <u>8/12/15</u>	Disposition Date <u>N/A</u>	State <u>FL</u>	City <u>Deerfield Beach</u>	County
Case #	Governing, Licensing, Arresting Presiding Body/Agency/Court <u>Florida Board of Pharmacy</u>			
Reason/Charge <u>Questions</u>				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

was asked to appear before the board to
answer questions about my 2014 483.
No other outcome

Muller

Original Signature (electronic, copies or stamps not accepted)

9/28/23

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 # 6. Provide all the following where applicable:

Date of Event/Arrest <u>11/6/16</u>	Disposition Date	State <u>TX</u>	City <u>Austin</u>	County
Case # <u>L-16-004</u>	Governing, Licensing, Arresting Presiding Body/Agency/Court <u>Texas Board of Pharmacy</u>			
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

reciprocal discipline regarding North Carolina matter

[Signature]

Original Signature (electronic, copies or stamps not accepted)

9/28/23

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 11/01/18	Disposition Date	State IL	City Chicago	County
Case #	Governing, licensing, Arresting Presiding Body/Agency/Court Illinois State Board of Pharmacy			
Reason/Charge reciprocal discipline				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

appeared before the board for
reciprocal discipline regarding
North Carolina matter



Original Signature (electronic, copies or stamps not accepted)

9/28/23

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 10/25/17	Disposition Date	State TX	City Austin	County
Case #	Governing, licensing, Arresting Presiding Body/Agency/Court TX BOP			
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

appeared regarding operating without a
TX-licensed PLC, \$1000 administrative fine



Original Signature (electronic, copies or stamps not accepted)

9/28/23

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 11/3/16	Disposition Date	State AZ	City Phoenix	County
Case #	Governing, licensing, Arresting Presiding Body/Agency/Court Arizona Board of Pharmacy			
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

appearance to discuss a complaint,
was dismissed



Original Signature (electronic, copies or stamps not accepted)

9/28/23

Date

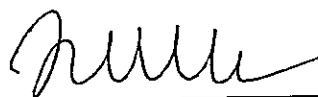
Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement 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 3/27/18	Disposition Date	State Ca	City Irvine	County
Case #	Governing, licensing, Arresting Presiding Body/Agency/Court FDIA			
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

appeared to answer questions about
483 response -
eventually was given a
closeout letter



Original Signature (electronic, copies or stamps not accepted)

9/28/23

Date

I, Tenille Dawn Davis, certify that as the designated representative for

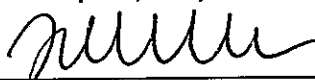
Civic Center Pharmacy, LLC

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. td I am at least 21 years of age;
3. td 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. td I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. td I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. td 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. td I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Tenille Davis

Print Name (First, Last)



Original Signature (electronic, copies or stamps not accepted)

9/28/23

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.

Tenille Davis

Print Name (First, Last)

Tenille Davis
Original Signature (electronic, copies or stamps not accepted)

9/28/2023
Date

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

State of Arizona, ss. County of Maricopa

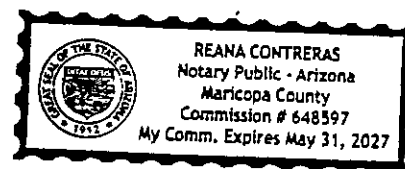
I, Tenille Davis, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation 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.

Tenille Davis
Original Signature

9/28/23
Date

Subscribed and Sworn to before me this 28th day of September, 2023

[Signature]
Notary Public Signature



(Seal)

CIVIC CENTER PHARMACY, LLC**Personal History Record Application is Not Applicable**

Please note that the sole member of Civic Center Pharmacy, LLC is Chemistry Rx Holdings, LLC a Delaware limited liability Company.

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: Civic Center Pharmacy, LLC

NV Pharmacy or Outsourcing facility license # (if applicable): PH02809

Physical Address: 7331 E. Osborn Drive, Suite 208

City: Scottsdale State: AZ Zip: 85251

Mailing Address (if different from physical address): Same as physical address.

City: _____ State: _____ Zip: _____

Telephone: 480-945-9519 Toll Free # (NAC 639.708, NRS 639.23286): 866-945-9510

Fax: 480-275-7812 Contact Email: acctofo@civiccenterpharmacy.com

Website: https://civiccenterpharmacy.com/

Nevada Business License # (if applicable) N/A

Supervising/Managing Pharmacist Name (NRS 639.220): Tenille Dawn Davis

Supervising/Managing Pharmacist NV Pharmacist Registration #: 22061

Name of Person with direct knowledge of compounding procedures: Tenille Dawn Davis

Email of Person with direct knowledge of compounding procedures: tenille@civiccenterpharmacy.com

Telephone of Person with direct knowledge of compounding procedures: 480-945-9519

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:

testosterone/cyp + prop

Methylcobalamin

Glutamine

NAD+

Mic + combos

Vitamin B High

methyl/somastatide

ALA

Trimix

Phosphatidylcholine/Deoxycholic Acid

Ascorbic Acid/Dexpanthenol

Lipo Carnitine

Sermorelin

Taurine

Zinc Chloride

4. Will you be utilizing beyond use dates in excess of USP-797? (the defaults?) ☒ Yes ☒ No

5. If yes, describe the additional testing performed on your products to validate the extended BUD:

~~HA~~ We use potency over time to extend the date on certain products. others we have stability studies, or use USP/PLA bracketed studies to extend the BUD.

6. What laboratory performs this additional testing?

Name: mostly ARL in Oklahoma for testing

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____

7. What is your procedure for visual inspection of compounded sterile products?

hold each vial up to the light to manually check for particulates, discard vials with particulates and initiate ODS

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?

cease compounding, retraining / evaluation
pass 3 GFTs/media fills before resuming

10. Describe your initial and annual training program for all personnel performing sterile compounding:

Initial - 20 hr (RPh) or 40 hr (tech) TX approved course that covers all aspects (gowning, handwashing, cleaning, aseptic technique), 3 GFTs/media fills, twice yearly didactic tests and observations

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:

PECs - cleaned at beginning of each shift, before each batch, every 30 minutes during compounding

counters/floors - daily
walls/ceilings - weekly
shelving - monthly

Decon Quat for daily + weekly
Thursday / we use Penidox
monthly we rotate bleach,
decon Quat + Penidox

Tenille IPA followed by

12. Who performs the sterile compounding process at your facility?

technicians and Pharmacist Matt Fisher

↳ Tewa Morgan, Edwin Lozada, Heather Mifflin

13. Who is responsible and accountable for the sterile compounding process at your facility?

Tenille Pan's

14. If products are shipped/mailed, what shipping conditions are used to ensure product safety/efficacy?

if cold, Styrofoam insulated box with ice packs and UPS overnight shipping.

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?

In August 2023 meeting, AZ BOP voted to postpone enforcement of USP 800. We currently only compound one hazardous CSP, about once a month.

2. Is your BSC or CACI vented 100% to the outside?

N/A

☐ Yes

☐ No

3. Do you have a negative pressure buffer room at your facility?

N/A

☐ Yes

☐ No

4. Will you be compounding with antineoplastic HDs or HD API?

NO

☐ 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?

NO

☐ 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?

AZ is not enforcing USP 800 on 11/1

we have a modular HD Cleanroom w/ anteroom on order, supposed to be delivered in the next few weeks. Once received, we will move compounding to that room for our one HD CSP, testosterone injections.

9. Describe your initial process for training new employees prior to compounding sterile hazardous drugs?

we have techs undergo 40 hours of sterile training w/ TX approved course that also covers hazardous drug compounding and cleaning a BSC. They sign a reproductive risk acknowledgment as well.

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:

vials, inhalation, bladder instillations, eye drops

2. What sterilization methods are utilized at your facility?

filtration
dry heat

3. Does your facility utilize biological indicators?

☒ Yes

☐ No

4. If yes, describe how they are utilized:

We use different BIs w/ steam and dry heat sterilization cycles, incubate as package directions and record the results.

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.

Tenille Dawn Davis

Name of Person who Completed the Form

Pharmacist-in-Charge

Title



Signature (copies or stamps not accepted)

9/28/23

Date

Board Use Only

Date Received: _____

Date Approved: _____

Approved By: _____



Arizona State Board of Pharmacy

PHARMACY INSPECTION REPORT on 12/13/2022 for Civic Center Pharmacy

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S = SATISFACTORY N/I = NEEDS IMPROVEMENT V = VIOLATION N/A = NOT APPLICABLE / NONE OBSERVED

DEMOGRAPHICS

AZ permit# :	AZ Permit Exp.Date :	Business Name :
Y002813	10/31/2023	Civic Center Pharmacy
Address :		
7331 E. Osborn Dr. #208		
Zip :	City :	State :
85251	Scottsdale	AZ
Phone :	Fax :	Email :
(480) 945-9519	(480) 945-9854	tenille@civiccenterpharmacy.com
Inspection Date :	PIC :	Pic License Exp Date :
12/13/2022	Tenille Davis	10/31/2023
DEA # :	DEA # Exp. date :	Inspection Reviewed With :
BC4902563	08/31/2023	Tenille Davis
Reviewers License# :	Inspection type :	
S014807	Routine	
Inspection Conducted By :		
Dennis Waggoner		

Facility Data

# Rxs/Week	Rph Hours/Week	# Rxs/Hours
2000	180	11.111111111111111

PERMITS

1	Arizona	☒ S ☐ N/I ☐ V ☐ N/A ARS § 32-1933(A), R4-23-606(A)
2	DEA	☒ S ☐ N/I ☐ V ☐ N/A ARS § 36-2522(A)(2), 21 CFR 1301.35(c)
3	Suppliers	☒ S ☐ N/I ☐ V ☐ N/A ARS § 32-1929; R4-23-601(A), R4-23-604(A), R4-23-605(A), R4-23-607(A)

LICENSES

1	Pharmacists	☒ S ☐ N/I ☐ V ☐ N/A ARS § 32-1925(A), R4-23-201(A)
2	Interns / Graduate interns	☒ S ☐ N/I ☐ V ☐ N/A ARS § 32-1923(B), R4-23-301(G)



Arizona State Board of Pharmacy

PHARMACY INSPECTION REPORT on 12/13/2022 for Civic Center Pharmacy

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S = SATISFACTORY N/I = NEEDS IMPROVEMENT V = VIOLATION N/A = NOT APPLICABLE / NONE OBSERVED

3	Technicians / Trainees	☒ S ☐ N/I ☐ V ☐ N/A
		ARS § 32-1925(A), R4-23-1101(A), R4-23-1102(D), R4-23-1103(B)(2)
4	Current renewal licenses maintained	☒ S ☐ N/I ☐ V ☐ N/A
		ARS § 32-1933(B)

PHARMACY

1	Drug storage and security	☒ S ☐ N/I ☐ V ☐ N/A
		R4-23-609(G)(H)
2	Personnel and security procedures	☒ S ☐ N/I ☐ V ☐ N/A
		R4-23-610
3	Facilities	☒ S ☐ N/I ☐ V ☐ N/A
		R4-23-611(A)
4	Drug supply	☒ S ☐ N/I ☐ V ☐ N/A
		R4-23-611(B)
5	Quarantine expired drugs	☒ S ☐ N/I ☐ V ☐ N/A
		R4-23-611(B)(4)
6	Equipment	☒ S ☐ N/I ☐ V ☐ N/A
		R4-23-612
7	Policies and procedures	☒ S ☐ N/I ☐ V ☐ N/A
		R4-23-610(A), R4-23-611(B)

TECHNICIANS

1	Training program	☒ S ☐ N/I ☐ V ☐ N/A
		R4-23-1105(B)(D)
2	Training program - compounds	☒ S ☐ N/I ☐ V ☐ N/A
		R4-23-1105(C)
3	Activities - trainees	☒ S ☐ N/I ☐ V ☐ N/A
		R4-23-1104(A)
4	Activities - technicians	☒ S ☐ N/I ☐ V ☐ N/A
		R4-23-1104(A)(B)
5	Policies and procedures	☒ S ☐ N/I ☐ V ☐ N/A
		R4-23-1104(F)(G)

COUNSELING

1	Documentation	☒ S ☐ N/I ☐ V ☐ N/A
		R4-23-402(G)(H)
2	Oral consultation	☐ S ☐ N/I ☐ V ☒ N/A
		R4-23-402(C)(D)(E)



Arizona State Board of Pharmacy

PHARMACY INSPECTION REPORT on 12/13/2022 for Civic Center Pharmacy

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S = SATISFACTORY N/I = NEEDS IMPROVEMENT V = VIOLATION N/A = NOT APPLICABLE / NONE OBSERVED

3	Written information	☒ S ☐ N/I ☐ V ☐ N/A R4-23-402(C)(I)
PRESCRIPTION AUDIT		
1	Prescription files	☒ S ☐ N/I ☐ V ☐ N/A ARS § 32-1964, ARS § 36-2525(C)(1)(2)
2	Prescription label	☒ S ☐ N/I ☐ V ☐ N/A ARS § 32-1968(D), ARS § 36-2525(L)
3	CII prescriptions	☒ S ☐ N/I ☐ V ☐ N/A ARS § 32-1968, 36-2525(A) to (G), R4-23-407(A)
4	CIII - CV prescriptions	☒ S ☐ N/I ☐ V ☐ N/A ARS § 32-1968, 36-2525(A)(C)(2)(H)(I), R4-23-407(A)
5	Non-controlled prescriptions	☒ S ☐ N/I ☐ V ☐ N/A ARS § 32-1968, R4-23-407(A)
6	Transfers	☐ S ☐ N/I ☐ V ☒ N/A R4-23-407(D)
7	Telephone	☒ S ☐ N/I ☐ V ☐ N/A ARS § 32-1968(A)(5), R4-23-402(A)(1)(2)
8	Refill authorizations	☒ S ☐ N/I ☐ V ☐ N/A ARS § 32-1968(A)(6), R4-23-402(A)(13), R4-23-407(E)(5)
9	Facsimile	☒ S ☐ N/I ☐ V ☐ N/A R4-23-407(E)
10	Electronically transmitted	☒ S ☐ N/I ☐ V ☐ N/A R4-23-407(F), R4-23-408(H)
11	Patient information	☒ S ☐ N/I ☐ V ☐ N/A R4-23-402(A)(3)(4)
12	Allergies / medical conditions	☒ S ☐ N/I ☐ V ☐ N/A R4-23-402(A)(3)(b)
13	Brand / generic	☒ S ☐ N/I ☐ V ☐ N/A ARS § 32-1963.01
14	Foreign prescriptions	☐ S ☐ N/I ☐ V ☒ N/A ARS § 32-1969
15	Prescription blank advertising prohibited	☐ S ☐ N/I ☐ V ☒ N/A R4-23-404(B), ARS § 32-1901.01(B)(25)
16	Prescription audit numbers	C2: Random written prescriptions reviewed, C3-5: 0678800-1078999



S = SATISFACTORY N/I = NEEDS IMPROVEMENT V = VIOLATION N/A = NOT APPLICABLE / NONE OBSERVED

COMPUTER REQUIREMENTS

1	Security	☒ S ☐ N/I ☐ V ☐ N/A	R4-23-408(F)
2	Log books / printout	☒ S ☐ N/I ☐ V ☐ N/A	R4-23-408(C)(4)
3	Reports	☒ S ☐ N/I ☐ V ☐ N/A	R4-23-408(B)(5)(6)
4	Policies and procedures	☒ S ☐ N/I ☐ V ☐ N/A	R4-23-408(A)

IMMUNIZATIONS

1	Certification	☐ S ☐ N/I ☐ V ☒ N/A	ARS § 32-1974(D)(K), R4-23-411(A)
2	Recordkeeping	☐ S ☐ N/I ☐ V ☒ N/A	ARS § 32-1974(F)(3), R4-23-411(F)(I)
3	Reporting requirements	☐ S ☐ N/I ☐ V ☒ N/A	ARS § 32-1974(F), R4-23-411(F)(2)
4	Current certificate maintained	☐ S ☐ N/I ☐ V ☒ N/A	R4-23-411(C)(2)
5	Administration without a prescription	☐ S ☐ N/I ☐ V ☒ N/A	ARS § 32-1974(A)(B), R4-23-411(A)
6	Prescription only administration	☐ S ☐ N/I ☐ V ☒ N/A	ARS § 32-1974(C)(I), R4-23-411(A)(4), (B), (I)

MECHANICAL STORAGE / COUNTING DEVICES

1	Cell identification	☐ S ☐ N/I ☐ V ☒ N/A	R4-23-615(A)(1)
2	Paper / electronic log	☐ S ☐ N/I ☐ V ☒ N/A	R4-23-615(A)(2)(3)
3	Training	☐ S ☐ N/I ☐ V ☒ N/A	R4-23-615(C)(1)(D)
4	Maintenance	☐ S ☐ N/I ☐ V ☒ N/A	R4-23-615(C)(2)(D)
5	Accuracy validation testing	☐ S ☐ N/I ☐ V ☒ N/A	R4-23-615(C)(3)(D)
6	Return by approval only	☐ S ☐ N/I ☐ V ☒ N/A	R4-23-615(B)(G)



Arizona State Board of Pharmacy

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S = SATISFACTORY N/I = NEEDS IMPROVEMENT V = VIOLATION N/A = NOT APPLICABLE / NONE OBSERVED

7	Policies and procedures	☐ S ☐ N/I ☐ V ☒ N/A	R4-23-615(E)
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MECHANICAL COUNTING DEVICES

1	Training	☐ S ☐ N/I ☐ V ☒ N/A	R4-23-616(A)(1)(B)
2	Maintenance	☐ S ☐ N/I ☐ V ☒ N/A	R4-23-616(A)(2)(B)
3	Accuracy validation testing	☐ S ☐ N/I ☐ V ☒ N/A	R4-23-616(A)(3)(B)
4	Policies and procedures	☐ S ☐ N/I ☐ V ☒ N/A	R4-23-616(C)

CONTROLLED SUBSTANCE RECORDS

1	CII's purchase / sale / disposal	☒ S ☐ N/I ☐ V ☐ N/A	ARS § 36-2523(A); ARS § 36-2524; R4-23-601(D); R4-23-1003(A)(4)(B)
2	CIII - CVs purchase / sale / disposal	☒ S ☐ N/I ☐ V ☐ N/A	ARS § 36-2523(A); R4-23-601(D); R4-23-612(11); R4-23-1003(A)(4)
3	Inventory	☒ S ☐ N/I ☐ V ☐ N/A	ARS § 36-2523(B); R4-23-1003
4	Audit	☒ S ☐ N/I ☐ V ☐ N/A	ARS § 36-2523
5	DEA 106 Theft/Loss reporting	☐ S ☐ N/I ☐ V ☒ N/A	R4-23-1003(A)(2); 21 CFR 1301.76(b)

MISCELLANEOUS

1	Badges - name / title	☒ S ☐ N/I ☐ V ☐ N/A	R4-23-402(K); R4-23-671(B)(4); R4-23-1104(E)
2	Sales of drugs to practitioners	☒ S ☐ N/I ☐ V ☐ N/A	ARS § 32-1981(7)(d); R4-23-601(D); R4-23-1003(A)(4)
3	Schedule V register	☐ S ☐ N/I ☐ V ☒ N/A	ARS § 36-2525(I)
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



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6	Non-controlled substances purchase / sale / disposal	☒ S ☐ N/I ☐ V ☐ N/A	R4-23-601(D)
7	Dextromethorphan sales restrictions	☒ S ☐ N/I ☐ V ☐ N/A	ARS 32-1978
8	Federal medication guides	☒ S ☐ N/I ☐ V ☐ N/A	21 CFR part 208
9	Pharmacy to pharmacy transfer of drugs (intracompany)	☐ S ☐ N/I ☐ V ☒ N/A	R4-23-601(D), R4-23-1003(A)(4)

METHAMPHETAMINE PRECURSORS

1	Storage	☐ S ☐ N/I ☐ V ☒ N/A	ARS § 32-1977(B)
2	Documentation	☐ S ☐ N/I ☐ V ☒ N/A	ARS § 32-1977(C), 21 CFR 1314
3	Self-certification	☐ S ☐ N/I ☐ V ☒ N/A	21 CFR 1314.35; 21 CFR 1314.40

SHARED SERVICES

1	Current resident / nonresident permit	☐ S ☐ N/I ☐ V ☒ N/A	R4-23-621(A)
2	Same owner / written contract / common electronic file	☐ S ☐ N/I ☐ V ☒ N/A	R4-23-621(B)
3	Notification to patients	☐ S ☐ N/I ☐ V ☒ N/A	R4-23-621(C)
4	Maintain manual / electronic records	☐ S ☐ N/I ☐ V ☒ N/A	R4-23-621(D)
5	Work outside pharmacy	☐ S ☐ N/I ☐ V ☒ N/A	R4-23-621(F)
6	Policies and procedures	☐ S ☐ N/I ☐ V ☒ N/A	R4-23-621(E)

COMPOUNDING PRACTICES (GENERAL)

1	Documentation product compounded	☒ S ☐ N/I ☐ V ☐ N/A	R4-23-410(C)(1)(e); R4-23-410(I)(K)
2	Patient label	☒ S ☐ N/I ☐ V ☐ N/A	R4-23-410(I)(4)
3	Beyond-use dates	☒ S ☐ N/I ☐ V ☐ N/A	R4-23-410(I)(4)(b); R4-23-410(B)(3)(d)



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4	Equipment	☒ S ☐ N/I ☐ V ☐ N/A R4-23-410(F)(G)
5	Product produced in excess	☒ S ☐ N/I ☐ V ☐ N/A R4-23-410(B)(2), R4-23-410(J)
6	Component removed from original container	☒ S ☐ N/I ☐ V ☐ N/A R4-23-410(I)(6)
7	Compounds for medical practitioners	☐ S ☐ N/I ☐ V ☒ N/A R4-23-410(B)(3), R4-23-601(D), R4-23-1003(A)(4)
8	Patient written list	☒ S ☐ N/I ☐ V ☐ N/A R4-23-410(I)(5)
9	Protective apparel	☒ S ☐ N/I ☐ V ☐ N/A R4-23-410(C)(2)(c)
10	Facility	☒ S ☐ N/I ☐ V ☐ N/A R4-23-410(E)
11	Components for compounding/storage	☒ S ☐ N/I ☐ V ☐ N/A R4-23-410(B)(H)
12	Policies and procedures	☒ S ☐ N/I ☐ V ☐ N/A R4-23-410(D)(G)(H)(I)(K)

STERILE COMPOUNDING

1	Compounding area	☒ S ☐ N/I ☐ V ☐ N/A R4-23-670(A)(E)(F)
2	Equipment	☒ S ☐ N/I ☐ V ☐ N/A R4-23-670(B)
3	Sterile product reference	☒ S ☐ N/I ☐ V ☐ N/A R4-23-670(B)(6)
4	Certification hood / environment	☒ S ☐ N/I ☐ V ☐ N/A R4-23-670(D)(14)(g)
5	Documentation routine cleaning / maintenance	☒ S ☐ N/I ☐ V ☐ N/A R4-23-670(D)(14)(g)
6	Personnel protective clothing	☒ S ☐ N/I ☐ V ☐ N/A R4-23-670(E)(3)(F)(2)
7	Annual / semi-annual media fill tests	☒ S ☐ N/I ☐ V ☐ N/A R4-23-670(E)(4)(F)(3)
8	Documentation of product compounded	☒ S ☐ N/I ☐ V ☐ N/A R4-23-410(C)(1)(e), R4-23-410(I)(K)



Arizona State Board of Pharmacy

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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 :

Inventory Taken :

Date Of Audit :

05/02/2022

Open

12/13/2022

Name & Strength of Drug	Initial Inventory	Total Purchased	Total Accounted For	Closing Inventory	Sales (Rx & log)	Total Can Account for	Difference	Percentage
Hydrocodone IR 30mg cap (compounded)	0	300	300	0	300	300	0	0.00
Alprazolam 0.5mg tab	96	1200	1296	96	1200	1296	0	0.00
Phentermine 30mg cap	240	400	640	340	300	640	0	0.00

NOTES

Handouts: 2020/2021 Statute/Rule Changes summary, AzBOP Newsletter October 2022, DEA reminder on manual signature for prescribers, Single Ingredient Ephedrine Products

CIVIC CENTER PHARMACY, LLC**Resident State License**

Please note the attached resident license reflects the Pharmacy's existing home state license, which may change pursuant to the change of ownership and slight name change, both of which are in the process of being reported to the Arizona Board of Pharmacy. An updated Arizona Board of Pharmacy license will be provided to the Nevada State Board of Pharmacy if issued.



ARIZONA STATE BOARD OF PHARMACY
P.O. Box 18520 Phoenix, AZ 85005
602-771-ASBP (2727)
FAX: 602-771-2749
<http://www.azpharmacy.gov>

1893

Receipt Date: 09/14/2021
Receipt
Number 2021111358
Receipt Amount \$: 480.00

Pharmacy - Independent

Compounding - Non-Sterile, Compounding - Sterile, Retail, Veterinarian

Issued to :

PERMIT NO
Y002813

Civic Center Pharmacy
Civic Center Pharmacy Inc.
7331 E. OSBORN DR. #208
SCOTTSDALE, AZ 85251

EXPIRES
10/31/2023

Civic Center Pharmacy
7331 E. OSBORN DR. #208
SCOTTSDALE, AZ 85251

Kim Gaudin
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 : Civic Center Pharmacy Inc.
LICENSE NUMBER : Y002813
EXPIRES : 10/31/2023

<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.

CIVIC CENTER PHARMACY, LLC**Resident State License Verification**

Please note that it is our understanding that the Arizona Board of Pharmacy no longer fills out forms verifying pharmacy licensure, and instead, relies upon its own certification as primary source verification, which is attached. As previously indicated in this application, we have not yet, but will be, updating the Arizona Board of Pharmacy of the changes described in this application, in accordance with their required filing timelines. We will provide a copy of the updated home state license and primary source verification to the Nevada State Board of Pharmacy upon our receipt.

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
BC4902563	08-31-2026	\$888
SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	RETAIL PHARMACY	07-17-2023
CIVIC CENTER PHARMACY 7331 E OSBORN DR STE 208 #208 SCOTTSDALE, AZ 852516420		

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
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WASHINGTON D.C. 20537

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9C

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 (9/22/2021)

Where is the facility located?

- ☐ Nevada
- ☒ Out-of-State

Type of Application (check applicable box)

- ☐ New Pharmacy
- ☒ Ownership Change*
- ☐ Location Change *
- ☐ Name Change*

* If making a change, provide current license number:

PH 02584

Ownership Type (check applicable box)

- ☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
- ☒ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
- ☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
- ☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: Precision Equine LLCPhysical Address: 5301 Young StreetCity: BakersfieldState: CAZip: 93311Mailing Address (if different from physical address): Same as above.

City: _____

State: _____

Zip: _____

Telephone: (661) 377-3333Toll Free # (NAC 639.708, NRS 639.23286): (877) 734-3338Fax: (661) 377-3334Contact Email: brvlicensing@bluerabbit.vetWebsite: www.precisionpharmacy.comNevada Business License # (if applicable) N/ASupervising/Managing Pharmacist Name (NRS 639.220): Michael Aja ✓Supervising/Managing Pharmacist NV Pharmacist Registration #: 21362 ✓

Type of Pharmacy (check all applicable)

- ☒ Retail/Community
- ☐ Hospital (# beds _____)
- ☐ Internet
- ☐ Nuclear
- ☐ Other: _____

Services the Pharmacy will Provide (check all applicable)

- ☒ Retail/Community
- ☒ Non-sterile Compounding
- ☒ Sterile Compounding
- ☒ Mail-Order Service
- ☐ Off-site Cognitive Services
- ☐ Long Term Care
- ☐ Hospital
- ☒ Other: Veterinary only

Days of Operation

- ☒ Monday ☒ Tuesday ☒ Wednesday ☒ Thursday ☒ Friday ☒ Saturday
* on call ☐ Sunday

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: <u>Michael Aja</u>	NV Pharmacist Registration #: <u>21362</u>
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: <u>N/A</u>	Credentials: _____	%: _____
Name: _____	Credentials: _____	%: _____
Name: _____	Credentials: _____	%: _____
Name: _____	Credentials: _____	%: _____
Name: _____	Credentials: _____	%: _____

- The Board shall not issue a license to conduct a pharmacy:
 - To any practitioner; or
 - To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
- This section does not:
 - Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
 - 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): Precision Equine Holdco LLC

Corporation/Organization Name: Precision Equine LLC

Mailing Address: 5301 Young Street

City: Bakersfield State: CA Zip: 93311

Telephone: (611) 377-3333 Email: brvlicensing@bluerabbit.vet

Contact Person Name: Ann Randall, Secretary

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 Precision Equine 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).

Joel Heberlein

Print Name of Authorized Person



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

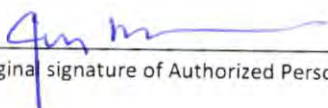
7/7/22

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.

Joel Heberlein

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)

7/27/22
Date

Board Use Only	Date Received: <u>8-10-22</u>	Amount: <u>500 check</u> <u>1323108</u>
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Section 12: Provide all the applicable documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner -ship	Sole Owner
• List <u>all</u> Officers and Directors. NRS 639.231(2)(b), NAC 639.214(5)(a)	✓	✓		
• List the <u>top four</u> stockholders and their percent ownership. NRS 639.231(3)	✓	✓		
• List <u>all stockholders</u> who hold 10% or more of the shares. NAC 639.214(4)(b)		✓		
• For General Partnerships, list the name of each partner. NAC 639.214(2)				
• For Limited Partnerships, list the names of (NAC 639.214(3)):			✓	
○ All General Partners;				
○ All Limited Partners who hold 10% or more of the interest.				
• Certificate of Corporate Status or Certificate of Good Standing from the Secretary of State's Office where the business is domiciled, dated within the last 6 months.	✓	✓	✓	✓
• Designated Representative form must be completed by the Designated Representative. Form is found at http://bop.nv.gov/Services/newapps/Business/ . NAC 639.5005. The requirement does not apply to:				
a. An applicant or a licensee that is a publicly traded corporation;				
b. An applicant or licensee whose pharmacy is determined by the Board to be located within a large retail store, including, without limitation, a grocery store, variety store or department store under common ownership; or		✓	✓	✓
c. An applicant or licenses in which a majority interest of the applicant or licensee is owned by a pharmacist who is:				
1) License by the Board; and				
2) A resident of this state.				
• Personal History Record Application found at 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.				
• Submit a copy of your most recent pharmacy inspection from the regulatory or licensing authority of the state, territory or Federal agency in which the pharmacy is located. (REQUIRED FOR NON-NEVADA PHARMACIES ONLY) NRS 639.2328(2)(f)	✓	✓	✓	✓
• Submit a copy of your license, certification, permit or registration issued to your pharmacy from the regulatory board or licensing authority of the state or territory in which the pharmacy is located. (REQUIRED FOR NON-NEVADA PHARMACIES ONLY) NRS 639.2328(2)(a)	✓	✓	✓	✓
• License Verification by the regulatory board or licensing authority of the state or territory in which the pharmacy is located. You may use the form here: https://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/2020%20ALL_LicenseVerificationForm(1).pdf (REQUIRED FOR NON-NEVADA PHARMACIES ONLY) NRS 639.2238(2)(g)	✓	✓	✓	✓
• Copy of DEA Registration if handling controlled substances (REQUIRED FOR NON-NEVADA PHARMACIES ONLY)	✓	✓	✓	✓
• Internet Pharmacy Services Certification (REQUIRED FOR PHARMACIES PROVIDING INTERNET PHARMACY SERVICES)	✓	✓	✓	✓
• Transmit Controlled Substance Prescription Data- Pharmacies dispensing scheduled II-V controlled substance for human consumption shall, not later than the end of the next business day after dispensing a controlled substance, upload to the Nevada Prescription Monitoring Program (PMP) the information described in paragraph (d) of subsection 1 of NRS 453.162. Registration information found at: https://bop.nv.gov/links/PMP/	✓	✓	✓	✓

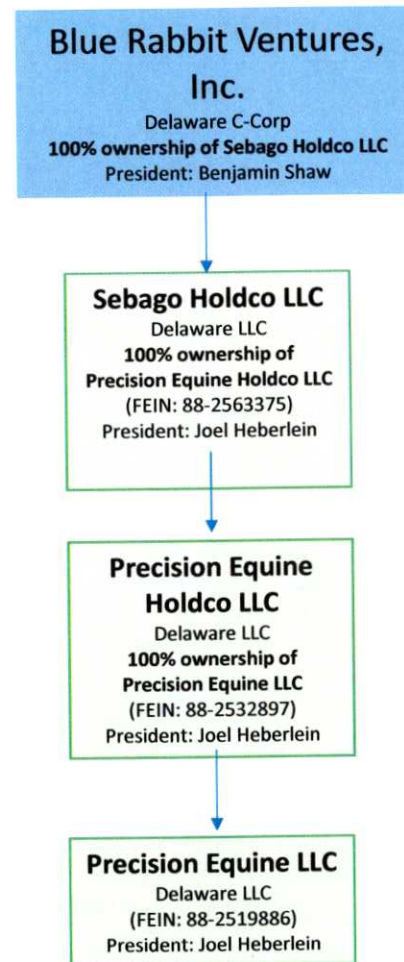
Pre-Closing Structure

Patrick Wade
5301 Young Street, Bakersfield CA 93311
(100% Owner of Precision Pharmacies, LLC)



Precision Pharmacies, LLC
5301 Young Street, Bakersfield CA 93311

Post-Closing Structure



Officers for Pharmacy and Parent Company**Precision Equine LLC**

Joel Heberlein, President, Treasurer
2 Union Street, Suite 500
Portland, ME 04101

Home Address: ■ Damon's Point Circle
Marshfield, MA. 02050

Ann Randall, Secretary
2 Union Street, Suite 500
Portland, ME 04101

Home Address: ■ Alberta Way
Gorham, ME 04038

Precision Equine Holdco LLC, 100% Owner of Precision Equine LLC

Joel Heberlein, President, Treasurer
2 Union Street, Suite 500
Portland, ME 04101

Home Address: ■ Damon's Point Circle
Marshfield, MA. 02050

Ann Randall, Secretary
2 Union Street, Suite 500
Portland, ME 04101

Home Address: ■ Alberta Way
Gorham, ME 04038

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PRECISION EQUINE 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 FIFTEENTH DAY OF JUNE, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PRECISION EQUINE LLC" WAS FORMED ON THE EIGHTEENTH DAY OF MAY, A.D. 2022.

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



6806404 8300

SR# 20222736545

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

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

Jeffrey W. Bullock, Secretary of State

Authentication: 203689139

Date: 06-15-22

BOARD OF PHARMACY

LICENSING DETAILS FOR: PHY 58745

NAME: PRECISION EQUINE LLC

LICENSE TYPE: PHARMACY (COMMUNITY)

LICENSE STATUS: CLEAR

ADDRESS

5301 YOUNG STREET
BAKERSFIELD CA 93311
KERN COUNTY

1907
ISSUANCE DATE

AUGUST 15, 2022

EXPIRATION DATE

AUGUST 1, 2023

CURRENT DATE / TIME

MAY 5, 2023
10:49:27 AM

LICENSE RELATIONSHIPS

NAME: PRECISION EQUINE LLC

LICENSE/REGISTRATION TYPE: STERILE
COMPOUNDING PHARMACY

LICENSE NUMBER: 101784 **PRIMARY STATUS:**
CLEAR

NAME: DOHERTY, SHAUNA MARIE

LICENSE/REGISTRATION TYPE: REGISTERED
PHARMACIST

LICENSE NUMBER: 65896 **PRIMARY STATUS:** CLEAR

ADDRESS :

5301 YOUNG ST
NON-HAZARDOUS CLEAN ROOM AND HAZARDOUS
BAKERSFIELD CA 93311
KERN COUNTY

ADDRESS NOT DISCLOSED

BOARD OF PHARMACY

LICENSING DETAILS FOR: PHY 47310

NAME: PRECISION PHARMACY
LICENSE TYPE: PHARMACY (COMMUNITY)
LICENSE STATUS: CANCELLED
SECONDARY STATUS: PROBATION TERMINATED/COMPLETED
ADDRESS

5301 YOUNG STREET
BAKERSFIELD CA 93311
KERN COUNTY

1908
ISSUANCE DATE

OCTOBER 7, 2005

EXPIRATION DATE

AUGUST 15, 2022

CURRENT DATE / TIME

MAY 5, 2023
11:29:21 AM

PUBLIC RECORDS

› DISCIPLINARY ACTIONS (1)

DISCLAIMER: DISCIPLINARY ACTIONS

DESCRIPTION: CURRENT WEB SITE INFORMATION ON BOARD OF PHARMACY DISCIPLINARY ACTIONS ONLY GOES AS FAR BACK AS *JANUARY 1998* FOLLOWING THE EFFECTIVE DATE OF THE DISCIPLINARY PENALTY.

DISCIPLINARY ACTIONS RENDERED BY THE BOARD AND PENALTIES IMPOSED BECOME OPERATIVE ON THE EFFECTIVE DATE OF THE ACTION EXCEPT IN SITUATIONS WHERE THE LICENSEE OBTAINS A COURT-ORDERED STAY THROUGH THE APPEAL PROCESS. THIS MAY OCCUR AFTER THE PUBLICATION OF THE INFORMATION ON THIS WEBSITE.

TO OBTAIN INFORMATION PRIOR TO JANUARY 1998 OR FOR INFORMATION ON SPECIFIC DISCIPLINE LISTED SUBMIT A WRITTEN REQUEST TO THE *STATE BOARD OF PHARMACY, 2720 GATEWAY OAKS DRIVE, SUITE 100, SACRAMENTO, CA 95833, ATTENTION PUBLIC RECORDS DESK.*

PUBLIC DISCLOSURES:

♦ **CASE NUMBER:** AC201000376900

♦ **EFFECTIVE DATE OF ACTION:** FEBRUARY 11, 2014

♦ **DESCRIPTION OF ACTION:** BY HEARING DECISION: LICENSE REVOKED, REVOCATION STAYED, 3 YEARS PROBATION SUBJECT TO TERMS AND CONDITIONS AS INDICATED IN DECISION.

PUBLIC DOCUMENTS

› DOCUMENTS (1)

CASE NUMBER: AC201000376900

DOCUMENT: LINK

LICENSE RELATIONSHIPS

NAME: PRECISION PHARMACY

LICENSE/REGISTRATION TYPE: STERILE
COMPOUNDING PHARMACY

LICENSE NUMBER: 99351 **PRIMARY STATUS:**
CANCELLED ♦ PROBATION
TERMINATED/COMPLETED

ADDRESS :

5301 YOUNG STREET
BAKERSFIELD CA 93311
KERN COUNTY

BOARD OF PHARMACY
LICENSING DETAILS FOR: LSC 101784

NAME: PRECISION EQUINE LLC
LICENSE TYPE: STERILE COMPOUNDING PHARMACY
LICENSE STATUS: CLEAR
ADDRESS
5301 YOUNG ST
NON-HAZARDOUS CLEAN ROOM AND HAZARDOUS
BAKERSFIELD CA 93311
KERN COUNTY

1909
ISSUANCE DATE
AUGUST 15, 2022
EXPIRATION DATE
AUGUST 1, 2023
CURRENT DATE / TIME
MAY 5, 2023
10:47:44 AM

LICENSE RELATIONSHIPS

NAME: PRECISION EQUINE LLC	ADDRESS :
LICENSE/REGISTRATION TYPE: PHARMACY (COMMUNITY)	5301 YOUNG STREET BAKERSFIELD CA 93311 KERN COUNTY
LICENSE NUMBER: 58745 PRIMARY STATUS: CLEAR	

BOARD OF PHARMACY

LICENSING DETAILS FOR: LSC 99351

NAME: PRECISION PHARMACY
LICENSE TYPE: STERILE COMPOUNDING PHARMACY
LICENSE STATUS: CANCELLED
SECONDARY STATUS: PROBATION TERMINATED/COMPLETED
ADDRESS

5301 YOUNG STREET
BAKERSFIELD CA 93311
KERN COUNTY

1910
ISSUANCE DATE

MAY 8, 2006

EXPIRATION DATE

AUGUST 15, 2022

CURRENT DATE / TIME

MAY 5, 2023
11:34:57 AM

PUBLIC RECORDS

› DISCIPLINARY ACTIONS (1)

DISCLAIMER: DISCIPLINARY ACTIONS

DESCRIPTION: CURRENT WEB SITE INFORMATION ON BOARD OF PHARMACY DISCIPLINARY ACTIONS ONLY GOES AS FAR BACK AS *JANUARY 1998* FOLLOWING THE EFFECTIVE DATE OF THE DISCIPLINARY PENALTY.

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PUBLIC DOCUMENTS

› DOCUMENTS (1)

CASE NUMBER: AC201000376900

DOCUMENT: [LINK](#)

LICENSE RELATIONSHIPS

NAME: PRECISION PHARMACY

LICENSE/REGISTRATION TYPE: PHARMACY
(COMMUNITY)

LICENSE NUMBER: 47310 **PRIMARY STATUS:**
CANCELLED ◆ PROBATION
TERMINATED/COMPLETED

ADDRESS :

5301 YOUNG STREET
BAKERSFIELD CA 93311
KERN COUNTY



California State Board of Pharmacy
2720 Gateway Oaks Drive, Suite 100
Sacramento, CA 95833
Phone: (916) 518-3100 Fax: (916) 574-8618
www.pharmacy.ca.gov

Business, Consumer Services and Housing Agency
Department of Consumer Affairs
Gavin Newsom, Governor



INSPECTION REPORT

Pharmacy ☒ Hospital Pharmacy ☐ Clinic ☐ Exempt Hospital ☐ Wholesaler ☐ Hypodermic ☐

Date: 8/5/2021 Inspector: Jeff Shinoda

Firm: PRECISION PHARMACY Phone: (661) 377-3333

Address: 5301 YOUNG STREET City: BAKERSFIELD Zip: 93311

Ownership: CORPORATION

Permit #: LSC99351 Permit Exp: 10/1/2021 DEA#: BP9492416 DEA Exp: 3/31/2023

Date of Self Assessment Form: 6/22/2021 Other Permit #: N/A Date of DEA Inventory: 5/3/2021

Hours M-F: 8:15AM-5:15PM Hours Saturday CLOSED Hours Sunday: CLOSED

PIC SHAUNA M DOHERTY RPH65896 Administrator

RPH Consultant

Staff RPH Name:	License #:	Staff Name:	License #:
<u>SAMRA D WUSSOW</u>	<u>RPH57319</u>	<u>AMANDA L LOW-KEN</u>	<u>TCH178946</u>
<u>PATRICIA A WALDRIP HELGR</u>	<u>RPH42842</u>	<u>AMBER L QUEEN</u>	<u>TCH130513</u>
<u>CHRISTINE R DELL'ACQUA</u>	<u>RPH40184</u>	<u>ANN-MARIE M LEGARRETA</u>	<u>TCH142292</u>
<u>PHU H DINH</u>	<u>RPH62659</u>	<u>BELINDA L BENTROTT</u>	<u>TCH129121</u>
<u>JENNIE CHENG</u>	<u>RPH76569</u>	<u>BRENDA GOMEZ</u>	<u>TCH181015</u>
<u>CHRISTINA E MURPHY</u>	<u>RPH77688</u>	<u>BRITNEY N RODRIGUEZ</u>	<u>TCH167790</u>
<u>BINH T NGUYEN</u>	<u>RPH57182</u>	<u>BRITNEY N SIMMER</u>	<u>TCH166765</u>
<u>PRIYANKA P PATEL</u>	<u>RPH83773</u>	<u>BRITTANY L SAENZ</u>	<u>TCH122471</u>
<u>ESTHER G SASAKI</u>	<u>RPH78149</u>	<u>CASSANDRA L HERNANDEZ</u>	<u>TCH130292</u>
<u>MICHAEL M GHABOUR</u>	<u>RPH71462</u>	<u>CHRISTOPHER W SHINE</u>	<u>TCH43189</u>
<u>MICHAEL H AJA</u>	<u>RPH78212</u>	<u>DENA HATTAWAY</u>	<u>TCH91769</u>
<u>MARY WAHABALLA F HABIB</u>	<u>RPH84267</u>	<u>EUGENIA N BUONI</u>	<u>TCH166480</u>
		<u>HECTOR J BENAVENTE</u>	<u>TCH160800</u>
		<u>JESSICA L ALLRED</u>	<u>TCH124143</u>
		<u>KAYLA R BROWNLEE</u>	<u>TCH159959</u>
		<u>LAUREN M ANGULO</u>	<u>TCH89082</u>
		<u>RACHEL L TAGGS</u>	<u>TCH49785</u>
		<u>RACHELLE M MACIAS</u>	<u>TCH164427</u>
		<u>SAMANTHA J COLE</u>	<u>TCH169989</u>
		<u>TAYLOR Y TURNER</u>	<u>TCH161928</u>

Inspector Remarks:

Sterile compounding inspection

Due to the COVID-19 Public Health Emergency, portions of this inspection were performed remotely with data supplied by the facility. The information was reviewed by the inspector and conversations with the pharmacist-in-charge or pharmacy contact occurred as



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Department of Consumer Affairs
Gavin Newsom, Governor



INSPECTION REPORT

appropriate

Several documents including but not limited to: certification reports, self-assessments, pharmacist and technician training records, environmental logs, and policies and procedures were collected via e-mail and reviewed prior to inspection on or about July 28-30, 2021. On-site inspection performed on August 5, 2021

Assisted by PIC Doherty (Lopes)

Annual renewal inspection. This is a veterinary compounding pharmacy. The pharmacy compounds mostly for equine. No human use compounding, no compounding of commercially available preparations, pharmacy does compound for veterinary office use.

Compounding and Pharmacy self-assessments-available

Sterile compounding: Non-sterile to sterile, non-hazardous and hazardous (hormonal). No chemotherapy compounding (no NIOSH table 1 drugs).

Compounded Sterile Preparation (CSP) Risk level: High risk

Average number of CSPs compounded daily: Batch compounds ~3 times per day, Maximum number of units per batch is ~100-200 preparations. Approximately 70% non-sterile, and 30% sterile.

The pharmacy is staffed with 5 pharmacists, and 9 technicians.

Pharmacy EMR is PK software

Wholesaler: Medisca, Letco, Fagron/Humco, Spectrum, PCCA, and McKesson

Reverse Distributor: Return Logistics

Pharmaceutical Waste Management: Kern County waste management/Ponder Environmental

Posted: Original pharmacy and sterile compounding licenses, Notice to Consumer (NTC) and interpretive services.

STERILE COMPOUNDING AREA

Designated compounding space for non-hazardous compounding and a separate designated space for hazardous compounding. The non-hazardous compounding suite consists of an ISO 8 prep room, followed by an ISO 8 garbing room, followed by an ISO 7 buffer room. The non-hazardous buffer room has two ISO 5 laminar airflow workbenches. The hazardous compounding suite consists of an ISO 8 air lock room, followed by an ISO 8 compounding room, followed by an ISO 7 ante room, followed by an ISO 7 buffer room. The hazardous buffer room has one ISO 5 biological safety cabinet. There is an ISO 8 pass-through between the hazardous ante room and the vestibule.

Last certification completed on March 22-23, 2021 by ENV Services for sterile non-hazardous suite and hazardous suite.

Dynamic testing, HEPA filter leak testing, non-viable sampling

Air changes- for non-hazardous suite; garbing room at 90 ACPH, prep room at 53 ACPH non-hazardous buffer room 81 ACPH

For hazardous suite; airlock at 51 ACPH, prep room at 34 ACPH, garb room at 114 ACPH, hazardous buffer room 55 ACPH

Pressure differentials: for non-hazardous suite; prep room to work area at 0.038" w.c., garb room to prep room at 0.05" w.c., non-hazardous buffer room to prep room at 0.038" w.c.,

For hazardous suite; airlock to work area at 0.02" w.c., prep room to airlock at -0.025" w.c., garb room to prep room at 0.021" w.c., hazardous buffer room to prep room at -0.022" w.c.

Viable volumetric air sampling- performed date on March 22, 2021 showed under action level growth in garb room air sample for non-hazardous suite, as well as under action level growth in the buffer room air sample of the hazardous suite. No highly pathogenic organisms of concerns.

Smoke studies- available, viewed on inspection.



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INSPECTION REPORT

Cleaning agents

Germicidal detergent: TexQ, Peridox RTU
Disinfectant: Sterile 70% Isopropyl Alcohol
Sporicidal: Peridox RTU
Decontamination/Deactivation: Peridox RTU

POLICIES AND PROCEDURES Spot checked prior to inspection

Annual review of Policies and Procedures by PIC last review performed March 2021.
Staff notification of any changes in processes or to the policy and procedure manual
Aseptic technique, hand hygiene and garbing, conduct in an ISO environment -available
Facility cleaning and disinfecting- available
Quality Assurance (QA) program/policy and procedure: end-product testing, recalls-available
Environmental sampling: action levels for CFUs and actions to be taken when CFUs have been exceeded-available
Compounding, filling, and labeling: Beyond Use Date, storage of compounded preparations- available
Hazardous drugs: handling/disposal, compounding, spill clean-up protocol, proper garbing (double shoe covers/gloves) – available
Chemo gloves-ASTM rated
Biological Safety Cabinet (BSC) is the Primary Engineering Control (PEC). Exhausted through ceiling in a negative pressure room.
Spill kits-available

Reference materials: readily available

LABELING REQUIREMENTS

Compounded by Pharmacy – Prints on label Sterile Compounded Drug Product.

Generic names of principal ingredients/ Instructions for storage and BUD

- Romifidine HCl 1%20ml MDV vial compounded 5/24/2021 BUD 1/20/2021 (180 days with disclaimer to discard 28 days after needle puncture)
- Cyclosporine 2% Ophthalmic drops 10ml vial compounded 6/9/2021 BUD 12/6/2021 (180 days- with the disclaimer to discard after 28 days after opening)
- Methocarbamol 100mg/ml 100ml MDV vials compounded 6/23/2021 BUD 12/20/21 (180 days with disclaimer to discard after 28 days after needle puncture)

Route of administration on label, For veterinary use in non-food producing animals

RECORDKEEPING -Maintain for 3 years

Master formulas/ compounding records

- Romifidine HCl 1%20ml MDV batch yields
- Cyclosporine 2% Ophthalmic drops 10ml batch yields
- Methocarbamol 100mg/ml 100ml MDV batch yields

Refrigerator/rooms logs-viewed for May 1, 2021 through June 30, 2021

Incubator temperature logs – viewed for May 1, 2021 through June 30, 2021

Pressure logs- viewed for May 1, 2021 through June 30, 2021

Cleaning logs for room, PECs, SECS, shelving- viewed for May 1, 2021 through June 30, 2021

PROTECTIVE CLOTHING

Sterile gloves and persistent hand scrub – Steris-Alcare Plus available



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INSPECTION REPORT

Low shedding coverall/gown, head, face, mask and shoe covers
Chemo spill kit available when hazardous compounding occurs

TRAINING – Viewed RPh Wussow, TCH White: maintain for 3 years
Gloved fingertip and media fill testing; written documentation and process review by qualified pharmacy personnel
Didactic, pharmaceutical calculations, cleaning, hand hygiene and garbing, aseptic technique- including observational skills assessments.

QUALITY ASSURANCE / PROCESS EVALUATION

End-product testing performed by Dynalabs & ARL

- Romifidine HCl 1% 10 x 20ml., received May 25, 2021 tested for sterility
- Cyclosporine 2% Ophthalmic drops received June 10, 2021 tested for sterility
- Methocarbamol 100mg/ml 10 x 100ml received June 24, 2021 tested for sterility
- Potency testing 25% of total compounds ~2/month Deslorelin 1.5mg/ml received 7/21/2021 tested for potency

PHARMACY WAIVERS-none

Discussion:

1. Ceiling is sealed, when viewed it looks unsealed do to color of seal being black, However, ceiling is appropriate per clean room standards.

Education:

1. COVID-19 FDA/CDPH Guidance documents are available on the Board of Pharmacy's website
2. The March 2021 issue of The Script Newsletter is available on the Board of Pharmacy's website
3. New law changes are on the Board of Pharmacy's website under Pharmacy law changes for 2021
4. Board CE webinars and DEA training, Law & Ethics CE requirements: available on the Board of Pharmacy's website

Please provide all requested items and corrections either by fax to: 805-772-2001 or email to: jeff.shinoda@dca.ca.gov.

Jeff Shinoda, Pharm.D.
(559) 590-6330
Jeff.shinoda@dca.ca.gov

Licensee Remarks:



California State Board of Pharmacy
2720 Gateway Oaks Drive, Suite 100
Sacramento, CA 95833
Phone: (916) 518-3100 Fax: (916) 574-8618
www.pharmacy.ca.gov

Business, Consumer Services and Housing Agency
Department of Consumer Affairs
Gavin Newsom, Governor



INSPECTION REPORT

I have reviewed, discussed, understand and received a copy of this form.

Inspector (sign)

Inspector (print)

[Signature]
Jeff Shinoda

Pharmacist (sign)

Pharmacist (print)

Owner (sign)

Owner (print)

[Signature]
Shauna Doherty
[Signature]
Patrick Wade

Additional information (for example - corrective plan of action, Quality Assurance outcomes, factors in mitigation, etc.) you want to submit for consideration may be sent on the attached form to my attention at the above address no later than 14 calendar days from the date above. Please include a copy of this form with any information that you submit.

Within 14 calendar days from the above date, please submit to me at the above address the following:

NEVADA STATE BOARD OF PHARMACY

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 Precision Equine LLC
 Physical Address 5301 Young Street
 City Bakersfield State CA Zip 93311
 Mailing Address (if different from physical address) Same as above.
 City _____ State _____ Zip _____
 Telephone (661) 377-3333/ Website www.precisionpharmacy.com
 Licensing Company Email brvlicensing@bluerabbit.vet

Section 2: Personal Information

First Michael Middle Henry Last Aja
 Alias(es, nicknames, name changes, etc.) _____
 Date of Birth [REDACTED] SSN or ITIN [REDACTED] Sex ☒ M ☐ F ☐ X
 Mailing Address [REDACTED] Orchard View Lane
 City Riverside State CA Zip 92503
 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?	N/A	

Applicant's initials MHA

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 Western University of Health Sciences		From - To (MM/YY - MM/YY) 09/11-09/15	
Address 309 E Second St	City Pomona	State CA	Zip 91766
Diploma/Degree obtained, if any PharmD			
School Name California Baptist University		From - To (MM/YY - MM/YY) 08/08-05/10	
Address 8432 Magnolia Ave	City Riverside	State CA	Zip 92504
Diploma/Degree obtained, if any Bachelors of Science			
School Name Riverside Community College		From - To (MM/YY - MM/YY) 06/00-06/02	
Address 4800 Magnolia Ave	City Riverside	State CA	Zip 92506
Diploma/Degree obtained, if any Associates			
School Name Arlington High School		From - To (MM/YY - MM/YY) 09/96-06/00	
Address 2951 Jackson St	City Riverside	State CA	Zip 92504
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY - MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

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

From - To (MM/YY - MM/YY) 03/21-Present	Address [REDACTED] Harris Rd	City Bakersfield	State CA	Zip 93311
From - To (MM/YY - MM/YY) 12/19-03/21	Address [REDACTED] Illinois St	City San Diego	State CA	Zip 92116
From - To (MM/YY - MM/YY) 03/15-12/19	Address [REDACTED] 4th Ave	City San Diego	State CA	Zip 92101
From - To (MM/YY - MM/YY) 01/12-03/15	Address [REDACTED] Orchard View Ln	City Riverside	State CA	Zip 92503
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip

MHA

Applicant's initials _____

3

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 Precision Pharmacy		From - To (MM/YY - MM/YY) 03/21 - Present	
Business Address 5301 Young Street	City Bakersfield	State CA	Zip 93311
Phone (661) 377-3333/(877) 734-3338	Title Pharmacist-in-Charge	Number of Employed Hours 2400	
Description of Duties			
Business Name Eldahmy Wellness Pharmacy		From - To (MM/YY - MM/YY) 10/19-02/20	
Business Address 1985 National Ave	City San Diego	State CA	Zip 92113
Phone (619) 331-1111	Title Pharmacist	Number of Employed Hours 36	
Description of Duties			
Business Name CVS Pharmacy		From - To (MM/YY - MM/YY) 02/17-08/17	
Business Address 27310 Baseline Ct	City Highland	State CA	Zip 92346
Phone (909) 862-4048	Title Pharmacist	Number of Employed Hours 720	
Description of Duties			
Business Name Kaiser Permanente		From - To (MM/YY - MM/YY) 09/11-09/16	
Business Address 36450 Inland Valley Dr	City Wildomar	State CA	Zip 92595
Phone (833) 574-2273	Title Pharmacist Intern/ Grad Intern	Number of Employed Hours 9600	
Description of Duties			
Business Name Prescription Solutions/ United Health Group/ OptumRx		From - To (MM/YY - MM/YY) 01/05-09/11	
Business Address 3515 S Harbor Blvd	City Costa Mesa	State CA	Zip 92626
Phone (714) 825-3600	Title Pharmacy Technician	Number of Employed Hours 11520	
Description of Duties			
Continue on next page if additional space is needed.			

MHA

Applicant's initials _____

Business Name Walmart Pharmacy		From - To (MM/YY - MM/YY) 01/04-01/05	
Business Address 31700 Grape St		City Lake Elsinore	State CA
Phone (951) 245-5990	Title Pharmacy Technician	Number of Employed Hours 1920	
Description of Duties			
Business Name		From - To (MM/YY - MM/YY)	
Business Address		City	State
Phone	Title	Number of Employed Hours	
Description of Duties			
Business Name		From - To (MM/YY - MM/YY)	
Business Address		City	State
Phone	Title	Number of Employed Hours	
Description of Duties			
Business Name		From - To (MM/YY - MM/YY)	
Business Address		City	State
Phone	Title	Number of Employed Hours	
Description of Duties			
Business Name		From - To (MM/YY - MM/YY)	
Business Address		City	State
Phone	Title	Number of Employed Hours	
Description of Duties			

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

MHA

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?		✓

MHA

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.

1

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

Date of Event/Arrest 03/15/2007	Disposition Date 05/02/2007	State CA	City Los Angeles	County Los Angeles
Case # 7DY03075		Governing, licensing, Arresting Presiding Body/Agency/Court Superior Court of California County of Los Angeles		
Reason/Charge DUI				
Plaintiff/Defendant/Claimant/Respondent Michael Aja (Defendant)			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

On the evening of March 15th, 2007 I had attended a work event. Being young and naive, I used poor judgement and decided to drive home after an enjoyable evening of food and a few drinks with my coworkers. I obtained a DUI that evening and it became a valuable lesson and moment of awakening. I returned to school to pursue my bachelors degree and then applied to pharmacy school and became a Pharmacist (after being a pharmacy technician for many years). While this embarrassing incident continues to resurface each time I submit any job or career related application, it is a mistake that I have grown from and have not nor will not ever repeat again. I value my career as a Pharmacist and I appreciate my Pharmacy School, the State Boards of Pharmacy, and all of my current and past employers for seeing more in me than this one regretful occurrence. Thank you for your time.


Original Signature (electronic, copies or stamps not accepted)

7/1/22
Date MHA
Applicant's initials _____

Michael Aja
 I, _____, certify that as the designated representative for
 Precision Equine LLC

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

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

Michael Aja

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

Date

MHA

Applicant's initials _____

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

Michael Aja

Print Name (First, Last)

Michael Aja

Original Signature (electronic, copies or stamps not accepted)

7/2/22

Date

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

State of California, ss. County of Kern

I, Michael Aja, 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 Aja

Original Signature

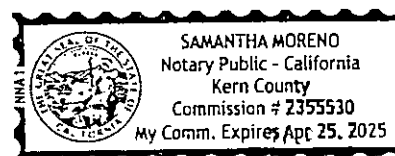
7/2/22

Date

Subscribed and Sworn to before me this 2nd day of July.

Samantha Moreno

Notary Public Signature



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.

(Seal)

MHA

Applicant's initials _____

Nevada State Board Of Pharmacy

(Licensee mailing address for window envelope)

THIS STUB IS YOUR RECEIPT

Date: 07/28/2022

Amount:

License #: 21362

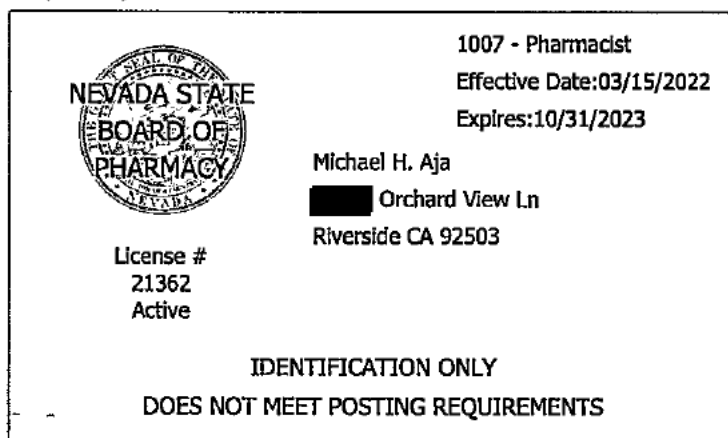
Michael H. Aja

Orchard View Ln

Riverside CA 92503

(ID Card)

Trim ID Card to fit your wallet



Cut Here

License Type: 1007 - Pharmacist

License #: 21362

Effective Date: 03/15/2022

DEA #:

**NEVADA
STATE BOARD OF PHARMACY****1007 - Pharmacist**

Expires: 10/31/2023

STATUS: Active

THE UNDER-NOTED HAVING PAID STATUTORY FEE IS HEREBY LICENSED

Michael H. Aja

Orchard View Ln

Riverside CA 92503

NONTRANSFERABLE

POST THIS LICENSE PROMINENTLY IN A CONSPICUOUS PLACE

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: Precision Equine LLC

NV Pharmacy or Outsourcing facility license # (if applicable): PH02584 (Precision Pharmacy)

Physical Address: 5301 Young St.

City: Bakersfield State: CA Zip: 93311

Mailing Address (if different from physical address): same as above

City: _____ State: _____ Zip: _____

Telephone: 661-377-3333 Toll Free # (NAC 639.708, NRS 639.23286): 877-734-3338

Fax: 661-377-3334 Contact Email: brvlicensing@bluerabbit.vet

Website: precisionpharmacy.com

Nevada Business License # (if applicable) N/A

Supervising/Managing Pharmacist Name (NRS 639.220): Michael Aja

Supervising/Managing Pharmacist NV Pharmacist Registration #: 21362

Name of Person with direct knowledge of compounding procedures: Shauna Doherty

Email of Person with direct knowledge of compounding procedures: shauna.doherty@precisionpharmacy.com

Telephone of Person with direct knowledge of compounding procedures: 877-734-3338

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:
ACETYL-D-GLUCOSAMINE 200MG/ML INJECTABLE, ALTRENOGEST 225MG/ML INJECTABLE,
CARBOXYMETHYLCELLULOSE STERILE (BELL Y JELLY) (PF) 2% SOLUTION, ESTRONE SUSPENSION 5MG/ML
INJECTABLE, GUAIFENESIN IN D5W (PF) 50MG/ML INJECTABLE, GUANABENZ ACETATE 2MG/ML INJECTBLE,
IODINE IN ALMOND OIL 2% INJECTABLE, PENTOSAN/ACETYL-D-GLUCOSAMINE 125MG/200MG/ML INJECTABLE,
ROMIFIDINE HCL 1% INJECTABLE, STANZOLOL 50MG/ML INJECTABLE.

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:
See SOP 9.050 Determination and Extension of Beyond-Use Dates (BUD) for Compounded Preparations

6. What laboratory performs this additional testing?

Name: Compounder's International Analytical Laboratory

Address: 4760 Caselton Way, Suite A

City: Castle Rock State: CO Zip: 80109

Telephone: 800-788-9922

7. What is your procedure for visual inspection of compounded sterile products?
See SOP 9.140 Sterile Compounding Finished Preparation Testing

8. How often do you perform glove fingertip and medial fill testing?
[See SOP 9.130 Sterile Compounding Process Validation \(Media Fills\)](#)

9. What is your policy if an employee fails a glove fingertip or media-fill test?
[See SOP 9.130 Sterile Compounding Process Validation \(Media Fills\)](#) and [SOP 1.030 Deviations- OOS and Corrective and Preventative Action \(CAPA\) Management](#)

10. Describe your initial and annual training program for all personnel performing sterile compounding:
[See SOP 2.030 Sterile Compounding Technician and Support Staff Qualification](#) and [SOP 2.060 Compounding Pharmacist Qualification](#)

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:
[See SOP 3.020 Cleaning and Maintenance of the Clean Room Facilities](#)

12. Who performs the sterile compounding process at your facility?
[Ashlee White, Cassandra Hernandez, Eugenia \(Jenna\) Buoni](#)

13. Who is responsible and accountable for the sterile compounding process at your facility?
[Shauna Doherty, Samra Wussow, Phu Dinh](#)

14. If products are shipped/mailed, what shipping conditions are used to ensure product safety/efficacy?
[See SOP 5.050 Shipping of Compounded Preparations](#)

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?

See SOP 4.200 Use and Maintenance of the Streamline Air Sciences Powder Containment/Fume Hoods/BSC Class I & Class II/LAFW

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?

See SOP 6.020 Compounded Preparation Labeling and SOP 5.040 Counseling of Compounded Preparations

9. Describe your initial process for training new employees prior to compounding sterile hazardous drugs?

See SOP 13.010 Hazardous Communication Program and SOP 2.030 Sterile Compounding Technician and Support Staff Qualification

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:
See attachment: Copy of Sterile Preps

2. What sterilization methods are utilized at your facility?
See SOP 8.010 Sterilization and Depyrogenation

3. Does your facility utilize biological indicators?

☒ Yes

☐ No

4. If yes, describe how they are utilized:
See SOP 8.010 Sterilization and Depyrogenation

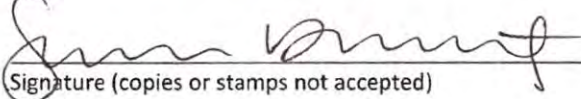
I certify under penalty of perjury that the information contained in this form is accurate, true and complete in all material respects. I understand that making any false representation in this form is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire form and any portion 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.

Shauna Doherty

Name of Person who Completed the Form

Pharmacist-in-Charge (California)

Title


Signature (copies or stamps not accepted)

11/22/22

Date

Board Use Only

Date Received: _____

Date Approved: _____

Approved By: _____

PRECISION PHARMACY		1930
TITLE: HAZARDOUS COMMUNICATION PROGRAM		
SOP NUMBER: 13.010		VERSION NUMBER: 14.0
Authorized By:	Date:	
Written By:PSI/PCCA / Rachel Taggs/Doherty	Date: 12-8-2021	
Reviewed By:	Date:	
Date Effective:		

1.0 PURPOSE

- 1.1 The purpose of this standard operating procedure is to outline how Precision Pharmacy will ensure worker safety during all aspects of hazardous drug handling.

2.0 SCOPE

- 2.1 This procedure applies to all personnel at Precision Pharmacy who may handle hazardous drugs.

3.0 RESPONSIBILITY

- 3.1 Precision Pharmacy names the Facilities Coordinator as the designated person to be responsible for developing and implementing appropriate procedures; overseeing entity compliance with this SOP and other applicable laws, regulations, and standards; ensuring competency of personnel; and ensuring environmental control of the storage and compounding areas. The designated person must also be responsible for the oversight of monitoring the facility and maintaining reports of testing/sampling performed in facilities, and acting on the results.
- 3.1 The Facilities Coordinator shall supervise this procedure along with the Pharmacist-in-Charge.
- 3.2 All personnel at Precision Pharmacy are responsible for following this procedure.

4.0 REFERENCES

- 4.1 29 CFR 1910.1200 Occupational Safety and Health Administration (OSHA) Hazard Communication
- 4.2 Guide to California Hazard Communication Regulation
- 4.3 California Code of Regulations, Title 8
- 4.4 Office of Environmental Health Hazard Assessment (OEHHA): Proposition 65
- 4.5 USP <795> "Pharmaceutical Compounding – Non-sterile Preparations"
- 4.6 USP <797> "Pharmaceutical Compounding – Sterile Preparations"
- 4.7 USP <800> "Hazardous Drugs – Handling in Healthcare Settings"
- 4.8 National Institute for Occupational Safety and Health (NIOSH) List of Antineoplastic and Other Hazardous Drugs in a Healthcare Setting

5.0 DEFINITIONS

- 5.1 PPE- personal protective equipment
- 5.2 PEC – primary engineering control
- 5.3 API – active pharmaceutical ingredient
- 5.4 HD - hazardous drug
- 5.5 SDS - safety data sheet

TITLE: HAZARDOUS COMMUNICATION PROGRAM

1931

SOP NUMBER: 13.010**VERSION NUMBER: 14.0**

Date Effective:

6.0 FREQUENCY

- 6.1 Hazardous drug training and assessments shall be conducted before an individual handles hazardous drugs, on an annual basis and when the pharmacy acquires a new hazardous drug.
- 6.2 Respirator fit tests will be conducted on all applicable employees before handling hazardous drugs and on an annual basis.

7.0 EQUIPMENT & SUPPLIES

- 7.1 PPE
- 7.2 SDS - safety data sheets – located in the cabinet near the label printer or on the server
- 7.3 Labels.
- 7.4 California Proposition 65 Chemicals, Attachment 2
- 7.5 Hazardous materials label identification system chart, located near chemical storage.
- 7.6 Manufacturer and wholesaler hazardous label charts, as applicable.
- 7.7 Precision Pharmacy's Hazardous Drug List, Attachment 1

8.0 GENERAL INFORMATION

- 8.1 To ensure worker safety, as part of our hazardous communication program Precision Pharmacy shall:
 - 8.1.1 Maintain a current list of HDs.
 - 8.1.1.1 Drugs on the NIOSH list that must follow the requirements of USP <800> include any HD API and any antineoplastic requiring HD manipulation.
 - 8.1.2 Maintain proper facilities and engineering controls to promote patient safety, worker safety and environmental protection.
 - 8.1.3 Ensure personnel are competent in their duties and exhibit safe work practices when handling HDs.
 - 8.1.3.1 Employees who handle HDs must be trained based on their job function (e.g. compounding, receiving, disposal) before the employee independently handles HDs.
 - 8.1.3.2 The effectiveness of training for HD handling competencies must be demonstrated by each employee.
 - 8.1.4 Ensure personnel utilize proper PPE when handling HDs.
 - 8.1.5 Ensure policies for HD waste segregation and disposal are followed.
- 8.2 Elements of the hazard communication program shall include:
 - 8.2.1 SOPs that describe how the standard will be implemented.
 - 8.2.2 All containers of hazardous chemicals must be labeled, tagged, or marked with the identity of the material and appropriate hazard warnings.
 - 8.2.3 Precision shall have an SDS for each hazardous chemical they use (29 CFR 1910.1200).
 - 8.2.4 Precision shall maintain SDSs for each hazardous chemical used. SDSs shall be readily accessible to personnel during each work shift and when they are in their work areas.

TITLE: HAZARDOUS COMMUNICATION PROGRAM

1932

SOP NUMBER: 13.010**VERSION NUMBER: 14.0**

Date Effective:

8.2.5 Personnel who may be exposed to hazardous chemicals when working must be provided information and training before the initial assignment to work with a hazardous chemical, and also whenever the hazard changes.

8.2.6 Personnel of reproductive capability must confirm annually in writing that they understand the risks of handling HDs (Hazardous Drug Risk Acknowledgment, Attachment 3).

8.3 When compounding with hazardous drugs, personnel must perform compounding activities according to facility requirements outlined in applicable SOPs, which include and may not be limited to:

8.3.1 Non-sterile hazardous compounding must be conducted in facility requirements specified in SOP 3.040 Non-Sterile Compounding Area Requirements.

8.3.2 Sterile hazardous compounding must be conducted in facility requirements specified in SOP 3.010 Sterile Compounding Area Requirements.

8.4 Personnel competency must be reassessed at least every 12 months. Personnel must be trained prior to the introduction of a new HD or new equipment and prior to a new or significant change in process or SOP. All training and competency assessment must be documented.

8.4.1 The training must include at least the following:

8.4.1.1 Overview of entity's list of HDs and their risks.

8.4.1.2 Review of the entity's SOPs related to handling of HDs.

8.4.1.3 Proper use of PPE.

8.4.1.4 Proper use of equipment and devices (e.g., engineering controls).

8.4.1.5 Response to known or suspected HD exposure.

8.4.1.6 Spill management.

8.4.1.7 Proper disposal of HDs and trace-contaminated materials.

9.0 PROCEDURE

9.1 Hazardous drug list

9.1.1 Precision Pharmacy must maintain a list of hazardous drugs (Precision Pharmacy Hazardous Drug List, Attachment 1), which must include any hazardous drug API on the current NIOSH list. The pharmacy's list must be reviewed at least every 12 months. Whenever a new agent or dosage form is used, it should be reviewed against the pharmacy's list.

9.1.2 When determining whether a new drug should be considered hazardous, the SDS should be evaluated for criteria outlined in the NIOSH List of Antineoplastic and Other Hazardous Drugs in Healthcare Settings. Drugs considered hazardous include those that exhibit one or more of the following six criteria:

9.1.2.1 Carcinogenicity

9.1.2.2 Teratogenicity or developmental toxicity.

9.1.2.3 Reproductive toxicity in humans.

9.1.2.4 Organ toxicity at low doses in humans or animals.

9.1.2.5 Genotoxicity

TITLE: HAZARDOUS COMMUNICATION PROGRAM**SOP NUMBER: 13.010****VERSION NUMBER: 14.0**

Date Effective:

9.1.2.6 New drugs that mimic existing hazardous drugs in structure or toxicity (for examples see current National Institute for Occupational Safety and Health (NIOSH) publications).

9.1.3 If the information on a drug is deemed insufficient to make an informed decision, consider the drug hazardous until more information is available.

9.1.4 If an assessment of risk is not performed, all HDs must be handled with all containment strategies defined in USP <800>.

9.2 Facilities and engineering controls

9.2.1 Signs designating the hazard must be prominently displayed before entrance to the hazardous non-sterile compounding room, hazardous clean room and hazardous chemical storage area. Access must be restricted to authorized (trained) personnel.

9.2.2 HDs must be received and unpacked in the designated HD area in shipping that is neutral/normal pressure relative to surrounding areas.

9.2.3 Hazardous compounding areas shall maintain engineering controls as outlined in SOPs 3.010 Sterile Compounding Area Requirements and 3.040 Non-Sterile Compounding Requirements.

9.3 Employee training and competency

9.3.1 Employee training and competency assessment will occur before the employee independently handles HDs according to SOP 2.020 Compounding and Support Personnel Orientation Program, SOP 2.030 Sterile Compounding Technician and Support Staff Qualification, SOP 2.040 Non-Sterile Compounding Personnel Qualification, SOP 2.060 Compounding Pharmacist Qualification, and SOP 2.070 Pharmacy Clerk Orientation and Training, as applicable.

9.3.2 Didactic HD training will occur every 12 months and will include at least the following topics:

9.3.2.1 Overview of Precision Pharmacy's list of HDs and their risks (Attachment 1).

9.3.2.2 Review of Precision Pharmacy's SOPs relating to HD handling.

9.3.2.3 Proper use of PPE.

9.3.2.4 Proper use of equipment and devices (e.g. engineering controls).

9.3.2.5 Response to known or suspected HD exposure.

9.3.2.6 Spill management.

9.3.2.7 Proper disposal of HDs and trace-contaminated materials.

9.3.3 Competency for each employee pertaining to his/her HD handling job duties will be reassessed every 12 months. Each competency assessment will be documented on Hazardous Drug Compounding and Cleaning Assessment, Attachment 4 and/or Hazardous Drug Garbing and Cleaning Assessment, Attachments 5 and retained in the employee's training binder.

9.4 Safe work practices

9.4.1 All personnel who handle HDs are responsible for understanding the fundamental practices and precautions and for continually evaluating these procedures and the quality of final HDs to prevent harm to patients, minimize

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exposure to personnel, and minimize contamination of the work and patient-care environment.

9.5 Personal protective equipment

9.5.1 Gowns, head, hair, shoe covers, and two pairs of chemotherapy gloves are required for compounding sterile and non-sterile HDs.

9.5.1.1 Non-sterile hazardous compounding personnel shall follow garb requirements outlined in SOP 9.150 Required Garb for Non-Sterile Compounding Area.

9.5.1.2 Sterile hazardous compounding personnel shall follow garb requirements outlined in SOP 9.120 Required Garb for Clean Room Facilities Access.

9.5.2 For activities outside of compounding, specific PPE requirements will depend on activity being performed and PPE requirements will be followed according to applicable SOP.

9.5.3 Gloves

9.5.3.1 Chemotherapy gloves must meet American Society for Testing and Materials (ASTM) standard D6978 (or its successor).

9.5.3.2 Chemotherapy gloves must be powder-free as powder may contaminate the work area and may absorb and retain HDs.

9.5.3.3 Gloves must be inspected for physical defects before use and gloves with pin holes or weak spots cannot be used. Gloves must be changed when torn, punctured, or contaminated.

9.5.3.4 When used for sterile compounding, the outer chemotherapy glove must be sterile.

9.5.3.5 Hands must be washed with soap and water after removing gloves.

9.5.4 Gowns

9.5.4.1 Must be disposable and shown to resist permeability by HDs.

9.5.4.2 Must be made of polyethylene-coated polypropylene or other laminate material.

9.5.4.3 Gowns must close in the back, be long sleeved and have closed cuffs that are elastic or knit. Gowns must not have seams or closures that could allow HDs to pass through.

9.5.4.4 Gowns must be changed per the manufacturer's information for permeation of the gown.

9.5.4.4.1 TrueCare and Medline gowns are recommended to be changed every 8 hours.

9.5.5 Head, hair, shoe and sleeve covers

9.5.5.1 Shoe covers worn in HD handling areas must not be worn to other areas to avoid spreading HD contamination and exposing others.

9.5.6 Eye and face protection

9.5.6.1 Eye goggles must be used when there is a risk for spills or splashes of HDs.

9.5.7 Respiratory protection

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9.5.7.1 For most activities requiring respiratory protection, a fit-tested NIOSH-certified N95 or more protective respirator is sufficient to protect against airborne particles. N95 respirators offer no protection against gases and vapors and little protection against direct liquid splashes.

9.5.7.2 A fit-tested full-facepiece respirator shall be worn when attending to large spills as defined in SOP 7.030 API, Compounded Preparation and Biohazardous Spills, when deactivating, decontaminating and cleaning underneath the work surface of a PEC, and when there is known or suspected airborne exposure to powders or vapors.

9.5.7.3 Respirator fit tests will be performed on all applicable employees on an annual basis. Fit tests will be performed and documented according to OSHA standards (Qualitative Saccharin Respirator Fit Testing, Attachment 6).

9.6 HD waste segregation and disposal

9.6.1 All PPE worn when handling HDs will be considered hazardous waste and will be disposed of according to SOP 9.090 Proper Disposal of Pharmacy Waste.

9.6.2 The outer pair of chemotherapy gloves used during compounding must be removed and discarded into a waste container inside the PEC or contained in a sealable bag for discarding outside the PEC.

9.6.3 All HD waste, other than PPE, will be disposed of according to SOP 9.090 Proper Disposal of Pharmacy Waste.

9.7 Labeling

9.7.1 All hazardous chemical containers will be labeled with at least the chemical name and a "hazardous" sticker when the chemical is checked into inventory, before it is put on the shelf.

9.7.2 All HD finished preparations shall be labeled according to SOP 6.020 Compounded Preparation Labeling.

9.7.3 When shipping HDs, all labeling and packaging materials will be in accordance with SOP 5.050 Shipping of Compounded Preparations.

9.8 SDSs will be available for each hazardous chemical used and readily accessible to personnel.

9.8.1 All hazardous SDSs are saved to the K server which is available on all computers. Computer access is available to personnel in all work areas except the clean room.

9.8.2 All hazardous SDSs used in sterile compounding will be printed, laminated and stored in the hazardous clean room spill kit.

9.8.3 Paper copies of all SDSs are located in the main pharmacy area located near the label printer.

9.9 Personnel of reproductive capability must confirm annually in writing they understand the risks of handling HDs. Before handling HDs, personnel must sign Hazardous Drug Risk Acknowledgement, Attachment 3. The document will be retained in each individual's training binder.

10.0 ATTACHMENTS

10.1 Attachment 1 – Precision Pharmacy Hazardous Drug List

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- 10.2 Attachment 2 – California Proposition 65 Chemicals
- 10.3 Attachment 3 – Hazardous Drug Risk Acknowledgment
- 10.4 Attachment 4 – Hazardous Drug Compounding and Cleaning Assessment
- 10.5 Attachment 5 – Hazardous Drug Garbing and Cleaning Assessment
- 10.6 Attachment 6 – Qualitative Saccharin Respirator Fit Testing

11.0 HISTORY

Version Number	Review Date	Effective Date	Description of Change
1.0	10/2009-12/2009	1-1-2010	New SOP
2.0	12/03/2010	1/1/2011	Annual Review; procedural changes
2.0	12/20/2011	1/1/2011	No Changes, annual review only
3.0	6-11-13	6-18-13	Annual Review
4.0	6-27-14	7-16-14	Annual Review with the assistance of CSTC (Ben Lavery)
5.0	4-22-2015	4-27-2015	Annual Review; Grammar; Updated 7.2; Included Written Hazardous Communication Plan as an Attachment
6.0	7-27-2016	9-29-2016	Annual Review; Added 4.8, 4.9, 5.3, 7.8, Attachment 2 and 3; Updated 6.1, 7.2, 9.1.1, 9.1.3, 9.2.1, Attachment 1
7.0	12-2-2016	12-29-2016	Annual Review; Updated 4.8; Added 8.4
8.0	3-1-2017	3-3-2017	Updated Attachment 2
9.0	9-1-2017	9-7-2017	Updated Attachment 2
10.0	11-30-2017	1-10-2018	Annual Review; Updated 4.0, 7.5, 8.1, 9.2.1.3 and Attachment 3; Added 8.4, 8.5, 8.6, 8.8, 8.9, 8.10, 9.1.1.2, 9.1.1.3, 9.3, 9.4 and Attachment 4; Grammar throughout
11.0	1-29-2019	2-19-2019	Annual Review; Added 5.3, Ponazuril, Trilostane; Updated MSDS/SDS throughout, Attachment 3; Minor grammar/formatting throughout
12.0	10-30-2019	2-13-2020	Updated for USP <800>; extensive review; see hardcopy for details
13.0	8-14-2020	10-13-2020	Annual Review; Updated 6.2, 8.2.6, 9.2.1, 9.3.3 and 9.9; Updated Attachment 1 (removed HCG); Grammar/formatting throughout
14.0	12-8-2021	2-18-2022	Annual Review; Updated 9.5.4.4.1, Attachments 2, 3, 5 and 6; Grammar/formatting throughout

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Precision Pharmacy Hazardous Drug List

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Drug	AHFS Class	Reason for Listing
Altrenogest	progestins	IARC Group 2B; FDA Pregnancy Category X Not on NIOSH list but same class as other medications listed on NIOSH. PP
Apomorphine	Nonergotderivative dopamine receptor agonists	FDA Pregnancy Category C; genotoxic in several in vitro assays. NIOSH
Azathioprine	immunosuppressant	IARC Group 1; FDA Pregnancy Category D. NIOSH
Carbamazepine	anticonvulsants, miscellaneous	Black Box warning for aplastic anemia; congenital malformations in offspring of mothers who took drug; rapid transplacental passage; FDA Pregnancy Category D. NIOSH
Chloramphenicol	chloramphenicols	IARC Group 2A carcinogen; FDA Pregnancy Category C. NIOSH
Chloramphenicol Palmitate	chloramphenicols	IARC Group 2A carcinogen; FDA Pregnancy Category C. NIOSH
Cyclosporine	immunosuppressant	IARC Group 1 carcinogen; FDA pregnancy Category C NIOSH
Deslorelin Acetate	gonadotropins	FDA Pregnancy Category X. Not on NIOSH list but same class as other medications listed on NIOSH. PP
D.E.S. (Diethylstilbestrol)	N/A	IARC Group 1 carcinogen; FDA Pregnancy Category X. NIOSH
Estradiol Benzoate	estrogens	FDA Pregnancy Category X. NIOSH
Estradiol Cypionate	estrogens	FDA Pregnancy Category X. NIOSH
Estradiol 17-B	estrogens	FDA Pregnancy Category X. NIOSH
Estradiol Valerate	estrogens	FDA Pregnancy Category X. NIOSH
Fluconazole	azoles	FDA Pregnancy Category C; case reports describe congenital anomalies in infants exposed in utero to maternal fluconazole (400–800 mg/ day) during most or all of the first trimester, similar to those seen in animal studies. NIOSH
Histrelin Acetate	gonadotropins	FDA Pregnancy Category X. Not on NIOSH list but same class as other medications listed on NIOSH. PP
Hydroxyprogesterone Caproate	progestins	IARC Group 2B. PP
Iodine		Chemical properties. PP
Levamisole HCl		FDA Pregnancy Category C. PP
Medroxyprogesterone Acetate	progestins	IARC Group 2B; FDA Pregnancy Category X. NIOSH
Methimazole	antithyroid	Appears in human breast milk; FDA Pregnancy Category D. NIOSH
Misoprostol	prostaglandins	FDA Pregnancy Category X. NIOSH
Nandrolone Decanoate	androgens	FDA Pregnancy Category X. NIOSH
Nitrofurazone		Target Organ Damage PP
Phenoxybenzamine HCl	non-selective alpha-andrenergic blocking agents	IARC Group 2B; FDA Pregnancy Category C. NIOSH
Phenytoin	hydantoins	IARC 2B; FDA Pregnancy Category D. NIOSH
Ponazuril	Triazone	Reproductive Toxicity; PP
Progesterone	progestins	IARC Group 2B. NIOSH
Sodium Cacodylate		IARC Group 1 carcinogen; PP
Stanozolol	androgens	FDA Pregnancy Category X. PP
Tacrolimus	immunosuppressant	Increased risk of lymphomas and other malignancies; reproductive effects seen in laboratory studies below the MRHD; excreted in breast milk; FDA Pregnancy Category C. NIOSH
Testosterone Cypionate	androgens	FDA Pregnancy Category X. NIOSH
Testosterone Propionate	androgens	FDA Pregnancy Category X. NIOSH
Testosterone	androgens	FDA Pregnancy Category X. NIOSH
Thimerosal		Mercury derivative. PP
Trilostane		FDA Pregnancy Category X; PP
Trypsin		Target Organ Damage PP
Voriconazole	azoles	FDA Pregnancy Category D. NIOSH

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Attachment 1

List subject to change without notice

Updated 10-6-2020

STATE OF CALIFORNIA
ENVIRONMENTAL PROTECTION AGENCY
OFFICE OF ENVIRONMENTAL HEALTH HAZARD ASSESSMENT
SAFE DRINKING WATER AND TOXIC ENFORCEMENT ACT OF 1986

CHEMICALS KNOWN TO THE STATE TO CAUSE CANCER OR REPRODUCTIVE TOXICITY
December 31, 2021

The Safe Drinking Water and Toxic Enforcement Act of 1986 requires that the Governor revise and republish at least once per year the list of chemicals known to the State to cause cancer or reproductive toxicity. The identification number indicated in the following list is the Chemical Abstracts Service (CAS) Registry Number. No CAS number is given when several substances are presented as a single listing. The date refers to the initial appearance of the chemical on the list. For easy reference, chemicals which are shown underlined are newly added. Chemicals or endpoints shown in ~~strikeout~~ were placed on the Proposition 65 list on the date noted, and have subsequently been removed.

<u>Chemical</u>	<u>Type of Toxicity</u>	<u>CAS No.</u>	<u>Date Listed</u>
A-alpha-C (2-Amino-9H-pyrido [2,3-b]indole)	Cancer	26148-68-5	January 1, 1990
Abiraterone acetate	developmental, female, male	154229-18-2	April 8, 2016
Acetaldehyde	cancer	75-07-0	April 1, 1988
Acetamide	cancer	60-35-5	January 1, 1990
Acetazolamide	developmental	59-66-5	August 20, 1999
Acetochlor	cancer	34256-82-1	January 1, 1989
Acetohydroxamic acid	developmental	546-88-3	April 1, 1990
2-Acetylaminofluorene	cancer	53-96-3	July 1, 1987
Acifluorfen sodium	cancer	62476-59-9	January 1, 1990
Acrylamide	cancer	79-06-1	January 1, 1990
Acrylamide	developmental, male	79-06-1	February 25, 2011
Acrylonitrile	cancer	107-13-1	July 1, 1987
Actinomycin D	cancer	50-76-0	October 1, 1989
Actinomycin D	developmental	50-76-0	October 1, 1992
AF-2;[2-(2-furyl)-3-(5-nitro-2-furyl)] acrylamide	cancer	3688-53-7	July 1, 1987
Aflatoxins	cancer	---	January 1, 1988
Alachlor	cancer	15972-60-8	January 1, 1989
Alcoholic beverages	cancer	---	April 29, 2011
Alcoholic beverages, when associated with alcohol abuse	cancer	---	July 1, 1988
Aldrin	cancer	309-00-2	July 1, 1988
All-trans retinoic acid	developmental	302-79-4	January 1, 1989
<u>Allyl chloride, Delisted October 29, 1999</u>	cancer	107-05-1	January 1, 1990
Aloe vera, non-decolorized whole leaf extract	cancer	---	December 4, 2015
Alprazolam	developmental	28981-97-7	July 1, 1990
Altretamine	developmental, male	645-05-6	August 20, 1999
Amantadine hydrochloride	developmental	665-66-7	February 27, 2001
Amikacin sulfate	developmental	39831-55-5	July 1, 1990
2-Aminoanthraquinone	cancer	117-79-3	October 1, 1989
p-Aminoazobenzene	cancer	60-09-3	January 1, 1990
o-Aminoazotoluene	cancer	97-56-3	July 1, 1987

<u>Chemical</u>	<u>Type of Toxicity</u>	<u>CAS No.</u>	<u>Date Listed</u>
4-Aminobiphenyl (4-amino-diphenyl)	cancer	92-67-1	February 27, 1987
2-Amino-4-chlorophenol	cancer	95-85-2	September 13, 2019
1-Amino-2,4-dibromo-anthraquinone	cancer	81-49-2	August 26, 1997
3-Amino-9-ethylcarbazole hydrochloride	cancer	6109-97-3	July 1, 1989
2-Aminofluorene	cancer	153-78-6	January 29, 1999
Aminoglutethimide	developmental	125-84-8	July 1, 1990
Aminoglycosides	developmental	---	October 1, 1992
1-Amino-2-methylantraquinone	cancer	82-28-0	October 1, 1989
2-Amino-5-(5-nitro-2-furyl)-1,3,4-thiadiazole	cancer	712-68-5	July 1, 1987
4-Amino-2-nitrophenol	cancer	119-34-6	January 29, 1999
Aminopterin	developmental, female	54-62-6	July 1, 1987
Amiodarone hydrochloride	developmental, female, male	19774-82-4	August 26, 1997
Amitraz	developmental	33089-61-1	March 30, 1999
Amitrole	cancer	61-82-5	July 1, 1987
Amoxapine	developmental	14028-44-5	May 15, 1998
Amsacrine	cancer	51264-14-3	August 7, 2009
tert-Amyl methyl ether, Delisted December 13, 2013	developmental	994-05-8	December 18, 2009
Anabolic steroids	female, male	---	April 1, 1990
Analgesic mixtures containing phenacetin	cancer	---	February 27, 1987
Androstenedione	cancer	63-05-8	May 3, 2011
Angiotensin converting enzyme (ACE) inhibitors	developmental	---	October 1, 1992
Aniline	cancer	62-53-3	January 1, 1990
Aniline hydrochloride	cancer	142-04-1	May 15, 1998
o-Anisidine	cancer	90-04-0	July 1, 1987
o-Anisidine hydrochloride	cancer	134-29-2	July 1, 1987
Anisindione	developmental	117-37-3	October 1, 1992
Anthraquinone	cancer	84-65-1	September 28, 2007
Antimony oxide (Antimony trioxide)	cancer	1309-64-4	October 1, 1990
Aramite	cancer	140-57-8	July 1, 1987
Areca nut	cancer	---	February 3, 2006
Aristolochic acids	cancer	---	July 9, 2004
Arsenic (inorganic arsenic compounds)	cancer	--	February 27, 1987
Arsenic (inorganic oxides)	developmental	---	May 1, 1997
Asbestos	cancer	1332-21-4	February 27, 1987
Aspirin (NOTE: It is especially important not to use aspirin during the last three months of pregnancy, unless specifically directed to do so by a physician because it may cause problems in the unborn child or complications during delivery.)	developmental, female	50-78-2	July 1, 1990
Atenolol	developmental	29122-68-7	August 26, 1997
Atrazine	developmental, female	1912-24-9	July 15, 2016
Auramine	cancer	492-80-8	July 1, 1987
Auranofin	developmental	34031-32-8	January 29, 1999
Avermectin B1 (Abamectin)	developmental	71751-41-2	December 3, 2010
Azacitidine	cancer	320-67-2	January 1, 1992
Azaserine	cancer	115-02-6	July 1, 1987

<u>Chemical</u>	<u>Type of Toxicity</u>	<u>CAS No.</u>	<u>Date Listed</u>
Azathioprine	cancer	446-86-6	February 27, 1987
Azathioprine	developmental	446-86-6	September 1, 1996
Azobenzene	cancer	103-33-3	January 1, 1990
Barbiturates	developmental	---	October 1, 1992
Beclomethasone dipropionate	developmental	5534-09-8	May 15, 1998
Benomyl	developmental, male	17804-35-2	July 1, 1991
Benthiavalicarb-isopropyl	cancer	177406-68-7	July 1, 2008
Benz[a]anthracene	cancer	56-55-3	July 1, 1987
Benzene	cancer	71-43-2	February 27, 1987
Benzene	developmental, male	71-43-2	December 26, 1997
Benzidine [and its salts]	cancer	92-87-5	February 27, 1987
Benzidine-based dyes	cancer	---	October 1, 1992
Benzodiazepines	developmental	---	October 1, 1992
Benzo[b]fluoranthene	cancer	205-99-2	July 1, 1987
Benzo[j]fluoranthene	cancer	205-82-3	July 1, 1987
Benzo[k]fluoranthene	cancer	207-08-9	July 1, 1987
Benzofuran	cancer	271-89-6	October 1, 1990
Benzophenone	cancer	119-61-9	June 22, 2012
Benzo[a]pyrene	cancer	50-32-8	July 1, 1987
Benzotrichloride	cancer	98-07-7	July 1, 1987
Benzphetamine hydrochloride	developmental	5411-22-3	April 1, 1990
Benzyl chloride	cancer	100-44-7	January 1, 1990
Benzyl violet 4B	cancer	1694-09-3	July 1, 1987
Beryllium and beryllium compounds	cancer	---	October 1, 1987
Betel quid with tobacco	cancer	---	January 1, 1990
Betel quid without tobacco	cancer	---	February 3, 2006
Bevacizumab	developmental, female	216974-75-3	March 8, 2019
2,2-Bis(bromomethyl)-1,3-propanediol	cancer	3296-90-0	May 1, 1996
Bis(2-chloroethyl)ether	cancer	111-44-4	April 1, 1988
N,N-Bis(2-chloroethyl)-2-naphthylamine (Chlornapazine)	cancer	494-03-1	February 27, 1987
Bischloroethyl nitrosourea (BCNU) (Carmustine)	cancer	154-93-8	July 1, 1987
Bischloroethyl nitrosourea (BCNU) (Carmustine)	developmental	154-93-8	July 1, 1990
Bis(chloromethyl)ether	cancer	542-88-1	February 27, 1987
Bis(2-chloro-1-methylethyl)ether, technical grade	cancer	---	October 29, 1999
Bisphenol A (BPA)	female	80-05-7	May 11, 2015
Bisphenol A (BPA)	developmental	80-05-7	December 18, 2020
Bitumens, extracts of steam-refined and air refined	cancer	---	January 1, 1990
Bracken fern	cancer	---	January 1, 1990
Bromacil lithium salt	developmental	53404-19-6	May 18, 1999
Bromacil lithium salt	male	53404-19-6	January 17, 2003
Bromate	cancer	15541-45-4	May 31, 2002
Bromochloroacetic acid	cancer	5589-96-8	April 6, 2010
Bromodichloroacetic acid	cancer	71133-14-7	July 29, 2016
Bromodichloromethane	cancer	75-27-4	January 1, 1990
Bromoethane	cancer	74-96-4	December 22, 2000
Bromoform	cancer	75-25-2	April 1, 1991
1-Bromopropane (1-BP)	cancer	106-94-5	August 5, 2016
1-Bromopropane (1-BP)	developmental, female, male	106-94-5	December 7, 2004

Chemical	Type of Toxicity	CAS No.	Date Listed
2-Bromopropane (2-BP)	female, male	75-26-3	May 31, 2005
Bromoxynil	developmental	1689-84-5	October 1, 1990
Bromoxynil octanoate	developmental	1689-99-2	May 18, 1999
Butabarbital sodium	developmental	143-81-7	October 1, 1992
1,3-Butadiene	cancer	106-99-0	April 1, 1988
1,3-Butadiene	developmental, female, male	106-99-0	April 16, 2004
1,4-Butanediol dimethanesulfonate (Busulfan)	cancer	55-98-1	February 27, 1987
1,4-Butanediol dimethanesulfonate (Busulfan)	developmental	55-98-1	January 1, 1989
Butylated hydroxyanisole	cancer	25013-16-5	January 1, 1990
Butyl benzyl phthalate (BBP)	developmental	85-68-7	December 2, 2005
n-Butyl glycidyl ether, Delisted April 4, 2014	male	2426-08-6	August 7, 2009
beta-Butyrolactone	cancer	3068-88-0	July 1, 1987
Cacodylic acid	cancer	75-60-5	May 1, 1996
Cadmium	developmental, male	---	May 1, 1997
Cadmium and cadmium compounds	cancer	---	October 1, 1987
Caffeic acid	cancer	331-39-5	October 1, 1994
Cannabis (marijuana) smoke	developmental	---	January 3, 2020
Captafol	cancer	2425-06-1	October 1, 1988
Captan	cancer	133-06-2	January 1, 1990
Carbamazepine	developmental	298-46-4	January 29, 1999
Carbaryl	cancer	63-25-2	February 5, 2010
Carbaryl	developmental, female, male	63-25-2	August 7, 2009
Carbazole	cancer	86-74-8	May 1, 1996
Carbon black (airborne, unbound particles of respirable size)	cancer	1333-86-4	February 21, 2003
Carbon-black extracts	cancer	---	January 1, 1990
Carbon disulfide	developmental, female, male	75-15-0	July 1, 1989
Carbon monoxide	developmental	630-08-0	July 1, 1989
Carbon tetrachloride	cancer	56-23-5	October 1, 1987
Carboplatin	developmental	41575-94-4	July 1, 1990
N-Carboxymethyl-N-nitrosourea	cancer	60391-92-6	January 25, 2002
Catechol	cancer	120-80-9	July 15, 2003
Ceramic fibers (airborne particles of respirable size)	cancer	---	July 1, 1990
Certain combined chemotherapy for lymphomas	cancer	---	February 27, 1987
Chenodiol	developmental	474-25-9	April 1, 1990
Chloral	cancer	75-87-6	September 13, 2013
Chloral hydrate	cancer	302-17-0	September 13, 2013
Chlorambucil	cancer	305-03-3	February 27, 1987
Chlorambucil	developmental	305-03-3	January 1, 1989
Chloramphenicol, Delisted January 4, 2013	cancer	56-75-7	October 1, 1989
Chloramphenicol sodium succinate	cancer	982-57-0	September 27, 2013
Chlorcyclizine hydrochloride	developmental	1620-21-9	July 1, 1987
Chlordane	cancer	57-74-9	July 1, 1988
Chlordecone (Kepone)	cancer	143-50-0	January 1, 1988
Chlordecone (Kepone)	developmental	143-50-0	January 1, 1989
Chlordiazepoxide	developmental	58-25-3	January 1, 1992

Chemical	Type of Toxicity	CAS No.	Date Listed
Chlordiazepoxide hydrochloride	developmental	438-41-5	January 1, 1992
Chlordimeform	cancer	6164-98-3	January 1, 1989
Chlorendic acid	cancer	115-28-6	July 1, 1989
Chlorinated paraffins (Average chain length, C12; approximately 60 percent chlorine by weight)	cancer	108171-26-2	July 1, 1989
<i>p</i> -Chloroaniline	cancer	106-47-8	October 1, 1994
<i>p</i> -Chloroaniline hydrochloride	cancer	20265-96-7	May 15, 1998
Chlorodibromomethane, Delisted October 29, 1999	cancer	124-48-1	January 1, 1990
Chloroethane (Ethyl chloride)	cancer	75-00-3	July 1, 1990
1-(2-Chloroethyl)-3-cyclohexyl-1-nitrosourea (CCNU) (Lomustine)	cancer	13010-47-4	January 1, 1988
1-(2-Chloroethyl)-3-cyclohexyl-1-nitrosourea (CCNU) Lomustine)	developmental	13010-47-4	July 1, 1990
1-(2-Chloroethyl)-3-(4-methyl-cyclohexyl)-1-nitrosourea (Methyl-CCNU)	cancer	13909-09-6	October 1, 1988
Chloroform	cancer	67-66-3	October 1, 1987
Chloroform	developmental	67-66-3	August 7, 2009
Chloromethyl methyl ether (technical grade)	cancer	107-30-2	February 27, 1987
3-Chloro-2-methylpropene	cancer	563-47-3	July 1, 1989
1-Chloro-4-nitrobenzene	cancer	100-00-5	October 29, 1999
2-Chloronitrobenzene	cancer	88-73-3	September 13, 2019
4-Chloro- <i>o</i> -phenylenediamine	cancer	95-83-0	January 1, 1988
Chloroprene	cancer	126-99-8	June 2, 2000
2-Chloropropionic acid	male	598-78-7	August 7, 2009
Chlorothalonil	cancer	1897-45-6	January 1, 1989
<i>p</i> -Chloro- <i>o</i> -toluidine	cancer	95-69-2	January 1, 1990
<i>p</i> -Chloro- <i>o</i> -toluidine, strong acid salts of	cancer	---	May 15, 1998
5-Chloro- <i>o</i> -toluidine and its strong acid salts	cancer	---	October 24, 1997
Chlorotrianisene	cancer	569-57-3	September 1, 1996
<i>p</i> -chloro- α,α,α -trifluorotoluene (<i>para</i> -Chlorobenzotrifluoride, PCBTF)	cancer	98-56-6	June 28, 2019
Chlorozotocin	cancer	54749-90-5	January 1, 1992
Chlorpyrifos	developmental	2921-88-2	December 15, 2017
Chlorsulfuron, Delisted June 6, 2014	developmental, female, male	64902-72-3	May 14, 1999
Chromium (hexavalent compounds)	cancer	---	February 27, 1987
Chromium (hexavalent compounds)	developmental, female, male	---	December 19, 2008
Chrysene	cancer	218-01-9	January 1, 1990
C.I. Acid Red 114	cancer	6459-94-5	July 1, 1992
C.I. Basic Red 9 monohydrochloride	cancer	569-61-9	July 1, 1989
C.I. Direct Blue 15	cancer	2429-74-5	August 26, 1997
C.I. Direct Blue 218	cancer	28407-37-6	August 26, 1997
C.I. Disperse Yellow 3	cancer	2832-40-8	February 8, 2013
C.I. Solvent Yellow 14	cancer	842-07-9	May 15, 1998
Ciclosporin (Cyclosporin A; Cyclosporine)	cancer	59865-13-3; 79217-60-0	January 1, 1992
Cidofovir	cancer, developmental, female, male	113852-37-2	January 29, 1999

<u>Chemical</u>	<u>Type of Toxicity</u>	<u>CAS No.</u>	<u>Date Listed</u>
Cinnamyl anthranilate	cancer	87-29-6	July 1, 1989
Cisplatin	cancer	15663-27-1	October 1, 1988
Citrus Red No. 2	cancer	6358-53-8	October 1, 1989
Cladribine	developmental	4291-63-8	September 1, 1996
Clarithromycin	developmental	81103-11-9	May 1, 1997
Clobetasol propionate	developmental, female	25122-46-7	May 15, 1998
Clofibrate	cancer	637-07-0	September 1, 1996
Clomiphene citrate	cancer	50-41-9	May 24, 2013
Clomiphene citrate	developmental	50-41-9	April 1, 1990
Clorazepate dipotassium	developmental	57109-90-7	October 1, 1992
CMNP (pyrazachlor)	cancer	6814-58-0	August 25, 2015
Cobalt metal powder	cancer	7440-48-4	July 1, 1992
Cobalt [II] oxide	cancer	1307-96-6	July 1, 1992
Cobalt sulfate	cancer	10124-43-3	May 20, 2005
Cobalt sulfate heptahydrate	cancer	10026-24-1	June 2, 2000
Cocaine	developmental, female	50-36-2	July 1, 1989
Coconut oil diethanolamine condensate (cocamide diethanolamine)	cancer	---	June 22, 2012
Codeine phosphate	developmental	52-28-8	May 15, 1998
Coke oven emissions	cancer	---	February 27, 1987
Colchicine	developmental, male	64-86-8	October 1, 1992
Conjugated estrogens	cancer	---	February 27, 1987
Conjugated estrogens	developmental	---	April 1, 1990
Creosotes	cancer	---	October 1, 1988
p-Cresidine	cancer	120-71-8	January 1, 1988
Cumene	cancer	98-82-8	April 6, 2010
Cupferron	cancer	135-20-6	January 1, 1988
Cyanazine	developmental	21725-46-2	April 1, 1990
Cycasin	cancer	14901-08-7	January 1, 1988
Cycloate	developmental	1134-23-2	March 19, 1999
Cyclohexanol, <u>Delisted January 25, 2002</u>	male	108-93-0	November 6, 1998
Cycloheximide	developmental	66-81-9	January 1, 1989
Cyclopenta[cd]pyrene	cancer	27208-37-3	April 29, 2011
Cyclophosphamide (anhydrous)	cancer	50-18-0	February 27, 1987
Cyclophosphamide (anhydrous)	developmental, female, male	50-18-0	January 1, 1989
Cyclophosphamide (hydrated)	cancer	6055-19-2	February 27, 1987
Cyclophosphamide (hydrated)	developmental, female, male	6055-19-2	January 1, 1989
Cyhexatin	developmental	13121-70-5	January 1, 1989
Cytarabine	developmental	147-94-4	January 1, 1989
Cytembena	cancer	21739-91-3	May 15, 1998
D&C Orange No. 17	cancer	3468-63-1	July 1, 1990
D&C Red No. 8	cancer	2092-56-0	October 1, 1990
D&C Red No. 9	cancer	5160-02-1	July 1, 1990
D&C Red No. 19	cancer	81-88-9	July 1, 1990
Dacarbazine	cancer	4342-03-4	January 1, 1988
Dacarbazine	developmental	4342-03-4	January 29, 1999
Daminozide	cancer	1596-84-5	January 1, 1990
Danazol	developmental	17230-88-5	April 1, 1990
Dantron (Chrysazin; 1,8-Dihydroxyanthraquinone)	cancer	117-10-2	January 1, 1992
Daunomycin	cancer	20830-81-3	January 1, 1988

Chemical	Type of Toxicity	CAS No.	Date Listed
Daunorubicin hydrochloride	developmental	23541-50-6	July 1, 1990
2,4-D butyric acid	developmental, male	94-82-6	June 18, 1999
DDD (Dichlorodiphenyl-dichloroethane)	cancer	72-54-8	January 1, 1989
DDE (Dichlorodiphenyldichloroethylene)	cancer	72-55-9	January 1, 1989
DDT (Dichlorodiphenyltrichloroethane)	cancer	50-29-3	October 1, 1987
o,p'-DDT	developmental, female, male	789-02-6	May 15, 1998
p,p'-DDT	developmental, female, male	50-29-3	May 15, 1998
DDVP (Dichlorvos)	cancer	62-73-7	January 1, 1989
Demeclocycline hydrochloride (internal use)	developmental	64-73-3	January 1, 1992
Des-ethyl atrazine (DEA)	developmental, female	6190-65-4	July 15, 2016
Des-isopropyl atrazine (DIA)	developmental, female	1007-28-9	July 15, 2016
N,N'-Diacetylbenzidine	cancer	613-35-4	October 1, 1989
2,4-Diaminoanisole	cancer	615-05-4	October 1, 1990
2,4-Diaminoanisole sulfate	cancer	39156-41-7	January 1, 1988
2,4-Diamino-6-chloro-s-triazine (DACT)	developmental, female	3397-62-4	July 15, 2016
4,4'-Diaminodiphenyl ether (4,4'-Oxydianiline)	cancer	101-80-4	January 1, 1988
2,4-Diaminotoluene	cancer	95-80-7	January 1, 1988
Diaminotoluene (mixed) , <u>Delisted November 20, 2015</u>	cancer	---	January 1, 1990
Diazepam	developmental	439-14-5	January 1, 1992
Diazoaminobenzene	cancer	136-35-6	May 20, 2005
Diazoxide	developmental	364-98-7	February 27, 2001
Dibenz[a,h]acridine	cancer	226-36-8	January 1, 1988
Dibenz[a,j]acridine	cancer	224-42-0	January 1, 1988
Dibenzanthracenes	cancer	---	December 26, 2014
Dibenz[a,c]anthracene	cancer	215-58-7	December 26, 2014
Dibenz[a,h]anthracene	cancer	53-70-3	January 1, 1988
Dibenz[a,j]anthracene	cancer	224-41-9	December 26, 2014
7H-Dibenzo[c,g]carbazole	cancer	194-59-2	January 1, 1988
Dibenzo[a,e]pyrene	cancer	192-65-4	January 1, 1988
Dibenzo[a,h]pyrene	cancer	189-64-0	January 1, 1988
Dibenzo[a,i]pyrene	cancer	189-55-9	January 1, 1988
Dibenzo[a,l]pyrene	cancer	191-30-0	January 1, 1988
Dibromoacetic acid	cancer	631-64-1	June 17, 2008
Dibromoacetonitrile	cancer	3252-43-5	May 3, 2011
1,2-Dibromo-3-chloropropane (DBCP)	cancer	96-12-8	July 1, 1987
1,2-Dibromo-3-chloropropane (DBCP)	male	96-12-8	February 27, 1987
2,3-Dibromo-1-propanol	cancer	96-13-9	October 1, 1994
Di-n-butyl phthalate (DBP)	developmental, female, male	84-74-2	December 2, 2005
Dichloroacetic acid	cancer	79-43-6	May 1, 1996
Dichloroacetic acid	developmental, male	79-43-6	August 7, 2009
p-Dichlorobenzene	cancer	106-46-7	January 1, 1989
3,3'-Dichlorobenzidine	cancer	91-94-1	October 1, 1987
3,3'-Dichlorobenzidine dihydrochloride	cancer	612-83-9	May 15, 1998

<u>Chemical</u>	<u>Type of Toxicity</u>	<u>CAS No.</u>	<u>Date Listed</u>
1,1-Dichloro-2,2-bis(<i>p</i> -chlorophenyl)ethylene (DDE)	developmental, male	72-55-9	March 30, 2010
1,4-Dichloro-2-butene	cancer	764-41-0	January 1, 1990
3,3'-Dichloro-4,4'-diaminodiphenyl ether	cancer	28434-86-8	January 1, 1988
1,1-Dichloroethane	cancer	75-34-3	January 1, 1990
Dichloromethane (Methylene chloride)	cancer	75-09-2	April 1, 1988
1,4-Dichloro-2-nitrobenzene	cancer	89-61-2	September 13, 2019
2,4-Dichloro-1-nitrobenzene	cancer	611-06-3	September 13, 2019
Dichlorophene	developmental	97-23-4	April 27, 1999
1,2-Dichloropropane	cancer	78-87-5	January 1, 1990
1,3-Dichloro-2-propanol (1,3-DCP)	cancer	96-23-1	October 8, 2010
1,3-Dichloropropene	cancer	542-75-6	January 1, 1989
Dichlorophenamide	developmental	120-97-8	February 27, 2001
Diclofop-methyl	cancer	51338-27-3	April 6, 2010
Diclofop methyl	developmental	51338-27-3	March 5, 1999
Dicumarol	developmental	66-76-2	October 1, 1992
Dieldrin	cancer	60-57-1	July 1, 1988
Dienestrol, Delisted January 4, 2013	cancer	84-17-3	January 1, 1990
Diepoxybutane	cancer	1464-53-5	January 1, 1988
Diesel engine exhaust	cancer	---	October 1, 1990
Diethanolamine	cancer	111-42-2	June 22, 2012
Di(2-ethylhexyl)phthalate (DEHP)	cancer	117-81-7	January 1, 1988
Di(2-ethylhexyl)phthalate (DEHP)	developmental, male	117-81-7	October 24, 2003
1,2-Diethylhydrazine	cancer	1615-80-1	January 1, 1988
Diethylstilbestrol (DES)	cancer	56-53-1	February 27, 1987
Diethylstilbestrol (DES)	developmental	56-53-1	July 1, 1987
Diethyl sulfate	cancer	64-67-5	January 1, 1988
Diflunisal	developmental, female	22494-42-4	January 29, 1999
Diglycidyl ether, Delisted April 4, 2014	male	2238-07-5	August 7, 2009
Diglycidyl resorcinol ether (DGRE)	cancer	101-90-6	July 1, 1989
Di- <i>n</i> -hexyl phthalate (DnHP)	female, male	84-75-3	December 2, 2005
Dihydroergotamine mesylate	developmental	6190-39-2	May 1, 1997
Dihydrosafrole	cancer	94-58-6	January 1, 1988
Di-isodecyl phthalate (DIDP)	developmental	68515-49-1/26761-40-0	April 20, 2007
Diisononyl phthalate (DINP)	cancer	---	December 20, 2013
Diisopropyl sulfate	cancer	2973-10-6	April 1, 1993
Diltiazem hydrochloride	developmental	33286-22-5	February 27, 2001
3,3'-Dimethoxybenzidine (<i>o</i> -Dianisidine)	cancer	119-90-4	January 1, 1988
3,3'-Dimethoxybenzidine dihydrochloride	cancer	20325-40-0	October 1, 1990
3,3'-Dimethoxybenzidine-based dyes metabolized to 3,3'-dimethoxybenzidine	cancer	---	June 11, 2004
N,N-Dimethylacetamide	cancer	127-19-5	September 13, 2019
N,N-Dimethylacetamide	developmental, male	127-19-5	May 21, 2010
4-Dimethylaminoazobenzene	cancer	60-11-7	January 1, 1988
<i>trans</i> -2-[(Dimethylamino)methyl-imino]-5-[2-(5-nitro-2-furyl)vinyl]-1,3,4-oxadiazole	cancer	55738-54-0	January 1, 1988
7,12-Dimethylbenz(a)anthracene	cancer	57-97-6	January 1, 1990

<u>Chemical</u>	<u>Type of Toxicity</u>	<u>CAS No.</u>	<u>Date Listed</u>
3,3'-Dimethylbenzidine (ortho-Tolidine)	cancer	119-93-7	January 1, 1988
3,3'-Dimethylbenzidine-based dyes metabolized to 3,3'-dimethylbenzidine	cancer	---	June 11, 2004
3,3'-Dimethylbenzidine dihydrochloride	cancer	612-82-8	April 1, 1992
Dimethylcarbamoyl chloride	cancer	79-44-7	January 1, 1988
N,N-Dimethylformamide	cancer	68-12-2	October 27, 2017
1,1-Dimethylhydrazine (UDMH)	cancer	57-14-7	October 1, 1989
1,2-Dimethylhydrazine	cancer	540-73-8	January 1, 1988
2,6-Dimethyl-N-nitrosomorpholine (DMNM)	cancer	1456-28-6	February 8, 2013
Dimethyl sulfate	cancer	77-78-1	January 1, 1988
N,N-Dimethyl-p-toluidine	cancer	99-97-8	May 2, 2014
Dimethylvinylchloride	cancer	513-37-1	July 1, 1989
m-Dinitrobenzene	male	99-65-0	July 1, 1990
o-Dinitrobenzene	male	528-29-0	July 1, 1990
p-Dinitrobenzene	male	100-25-4	July 1, 1990
3,7-Dinitrofluoranthene	cancer	105735-71-5	August 26, 1997
3,9-Dinitrofluoranthene	cancer	22506-53-2	August 26, 1997
1,3-Dinitropyrene	cancer	75321-20-9	November 2, 2012
1,6-Dinitropyrene	cancer	42397-64-8	October 1, 1990
1,8-Dinitropyrene	cancer	42397-65-9	October 1, 1990
Dinitrotoluene (technical grade)	female, male	---	August 20, 1999
2,4-Dinitrotoluene	cancer	121-14-2	July 1, 1988
2,4-Dinitrotoluene	male	121-14-2	August 20, 1999
2,6-Dinitrotoluene	cancer	606-20-2	July 1, 1995
2,6-Dinitrotoluene	male	606-20-2	August 20, 1999
Dinitrotoluene mixture, 2,4-/2,6-	cancer	---	May 1, 1996
Dinocap	developmental	39300-45-3	April 1, 1990
Dinoseb	developmental, male	88-85-7	January 1, 1989
Di-n-propyl isocinchomeronate (MGK Repellent 326)	cancer	136-45-8	May 1, 1996
1,4-Dioxane	cancer	123-91-1	January 1, 1988
Diphenylhydantoin (Phenytoin)	cancer	57-41-0	January 1, 1988
Diphenylhydantoin (Phenytoin)	developmental	57-41-0	July 1, 1987
Diphenylhydantoin (Phenytoin), sodium salt	cancer	630-93-3	January 1, 1988
Direct Black 38 (technical grade)	cancer	1937-37-7	January 1, 1988
Direct Blue 6 (technical grade)	cancer	2602-46-2	January 1, 1988
Direct Brown 95 (technical grade)	cancer	16071-86-6	October 1, 1988
Disodium cyanodithioimido-carbonate	developmental	138-93-2	March 30, 1999
Disperse Blue 1	cancer	2475-45-8	October 1, 1990
Diuron	cancer	330-54-1	May 31, 2002
Doxorubicin hydrochloride (Adriamycin)	cancer	25316-40-9	July 1, 1987
Doxorubicin hydrochloride (Adriamycin)	developmental, male	25316-40-9	January 29, 1999
Doxycycline (internal use)	developmental	564-25-0	July 1, 1990
Doxycycline calcium (internal use)	developmental	94088-85-4	January 1, 1992
Doxycycline hyclate (internal use)	developmental	24390-14-5	October 1, 1991
Doxycycline monohydrate (internal use)	developmental	17086-28-1	October 1, 1991

<u>Chemical</u>	<u>Type of Toxicity</u>	<u>CAS No.</u>	<u>Date Listed</u>
<u>2,4-DP (dichloroprop), Delisted</u> <u>January 25, 2002</u>	<u>developmental</u>	<u>120-36-5</u>	<u>April 27, 1999</u>
Emissions from combustion of coal	cancer	---	August 7, 2013
Emissions from high-temperature unrefined rapeseed oil	cancer	---	January 3, 2014
Endrin	developmental	72-20-8	May 15, 1998
Environmental tobacco smoke (ETS)	developmental	---	June 9, 2006
Epichlorohydrin	cancer	106-89-8	October 1, 1987
Epichlorohydrin	male	106-89-8	September 1, 1996
Epoxiconazole	cancer	135319-73-2	April 15, 2011
Ergotamine tartrate	developmental	379-79-3	April 1, 1990
Erionite	cancer	12510-42- 8/66733-21-9	October 1, 1988
Estradiol 17B	cancer	50-28-2	January 1, 1988
Estragole	cancer	140-67-0	October 29, 1999
Estrogens, steroidal	cancer	---	August 19, 2005
Estrogen-progestogen (combined) used as menopausal therapy	cancer	---	November 4, 2011
Estrone	cancer	53-16-7	January 1, 1988
Etopipate	cancer, developmental	7280-37-7	August 26, 1997
Ethinylestradiol	cancer	57-63-6	January 1, 1988
Ethionamide	developmental	536-33-4	August 26, 1997
Ethoprop	cancer	13194-48-4	February 27, 2001
Ethyl acrylate	cancer	140-88-5	July 1, 1989
Ethyl alcohol in alcoholic beverages	developmental	---	October 1, 1987
Ethylbenzene	cancer	100-41-4	June 11, 2004
<u>Ethyl tert-butyl ether, Delisted</u> <u>December 13, 2013</u>	<u>male</u>	<u>637-92-3</u>	<u>December 18, 2009</u>
Ethyl dipropylthiocarbamate	developmental	759-94-4	April 27, 1999
Ethyl-4,4'-dichlorobenzilate	cancer	510-15-6	January 1, 1990
Ethylene dibromide	cancer	106-93-4	July 1, 1987
Ethylene dibromide	developmental, male	106-93-4	May 15, 1998
Ethylene dichloride (1,2- Dichloroethane)	cancer	107-06-2	October 1, 1987
Ethylene glycol (ingested)	developmental	107-21-1	June 19, 2015
Ethylene glycol monoethyl ether	developmental, male	110-80-5	January 1, 1989
Ethylene glycol monoethyl ether acetate	developmental, male	111-15-9	January 1, 1993
Ethylene glycol monomethyl ether	developmental, male	109-86-4	January 1, 1989
Ethylene glycol monomethyl ether acetate	developmental, male	110-49-6	January 1, 1993
Ethyleneimine (Aziridine)	cancer	151-56-4	January 1, 1988
Ethylene oxide	cancer	75-21-8	July 1, 1987
Ethylene oxide	female	75-21-8	February 27, 1987
Ethylene oxide	developmental, male	75-21-8	August 7, 2009
Ethylene thiourea	cancer	96-45-7	January 1, 1988
Ethylene thiourea	developmental	96-45-7	January 1, 1993
<u>2-Ethylhexanoic acid, Delisted</u> <u>December 13, 2013</u>	<u>developmental</u>	<u>149-57-5</u>	<u>August 7, 2009</u>
2-Ethylhexyl acrylate	cancer	103-11-7	December 17, 2021
Ethyl methanesulfonate	cancer	62-50-0	January 1, 1988
Etodolac	developmental, female	41340-25-4	August 20, 1999
Etoposide	cancer	33419-42-0	November 4, 2011
Etoposide	developmental	33419-42-0	July 1, 1990

<u>Chemical</u>	<u>Type of Toxicity</u>	<u>CAS No.</u>	<u>Date Listed</u>
Etoposide in combination with cisplatin and bleomycin	cancer	---	November 4, 2011
Etretinate	developmental	54350-48-0	July 1, 1987
Fenoxaprop ethyl	developmental	66441-23-4	March 26, 1999
Fenoxycarb	cancer	72490-01-8	June 2, 2000
Filgrastim	developmental	121181-53-1	February 27, 2001
Fluazifop butyl	developmental	69806-50-4	November 6, 1998
Flunisolide	developmental, female	3385-03-3	May 15, 1998
Fluorouracil	developmental	51-21-8	January 1, 1989
Fluoxymesterone	developmental	76-43-7	April 1, 1990
Flurazepam hydrochloride	developmental	1172-18-5	October 1, 1992
Flurbiprofen	developmental, female	5104-49-4	August 20, 1999
Flutamide	developmental	13311-84-7	July 1, 1990
Fluticasone propionate	developmental	80474-14-2	May 15, 1998
Fluvalinate	developmental	69409-94-5	November 6, 1998
Folpet	cancer	133-07-3	January 1, 1989
Formaldehyde (gas)	cancer	50-00-0	January 1, 1988
2-(2-Formylhydrazino)-4-(5-nitro-2-furyl)thiazole	cancer	3570-75-0	January 1, 1988
Fumonisin B ₁	cancer	116355-83-0	November 14, 2003
Furan	cancer	110-00-9	October 1, 1993
Furazolidone	cancer	67-45-8	January 1, 1990
Furfuryl alcohol	cancer	98-00-0	September 30, 2016
Furmecycloz	cancer	60568-05-0	January 1, 1990
Fusarin C	cancer	79748-81-5	July 1, 1995
Gallium arsenide	cancer	1303-00-0	August 1, 2008
Ganciclovir	cancer, developmental, male	82410-32-0	August 26, 1997
Ganciclovir sodium	developmental, male	107910-75-8	August 26, 1997
Gasoline engine exhaust (condensates/extracts)	cancer	---	October 1, 1990
Gemfibrozil	cancer	25812-30-0	December 22, 2000
Gemfibrozil	female, male	25812-30-0	August 20, 1999
Gentian violet (Crystal violet)	cancer	548-62-9	November 23, 2018
Glass wool fibers (inhalable and biopersistent)	cancer	---	July 1, 1990
Glu-P-1 (2-Amino-6-methyldipyrido [1,2-a:3',2'-d]imidazole)	cancer	67730-11-4	January 1, 1990
Glu-P-2 (2-Aminodipyrido [1,2- a:3',2'-d]imidazole)	cancer	67730-10-3	January 1, 1990
Glycidaldehyde	cancer	765-34-4	January 1, 1988
Glycidol	cancer	556-52-5	July 1, 1990
Glyphosate	cancer	1071-83-6	July 7, 2017
Goldenseal root powder	cancer	---	December 4, 2015
Goserelin acetate	developmental, female, male	65807-02-5	August 26, 1997
Griseofulvin	cancer	126-07-8	January 1, 1990
Gyromitrin (Acetaldehyde methylformylhydrazone)	cancer	16568-02-8	January 1, 1988
Halazepam	developmental	23092-17-3	July 1, 1990
Halobetasol propionate	developmental	66852-54-8	August 20, 1999
Haloperidol	developmental, female	52-86-8	January 29, 1999
Halothane	developmental	151-67-7	September 1, 1996

Chemical	Type of Toxicity	CAS No.	Date Listed
HC Blue 1	cancer	2784-94-3	July 1, 1989
Heptachlor	cancer	76-44-8	July 1, 1988
Heptachlor	developmental	76-44-8	August 20, 1999
Heptachlor epoxide	cancer	1024-57-3	July 1, 1988
Herbal remedies containing plant species of the genus <i>Aristolochia</i>	cancer	---	July 9, 2004
Hexachlorobenzene	cancer	118-74-1	October 1, 1987
Hexachlorobenzene	developmental	118-74-1	January 1, 1989
Hexachlorobutadiene	cancer	87-68-3	May 3, 2011
Hexachlorocyclohexane (technical grade)	cancer	---	October 1, 1987
Hexachlorodibenzodioxin	cancer	34465-46-8	April 1, 1988
Hexachloroethane	cancer	67-72-1	July 1, 1990
2,4-Hexadienal (89% trans, trans isomer; 11% cis, trans isomer)	cancer	---	March 4, 2005
Hexafluoroacetone	developmental, male	684-16-2	August 1, 2008
Hexamethylphosphoramide	cancer	680-31-9	January 1, 1988
Hexamethylphosphoramide	male	680-31-9	October 1, 1994
n-Hexane	male	110-54-3	December 15, 2017
2,5-Hexanedione	male	110-13-4	December 4, 2015
Histrelin acetate	developmental	---	May 15, 1998
Hydramethylnon	developmental, male	67485-29-4	March 5, 1999
Hydrazine	cancer	302-01-2	January 1, 1988
Hydrazine sulfate	cancer	10034-93-2	January 1, 1988
Hydrazobenzene (1,2-Diphenylhydrazine)	cancer	122-66-7	January 1, 1988
Hydrogen cyanide (HCN) and cyanide salts (CN salts)	male	---	July 5, 2013
1-Hydroxyanthraquinone	cancer	129-43-1	May 27, 2005
Hydroxyurea	developmental	127-07-1	May 1, 1997
Idarubicin hydrochloride	developmental, male	57852-57-0	August 20, 1999
Ifosfamide	developmental	3778-73-2	July 1, 1990
Iodine-131	developmental	10043-66-0	January 1, 1989
Imazalil	cancer	35554-44-0	May 20, 2011
Indeno[1,2,3-cd]pyrene	cancer	193-39-5	January 1, 1988
Indium phosphide	cancer	22398-80-7	February 27, 2001
Indium tin oxide	cancer	50926-11-9	March 19, 2021
IQ (2-Amino-3-methylimidazo [4,5-f] quinoline)	cancer	76180-96-6	April 1, 1990
Iprodione	cancer	36734-19-7	May 1, 1996
Iprovalicarb	cancer	140923-17-7/ 140923-25-7	June 1, 2007
Iron dextran complex	cancer	9004-66-4	January 1, 1988
Isobutyl nitrite	cancer	542-56-3	May 1, 1996
Isoprene	cancer	78-79-5	May 1, 1996
Isopyrazam	cancer	881685-58-1	July 24, 2012
<u>Isosafrole, Delisted December 8, 2006</u>	cancer	<u>120-58-1</u>	<u>October 1, 1989</u>
Isotretinoin	developmental	4759-48-2	July 1, 1987
Isoxaflutole	cancer	141112-29-0	December 22, 2000
Kresoxim-methyl	cancer	143390-89-0	February 3, 2012
Lactofen	cancer	77501-63-4	January 1, 1989
Lasiocarpine	cancer	303-34-4	April 1, 1988

<u>Chemical</u> <u>Lead</u>	<u>Type of Toxicity</u> developmental, female, male	<u>CAS No.</u> ---	<u>Date Listed</u> February 27, 1987
Lead and lead compounds	cancer	---	October 1, 1992
Lead acetate	cancer	301-04-2	January 1, 1988
Lead phosphate	cancer	7446-27-7	April 1, 1988
Lead subacetate	cancer	1335-32-6	October 1, 1989
Leather dust	cancer	---	April 29, 2011
Leuprolide acetate	developmental, female, male	74381-53-6	August 26, 1997
Levodopa	developmental	59-92-7	January 29, 1999
Levonorgestrel implants	female	797-63-7	May 15, 1998
Lindane and other hexachloro- cyclohexane isomers	cancer	---	October 1, 1989
Linuron	developmental	330-55-2	March 19, 1999
Lithium carbonate	developmental	554-13-2	January 1, 1991
Lithium citrate	developmental	919-16-4	January 1, 1991
Lorazepam	developmental	846-49-1	July 1, 1990
Lovastatin	developmental	75330-75-5	October 1, 1992
Lynestrenol	cancer	52-76-6	February 27, 2001
Malathion	cancer	121-75-5	May 20, 2016
Malonaldehyde, sodium salt	cancer	24382-04-5	May 3, 2011
Mancozeb	cancer	8018-01-7	January 1, 1990
Maneb	cancer	12427-38-2	January 1, 1990
Marijuana smoke	cancer	---	June 19, 2009
Me-A-alpha-C (2-Amino-3-methyl- 9H-pyrido[2,3-b]indole)	cancer	68006-83-7	January 1, 1990
Mebendazole	developmental	31431-39-7	August 20, 1999
Medroxyprogesterone acetate	cancer	71-58-9	January 1, 1990
Medroxyprogesterone acetate	developmental	71-58-9	April 1, 1990
Megestrol acetate	cancer	595-33-5	March 28, 2014
Megestrol acetate	developmental	595-33-5	January 1, 1991
MelQ (2-Amino-3,4-dimethyl- imidazo[4,5-f]quinoline)	cancer	77094-11-2	October 1, 1994
MelQx (2-Amino-3,8-dimethyl- imidazo[4,5-f]quinoxaline)	cancer	77500-04-0	October 1, 1994
Melphalan	cancer	148-82-3	February 27, 1987
Melphalan	developmental	148-82-3	July 1, 1990
Menotropins	developmental	9002-68-0	April 1, 1990
Mepaniprim	cancer	110235-47-7	July 1, 2008
Meprobamate	developmental	57-53-4	January 1, 1992
2-Mercaptobenzothiazole	cancer	149-30-4	October 27, 2017
Mercaptopurine	developmental	6112-76-1	July 1, 1990
Mercury and mercury compounds	developmental	---	July 1, 1990
Merphalan	cancer	531-76-0	April 1, 1988
Mestranol	cancer	72-33-3	April 1, 1988
Metam potassium	cancer	137-41-7	December 31, 2010
Methacycline hydrochloride	developmental	3963-95-9	January 1, 1991
Metham sodium	cancer	137-42-8	November 6, 1998
Metham sodium	developmental	137-42-8	May 15, 1998
Methanol	developmental	67-56-1	March 16, 2012
Methazole	developmental	20354-26-1	December 1, 1999
Methimazole	developmental	60-56-0	July 1, 1990
Methotrexate	developmental	59-05-2	January 1, 1989
Methotrexate sodium	developmental	15475-56-6	April 1, 1990

<u>Chemical</u>	<u>Type of Toxicity</u>	<u>CAS No.</u>	<u>Date Listed</u>
5-Methoxypsoralen with ultraviolet A therapy	cancer	484-20-8	October 1, 1988
8-Methoxypsoralen with ultraviolet A therapy	cancer	298-81-7	February 27, 1987
Methyl acrylate	cancer	96-33-3	December 17, 2021
2-Methylaziridine (Propyleneimine)	cancer	75-55-8	January 1, 1988
Methylazoxymethanol	cancer	590-96-5	April 1, 1988
Methylazoxymethanol acetate	cancer	592-62-1	April 1, 1988
Methyl bromide, as a structural fumigant	developmental	74-83-9	January 1, 1993
Methyl carbamate	cancer	598-55-0	May 15, 1998
Methyl chloride	developmental	74-87-3	March 10, 2000
Methyl chloride	male	74-87-3	August 7, 2009
3-Methylcholanthrene	cancer	56-49-5	January 1, 1990
5-Methylchrysene	cancer	3697-24-3	April 1, 1988
4,4'-Methylene bis(2-chloroaniline)	cancer	101-14-4	July 1, 1987
4,4'-Methylene bis(N,N-dimethyl) benzenamine	cancer	101-61-1	October 1, 1989
4,4'-Methylene bis(2-methylaniline)	cancer	838-88-0	April 1, 1988
4,4'-Methylenedianiline	cancer	101-77-9	January 1, 1988
4,4'-Methylenedianiline dihydrochloride	cancer	13552-44-8	January 1, 1988
Methyleugenol	cancer	93-15-2	November 16, 2001
Methylhydrazine and its salts	cancer	---	July 1, 1992
2-Methylimidazole	cancer	693-98-1	June 22, 2012
4-Methylimidazole	cancer	822-36-6	January 7, 2011
Methyl iodide	cancer	74-88-4	April 1, 1988
Methyl isobutyl ketone	cancer	108-10-1	November 4, 2011
Methyl isobutyl ketone (MIBK)	developmental	108-10-1	March 28, 2014
Methyl isocyanate (MIC)	developmental, female	624-83-9	November 12, 2010
Methyl isopropyl ketone, Delisted April 4, 2014	developmental	563-80-4	February 17, 2012
Methyl mercury	developmental	---	July 1, 1987
Methylmercury compounds	cancer	---	May 1, 1996
Methyl methanesulfonate	cancer	66-27-3	April 1, 1988
Methyl-n-butyl ketone	male	591-78-6	August 7, 2009
Methyl-n-butyl ketone	developmental	591-78-6	December 4, 2015
2-Methyl-1-nitroanthraquinone (of uncertain purity)	cancer	129-15-7	April 1, 1988
N-Methyl-N'-nitro-N-nitrosoguanidine	cancer	70-25-7	April 1, 1988
N-Methylolacrylamide	cancer	924-42-5	July 1, 1990
N-Methylpyrrolidone	developmental	872-50-4	June 15, 2001
α -Methyl styrene (alpha-Methylstyrene)	cancer	98-83-9	November 2, 2012
α-Methyl styrene, Delisted April 4, 2014	female	98-83-9	July 29, 2011
Methyltestosterone	developmental	58-18-4	April 1, 1990
Methylthiouracil	cancer	56-04-2	October 1, 1989
Metiram	cancer	9006-42-2	January 1, 1990
Metiram	developmental	9006-42-2	March 30, 1999
Metronidazole	cancer	443-48-1	January 1, 1988
Michler's ketone	cancer	90-94-8	January 1, 1988
Midazolam hydrochloride	developmental	59467-96-8	July 1, 1990
Minocycline hydrochloride (internal use)	developmental	13614-98-7	January 1, 1992

<u>Chemical</u>	<u>Type of Toxicity</u>	<u>CAS No.</u>	<u>Date Listed</u>
Mirex	cancer	2385-85-5	January 1, 1988
Misoprostol	developmental	59122-46-2	April 1, 1990
Mitomycin C	cancer	50-07-7	April 1, 1988
Mitoxantrone hydrochloride	cancer	70476-82-3	January 23, 2015
Mitoxantrone hydrochloride	developmental	70476-82-3	July 1, 1990
Molinate	developmental, female, male	2212-67-1	December 11, 2009
Molybdenum trioxide	cancer	1313-27-5	March 19, 2021
MON 4660 (dichloroacetyl-1-oxa-4-azaspiro(4,5)-decane)	cancer	71526-07-3	March 22, 2011
MON 13900 (furilazole)	cancer	121776-33-8	March 22, 2011
3-Monochloropropane-1,2-diol (3-MCPD)	cancer	96-24-2	October 8, 2010
Monocrotaline	cancer	315-22-0	April 1, 1988
MOPP (vincristine-prednisone-nitrogen mustard-procarbazine mixture)	cancer	113803-47-7	November 4, 2011
5-(Morpholinomethyl)-3-[(5-nitrofurfuryl-idene)-amino]-2-oxazolidinone	cancer	139-91-3	April 1, 1988
Mustard Gas	cancer	505-60-2	February 27, 1987
MX (3-chloro-4-(dichloromethyl)-5-hydroxy-2(5H)-furanone)	cancer	77439-76-0	December 22, 2000
Myclobutanil	developmental, male	88671-89-0	April 16, 1999
beta-Myrcene	cancer	123-35-3	March 27, 2015
Nabam	developmental	142-59-6	March 30, 1999
Nafarelin acetate	developmental	86220-42-0	April 1, 1990
Nafenopin	cancer	3771-19-5	April 1, 1988
Nalidixic acid	cancer	389-08-2	May 15, 1998
Naphthalene	cancer	91-20-3	April 19, 2002
1-Naphthylamine	cancer	134-32-7	October 1, 1989
2-Naphthylamine	cancer	91-59-8	February 27, 1987
Neomycin sulfate (internal use)	developmental	1405-10-3	October 1, 1992
Netilmicin sulfate	developmental	56391-57-2	July 1, 1990
Nickel (Metallic)	cancer	7440-02-0	October 1, 1989
Nickel acetate	cancer	373-02-4	October 1, 1989
Nickel carbonate	cancer	3333-67-3	October 1, 1989
Nickel carbonyl	cancer	13463-39-3	October 1, 1987
Nickel carbonyl	developmental	13463-39-3	September 1, 1996
Nickel compounds	cancer	---	May 7, 2004
Nickel (soluble compounds)	developmental, male	---	October 26, 2018
Nickel hydroxide	cancer	12054-48-7;	October 1, 1989
		12125-56-3	
Nickelocene	cancer	1271-28-9	October 1, 1989
Nickel oxide	cancer	1313-99-1	October 1, 1989
Nickel refinery dust from the pyrometallurgical process	cancer	---	October 1, 1987
Nickel subsulfide	cancer	12035-72-2	October 1, 1987
Nicotine	developmental	54-11-5	April 1, 1990
Nifedipine	developmental, female, male	21829-25-4	January 29, 1999
Nimodipine	developmental	66085-59-4	April 24, 2001
Niridazole	cancer	61-57-4	April 1, 1988
Nitrapyrin	cancer	1929-82-4	October 5, 2005
Nitrapyrin	developmental	1929-82-4	March 30, 1999

<u>Chemical</u>	<u>Type of Toxicity</u>	<u>CAS No.</u>	<u>Date Listed</u>
Nitrilotriacetic acid	cancer	139-13-9	January 1, 1988
Nitrilotriacetic acid, trisodium salt monohydrate	cancer	18662-53-8	April 1, 1989
5-Nitroacenaphthene	cancer	602-87-9	April 1, 1988
5-Nitro-o-anisidine, Delisted <u>December 8, 2006</u>	cancer	99-59-2	October 1, 1989
o-Nitroanisole	cancer	91-23-6	October 1, 1992
para-Nitroanisole	cancer	100-17-4	September 13, 2019
Nitrobenzene	cancer	98-95-3	August 26, 1997
Nitrobenzene	male	98-95-3	March 30, 2010
4-Nitrobiphenyl	cancer	92-93-3	April 1, 1988
6-Nitrochrysene	cancer	7496-02-8	October 1, 1990
Nitrofen (technical grade)	cancer	1836-75-5	January 1, 1988
2-Nitrofluorene	cancer	607-57-8	October 1, 1990
Nitrofurantoin	male	67-20-9	April 1, 1991
Nitrofurazone	cancer	59-87-0	January 1, 1990
1-[(5-Nitrofurfurylidene)-amino]-2-imidazolidinone	cancer	555-84-0	April 1, 1988
N-[4-(5-Nitro-2-furyl)-2-thiazolyl]acetamide	cancer	531-82-8	April 1, 1988
Nitrogen mustard (Mechlorethamine)	cancer	51-75-2	January 1, 1988
Nitrogen mustard (Mechlorethamine)	developmental	51-75-2	January 1, 1989
Nitrogen mustard hydrochloride (Mechlorethamine hydrochloride)	cancer	55-86-7	April 1, 1988
Nitrogen mustard hydrochloride (Mechlorethamine hydrochloride)	developmental	55-86-7	July 1, 1990
Nitrogen mustard N-oxide	cancer	126-85-2	April 1, 1988
Nitrogen mustard N-oxide hydrochloride	cancer	302-70-5	April 1, 1988
Nitromethane	cancer	75-52-5	May 1, 1997
2-Nitropropane	cancer	79-46-9	January 1, 1988
1-Nitropyrene	cancer	5522-43-0	October 1, 1990
4-Nitropyrene	cancer	57835-92-4	October 1, 1990
N-Nitrosodi-n-butylamine	cancer	924-16-3	October 1, 1987
N-Nitrosodiethanolamine	cancer	1116-54-7	January 1, 1988
N-Nitrosodiethylamine	cancer	55-18-5	October 1, 1987
N-Nitrosodimethylamine	cancer	62-75-9	October 1, 1987
p-Nitrosodiphenylamine	cancer	156-10-5	January 1, 1988
N-Nitrosodiphenylamine	cancer	86-30-6	April 1, 1988
N-Nitrosodi-n-propylamine	cancer	621-64-7	January 1, 1988
N-Nitroso-N-ethylurea	cancer	759-73-9	October 1, 1987
N-Nitrosohexamethyleneimine	cancer	932-83-2	November 23, 2018
3-(N-Nitrosomethylamino)-propionitrile	cancer	60153-49-3	April 1, 1990
4-(N-Nitrosomethylamino)-1-(3-pyridyl)1-butanone	cancer	64091-91-4	April 1, 1990
N-Nitrosomethyl-n-butylamine	cancer	7068-83-9	December 26, 2014
N-Nitrosomethyl-n-decylamine	cancer	75881-22-0	December 26, 2014
N-Nitrosomethyl-n-dodecylamine	cancer	55090-44-3	December 26, 2014
N-Nitrosomethylethylamine	cancer	10595-95-6	October 1, 1989
N-Nitrosomethyl-n-heptylamine	cancer	16338-99-1	December 26, 2014
N-Nitrosomethyl-n-hexylamine	cancer	28538-70-7	December 26, 2014
N-Nitrosomethyl-n-nonylamine	cancer	75881-19-5	December 26, 2014
N-Nitrosomethyl-n-octylamine	cancer	34423-54-6	December 26, 2014

Chemical	Type of Toxicity	CAS No.	Date Listed
N-Nitrosomethyl- <i>n</i> -pentylamine	cancer	13256-07-0	December 26, 2014
N-Nitrosomethyl- <i>n</i> -propylamine	cancer	924-46-9	December 26, 2014
N-Nitrosomethyl- <i>n</i> -tetradecylamine	cancer	75881-20-8	December 26, 2014
N-Nitrosomethyl- <i>n</i> -undecylamine	cancer	68107-26-6	December 26, 2014
N-Nitroso-N-methylurea	cancer	684-93-5	October 1, 1987
N-Nitroso-N-methylurethane	cancer	615-53-2	April 1, 1988
N-Nitrosomethylvinylamine	cancer	4549-40-0	January 1, 1988
N-Nitrosomorpholine	cancer	59-89-2	January 1, 1988
N-Nitrosornicotine	cancer	16543-55-8	January 1, 1988
N-Nitrosopiperidine	cancer	100-75-4	January 1, 1988
N-Nitrosopyrrolidine	cancer	930-55-2	October 1, 1987
N-Nitrososarcosine	cancer	13256-22-9	January 1, 1988
<i>o</i> -Nitrotoluene	cancer	88-72-2	May 15, 1998
Nitrous oxide	developmental, female	10024-97-2	August 1, 2008
Norethisterone (Norethindrone)	cancer	68-22-4	October 1, 1989
Norethisterone (Norethindrone)	developmental	68-22-4	April 1, 1990
Norethisterone acetate (Norethindrone acetate)	developmental	51-98-9	October 1, 1991
Norethisterone (Norethindrone) /Ethinyl estradiol	developmental	68-22-4 / 57- 63-6	April 1, 1990
Norethisterone(Norethindrone)/ Mestranol	developmental	68-22-4 / 72- 33-3	April 1, 1990
Norethynodrel	cancer	68-23-5	February 27, 2001
Norgestrel	developmental	6533-00-2	April 1, 1990
Ochratoxin A	cancer	303-47-9	July 1, 1990
Oil Orange SS	cancer	2646-17-5	April 1, 1988
Oral contraceptives, combined	cancer	---	October 1, 1989
Oral contraceptives, sequential	cancer	---	October 1, 1989
Oryzalin	cancer	19044-88-3	September 12, 2008
Oxadiazon	cancer	19666-30-9	July 1, 1991
Oxadiazon	developmental	19666-30-9	May 15, 1998
Oxazepam	cancer	604-75-1	October 1, 1994
Oxazepam	developmental	604-75-1	October 1, 1992
<i>p,p'</i> -Oxybis(benzenesulfonyl hydrazide), <u>Delisted December 13, 2013</u>	developmental	80-51-3	August 7, 2009
Oxydemeton methyl	female, male	301-12-2	November 6, 1998
Oxymetholone	cancer	434-07-1	January 1, 1988
Oxymetholone	developmental	434-07-1	May 1, 1997
Oxytetracycline (internal use)	developmental	79-57-2	January 1, 1991
Oxytetracycline hydrochloride (internal use)	developmental	2058-46-0	October 1, 1991
Oxythioquinox (Chinomethionat)	cancer	2439-01-2	August 20, 1999
Oxythioquinox (Chinomethionat)	developmental	2439-01-2	November 6, 1998
Paclitaxel	developmental, female, male	33069-62-4	August 26, 1997
Palygorskite fibers (> 5µm in length)	cancer	12174-11-7	December 28, 1999
Panfuran S	cancer	794-93-4	January 1, 1988
Paramethadione	developmental	115-67-3	July 1, 1990
Parathion	cancer	56-38-2	May 20, 2016
Penicillamine	developmental	52-67-5	January 1, 1991
Pentabromodiphenyl ether mixture [DE-71 (technical grade)]	cancer	---	July 7, 2017
Pentachlorophenol	cancer	87-86-5	January 1, 1990

<u>Chemical</u>	<u>Type of Toxicity</u>	<u>CAS No.</u>	<u>Date Listed</u>
Pentachlorophenol and by-products of its synthesis (complex mixture)	cancer	---	October 21, 2016
Pentobarbital sodium	developmental	57-33-0	July 1, 1990
Pentosan polysulfate sodium	cancer	---	April 18, 2014
Pentostatin	developmental	53910-25-1	September 1, 1996
Perfluorononanoic acid (PFNA) and its salts	male	---	December 31, 2021
Perfluorooctane sulfonate (PFOS)	developmental	1763-23-1	November 10, 2017
Perfluorooctane sulfonic acid (PFOS) and its salts and transformation and degradation precursors	cancer	---	December 24, 2021
Perfluorooctanoic acid (PFOA)	developmental	335-67-1	November 10, 2017
Pertuzumab	developmental	380610-27-5	January 27, 2017
Phenacetamide	developmental	63-98-9	July 1, 1990
Phenacetin	cancer	62-44-2	October 1, 1989
Phenazopyridine	cancer	94-78-0	January 1, 1988
Phenazopyridine hydrochloride	cancer	136-40-3	January 1, 1988
Phenesterin	cancer	3546-10-9	July 1, 1989
Phenobarbital	cancer	50-06-6	January 1, 1990
Phenolphthalein	cancer	77-09-8	May 15, 1998
Phenoxybenzamine	cancer	59-96-1	April 1, 1988
Phenoxybenzamine hydrochloride	cancer	63-92-3	April 1, 1988
Phenprocoumon	developmental	435-97-2	October 1, 1992
o-Phenylenediamine and its salts	cancer	95-54-5	May 15, 1998
Phenyl glycidyl ether	cancer	122-60-1	October 1, 1990
<u>Phenyl glycidyl ether, Delisted April 4, 2014</u>	<u>male</u>	<u>122-60-1</u>	<u>August 7, 2009</u>
Phenylhydrazine and its salts	cancer	---	July 1, 1992
o-Phenylphenate, sodium	cancer	132-27-4	January 1, 1990
o-Phenylphenol	cancer	90-43-7	August 4, 2000
Phenylphosphine	<u>developmental</u>	638-21-1	August 7, 2009
PhiP(2-Amino-1-methyl-6-phenylimidazol[4,5-b]pyridine)	male	105650-23-5	October 1, 1994
Pimozide	developmental, female	2062-78-4	August 20, 1999
Pioglitazone	cancer	111025-46-8	April 18, 2014
Pipobroman	developmental	54-91-1	July 1, 1990
Pirimicarb	cancer	23103-98-2	July 1, 2008
Plicamycin	developmental	18378-89-7	April 1, 1990
Polybrominated biphenyls	cancer	---	January 1, 1988
Polybrominated biphenyls	developmental	---	October 1, 1994
Polychlorinated biphenyls	cancer	---	October 1, 1989
Polychlorinated biphenyls	developmental	---	January 1, 1991
Polychlorinated biphenyls (containing 60 or more percent chlorine by molecular weight)	cancer	---	January 1, 1988
Polychlorinated dibenzo-p-dioxins	cancer	---	October 1, 1992
Polychlorinated dibenzofurans	cancer	---	October 1, 1992
Polygeenan	cancer	53973-98-1	January 1, 1988
Ponceau MX	cancer	3761-53-3	April 1, 1988
Ponceau 3R	cancer	3564-09-8	April 1, 1988
Potassium bromate	cancer	7758-01-2	January 1, 1990
Potassium dimethyldithiocarbamate	developmental	128-03-0	March 30 1999
Pravastatin sodium	developmental	81131-70-6	March 3, 2000
Prednisolone sodium phosphate	developmental	125-02-0	August 20, 1999
Primidone	cancer	125-33-7	August 20, 1999

<u>Chemical</u>	<u>Type of Toxicity</u>	<u>CAS No.</u>	<u>Date Listed</u>
Procarbazine	cancer	671-16-9	January 1, 1988
Procarbazine hydrochloride	cancer	366-70-1	January 1, 1988
Procarbazine hydrochloride	developmental	366-70-1	July 1, 1990
Procymidone	cancer	32809-16-8	October 1, 1994
Progesterone	cancer	57-83-0	January 1, 1988
Pronamide	cancer	23950-58-5	May 1, 1996
Propachlor	cancer	1918-16-7	February 27, 2001
1,3-Propane sultone	cancer	1120-71-4	January 1, 1988
Propargite	cancer	2312-35-8	October 1, 1994
Propargite	developmental	2312-35-8	June 15, 1999
Propazine	developmental, female	139-40-2	July 15, 2016
beta-Propiolactone	cancer	57-57-8	January 1, 1988
Propoxur	cancer	114-26-1	August 11, 2006
Propylene glycol mono- <i>t</i> -butyl ether	cancer	57018-52-7	June 11, 2004
Propylene oxide	cancer	75-56-9	October 1, 1988
Propylthiouracil	cancer	51-52-5	January 1, 1988
Propylthiouracil	developmental	51-52-5	July 1, 1990
Pulegone	cancer	89-82-7	April 18, 2014
Pymetrozine	cancer	123312-89-0	March 22, 2011
Pyridine	cancer	110-86-1	May 17, 2002
Pyrimethamine	developmental	58-14-0	January 29, 1999
Quazepam	developmental	36735-22-5	August 26, 1997
Quinoline and its strong acid salts	cancer	---	October 24, 1997
Quizalofop-ethyl	male	76578-14-8	December 24, 1999
Radionuclides	cancer	---	July 1, 1989
Reserpine	cancer	50-55-5	October 1, 1989
Residual (heavy) fuel oils	cancer	---	October 1, 1990
Resmethrin	cancer	10453-86-8	July 1, 2008
Resmethrin	developmental	10453-86-8	November 6, 1998
Retinol/retinyl esters, when in daily dosages in excess of 10,000 IU, or 3,000 retinol equivalents. (NOTE: Retinol/retinyl esters are required and essential for maintenance of normal reproductive function. The recommended daily level during pregnancy is 8,000 IU.)	developmental	---	July 1, 1989
Ribavirin	developmental	36791-04-5	April 1, 1990
Ribavirin	male	36791-04-5	February 27, 2001
Riddelline	cancer	23246-96-0	December 3, 2004
Rifampin	developmental, female	13292-46-1	February 27, 2001
<u>Saccharin, Delisted April 6, 2001</u>	<u>cancer</u>	<u>81-07-2</u>	<u>October 1, 1989</u>
<u>Saccharin, sodium, Delisted January 17, 2003</u>	<u>cancer</u>	<u>128-44-9</u>	<u>January 1, 1988</u>
Safrole	cancer	94-59-7	January 1, 1988
Salted fish, Chinese-style	cancer	---	April 29, 2011
Secobarbital sodium	developmental	309-43-3	October 1, 1992
Sedaxane	cancer	874967-67-6	July 1, 2016
Selenium sulfide	cancer	7446-34-6	October 1, 1989
Sermorelin acetate	developmental	---	August 20, 1999
Shale-oils	cancer	68308-34-9	April 1, 1990

<u>Chemical</u>	<u>Type of Toxicity</u>	<u>CAS No.</u>	<u>Date Listed</u>
Silica, crystalline (airborne particles of respirable size)	cancer	---	October 1, 1988
Simazine	developmental, female	122-34-9	July 15, 2016
Sodium dimethyldithiocarbamate	developmental	128-04-1	March 30 1999
Sodium fluoroacetate	male	62-74-8	November 6, 1998
Soots, tars, and mineral oils(untreated and mildly treated oils and used engine oils)	cancer	---	February 27, 1987
Spirodiclofen	cancer	148477-71-8	October 8, 2010
Spironolactone	cancer	52-01-7	May 1, 1997
Stanozolol	cancer	10418-03-8	May 1, 1997
Sterigmatocystin	cancer	10048-13-2	April 1, 1988
Streptomycin sulfate	developmental	3810-74-0	January 1, 1991
Streptozocin (streptozotocin)	developmental, female, male	18883-66-4	August 20, 1999
Streptozotocin (streptozocin)	cancer	18883-66-4	January 1, 1988
Strong inorganic acid mists containing sulfuric acid	cancer	---	March 14, 2003
Styrene	cancer	100-42-5	April 22, 2016
Styrene oxide	cancer	96-09-3	October 1, 1988
Sulfallate	cancer	95-06-7	January 1, 1988
Sulfasalazine (Salicylazosulfapyridine)	cancer	599-79-1	May 15, 1998
Sulfasalazine (Salicylazosulfapyridine)	male	599-79-1	January 29, 1999
Sulfur dioxide	developmental	7446-09-5	July 29, 2011
Sulindac	developmental, female	38194-50-2	January 29, 1999
Talc containing asbestiform fibers	cancer	---	April 1, 1990
Tamoxifen and its salts	cancer	10540-29-1	September 1, 1996
Tamoxifen citrate	developmental	54965-24-1	July 1, 1990
Temazepam	developmental	846-50-4	April 1, 1990
Teniposide	developmental	29767-20-2	September 1, 1996
Terbacil	developmental	5902-51-2	May 18, 1999
Teriparatide	cancer	52232-67-4	August 14, 2015
Terrazole	cancer	2593-15-9	October 1, 1994
Testosterone and its esters	cancer	58-22-0	April 1, 1988
Testosterone cypionate	developmental	58-20-8	October 1, 1991
Testosterone enanthate	developmental	315-37-7	April 1, 1990
Tetrabromobisphenol A	cancer	79-94-7	October 27, 2017
3,3',4,4'-Tetrachloroazobenzene	cancer	14047-09-7	July 24, 2012
2,3,7,8-Tetrachlorodibenzo-p-dioxin (TCDD)	cancer	1746-01-6	January 1, 1988
2,3,7,8-Tetrachlorodibenzo-p-dioxin (TCDD)	developmental	1746-01-6	April 1, 1991
1,1,1,2-Tetrachloroethane	cancer	630-20-6	September 13, 2013
1,1,2,2-Tetrachloroethane	cancer	79-34-5	July 1, 1990
Tetrachloroethylene (Perchloroethylene)	cancer	127-18-4	April 1, 1988
p-a,a,a-Tetrachlorotoluene	cancer	5216-25-1	January 1, 1990
Tetrachlorvinphos	cancer	22248-79-9	May 20, 2016
Tetracycline (internal use)	developmental	60-54-8	October 1, 1991
Tetracyclines (internal use)	developmental	---	October 1, 1992
Tetracycline hydrochloride (internal use)	developmental	64-75-5	January 1, 1991

Chemical	Type of Toxicity	CAS No.	Date Listed
Tetrafluoroethylene	cancer	116-14-3	May 1, 1997
Δ^9 -Tetrahydrocannabinol (Δ^9 -THC; delta-9-THC)	developmental		January 3, 2020
Tetrahydrofuran	cancer	109-99-9	December 17, 2021
Tetranitromethane	cancer	509-14-8	July 1, 1990
Thalidomide	developmental	50-35-1	July 1, 1987
Thioacetamide	cancer	62-55-5	January 1, 1988
4,4'-Thiodianiline	cancer	139-65-1	April 1, 1988
Thiodicarb	cancer	59669-26-0	August 20, 1999
Thioguanine	developmental	154-42-7	July 1, 1990
Thiophanate methyl	female, male	23564-05-8	May 18, 1999
Thiouracil	cancer	141-90-2	June 11, 2004
Thiourea	cancer	62-56-6	January 1, 1988
Thorium dioxide	cancer	1314-20-1	February 27, 1987
Titanium dioxide (airborne, unbound particles of respirable size)	cancer	---	September 2, 2011
Tobacco, oral use of smokeless products	cancer	---	April 1, 1988
Tobacco smoke	cancer	---	April 1, 1988
Tobacco smoke (primary)	developmental, female, male	---	April 1, 1988
Tobramycin sulfate	developmental	49842-07-1	July 1, 1990
Toluene	developmental	108-88-3	January 1, 1991
	female	108-88-3	August 7, 2009
Toluene diisocyanate	cancer	26471-62-5	October 1, 1989
o-Toluidine	cancer	95-53-4	January 1, 1988
o-Toluidine hydrochloride	cancer	636-21-5	January 1, 1988
para-Toluidine, Delisted October 29, 1999	cancer	106-49-0	January 1, 1990
Topiramate	developmental	97240-79-4	November 27, 2015
Toxaphene (Polychlorinated camphenes)	cancer	8001-35-2	January 1, 1988
Toxins derived from <i>Fusarium</i> Moniliforme (<i>Fusarium verticillioides</i>)	cancer	---	August 7, 2009
Treosulfan	cancer	299-75-2	February 27, 1987
Triadimefon	developmental, female, male	43121-43-3	March 30, 1999
Triamterene	cancer	396-01-0	April 18, 2014
Triazolam	developmental	28911-01-5	April 1, 1990
S,S,S-Tributyl phosphorotrithioate (Tribufos, DEF)	cancer	78-48-8	February 25, 2011
Tributyltin methacrylate	developmental	2155-70-6	December 1, 1999
Trichlormethine (Trimustine hydrochloride)	cancer	817-09-4	January 1, 1992
Trichloroacetic acid	cancer	76-03-9	September 13, 2013
Trichloroethylene	cancer	79-01-6	April 1, 1988
Trichloroethylene	developmental, male	79-01-6	January 31, 2014
2,4,6-Trichlorophenol	cancer	88-06-2	January 1, 1988
1,2,3-Trichloropropane	cancer	96-18-4	October 1, 1992
Trientine hydrochloride	developmental	38260-01-4	February 27, 2001
Triforine	developmental	26644-46-2	June 18, 1999
1,3,5-Triglycidyl-s-triazinetriene, Delisted December 13, 2013	male	2451-62-9	August 7, 2009
Trilostane	developmental	13647-35-3	April 1, 1990
Trimethadione	developmental	127-48-0	January 1, 1991

<u>Chemical</u>	<u>Type of Toxicity</u>	<u>CAS No.</u>	<u>Date Listed</u>
2,4,5-Trimethylaniline and its strong acid salts	cancer	---	October 24, 1997
Trimethylolpropane triacrylate, technical grade	cancer	---	December 17, 2021
Trimethyl phosphate	cancer	512-56-1	May 1, 1996
Trimetrexate glucuronate	developmental	82952-64-5	August 26, 1997
TRIM® VX	cancer	---	May 25, 2018
2,4,6-Trinitrotoluene (TNT)	cancer	118-96-7	December 19, 2008
Triphenyltin hydroxide	cancer	76-87-9	July 1, 1992
Triphenyltin hydroxide	developmental	76-87-9	March 18, 2002
Tris(aziridiny)-p-benzoquinone (Triaziquone), Delisted December 8, 2006	cancer	68-76-8	October 1, 1989
Tris(1-aziridinyl)phosphine sulfide (Thiotepa)	cancer	52-24-4	January 1, 1988
Tris(2-chloroethyl) phosphate	cancer	115-96-8	April 1, 1992
Tris(2,3-dibromopropyl)phosphate	cancer	126-72-7	January 1, 1988
Tris(1,3-dichloro-2-propyl) phosphate (TDCPP)	cancer	13674-87-8	October 28, 2011
Trp-P-1 (Tryptophan-P-1)	cancer	62450-06-0	April 1, 1988
Trp-P-2 (Tryptophan-P-2)	cancer	62450-07-1	April 1, 1988
Trypan blue (commercial grade)	cancer	72-57-1	October 1, 1989
Unleaded gasoline (wholly vaporized)	cancer	---	April 1, 1988
Uracil mustard	cancer	66-75-1	April 1, 1988
Uracil mustard	developmental, female, male	66-75-1	January 1, 1992
Urethane (Ethyl carbamate)	cancer	51-79-6	January 1, 1988
Urethane (Ethyl carbamate)	developmental	51-79-6	October 1, 1994
Urofollitropin	developmental	97048-13-0	April 1, 1990
Valproate (Valproic acid)	developmental	99-66-1	July 1, 1987
Vanadium pentoxide (orthorhombic crystalline form)	cancer	1314-62-1	February 11, 2005
Vinblastine sulfate	developmental	143-67-9	July 1, 1990
Vinclozolin	cancer	50471-44-8	August 20, 1999
Vinclozolin	developmental	50471-44-8	May 15, 1998
Vincristine sulfate	developmental	2068-78-2	July 1, 1990
Vinyl bromide	cancer	593-60-2	October 1, 1988
Vinyl chloride	cancer	75-01-4	February 27, 1987
4-Vinylcyclohexene	cancer	100-40-3	May 1, 1996
4-Vinyl-cyclohexene	female, male	100-40-3	August 7, 2009
4-Vinyl-1-cyclohexene diepoxide (Vinyl cyclohexene dioxide)	cancer	106-87-6	July 1, 1990
Vinyl cyclohexene dioxide (4-Vinyl-1-cyclohexene diepoxide)	female, male	106-87-6	August 1, 2008
Vinyl fluoride	cancer	75-02-5	May 1, 1997
Vinylidene chloride (1,1-Dichloroethylene)	cancer	75-35-4	December 29, 2017
Vinyl trichloride (1,1,2-Trichloroethane)	cancer	79-00-5	October 1, 1990
Vismodegib	developmental, female, male	879085-55-9	January 27, 2017

<u>Chemical</u>	<u>Type of Toxicity</u>	<u>CAS No.</u>	<u>Date Listed</u>
Warfarin	developmental	81-81-2	July 1, 1987
Wood dust	cancer	---	December 18, 2009
2,6-Xylidine (2,6-Dimethylaniline)	cancer	87-62-7	January 1, 1991
Zalcitabine	cancer	7481-89-2	August 7, 2009
Zidovudine (AZT)	cancer	30516-87-1	December 18, 2009
Zileuton	cancer, developmental, female	111406-87-2	December 22, 2000
<u>Zineb, Delisted October 29, 1999</u>			

Hazardous Drug Risk Acknowledgement

Employee Name: _____

I understand working with or near hazardous drugs in health care settings may cause skin rashes, infertility, miscarriage, birth defects, and possibly cancer.

I understand that **Precision Pharmacy** maintains detailed policies and procedures on the proper storage, handling, transport and disposal of hazardous drugs. **Precision Pharmacy** has put in place a variety of administrative, engineering and work practice controls to reduce the risk of occupational exposure to hazardous drugs. I understand **Precision Pharmacy's** policies and procedures will be reviewed and/or amended on an annual basis, and as needed, and the policies and procedures seek to reflect information, standards and regulations from relevant local, state and federal regulatory bodies as well as practice standards from professional associations.

I understand **Precision Pharmacy's** policies and procedures and agree to comply with them at all times. I also agree that I will immediately seek out the Pharmacist-in-Charge, Facilities Coordinator, or my direct supervisor should a question occur during work activities.

I acknowledge that failure to follow the established policies and procedures may put me at risk of exposure to hazardous substances which can lead to acute effects such as skin rashes, chronic effects, including adverse reproductive events such as infertility, miscarriage, or birth defects, and possibly the development of cancer.

Signature of Employee Name above

Date

Hazardous Drug Compounding and Cleaning Assessment

1962

Employee Name: _____

Date: _____

Supervising Pharmacist Name: _____

Hood #/Scale#: _____

Hazardous Drug Manipulation and Cleaning Technique of Compounding Personnel

The qualified evaluator will check each space for which the person being assessed has acceptably completed the described activity, prints N/A if the activity is not applicable to the assessment session or N/O if the activity was not observed.*

- _____ Presents in clean, appropriate attire and manner.
- _____ Properly garbed for handling hazardous drugs.
 - _____ Double shoe covers.
 - _____ Disposable hazardous gown, properly closed in back.
 - _____ Double chemotherapy gloves with first glove cuff under gown sleeve and second glove cuff over gown sleeve. No skin should be showing.
 - _____ Hair net (hair completely covered).
 - _____ Beard cover (if applicable).
 - _____ N95 powder mask- both straps on head with mask completely fitted around mouth.

Garbing observations: _____

- _____ Weighs out 0.03g of GloGerm powder.
- _____ Mixes/manipulates powder in weight boat with compounding utensil.
- _____ Selects a #3 capsule and taps powder into capsule.
- _____ Closes capsule after all powder is inside.
- _____ Use UV flashlight and rate compounding area cleanliness (1 = Dirty to 10 = Clean): _____
- _____ Use UV flashlight to make compounding observations (technique, cleanliness, etc): _____
- _____ Using an appropriate deactivating agent, decontaminates work surface by using a wetted wipe. After decontamination procedure is complete, cleans and disinfects (if applicable) work surface.
- _____ Deactivates, decontaminates, cleans and disinfects (if applicable) scale.
- _____ Deactivates, decontaminates, cleans and disinfects interior of PEC.
- _____ Disposes of all waste in a plastic bag inside the hood.

Rate compounding area cleanliness after cleaning (1 = Dirty to 10 = Clean): _____

Use UV flashlight to make cleaning observations: _____

***If any powder residues remain, the hood and equipment must be deactivated, decontaminated, cleaned and disinfected again.**

Use UV flashlight to make re-cleaning observations. Also look at gown, gloves and mask to check for powder residue: _____

- _____ Removes first pair gloves inside the hood and disposes in waste bag.
- _____ Removes gown and discards.
- _____ Removes and discards head cover, mask, and beard cover (if used).
- _____ Removes second pair of gloves and discards.
- _____ Performs hand washing.

*The person assessed is immediately informed of all unacceptable activities (i.e., spaces lacking check marks, N/A, or N/O) and shown and informed of specific corrections.

Circle: PASS / FAIL

Signature of Person Assessed: _____ **Date:** _____

Signature of Pharmacist: _____ **Date:** _____

Hazardous Drug Garbing and Cleaning Assessment

1963

Employee Name: _____

Date: _____

Evaluator Name: _____

Hazardous Drug Garbing and Cleaning Technique of Personnel

The qualified evaluator will check each space for which the person being assessed has acceptably completed the described activity, prints N/A if the activity is not applicable to the assessment session or N/O if the activity was not observed.*

- _____ Presents in clean, appropriate attire and manner.
- _____ Properly garbed for cleaning hazardous drug compounding area.
 - _____ Double shoe covers.
 - _____ Disposable hazardous gown, properly closed in back.
 - _____ Double chemotherapy gloves with first glove cuff under gown sleeve and second glove cuff over gown sleeve. No skin should be showing.
 - _____ Hair net (hair completely covered).
 - _____ N95 or full facepiece respirator.

_____ Garbing observations: _____

- _____ Using an appropriate deactivating agent, decontaminates work surface by using a wetted wipe. After, decontamination procedure is complete, cleans and disinfects (if applicable) work surface.
- _____ Deactivates, decontaminates, cleans and disinfects (if applicable) scale.
- _____ Deactivates, decontaminates, cleans and disinfects interior of PEC.
- _____ Disposes of all waste in a plastic bag inside the hood.

Rate area cleanliness after cleaning (1 = Dirty to 10 = Clean): _____

Use UV flashlight to make cleaning observations: _____

*If any powder residues remain, the hood and equipment must be deactivated, decontaminated, cleaned and disinfected again.

Use UV flashlight to make re-cleaning observations. Also, look at gown, gloves and mask to check for powder residue: _____

- _____ Removes first pair gloves inside the hood and disposes in waste bag.
- _____ Removes gown and discards.
- _____ Removes and discards head cover and respirator, if disposable.
- _____ Removes second pair of gloves and discards.
- _____ Performs hand washing.

*The person assessed is immediately informed of all unacceptable activities (i.e., spaces lacking check marks, N/A, or N/O) and shown and informed of specific corrections.

Circle: **PASS / FAIL**

Signature of Person Assessed: _____ Date: _____

Signature of Evaluator: _____ Date: _____

Qualitative Saccharin Respirator Fit Testing

1. Test hood
2. Nebulizer #1
3. Nebulizer #2
4. Sensitivity/Fit test solution



Nebulizer directions

1. Remove solution test applicator and ensure the ampule is not broken. With the fill tip pointed upward, pinch along the full length of the applicator tube using your thumb and forefinger until the glass ampule inside is thoroughly crushed. Do not bend the tube to break the ampule. Keeping the tip upward will prevent the solution from leaking out.
2. Remove the end cap of the nebulizer. Insert the applicator tip into the opening of the nebulizer. Squeeze along the tube to transfer the solution until it is drained of the solution. DO NOT REMOVE THE TIP OF THE TUBE. The tip of the tube contains a filter to keep glass particles out.
3. Once the applicator solution has been drained it can safely be disposed of.
4. When the individual is ready and has been instructed on the testing procedure you are ready to begin after removing both endcaps on the nebulizer.

Sensitivity test

This test is to ensure the individual being fit is capable of detecting the taste of the Saccharin. The individual should not eat, drink, or chew gum for at least 15 minutes before the test.

1. Explain the fit test procedures to the individual.
2. Have the individual don the hood without a respirator.
3. Position the hood forward so there is at least 6 inches between their face and the plastic window.
4. Instruct the individual to breathe through their mouth with their tongue extended.
5. Using the solution in the nebulizer inject the aerosol into the hood through the hole in the window. Make sure the nozzle of the nebulizer is pointed away from the individual's mouth. Squeeze the nebulizer bulb 10 times being sure to completely collapse the bulb and allowing it to expand before the next squeeze.
6. Ask the individual if they can detect the sweet taste of saccharin. If tasted note the number of squeezes and proceed to the fit test.
7. If the subject does not taste the solution, inject another 10 squeezes through the hood window. Repeat with another 10 squeezes if still not tasted.
8. If the saccharin is not tasted after 30 squeezes, the test subject is unable to taste saccharin and may not perform the fit test.

User fit check

Follow manufacturer directions to don and self-fit check mask to ensure proper fit.

Fit test

1. Have the individual don and position the hood with 6 inches between their face and the plastic window.
2. Using the nebulizer inject the test aerosol through the window hole the same number of times that was noted from the sensitivity test (e.g. 10, 20, or 30 sprays).
3. To maintain adequate concentration of aerosol inject $\frac{1}{2}$ the number of squeezes in step two into the mask every 30 seconds.
4. Instruct the individual to indicate if they detect the sweet taste of saccharin at any time during the test.
5. After the initial aerosol is injected instruct the individual to perform the following exercised for 60 seconds.
 - a. Normal breathing
 - b. Deep breathing
 - c. Turning head side to side
 - d. Nodding head up and down
 - e. Talking, reciting the alphabet or singing a song
 - f. Bending over
 - g. Normal breathing
6. If the test is completed without the subject detecting the sweet taste of saccharin aerosol, the test is complete. Fill out completion form and have individual sign the acknowledgement.
7. If the taste of saccharin is detected then the test has failed. Refit the mask or try a new size. Start sensitivity test again.

Respirator Fit Test Record

Employee: _____ Date: _____

Employee job title: _____

Employer: Precision Pharmacy

Location/Address: 5301 Young St. Bakersfield, CA 93311

Make/Model/Style/Size: _____

Respirator selected: ☐ Full mask ☐ Half mask ☐ Disposable N95

Conditions which could affect respirator fit:

- | | |
|---|--|
| ☐ Clean shaven | ☐ Dentures absent |
| ☐ 1 - 2 day beard growth | ☐ Glasses |
| ☐ 2+ days beard growth | ☐ Other |
| ☐ Moustache/goatee | ☐ None |
| ☐ Facial scar | |

Comments: _____

Fit Checks:

Negative pressure	☐ Pass	☐ Fail	☐ N/A
Positive pressure	☐ Pass	☐ Fail	☐ N/A
Mnf N95 seal check	☐ Pass	☐ Fail	

Comments: _____

Saccharin solution aerosol respirator fit test:

☐ 10 Sprays	☐ Pass	☐ Fail	☐ Previously Completed
Saccharin			

Comments: _____

Employee acknowledgement of test results:

Employee Signature: _____ Date: _____

Test Conducted By: _____ Date: _____

The above respirator fit test was performed on and by the persons listed. The results indicate the performance of the listed respiratory protective device, as fitted on the employee named on this record under controlled conditions. Fit testing, as performed, measures the ability of the respiratory protective device to provide protection to the individual tested. Allegro Industries or the Test Conductor express or imply no guarantee that this or an identical respiratory protective device will provide adequate protection under conditions other than those present when this test was performed. Improper use, maintenance, or application of this or any other respiratory protective device will reduce or eliminate protection.

PRECISION PHARMACY**TITLE: DETERMINATION AND EXTENSION OF BEYOND-USE DATES (BUD) FOR COMPOUNDED PREPARATIONS****SOP NUMBER: 9.050****VERSION NUMBER: 11.0**

Authorized By:

Date:

Written By: Taggs/Wussow/Shine/Lopes

Date: 4-5-2021

Reviewed By:

Date:

Date Effective:

1.0 PURPOSE

- 1.1 The purpose of this procedure is to establish requirements for determining a beyond-use date (BUD) for compounded preparations.

2.0 SCOPE

- 2.1 This procedure applies to all compounding personnel at Precision Pharmacy.

3.0 RESPONSIBILITY

- 3.1 The Pharmacist-in-charge shall ensure this SOP is implemented and followed within Precision Pharmacy.

4.0 REFERENCES

- 4.1 Current version USP <795> "Pharmaceutical Compounding – Non-Sterile Preparations"
- 4.2 Current version USP <797> "Pharmaceutical Compounding – Sterile Preparations"
- 4.3 Current version USP <1150> "Pharmaceutical Stability"
- 4.4 SOP 1.050 General Compounding Technique
- 4.5 SOP 1.060 General Aseptic Technique
- 4.6 Zolner, William. Eagle Analytical Services Ltd. "Critical Aspects of HPLC for the analysis of Compounded Pharmaceuticals when Determining Beyond-Use Dates"
- 4.7 Sutton, Ronald. Compounder's International Analytical Laboratory. Memo: "Establishing Beyond Use Dating"
- 4.8 Zolner, William PhD. Quality Control Analytical Methods: A Guide to Quality Control Testing for the Compounding Pharmacist. International Journal of Pharmaceutical Compounding Vol. 10 No. 4
- 4.9 Zolner, William PhD. Quality-Control Analytical Methods: Designing a Quality-Control Potency Testing Program for a Compounding Pharmacy. International Journal of Pharmaceutical Compounding Vol. 13 No. 5
- 4.10 Rate Equation (Reaction Kinetics, Perry's Chemical Engineers' Handbook, Chapter 4, 6th Edition) provided by Eagle Analytical Ltd.
- 4.11 Current Law Book for Pharmacy, California

5.0 DEFINITIONS

- 5.1 Beyond use date (BUD) means the date, or date and time, after which administration of a compounded drug preparation shall not begin, the preparation shall not be dispensed, and the preparation shall not be stored (other than for quarantine purposes). (CCR Section 1735.1 Compounding Definitions)

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5.2 "Potency" means the active ingredient strength within +/- 10% (or the range specified in USP37-NF32, 37th Revision, Through 2nd Supplement Effective December 1, 2014) of the labeled amount. (CCR Section 1735.1 Compounding Definitions)

5.3 "Integrity" means retention of potency until the beyond use date provided on the label, so long as the preparation is stored and handled according to the label directions. (CCR Section 1735.1 Compounding Definitions)

5.4 "Quality" means the absence of harmful levels of contaminants, including filth, putrid, or decomposed substances, the absence of active ingredients other than those listed on the label, and the absence of inactive ingredients other than those listed on the master formula document. (CCR Section 1735.1 Compounding Definitions)

5.5 Stability study as defined by contracted third party conducting test/study.

5.6 Stability - The extent to which a preparation retains, within specified limits, and throughout its period of storage and use, the same properties and characteristics that are possessed at the time of compounding. (USP Compounding Compendium <797> February 2016)

5.7 Processing agent - Precision uses the term "processing agent" for components such as pH adjusting solutions that will not affect the beyond use date of a final preparation.

5.8 API - Active pharmaceutical ingredient

5.9 HPLC - High performance liquid chromatography

6.0 FREQUENCY

6.1 This procedure shall be performed for each compounded preparation as well as preparations in which extended beyond-use-dates are desired.

7.0 EQUIPMENT & SUPPLIES

7.1 Appropriate reference materials

7.2 Third party analytical laboratory (with modern HPLC and Ultra HPLC technology)

8.0 GENERAL INFORMATION

8.1 Every compounded drug preparation shall be given beyond use date representing the date, or date and time, beyond which the compounded drug preparation should not be used, stored, transported or administered, and determined based on the professional judgment of the pharmacist performing or supervising the compounding.

8.2 For non-sterile compounded drug preparation(s), the beyond use date shall not exceed any of the following:

8.2.1 the shortest expiration date or beyond use date of any ingredient in the compounded drug preparation,

8.2.2 the chemical stability of any one ingredient in the compounded drug preparation;

8.2.3 the chemical stability of the combination of all ingredients in the compounded drug preparation,

8.2.4 for non-aqueous formulations, 180 days or an extended date established by the pharmacist's research, analysis, and documentation,

8.2.5 for water-containing oral formulations, 14 days or an extended date established by the pharmacist's research, analysis, and documentation, and

TITLE: DETERMINATION AND EXTENSION OF BEYOND-USE DATES (BUD) FOR COMPOUNDED PREPARATIONS

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8.2.6 for water-containing topical/dermal and mucosal liquid and semisolid formulations, 30 days or an extended date established by the pharmacist's research, analysis, and documentation.

8.2.7 A pharmacist, using his or her professional judgment may establish an extended date as provided in 8.2.4, 8.2.5, and 8.2.6, if the pharmacist researches by consulting and applying drug-specific and general stability documentation and literature; analyzes such documentation and literature as well as the other factors set forth in this subdivision, and maintains documentation of the research, analysis and conclusion. The factors the pharmacist must analyze include:

8.2.7.1 the nature of the drug and its degradation mechanism,

8.2.7.2 the dosage form and its components,

8.2.7.3 the potential for microbial proliferation in the preparation,

8.2.7.4 the container in which it is packaged,

8.2.7.5 the expected storage conditions, and

8.2.7.6 the intended duration of therapy.

8.2.8 Documentation of the pharmacist's research and analysis supporting an extension must be maintained in a readily retrievable format as part of the master formula.

8.3 For sterile compounded drug preparations, the beyond use date shall not exceed any of the following:

8.3.1 The shortest expiration date or beyond use date of any ingredient in the sterile compounded drug product preparation,

8.3.2 The chemical stability of any one ingredient in the sterile compounded drug preparation,

8.3.3. The chemical stability of the combination of all ingredients in the sterile compounded drug preparation, and

8.3.4 The beyond use date assigned for sterility in Section 1751.8 of Title 16, Division 17 of CCR.

8.4 For sterile compounded drug preparations, extension of a beyond use date is only allowable when supported by the following:

8.4.1 method suitability test,

8.4.2 container closure integrity test, and

8.4.3 stability studies.

8.5 In addition to the requirements of 8.4, the drugs or compounded drug preparations tested and studied shall be identical in ingredients, specific and essential compounding steps, quality reviews, and packaging as the finished drug or compounded drug preparation.

8.6 Shorter dating than set forth in this subsection may be used if it is deemed appropriate in the professional judgment of the responsible pharmacist.

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- 8.7 Stability testing performed and described will be performed by third party laboratories selected according to SOP 9.220 Contract Testing Laboratory Selection and Desk Audit utilizing appropriate technologies.

9.0 PROCEDURE – BEYOND-USE DATING (BUD) OF A COMPOUNDED PREPARATION

- 9.1 BUDs should be assigned conservatively. When assigning a BUD, the pharmacist shall consult and apply drug-specific and general stability documentation and literature when available and should consider: the nature of the drug and its degradation mechanism, the dosage form and its components, the potential for microbial proliferation in the preparation, the container in which it is packaged, the expected storage conditions, and the intended duration of therapy.

- 9.2 When a manufactured product is used as the source of the API for the compounded preparation, the product expiration date cannot be used solely to assign a BUD for the compounded preparation. Stability Information from the manufacturer and literature shall be considered.

- 9.3 A reliable method for determining BUDs shall be established, including laboratory testing of preparation stability, pyrogenicity and chemical content when necessary.

- 9.3.1 Physical stability of the compounded preparation shall signify that the preparation has retained the original physical properties of the preparation, such as appearance, palatability, uniformity, dissolution and suspendability.

- 9.3.2 Chemical stability of the compounded preparation shall signify that each active ingredient has retained its chemical integrity and labeled potency within specified limits.

- 9.3.3 Additional factors that affect the stability of the final preparation, shall be considered, including pH, temperature, solvency, light exposure, air exposure, humidity, particle size, crystallization, vaporization and absorption.

- 9.4 **Non-Sterile Compounded Preparations:** In the absence of stability information that is applicable to a specific drug and preparation, the following maximum BUDs (as listed in USP <795> and CCR 1735.2 (i)(1)) are recommended for **non-sterile** compounded preparations packaged in tight, light-resistant containers and stored at controlled room temperature (unless otherwise indicated):

- 9.4.1 For non-aqueous formulations the BUD is not later than the time remaining until the earliest expiration date of any ingredient or six months, whichever is earlier.

- 9.4.2 For water-containing formulations prepared from ingredients the BUD is not later than 14 days for liquid preparations when stored at 2°C-8°C.

- 9.4.3 For water-containing topical/dermal and mucosal liquid and semisolid formulations the BUD is not later than 30 days.

- 9.5 **Sterile Compounded Preparations:** The maximum BUDs listed above in section 9.4 can be exceeded for sterile compounded preparations as long as a sterility testing is performed on the preparation and the formulation has method suitability testing, container closure integrity testing and stability studies completed.

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9.5.1 Multiple dose/use sterile containers will be labeled with a statement instructing the end user to discard 28 days after initially entering or opening (e.g. needle puncture).

9.5.2 Single dose/use sterile containers will be labeled with a statement instructing the end user to discard immediately after entering or opening (e.g. needle puncture).

9.5.3 If sterility testing is not performed, where high-risk CSP's are not prepared in groups of more than 25 identical individual single-dose packages for a single patient, Precision Pharmacy follows the conservative BUD guidelines of USP 797. The BUD for these products would be 24 hours at controlled room temperature, 3 days at cold temperature or 45 days in solid frozen state.

9.6 Applicable publications shall be referenced to obtain relevant stability, compatibility and degradation information regarding a drug or its congeners.

9.6.1 A compounding pharmacy reference library will be available for compounding laboratory personnel so they may access critical information in a timely manner (SOP 9.280 Professional References).

9.7 Precision Pharmacy may choose to perform potency assays on preparations with a narrow therapeutic index, where close monitoring or dose titration is required to ensure therapeutic effectiveness and to avoid toxicity, where a theoretically established BUD is supported by only marginal evidence or where significant margin of safety cannot be verified.

9.8 PROCEDURE - EXTENDING BEYOND-USE DATES

9.9 The following procedure applies to compounded preparations prepared using SOP 1.050 General Compounding Technique and SOP 1.060 General Aseptic Technique, including <USP 795> and <USP 797>.

9.10 Extended BUDs shall be assigned to compounded preparations based on, and not necessarily limited to, the following:

9.10.1 Pharmacist verification of the formula and procedure (i.e., the compounding process)

9.10.2 Sterile compounded preparations will be subject to sterility testing and pyrogen testing, when applicable.

9.10.3 Current drug stability information, including but not limited to package inserts, USP monographs, consulting services, and literature searches.

9.10.4 Quantitative preparation specific data obtained through direct testing (i.e. stability, potency testing) via HPLC on active ingredient(s) in compounded formulation will be performed by a qualified third party analytical laboratory.

9.10.4.1 Verification is performed via appropriate chemical potency testing, demonstrating that the concentration of active ingredient(s) in the preparation is 90% or greater and no more than 110% of the claimed label concentration. In cases where the preparation has a

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USP monograph, the concentration shall fall within the range listed in the USP monograph.

9.10.4.2

Multiple scheduled stability tests will be performed on select compounded preparations to establish a BUD, including an initial test to establish baseline potency.

- 9.11 Results of testing will be compiled and filed with the master formula according to SOP 9.200 Master Formula Methodology.
- 9.12 A change to the formula will be evaluated to determine if revalidation of the preparation's BUD is required.
- 9.13 Consideration shall be given to stability information obtained through potency testing performed by third party analytical laboratories, including, but not limited to HPLC potency testing of a specified concentration of active ingredient(s) in a tested formulation. This information may be extrapolated to other concentrations of the same active ingredient(s) as long as the formulation is consistent with the original tested formulation.
- 9.14 Preparations will be observed to ensure they have maintained the original physical properties of preparation: such as appearance, palatability, uniformity, dissolution and suspendability, etc.
- 9.15 Consideration shall be given to all aspects of the finished product including proper storage conditions (i.e., temperature, light, humidity and sterile container if applicable).
- 9.16 Consideration shall be given to a sterile preparation's container closure and container integrity for the assigned BUD.
- 9.17 Compounded preparation with extended BUD will be in accordance with <USP 797> and <USP 795> regulations and guidelines, not exceeding a BUD of 180 days.
- 9.18 If a lot fails an initial potency test, an investigation should occur and include the following:
 - 9.18.1 Investigate the possible root cause of the failure.
 - 9.18.2 Correct the cause of the failure.
 - 9.18.3 Pharmacist will revalidate the compounded preparations' formula.
 - 9.18.4 Pharmacist will revalidate the compounded preparations' method of preparation.
 - 9.18.5 Document all findings according to SOP 1.030 Deviations – OOS and Corrective and Preventative Action (CAPA) Management, if applicable.
 - 9.18.6 If preparations were dispensed initiate recall per SOP 9.100 Recall of Compounded Preparation, if necessary.

10.0 ATTACHMENTS

10.1 N/A

11.0 HISTORY

Version Number	Review Date	Effective Date	Description of Change
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TITLE: DETERMINATION AND EXTENSION OF BEYOND-USE DATES (BUD) FOR COMPOUNDED PREPARATIONS
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Version Number	Review Date	Effective Date	Description of Change
1.0	10-2009 - 12/2009	1-1-2010	New SOP
2.0	12-28-2010	1-1-2011	Annual Review; procedural changes
2.0	12-20-11	1-1-2011	Annual Review; No Changes
2.0	1/2013-6/2013	1-1-2011	Annual Review; No Changes
3.0	5-9-14	5-9-2014	Annual Review; procedural changes; see file for specific changes
4.0	1-15-15	1-19-2015	Annual Review; added monograph reference to 5.3
5.0	7-25-2016	8-5-2016	Annual Review; Updated 5.2, 5.3, 5.4, 5.7, 9.5.1, 10.3; Renumbered sections 6-8; Added 9.5.2, reference to SOP 9.280; Removed 9.7.1; Minimal grammar
6.0	12-27-2016	1-9-2017	Annual Review; Updated for 1-2017 CA Law changes, see hardcopy for specific changes
7.0	9-22-2017	9-26-2017	Updated 5.8
8.0	12-22-2017	1-10-2018	Annual Review; Updated SOP Title, 1.1, references throughout to current versions to include CA BOP Emergency Rule eff. 12-18-2017, 8.2-8.6, 9.3, 9.3.3, 9.5, 10.2, 10.2.4
9.0	1-29-2019	2-19-2019	Annual Review; Updated References to current versions; Minor grammar and formatting throughout
10.0	2-28-2020	3-30-2020	Annual Review; Updated 5.6, 8.7, 9.5, 9.18.5; Removed 5.7 (OOS); Added 5.8, 5.9; Grammar/formatting throughout
11.0	4-5-2021	4-27-2021	Annual Review; Updated 9.5 and 9.18; Grammar throughout

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PRECISION PHARMACY

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TITLE: COMPOUNDED PREPARATION LABELING**SOP NUMBER: 6.020****VERSION NUMBER: 13.0**

Authorized By:

Date:

Written By: PSI/PCCA / Rachel Taggs

Date: 6-21-2021

Reviewed By:

Date:

Date Effective:

1.0 PURPOSE

- 1.1 The purpose of this procedure is to establish labeling requirements for compounded preparations.

2.0 SCOPE

- 2.1 This procedure applies to all compounding personnel at Precision Pharmacy.

3.0 RESPONSIBILITY

- 3.1 The Pharmacist-in-Charge shall supervise this procedure and document that all personnel responsible for compounding will comply with this procedure.

4.0 REFERENCES

- 4.1 Current version USP <795> "Pharmaceutical Compounding – Non-Sterile Preparations"
- 4.2 Current version USP <797> "Pharmaceutical Compounding – Sterile Preparations"
- 4.3 USP General Notices 10.40 Labeling
- 4.4 Current version USP <17> "Prescription Container Labeling"
- 4.5 Current version USP <1> "Injections"
- 4.6 Current version USP <800> "Hazardous Drugs – Handling in Healthcare Settings"
- 4.7 Current Lawbook for Pharmacy, California
- 4.8 SOP 9.050 Determination and Extension of Beyond-Use Dates (BUD) for Compounded Preparations
- 4.9 Various applicable state and federal pharmacy regulations/laws

5.0 DEFINITIONS

- 5.1 BUD – beyond-use date

6.0 FREQUENCY

- 6.1 N/A

7.0 EQUIPMENT & SUPPLIES

- 7.1 Stock label
- 7.2 Patient label

8.0 GENERAL INFORMATION

- 8.1 A statement that the drug has been compounded by the pharmacy shall be included on the container provided to the patient (CCR 1735.4 (c)).
- 8.2 Hazardous drugs must be clearly labeled as such at all times.
- 8.2.1 All hazardous drugs shall bear a special label which states "Hazardous – Dispose of Properly" prior to dispensing or distributing for office use.

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8.2.2 Hazardous drugs shall be labeled as such on each container and on external outer wrapper.

8.2 Labeling of preparations intended to be sterile shall be labeled in a manner as to not affect the sterility of the preparation.

9.0 PROCEDURE

9.1 Preparations prepared in anticipation of a prescription (stock) shall be labeled with at least the following items:

9.1.1 Name, address and toll-free phone number of compounding pharmacy.

9.1.2 Name of compounded preparation, and/or a complete list of ingredient(s); as required by law.

9.1.2.1 Non-sterile: list all active ingredients with their concentrations and inactive ingredients.

9.1.2.2 Sterile: list all ingredients and concentrations (ingredients used to adjust pH and isotonicity are not required).

9.1.3 Dosage form and potency.

9.1.4 Date compounded.

9.1.5 Lot number.

9.1.6 Assigned BUD.

9.1.7 Route of administration.

9.1.8 Scoop size (i.e. scoop = 5cc), if applicable.

9.1.9 Preparations intended to be sterile will be labeled as such. They will not be considered misbranded or adulterated in the event sterility testing yields an unfavorable result, if the preparation(s) is not dispensed.

9.1.9.1 Appropriate SOPs shall be followed to investigate the failure.

9.1.10 Storage requirements, including applicable temperature ranges.

9.1.11 Auxiliary or cautionary statements, as required (if applicable).

9.1.11.1 Hazardous drugs shall be labeled as such.

9.1.12 Any other items required by state or federal law(s).

9.2 Prescription containers dispensed to patients shall be labeled to include the items listed in 9.1 and the following:

9.2.1 Patient's name and/or patient owner/caregiver name as required by dispensing state law(s) (12 pt bold typeface).

9.2.2 Patient species.

9.2.3 Prescriber's name.

9.2.4 Prescription number.

9.2.5 A reference or established name, or a distinct common name (12 pt bold typeface).

9.2.6 Dosage form and strength (12 pt bold typeface).

9.2.7 Statement of quantity (e.g. total volume).

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- 9.2.8 Directions for use including appropriate routes of administration (12 pt typeface).
- 9.2.9 Prescription fill date.
- 9.2.10 The condition the drug was prescribed to treat, if condition is indicated on prescription.
- 9.2.11 All hazardous drugs shall bear a special label which states "Hazardous – Dispose of Properly".
- 9.2.12 Any other items required by state or federal law(s).

Note: Items 9.2.1, 9.2.5, 9.2.6, 9.2.8 and 9.2.10 must be clustered into one area of the label that comprises at least 50% of the label and be highlighted or in "bold" typeface.

- 9.3 Drug products compounded into unit-dose containers that are too small or otherwise impractical for full compliance with sections 9.1 and 9.2 above shall be labeled with at least the name(s) of the active ingredient(s), concentration of strength, volume or weight, pharmacy reference or lot number, expiration date, and pharmacy name and shall not be subject to minimum font size requirements. Once dispensed, outer packaging must comply with 9.2.
- 9.4 Preparations indicated, "dispensed" or distributed for "office use" shall be labeled to include items listed in section 9.1 above and in accordance with respective state laws/regulations. (e.g. California: "For Office Administration Only – Not for Resale")
 - 9.4.1 If specific states do not indicate office use labeling requirements, units will be labeled according to California regulations.
- 9.5 Duplicate preparation labels shall be attached to the logged formula worksheet.
- 9.6 A pharmacist shall examine the preparation for correct labeling upon completion of compounding and initial the label verification on the logged formula worksheet.
- 9.7 The act of affixing labels shall be performed after containers have been cleaned to ensure the labeling process does not introduce contamination.
 - 9.7.1 For hazardous drugs, deactivation, decontamination and cleaning of containers shall be performed in the hazardous drug areas.
- 9.8 Upon the request of a patient or patient's representative, Precision Pharmacy shall provide translated directions for use, which shall be printed on the prescription container, label, or on a supplemental document. If translated directions for use appear on a prescription container or label, the English-language version of the directions for use shall also appear on the container or label, whenever possible, and may appear on other areas of the label outside the patient-centered area. When it is not possible for the English-language directions for use to appear on the container or label, it shall be provided on a supplemental document. In the event of a limited English speaking patient owner or prescriber, Precision Pharmacy will make every effort to translate the prescription label using www.translate.google.com.
 - 9.8.1 When printed translation is not available the pharmacist will utilize www.LanguageLine.com to provide oral consultation to patient owner or prescriber to ensure preparation instructions are understood, per SOP 5.040 Patient Counseling of Compounded Preparations.

10.0 ATTACHMENTS

10.1 N/A

11.0 HISTORY

TITLE: COMPOUNDED PREPARATION LABELING**SOP NUMBER: 6.020****VERSION NUMBER: 13.0**

Date Effective:

Version Number	Review Date	Effective Date	Description of Change
1.0	10-2009-12/2009	1-1-2010	New SOP
2.0	11-12-2010	1-1-2011	Annual Review; procedural changes
2.0	12-20-11	1-1-2011	Annual Review; No Changes
3.0	2-13-2013	6-14-2013	Annual Review; see file for specific changes
4.0	6-3-2014	6-3-2014	Annual Review; see file for specific changes
5.0	1-13-2015	1-19-2015	Annual Review; changed "potency" to "strength" in 9.2.6; added "if applicable" to 9.1.8
6.0	3-25-2015	5-4-2015	Annual Review; Updated to reflect new CA labeling requirements
7.0	6-28-2016	7-18-2016	Annual Review; Added 8.2, 9.1.9 and 9.1.9.1; Updated 9.1.2.1
8.0	12-27-2016	1-9-2017	Annual Review; Updated for 1-1-2017 CA Law changes, see hardcopy for specific changes
9.0	12-8-2017	12-29-2017	Annual Review; Updated references to current versions (2017); Minor grammar
10.0	2-14-2019	2-26-2019	Annual Review; Updated references to current versions and 9.5; minor grammar/formatting throughout
11.0	11-26-2019	12-17-19	Updated for USP <800>; Added 4.7, 8.2, 8.2.1, 9.1.11.1, 9.7 and 9.7.1; Updated 9.2.11
12.0	6-23-2020	8-17-2020	Annual Review; Removed reference to USP <1075> in Section 4.0; Added 8.2.1; Updated 9.3 and 9.7.1; Grammar/formatting throughout
13.0	6-21-2021	12-27-2021	Annual Review; Updated 9.8; Grammar/formatting throughout

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TITLE: STERILIZATION AND DEPYROGENATION		
SOP NUMBER: 8.010		VERSION NUMBER: 13.0
Authorized By:	Date:	
Written By: PCCA / Rachel Taggs	Date: 4-12-2021	
Reviewed By:	Date:	
Date Effective:		

1.0 PURPOSE

- 1.1 The purpose of this procedure is to outline proper sterilization and depyrogenation methods.

2.0 SCOPE

- 2.1 This procedure applies to all sterile compounding personnel at Precision Pharmacy.

3.0 RESPONSIBILITY

- 3.1 The Pharmacist-in-charge shall supervise this procedure or document that another staff member has been designated to complete the task.
- 3.2 The Pharmacist-in-charge shall be responsible for assuring that all personnel involved in generating, completing, or reviewing data are properly trained.
- 3.3 All employees involved in sterilization and depyrogenation at Precision Pharmacy are responsible for complying with this procedure.

4.0 REFERENCES

- 4.1 USP Current Version <797> Pharmaceutical Compounding – Sterile Preparations
- 4.2 USP Current Version <1211> Sterilization and Sterility Assurance of Compdial Articles
- 4.3 Parenteral Drug Association, Technical Report No. 3 – Validation of Dry Heat Processes used for Sterilization and Depyrogenation
- 4.4 American Society of Health-System Pharmacists, Principles of Sterile Product Preparations
- 4.5 SOP 4.030 Use, Verification and Maintenance of the Tuttnauer EZ10 Electronic Tabletop Autoclave
- 4.6 SOP 4.380 Use, Verification and Maintenance of the Thermo Scientific Heratherm Dry Heat Oven
- 4.7 SOP 8.020 Biological Indicators
- 4.8 SOP 9.020 Good Documentation Practices (GDP)
- 4.9 SOP 9.210 Integrity Test Method by Bubble Point

5.0 DEFINITIONS

- 5.1 Sterilization – validated process to render a product free from viable microorganisms.
- 5.2 Depyrogenation – process used to destroy or remove pyrogens (endotoxins).
- 5.3 CSP – compounded sterile preparation
- 5.4 BI – biological indicator
- 5.5 CI – chemical integrator
- 5.6 LFW – log formula worksheet

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6.0 FREQUENCY

- 6.1 When preparing a compounded sterile preparation.
- 6.2 When depyrogenating equipment.

7.0 EQUIPMENT & SUPPLIES

- 7.1 Autoclave
- 7.2 Dry-heat oven
- 7.3 Appropriate sterilizing filter
- 7.4 Appropriate finished preparation container
- 7.5 Log formula worksheet
- 7.6 Bubble point test apparatus
- 7.7 Biological indicators/Chemical integrator
- 7.8 Endotoxin challenge vials (ECV)

8.0 GENERAL INFORMATION

- 8.1 N/A

9.0 PROCEDURE**9.1 Sterilization method**

9.1.1 The appropriate sterilization technique shall be determined based on the unique properties of the components to be sterilized in order to prevent destruction or modification of the preparation. The preparation must be sterilized without compromising the strength, purity, quality, and packaging integrity of the CSP.

9.1.2 General guidelines for matching CSPs and components to appropriate sterilization methods shall include the following:

9.1.2.1 CSPs must be ascertained to remain physically and chemically stable when subjected to the selected sterilization method.

9.1.2.2 If using a sterile, micro-porous membrane filter, personnel shall ascertain from appropriate information sources that the filter used to sterilize the CSP during compounding is chemically and physically compatible with the CSP.

9.1.3 The sterilization method chosen for each CSP shall be noted and documented on the master formulation record.

9.1.4 Primary sterilization methods include:

- 9.1.4.1 filtration sterilization,
- 9.1.4.2 steam sterilization,
- 9.1.4.3 dry-heat sterilization.

9.2 Filtration sterilization

9.2.1 Filtration sterilization removes, but does not destroy, microorganisms. Filtration shall be used for solutions that are unstable to other types of sterilization methods.

9.2.2 When filters are selected, these characteristics must be considered:

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9.2.2.1 Pore size – Sterilizing filters of 0.2µm or smaller porosity shall be used.

9.2.2.2 Compatibility – While membrane filters are compatible with most pharmaceutical solutions, extreme care must be exercised to ensure compatibility. Biological products, alcohols, glycols, and dimethylformamide are examples of ingredients that can result in filter membrane incompatibilities.

9.2.3 To provide a practical flow rate of a solution, a filter with the appropriate surface area must be used.

9.2.4 Commercially available sterile filters approved for human use applications in sterilizing pharmaceutical fluids shall be used.

9.2.4.1 The filters must be accompanied by certification from the manufacturer to retain at least 10⁷ microorganisms of a strain of *Brevundimonas* (*Pseudomonas*) *diminuta* on each square centimeter of upstream filter surface under conditions similar to those in which the preparation will be sterilized.

9.2.5 According to USP <797>, sterilizing filters shall be, sterile, pyrogen-free, and shall have a nominal porosity of 0.2µm, or smaller.

9.2.5.1 If a solution contains large particles, a prefilter may be placed upstream from the sterilizing filter.

9.2.6 An integrity test shall be performed and documented on all filters used to sterilize preparations per SOP 9.210 Integrity Test Method by Bubble Point.

9.2.7 The filter(s) lot number and manufacturer shall be documented on the logged formula worksheet.

9.3 Steam sterilization

9.3.1 A steam sterilization cycle shall be verified to ensure sterilization of all CSPs under specified operating conditions and parameters. Cycles will have load configurations and autoclaves will be verified, according to SOP 4.030 Use, Verification and Maintenance of the Tuttnauer EZ10 Electronic Tabletop Autoclave.

9.3.2 Autoclaving should be reserved for items that can be penetrated by water vapor (steam). Dry materials, oils, and waxes may not be suitable for steam sterilization.

9.3.3 Select the appropriate cycle parameter for the type of item(s) to be autoclaved along with maximum load verification studies.

9.3.3.1 Dry goods cycle – Used for compounding equipment or instruments and glassware.

9.3.3.2 Wrapped goods cycle – Used for items wrapped in a sterilization bag or pouch.

9.3.3.3 Liquids cycle – Used for all liquid items or items such as plastic that cannot be exposed to a high temperature drying cycle.

9.3.4 Monitoring data from each cycle (i.e. a printout of the preset and actual parameters of the cycle) shall be recorded to ensure that the processes are performed properly and that all critical parameters are within specified limits during processing.

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9.3.5 To achieve sterility, it is necessary that materials be exposed to steam at 121°C for a minimum of 15 minutes under pressure of about one atmosphere or 15 pounds per square inch (psi).

9.3.6 The temperature and length of exposure shall be documented on the logged formula worksheet. Autoclave number, temperature, load configuration, BI/CI locations and printouts generated from the autoclave should be noted on SOP 4.030 Use, Verification and Maintenance of the Tuttnauer EZ10 Electronic Tabletop Autoclave, Attachment 1, and then attached to the logged formula worksheet.

9.3.7 Appropriate indicators (biological and chemical) shall be used to verify the effectiveness of operating parameters.

9.3.8 Plastic, glass, and metal devices must be tightly wrapped in low-particle self-sealing bags (e.g. Dynarex/Medicom autoclave bags) that allow for steam penetration and prevent post-sterilization contamination.

9.3.9 Prior to steam sterilization, verification of heat labile components must be made to ensure integrity after steam sterilization.

9.3.10 CSPs shall be inspected for any damage that may have occurred during the steam sterilization cycle.

9.3.11 All items autoclaved within an autoclave bag will be marked with the sterilization date. Dynarex recommends no more than a six month shelf life of an unopened uncompromised bag.

9.4 Dry-heat sterilization

9.4.1 Dry-heat oven cycles shall be verified to ensure the sterilization of all CSPs under specified operating conditions and parameters. Oven cycles will be verified with load configurations in accordance with SOP 4.380 Use, Verification and Maintenance of the Thermo Scientific Heratherm Dry-Heat Oven.

9.4.2 Dry-heat sterilization shall be used to sterilize glass, stainless steel, other hard surface materials, and dry powders not labile to high temperatures.

9.4.3 Injectable, oily solutions may be dry-heat sterilized if the components retain potency and stability.

9.4.4 Validation of dry-heat sterilization of an object depends not only on monitoring temperature but also on the use of appropriate biological indicators.

~~9.4.5~~ To achieve sterility, it is recommended to achieve and maintain a temperature of:

9.4.5.1 140°C for 3 hours.

9.4.5.2 150°C for 2.5 hours.

9.4.5.3 160°C for 2 hours.

9.4.5.4 170°C for 1.5 hours.

9.4.6 The temperature and length of exposure shall be documented on the logged formula worksheet and SOP 4.380 Use, Verification and Maintenance of the Thermo Scientific Heratherm Dry Heat Oven, Attachment 4.

9.5 Appropriate sterilization methods, exposure times, and temperature settings shall be verified for each CSP.

9.6 Depyrogenation

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- 9.6.1 Dry heat depyrogenation shall be used to render glassware or containers, such as vials, free from pyrogens as well as viable microbes.
- 9.6.2 To achieve depyrogenation, items or equipment will be covered with foil and be exposed to dry heat in an oven at a mean temperature of 250°C for a minimum of 30 minutes.
- 9.6.2.1 Precision Pharmacy uses an overkill method during all depyrogenation cycles of 250°C for one hour.
- 9.6.3. Each load will not exceed any load configuration for the items being depyrogenated.
- 9.6.4 Load configurations will be validated in accordance with SOP 4.380 Use, Verification and Maintenance of the Thermo Scientific Heratherm Dry-Heat Oven.
- 9.6.5 The temperature and length of exposure shall be documented on SOP 4.380 Use, Verification and Maintenance of the Thermo Scientific Heratherm Dry Heat Oven, Attachment 3.

10.0 ATTACHMENTS

10.1 N/A

11.0 HISTORY

Version Number	Review Date	Effective Date	Description of Change
1.0	10/2009-12/2009	1-1-2010	New SOP
2.0	11-11-2010	1-1-2011	Annual Review; minimal procedural changes
2.0	12-20-2011	1-1-2011	Annual Review; no changes
2.0	1/2013-5/2013	6-14-13	Annual Review
3.0	2-18-14	2-19-14	Procedural changes
4.0	3-3-14	6-12-14	Procedural changes
5.0	7-11-14	7-16-14	Annual Review; Minimal procedural changes; equipment added
6.0	4-3-2015	4-7-2015	Annual Review; Removed 9.2.5; Updated 9.3.3.3, 9.4.5 and 9.6.4.1
7.0	7-22-2016	7-27-2016	Annual Review; Updated 7.5 and 7.6; Minimal grammar
8.0	6-16-2017	8-1-2017	Annual Review; Updated 4.6, 9.3.1, 9.3.11 and 9.6.4.1 ; Added 5.4 and 5.5; Minimal grammar
9.0	5-22-2018	6-18-2018	Annual Review; Updated 6.1, 9.3.2, 9.3.3, 9.3.8, 9.4.6 and 9.6.5; Added references to SOP 4.380, Attachments 3 and 4; Grammar/formatting throughout
10.0	4-26-2019	7-22-2019	Annual Review; Updated Section 7.0, 9.3.1, 9.3.7, 9.3.11, 9.4.1 and 9.6.4; Minor grammar throughout
11.0	4-15-2020	6-1-2020	Annual Review; Added 5.6; Updated 7.3-7.5, 9.1.2.2, 9.2.7, 9.3.8 and 9.3.10; Minor grammar
12.0	7-21-2020	8-14-2020	Updated for NABP inspection preparation; Updated 9.2.5; Added 9.2.5.1

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TITLE: STERILIZATION AND DEPYROGENATION	
SOP NUMBER: 8.010	VERSION NUMBER: 13.0
Date Effective:	

Version Number	Review Date	Effective Date	Description of Change
13.0	4-12-2021	9-14-2021	Annual Review; Updated 7.6, 9.1.1, 9.2.2.1, 9.2.2.2, 9.2.5, 9.2.6, 9.3.8, 9.3.11, and 9.4.3; Grammar/formatting throughout

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ACETYL-D-GLUCOSAMINE IN WATER FOR INJ. 200MG/ML INJECTABLE
ACETYL-D-GLUCOSAMINE IN WATER FOR INJ. 250MG/ML INJECTABLE
ACETYL-D-GLUCOSAMINE/HA IN WATER FOR INJ. 100MG/10MG/ML INJECTABLE
ADENOSINE MONOPHOSPHATE IN WATER FOR INJ. 200MG/ML INJECTABLE
ALTRENOGEST 50MG/ML INJECTABLE
ALTRENOGEST 225MG/ML INJECTABLE
AMMONIUM SULFATE IN WATER FOR INJ. 0.75% INJECTABLE
ARGININE (L) HCL IN WATER FOR INJECTION 200MG/ML INJECTABLE
ATIPAMEZOLE HYDROCHLORIDE 20MG/ML INJECTABLE
CACO COPPER VET WITH IRON IN WATER FOR INJ. 6.4MG/0.2MG/1MG/ML INJECTABLE
CARBAZOCHROME/SODIUM SALICYLATE IN WATER FOR INJ. 10MG/250MG/ML INJECTABLE
CARBOXYMETHYLCELLULOSE STERILE (BELLY JELLY)(PF) 2% MEDIUM VISCOSITY SOLUTION
CIMETIDINE IN WATER FOR INJ. 150MG/ML INJECTABLE
CYCLOSPORINE DROPS (IN OIL) 2% OPHTHALMIC
DESLORELIN IN WATER FOR INJ. IMMEDIATE RELEASE 50MCG/ML INJECTABLE
DESLORELIN (AS ACETATE) IR 1.5MG/ML INJECTABLE
DETOMIDINE HCL/XYLAZINE 2.5MG/100MG/ML INJECTABLE
DETOMIDINE HCL/XYLAZINE 5MG/100MG/ML INJECTABLE
DEXAMETHASONE SOD. PHOS. IN WATER FOR INJ. 24MG/ML INJECTABLE
ESTRADIOL 17-B IN SESAME OIL 5MG/ML INJECTABLE
ESTRADIOL 17-B/ PROGESTERONE IN SESAME OIL 3.33MG/50MG/ML INJECTABLE
ESTRADIOL CYPIONATE IN SESAME OIL 2MG/ML INJECTABLE
ESTRONE AQ.IN CARBOXYMETH. FOR INJ. SUSPENSION 5MG/ML INJECTABLE
GUAIFENESIN IN D5W (PF) 50MG/ML INJECTABLE
GUANABENZ ACETATE IN WATER FOR INJ. 2MG/ML INJECTABLE
HISTRELIN (AS HISTRELIN ACETATE) 0.5MG/ML INJECTABLE
HISTRELIN (AS HISTRELIN ACETATE) 1MG/ML INJECTABLE
IODINE IN ALMOND OIL 2% INJECTABLE
IRON (AS IRON SUCROSE) IN WATER FOR INJ. (PF) 2% INJECTABLE
ITRACONAZOLE (WITH DMSO) OPHTHALMIC (PF) 1% OINTMENT
LACTANASE 2X IN STERILE WATER FOR INJ. INJECTABLE
MEDETOMIDINE HCL/KETAMINE (AS KETAMINE HCL) INJ. 10MG/100MG/ML INJECTABLE
MEDETOMIDINE HCL/KETAMINE (AS KETAMINE HCL) INJ. 10MG/150MG/ML INJECTABLE
MEDETOMIDINE HCL/KETAMINE (KETAMINE HCL) INJ 5MG/150MG/ML INJECTABLE
MEDROXYPROGESTERONE ACETATE IN WATER INJ. 200MG/ML SUSPENSION
METHOCARBAMOL IN WATER FOR INJ. 100MG/ML INJECTABLE
PENTOSAN/ACETYL-D-GLUCOSAMINE IN WATER FOR INJ. 125MG/200MG/ML INJECTABLE
PROGESTERONE (IN PROPYLENE GLYCOL) 200MG/ML INJECTABLE
PROGESTERONE IN SESAME OIL 100MG/ML INJECTABLE
RESERPINE IN WATER FOR INJ. 2.5MG/ML INJECTABLE
ROMIFIDINE HCL 1% INJECTABLE
STANOZOLOL IN WATER FOR INJ. 50MG/ML INJECTABLE
STANOZOLOL IN WATER FOR INJ. (PF) 5MG/ML INJECTABLE
TACROLIMUS OPHTHALMIC (PF) 0.03% SOLUTION
TRYPTOPHAN IN WATER FOR INJ 100MG/ML INJECTABLE
XYLAZINE IN WATER FOR INJECTION 333MG/ML INJECTABLE

PRECISION PHARMACY	
TITLE: USE AND MAINTENANCE OF THE AIR SCIENCES POWDER CONTAINMENT/FUME HOODS/BSC CLASS I & II/LAFW	
SOP NUMBER: 4.200	VERSION NUMBER: 16.0
Authorized By:	Date:
Written By: PSI/PCCA /Taggs/Shine/Williams	Date: 12-8-2021
Reviewed By:	Date:
Date Effective:	

1.0 PURPOSE

- 1.1 The purpose of this procedure is to establish requirements for the use and maintenance of all hoods, laminar air flow workbenches and biological safety cabinets at Precision Pharmacy.

2.0 SCOPE

- 2.1 This procedure applies to all personnel utilizing the hoods, laminar air flow workbenches and biological safety cabinets at Precision Pharmacy.

3.0 RESPONSIBILITY

- 3.1 The Pharmacist-in-Charge shall supervise this procedure or document that another staff member has been designated to complete the task.

4.0 REFERENCES

- 4.1 Instruction manual(s)

5.0 FREQUENCY

- 5.1 When in use.

6.0 DEFINITIONS

- 6.1 BSC – biological safety cabinet
 6.2 LAFW – laminar air flow workbench
 6.3 PPE – personal protective equipment
 6.4 HEPA – high efficiency particulate air
 6.5 FMP – feet per minute
 6.6 PEC – primary engineering control

7.0 EQUIPMENT AND SUPPLIES

- 7.1 70% isopropyl alcohol
 7.2 Cleaning agents utilized in compounding areas.
 7.3 Vaneometer

8.0 GENERAL INFORMATION

- 8.1 N/A

9.0 PROCEDURE

- 9.1 Powder/fume hoods and BSC Class I

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- 9.1.1 Units must be installed according to manufacturer's minimum velocity (> 60 fmp). Depending on the application, hoods may be set at higher threshold specifications.
- 9.1.2 Wear appropriate PPE (goggles, gloves, gown, etc.) according to designated task and SOP(s) while using Air Sciences powder containment/fume hoods.
- 9.1.3 If the unit does not run continuously, turn on the exhaust fan prior to beginning the first weighing procedure and ensure the hood flaps are down.
- 9.1.4 Ensure vaneometer displays correct velocity reading. Any variations shall be brought to the attention of a pharmacist on duty and the facility coordinator. All filter integrities shall be checked. Filters and prefilters may be changed if necessary.
- 9.1.5 Units with manufacturer installed trash chute shall have a bag securely attached while the hood is in use or the chute must be covered. Chute shall be utilized to properly dispose of waste with hazardous residue.

9.2 Bulk powder transfer BSC I

- 9.2.1 Wear appropriate PPE (goggles, gloves, gown, etc.) according to designated task and SOP(s).
- 9.2.2 If the unit is not ran continuously, turn on the exhaust fan prior to beginning any procedure within the hood and ensure the hood flaps are down.
- 9.2.3 Ensure vaneometer displays correct velocity reading. Any variations shall be brought to the attention of a pharmacist on duty and the facility coordinator. All filter integrities shall be checked and changed if necessary.
- 9.2.4 Prior to placing any container on the lift, measure the outer diameter of the top of the container.
 - 9.2.4.1 Select the stainless steel retainer ring with an opening slightly larger then the top of the container. Make sure the ring is clean prior to use.
 - 9.2.4.2 Once the retainer ring is selected, place the ring in the hood making sure to line up the six holes with the recessed nuts in the countertop.
 - 9.2.4.3 Using six thumb screws with rubber washers, or six set knobs, attach the retainer ring into place with the opening facing the back of the hood.
 - 9.2.4.4 If there is not a rubber band attached to the container, select the appropriate sized rubber band for the retainer ring's opening and place on the counter within the hood.
- 9.2.5 Place the container on the lift within the designated area.
- 9.2.6 Roll the lift into position under the hood's retainer ring opening.
- 9.2.7 Slowly pump the foot pedal on the lift until the container is close to the opening in the retainer ring. Make any slight adjustments for fit prior to continuing to lift the container through the opening.
- 9.2.8 Once the container has been lifted through the retainer ring, open the container and place the lid/latches to the side within the hood.
- 9.2.9 Pull the edges of the outer bag within the container out and around the lip on the retainer ring starting at the back of the container.

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9.2.10 Place the rubber band from step 9.2.4.4 around the edge of the bag securing it to the lip of the retainer ring.

9.2.11 Open the interior bag containing the chemical for transfer to a new container.

9.2.12 Once task is completed within the hood, close the interior bag of the container. Make sure the hood is clean and free of chemical prior to any further steps.

9.2.12.1 Remove the rubber band and wipe clean. If rubber band will be reused, place it a small bag attached to the container.

9.2.12.2 Place the outer bag back inside the container and seal the container.

9.2.12.3 Use the hand lever on the lift to lower the container.

9.2.12.4 Remove the screws and ring making sure to clean all parts as they are removed.

9.2.12.5 Place the solid flat workspace over the counter opening making sure all pins drop into the six recessed counter holes.

9.3 Cleaning/maintenance of BSC Class I / powder hoods

9.3.1 Daily

9.3.1.1 The work station area should be kept neat, clean, and free of clutter to prevent air flow obstruction.

9.3.1.2 Clean the interior of the unit daily when in use. Interior of the unit must be cleaned prior to compounding, after a spill occurs, and after each compound, then documented on the logged formula worksheet.

9.3.1.3 Use a cleaning agent that does not contain abrasive agents or organic solvents to clean the acrylic side panels.

9.3.1.4 Use mild soap and water to clean the base (as appropriate to unit location).

9.3.1.5 If cleaning in the hazardous compounding areas, deactivation, decontamination, cleaning and disinfection shall be done in accordance with SOP 13.020 Deactivation, Decontamination, Cleaning and Disinfection.

9.3.2 Weekly

9.3.2.1 Velocity reading will be measured at rest and under dynamic conditions using a vaneometer, then logged on Weekly Hood Maintenance, Attachment 1. Velocity shall be at a minimum of 60ft/min at rest. Any variations shall be brought to the attention of a pharmacist on duty and the facility coordinator. All filter integrities shall be checked and changed if necessary. If filters are changed the velocity shall be re-verified and logged.

9.3.2.2 The units' integrity shall be checked and logged on Weekly Hood Maintenance, Attachment 1, to ensure there are no significant cracks, flaking or erosion that may interfere with compounding or velocity.

9.3.2.3 Visual observation of the pre-filters and HEPA filters shall be recorded on Weekly Hood Maintenance, Attachment 1, along with any filter changes.

9.3.3 Semi-annually

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9.3.3.1 At least semi-annually, units will be certified and tested by a contracted third party. Records of certification will be kept on file and noted on individual units.

9.3.3.2 Non-passing units shall not be used for compounding until repaired and recertified (either by manufacturer for new unit or in-house with proper velocity readings).

9.3.4 Annually

9.3.4.1 Carbon filters will be changed annually and recorded on Weekly Hood Maintenance, Attachment 1.

9.4 LAFW

9.4.1 Units shall remain on at all times. However, if a unit is powered off at any time for any reason only one (properly garbed) sterile trained staff member may enter the buffer room to power unit back on. Once power is restored, compounding may not resume for at least 30 minutes and not until unit is cleaned according to SOP 3.020 Cleaning and Maintenance of the Cleanroom Facilities.

9.4.2 The work station should be kept neat, clean, and free of clutter to prevent air flow obstruction.

9.5 Cleaning and maintenance of LAFW

9.5.1 Clean the interior of the unit daily when in use. Interior of the unit must be cleaned prior to compounding, after a spill occurs and after each compound, then logged on applicable Attachment and/or the logged formula worksheet. All scheduled cleaning and required documentation of the LAFW shall be performed according to SOP 3.020 Cleaning and Maintenance of the Cleanroom Facilities.

9.5.2 Filters shall be visually inspected to ensure cleanliness and for signs of erosion or wear.

9.5.2.1 Pre-filters shall be inspected monthly.

9.5.2.2 HEPA filters shall be inspected weekly.

9.5.2.3 Any abnormalities shall be brought to the attention of a sterile compounding pharmacist on duty and the facility coordinator. Abnormalities shall be addressed/corrected before compounding resumes.

9.5.3 At least semi-annually, units will be certified and tested by a contracted third party. Records of certification will be kept on file and noted on individual units.

9.5.4 Non-passing units shall not be used for compounding until repaired and recertified by contracted third party.

9.6 BSC Class II

9.6.1 Unit shall remain on at all times. However, if a unit is powered off at any time for any reason only one (properly garbed) sterile trained staff member may enter the buffer room to power unit back on. Once power is restored, compounding may not resume for at least 30 minutes and not until unit is cleaned according to SOP 3.020 Cleaning and Maintenance of the Cleanroom Facilities and SOP 13.020 Deactivation, Decontamination, Cleaning and Disinfection. The appropriate BSC

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and room pressure must be within range and documented before compounding resumes.

9.6.2 The work station should be kept neat, clean, and free of clutter to prevent air flow obstruction.

9.7 Cleaning and maintenance of the Class II BSC

9.7.1 Deactivate, decontaminate, clean and disinfect the interior of the unit daily unless not in use. Interior of the unit must be cleaned prior to compounding, after a spill occurs, and after each compound, then logged on applicable attachment and/or the logged formula worksheet. All scheduled cleaning and required documentation of the BSC shall be performed according to SOP 3.020 Cleaning and Maintenance of the Cleanroom Facilities and SOP 13.020 Deactivation, Decontamination, Cleaning and Disinfection.

9.7.2 Pre-filter(s) shall be visually inspected at least quarterly to ensure cleanliness and for signs of erosion or wear. Any abnormalities shall be brought to the attention of a sterile compounding pharmacist on duty and the facility coordinator. Abnormalities shall be addressed/corrected before compounding resumes. Document inspection on SOP 3.020 Cleaning and Maintenance of the Clean Room Facilities, Attachment 2.

9.7.3 At least semi-annually, units will be certified and tested by a contracted third party. Records of certification will be kept on file and noted on individual units.

9.7.4 Non-passing units shall not be used for compounding until repaired and recertified by contracted third party.

9.8 Refer to instruction manual(s) for filter changing procedures for all PEC and filter types.

10.0 ATTACHMENTS

10.1 Attachment 1 – Weekly Hood Maintenance

11.0 HISTORY

Version Number	Review Date	Effective Date	Description of Change
1.0	10-2009-12/2009	12-14-2009	New SOP
2.0	12-15-2010	1-1-2011	Annual Review; procedural changes
2.0	12/20/2011	1-1-2011	Annual Review; No Changes
3.0	2-13-13	6-14-2013	Annual Review; see file for specific changes
4.0	7-1-2013	7-29-2013	See file for specific changes
5.0	8-9-2013	8-15-2013	See file for specific changes
6.0	4-29-2014	5-8-2014	See file for specific changes
7.0	10-29-2014	11-11-2014	See file for specific changes
8.0	1-13-2015	1-19-2015	Annual Review; Changes made to Attachments 2 and 3; removed 9.2.3 and 9.2.3.1
9.0	9-1-2015	9-2-2015	Updated Attachment 1 to include Month/Year in header and "Reviewed By"

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10.0	4-29-2016	5-3-2016	Annual Review; Updated 9.2.1.2; Removed Attachment 3
11.0	6-1-2016	6-28-2016	Updated to include in Class II BSC in new clean room
12.0	6-26-2017	7-26-2017	Annual Review; Added 7.4, 9.1.4, 9.2.3; Updated 9.2.2, 9.2.3 minimal grammar and formatting
13.0	5-29-2018	6-21-2018	Annual Review; Updated Definitions, 9.2.4.3, 9.2.10, 9.3.1.3, and "trained staff" language throughout; Removed Streamline equipment from SOP; Minor grammar and formatting
14.0	4-19-2019	2-14-2020	Annual Review; Updated for USP <800> throughout; Added 6.4 and 9.8; Updated 9.1.1, 9.1.2, 9.1.4, 9.1.5, 9.2.1, 9.3.1.2, 9.3.1.5, 9.5.1, 9.5.2, 9.6.1, 9.7.1, and 9.7.2; Grammar/formatting throughout
15.0	8-14-2020	10-13-2020	Annual Review; Updated "retaining ring" to "retainer ring" throughout; Added 6.5 and 6.6; Updated 7.2, 9.1.1, 9.1.2, 9.1.4, 9.1.5, 9.2.1, 9.2.3, 9.3.2.1, 9.5.2.3 and 9.7.2; Removed 9.2.13
16.0	12-8-2021	2-18-2022	Annual Review; Updated 9.1.3; Grammar/formatting throughout

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Weekly Hood Maintenance

Month: _____

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Hood #: _____

KEY

D: Dynamic

R: At Rest

Date	Velocity Reading (Minimum 60ft/min @ rest)	Hood Integrity (cracks, flaking, erosion, etc)	Visual Observation		Action	Maintained by	RPH Initials
			Prefilter	HEPA Filter			
	D:		☐ Replaced/AQ Date: _____		Notes: Filter Replaced (HEPA/Carbon), Recommendations, Etc.		
	R:		☐ Not Replaced				
	D:		☐ Replaced/AQ Date: _____				
	R:		☐ Not Replaced				
	D:		☐ Replaced/AQ Date: _____				
	R:		☐ Not Replaced				
	D:		☐ Replaced/AQ Date: _____				
	R:		☐ Not Replaced				

PRECISION PHARMACY**TITLE: STERILE COMPOUNDING TECHNICIAN AND SUPPORT STAFF QUALIFICATION****SOP NUMBER: 2.030****VERSION NUMBER: 20.0**

Authorized By:

Date:

Written By: PCCA/Taggs/Shine

Date: 6-14-2021

Reviewed By:

Date:

Date Effective:

1.0 PURPOSE

- 1.1 – Precision Pharmacy shall require basic qualifications for each employee actively involved in sterile compounding.

2.0 SCOPE

- 2.1 This procedure applies to all sterile compounding personnel at Precision Pharmacy to include both hazardous and non-hazardous sterile compounding.

3.0 RESPONSIBILITY

- 3.1 The Pharmacist-in-Charge shall supervise this procedure or document that another staff member has been designated to complete this task.
- 3.2 Each pharmacist and technician shall be responsible for ensuring their professional license is kept current and in good standing.

4.0 REFERENCES

- 4.1 Current Law Book for Pharmacy, California; Sections 1751.3 Sterile Compounding Policies and Procedures, 1751.6 Sterile Compounding Consultation; Training of Sterile Compounding Staff and 1751.7 Sterile Compounding Quality Assurance and Process Validation
- 4.2 Texas Administrative Code, Title 22, Part 15, Chapter 291, Subchapter G, Rule §291.133- Pharmacies Compounding Sterile Preparations
- 4.3 USP <797> Pharmaceutical Compounding – Sterile Preparations; *Personnel Training and Competency Evaluation of Garbing, Aseptic Work Practices, and Cleaning/Disinfection Procedures*
- 4.4 USP <800> Hazardous Drugs – Handling in Healthcare Settings
- 4.5 SOP 3.020 Cleaning and Maintenance of the Clean Room Facilities
- 4.6 SOP 9.110 Proper Hand Washing Procedure
- 4.7 SOP 9.120 Required Garb for Clean Room Facilities Access
- 4.8 SOP 9.130 Sterile Compounding Process Validation (Media Fills)

5.0 DEFINITIONS

- 5.1 ACPE – Accreditation Council for Pharmacy Education
- 5.2 CFU – colony forming units
- 5.3 CSP – compounded sterile preparation

6.0 FREQUENCY

- 6.1 Commencement of employment or initial training before performing sterile compounding.
- 6.2 Semi-annually and as necessary.

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7.0 EQUIPMENT & SUPPLIES

7.1 N/A

8.0 GENERAL INFORMATION

8.1 Initial sterile technician training (Texas Administrative Code- Rule §291.133 and CCR 1751.6(e))

8.1.1 Initial training must be obtained through completion of either:

8.1.1.1 A single course, a minimum of 40 hours of instruction and experience. Such training shall be obtained through completion of a course sponsored by an ACPE-accredited provider; or

8.1.1.2 A training program which is accredited by the American Society of Health-System Pharmacists.

8.1.2 Complete a structured on-the-job didactic and experiential training program at Precision Pharmacy which provides sufficient hours of instruction and experience in the facility's sterile compounding processes and procedures.

8.1.3 The experiential portion of the training program must be supervised by a trained sterile compounding pharmacist as outlined in SOP 2.060 Compounding Pharmacist Qualification.

8.1.4 The didactic and experiential training shall include instruction, experience and demonstrated proficiency in the following areas:

8.1.4.1 Aseptic technique (CCR 1751.6 (e) and TAC §291.133);

8.1.4.2 Critical area contamination factors (TAC §291.133);

8.1.4.3 Environmental monitoring (TAC §291.133);

8.1.4.4 Structure and engineering controls related to facilities (TAC §291.133);

8.1.4.5 Container, equipment and closure system selection/Equipment and supplies (CCR 1751.6 (e) and TAC §291.133);

8.1.4.6 Pharmaceutical calculations and terminology/Sterile preparation calculations and terminology (CCR 1751.6 (e) and TAC §291.133);

8.1.4.7 Sterile preparation compounding documentation (CCR 1751.6 (e) and TAC §291.133);

8.1.4.8 Quality assurance procedures (CCR 1751.6 (e) and TAC §291.133);

8.1.4.9 Aseptic preparation procedures (CCR 1751.6 (e) and TAC §291.133);

8.1.4.10 Proper hand hygiene, gowning and gloving technique (CCR 1751.6 (e) and TAC §291.133);

8.1.4.11 Cleaning, sanitizing and maintaining of equipment in the controlled area/Cleaning procedures including decontamination (where applicable) (CCR 1751.3, CCR 1751.6 (e) and TAC §291.133);

8.1.4.12 General conduct in the controlled area (CCR 1751.6 (e) and TAC §291.133);

8.1.4.13 Sterilization techniques for compounding sterile drug preparations from one or more non-sterile ingredients (CCR 1751.6 (e)).

TITLE: STERILE COMPOUNDING TECHNICIAN AND SUPPORT STAFF QUALIFICATION**SOP NUMBER: 2.030****VERSION NUMBER: 20.0**

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- 8.1.5 Each sterile compounding technician must successfully complete an initial glove/garbing competency evaluation and gloved fingertip/thumb sampling procedure (zero cfu) no less than three times before compounding.
- 8.1.6 Each sterile compounding technician must successfully complete an initial media fill test before compounding to demonstrate competency in aseptic technique.
- 8.2 Initial hazardous sterile technician training
 - 8.2.1 A sterile compounding technician must complete all the requirements outlined in 8.1 before becoming trained in hazardous sterile compounding; and
 - 8.2.2 Be trained and demonstrate competence in the safe handling and compounding of hazardous agents (CCR 1751.6).
 - 8.2.2.1 To include, and may not be limited to, items addressed in SOPs 13.010 Hazardous Communication Program and 13.020 Deactivation, Decontamination, Cleaning and Disinfection.
 - 8.2.3 Complete an initial media fill in the hazardous clean room to demonstrate competency in aseptic technique.
- 8.3 Ongoing sterile technician training
 - 8.3.1 After initial training is complete, each sterile compounding technician must successfully complete a media fill test, written assessment including pharmaceutical calculations and terminology, glove/garb assessment and cleaning assessment every six months to continue sterile compounding.
 - 8.3.2 If compounding in the hazardous clean room, a separate media fill and glove/garb assessment must be successfully completed every six months to continue hazardous sterile compounding.
 - 8.3.3 Monthly glove tests must be completed to demonstrate proper garbing technique.
 - 8.3.4 Preparation process validations must be completed by each sterile compounding technician per sterilization method per calendar year.
 - 8.3.5 Annual training for sterile compounding technicians will also include written assessments on medication errors, HIPAA policies and hazardous drugs. Each sterile technician will also be visually assessed by a pharmacist on the proper handling of hazardous drugs.
- 8.4 Initial sterile support staff training
 - 8.4.1 Sterile support staff will complete a structured on-the-job didactic and experiential training program at Precision Pharmacy which provides sufficient hours of instruction and experience in the facility's sterile compounding processes and procedures.
 - 8.4.2 Sterile support staff must successfully complete an initial glove/garbing competency evaluation and gloved fingertip/thumb sampling procedure (zero cfu) no less than three times before assisting with clean room activities.
 - 8.4.3 Sterile support staff must successfully complete an initial cleaning assessment before being allowed to clean independently.
- 8.5 Ongoing sterile support staff training
 - 8.5.1 After initial glove tests are complete, sterile support staff must complete monthly glove tests to demonstrate proper garbing technique.

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- 8.5.2 Support staff shall complete cleaning assessments every six months to demonstrate proper cleaning techniques.

9.0 PROCEDURE

- 9.1 Each pharmacy technician will be responsible for obtaining the appropriate number of continuing education hours, for certification, if applicable.
- 9.1.1 All licensed professionals are required to display their licensure certificates in the pharmacy area for easy access to regulatory agents and the public.
- 9.1.2 All licensed professionals shall display any additional information required by the appropriate state board of pharmacy.
- 9.2 Personnel involved in the sterile compounding process will be evaluated on their physical ability to perform the assigned compounding responsibility without compromising the integrity of the compound. This will include handicap issues (along with dexterity skills) and any illness or injury.
- 9.3 All sterile compounding technicians shall undergo training and validation of sterile compounding.
- 9.3.1 Training should be conducted by expert personnel and through audio-video instructional sources and professional publications in theoretical principles and practical skills of aseptic manipulations and in achieving and maintaining ISO Class 5 environmental conditions before they begin to prepare CSPs.
- 9.3.2 Initial training shall be documented on Initial Sterile Compounding Training, Attachment 1 and Sterile Compounding Technician Training Checklist, Attachment 4 for technicians.
- 9.3.3 Sterile compounding technicians shall undergo didactic and experiential training as outlined in 8.1 and pass written testing initially and every six months thereafter for high-risk compounding.
- 9.3.4 Glove/garbing competency evaluation will be performed prior to initial sterile compounding. Sterile compounding technicians will be reassessed at least every six months thereafter. The initial gloved fingertip/thumb sampling must have zero cfu no less than three times before compounding. Document according to SOP 9.130 Sterile Compounding Process Validation (Media Fills).
- 9.3.5 Glove/garbing competency evaluation will be performed three times prior to initial sterile compounding.
- 9.3.5.1 Sterile compounding technician will be visually observed during the process of performing hand hygiene and garbing procedures by a qualified sterile compounding pharmacist. Document according to SOP 9.130 Sterile Compounding Process Validation (Media Fills), USP Assessment - <797> - Hand Hygiene and Garbing Related Practices of Sterile Compounding Personnel/Cleaning Assessment, Attachment 2.
- 9.3.5.2 Sterile compounding technician must perform proper hand hygiene and garbing and then, prior to disinfection, a gloved fingertip and thumb sample from both hands of the compounder will be collected onto appropriate agar plates by lightly pressing each fingertip into the agar.
- Each hand shall be sampled on a separate agar plate. Once the sampling is complete, immediately remove gloves and perform proper hand hygiene procedures before donning a new set of sterile gloves. Document according to SOP 9.130 Sterile Compounding Process

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Validation (Media Fills), USP Assessment - <797> - Hand Hygiene and Garbing Related Practices of Sterile Compounding Personnel/Cleaning Assessment, Attachment 2.

9.3.5.3 Incubate the plates according to SOP 3.030 Environmental Monitoring of the Clean Room Facilities.

9.3.5.4 After initial validation, monthly glove tests are required for sterile technicians and support staff. If a monthly glove test is missed due to illness, leave or vacation, there shall be two glove tests performed the next month or as soon as they return.

9.3.6 All sterile compounding technicians must successfully complete a high risk media fill according to SOP 9.130 Sterile Compounding Process Validation (Media Fills) prior to initially compounding and every six months thereafter.

9.3.6.1 Results are recorded on Initial Sterile Compounding Technician Training, Attachment 1 and Validation of Personnel – Sterile Compounding, Attachment 2 and according to SOP 9.130 Sterile Compounding Process Validation (Media Fills).

9.3.7 All sterile compounding technicians and support staff must successfully complete SOP 3.020 Cleaning and Maintenance of the Clean Room Facilities, Cleaning Assessment for Cleaning and Disinfection Procedures in the Clean Room, Attachment 12, semiannually. Assessment must be completed before personnel initially clean (weekly, monthly or quarterly) and must include deactivation, decontamination, cleaning and disinfection steps according to SOP 13.020 Deactivation, Decontamination, Cleaning and Disinfection, if cleaning in the hazardous clean room.

9.3.8 All sterile compounding technicians must successfully complete preparation process validations annually, to prove competency, accuracy and technique on each sterilization method (Attachment 2). This includes a visual inspection of the final preparation by a sterile compounding pharmacist along with a potency test, if applicable.

9.3.9 Should personnel fail written tests or whose media fill results in microbial colonization or one or more cfu(s) on a glove test between both hands, they shall be immediately re-instructed and re-evaluated by expert compounding personnel to ensure correction of all aseptic deficiencies. Personnel will be restricted from performing sterile compounding or clean room activities until all required evaluations have passed.

9.3.9.1 Positive media fill test results or positive glove/garb competency tests should prompt a rapid and systematic investigation of aseptic technique, environmental control, and other sterility assurance controls to identify sources of contamination and correct problems in the methods or processes.

9.3.9.1.1 If source of contamination is suspected to have originated/resulted from employee technique, validation test(s) shall be performed which may include garbing assessment, media fill assessment (or an abbreviated version) or cleaning assessment. Document according to SOP 3.020 Cleaning and Maintenance of the Clean Room Facilities and/or SOP 9.130 Sterile Compounding Process Validation (Media Fills).

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- 9.4 Before a sterile compounding technician may compound with hazardous drugs, all initial training requirements outlined in section 9.3 and a separate initial hazardous media fill, according to SOP 9.130 Sterile Compounding Process Validation (Media Fills), shall be completed. Once complete, a hazardous media fill shall be performed every six months thereafter.

9.4.1 The sterile compounding technician must have sufficient training on the safe handling and disposal of hazardous drugs according to SOPs 7.030 API and Compounded Preparation Spills, 9.090 Proper Disposal of Pharmacy Waste, 13.010 Hazardous Communication Program and 13.020 Deactivation, Decontamination, Cleaning and Disinfection before beginning hazardous compounding.

- 9.5 Sterile support personnel will be trained on their specific duties involving the sterile compounding process.

9.5.1 Glove/Garbing competency evaluation will be performed prior to entering the buffer room(s). Each support staff member must successfully complete an initial glove/garbing competency evaluation and gloved fingertip/thumb sampling procedure (zero cfu) no less than three times before entering the buffer room according to section 9.3.5. Support staff will be recertified at least every six months. Document according to SOP 9.130 Sterile Compounding Process Validation (Media Fills), USP Assessment - <797> - Hand Hygiene and Garbing Related Practices of Sterile Compounding Personnel/Cleaning Assessment, Attachment 2.

9.5.2 Cleaning assessment shall be performed during initial cleaning (weekly, monthly, quarterly) and must include deactivation, decontamination, cleaning and disinfection steps if cleaning in the hazardous clean room. Staff will be recertified at least semi-annually. Document assessment according to SOP 3.020 Cleaning and Maintenance of the Clean Room Facilities, Cleaning Assessment for Cleaning and Disinfection Procedures in the Clean Room, Attachment 12.

- 9.6 Should a sterile support staff member fail a glove test with one or more cfu(s) between both hands, they shall be immediately re-instructed and re-evaluated by expert compounding personnel to ensure correction of all aseptic deficiencies. They will be restricted from buffer room access until all required evaluations have passed.

9.6.1 Positive glove/garb competency tests should prompt a rapid and systematic investigation of aseptic technique, environmental control, and other sterility assurance controls to identify sources of contamination and correct problems in the methods or processes.

9.6.1.1 If source of contamination is suspected to have originated/resulted from employee technique, validation test(s) shall be performed which may include a garbing assessment or cleaning assessment. Document according to SOP 3.020 Cleaning and Maintenance of the Clean Room Facilities and/or SOP 9.130 Sterile Compounding Process Validation (Media Fills).

- 9.7 Documentation of the training assessments shall be documented and retained appropriately in the designated employee training binder for at least three years beyond the employee's employment.

- 9.8 The Pharmacist-in-Charge or pharmacist designated by the PIC shall be responsible for determining if the employee or procedure requires testing more frequently than every six months.

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- 9.9 Annual training for all technicians will also include didactic training and written assessments on medication errors and HIPAA procedures. Annual hazardous drug training must be completed according to SOP 13.010 Hazardous Communication Program. All training assessments will be recorded on Annual Sterile Compounding Technician Training, Attachment 3 for each calendar year and retained appropriately in the designated employee training binder.

10.0 ATTACHMENTS

- 10.1 Attachment 1 – Initial Sterile Compounding Technician Training
 10.2 Attachment 2 – Validation of Personnel – Sterile Compounding
 10.3 Attachment 3 – Annual Sterile Compounding Technician Training
 10.4 Attachment 4 – Sterile Compounding Technician Initial Training Checklist

11.0 HISTORY

Version Number	Review Date	Effective Date	Description of Change
1.0	10-2009-12/2009	12-14-2009	New SOP
2.0	11-2-2010	1-1-2011	Annual Review; procedural changes
2.0	12-13-11	1-1-2011	Annual Review; No Changes
3.0	4-11-2013	6-14-2013	Annual Review; procedural changes (see draft for specifics)
4.0	8-13-2013	8-14-2013	See draft for specific changes
5.0	1-17-2014	1-20-2014	See draft for specific changes
6.0	2-18-2014	2-19-2014	See draft for specific changes
7.0	3-6-2014	6-12-2014	See draft for specific changes
8.0	9-4-2014	9-9-2014	Revised Attachment 3 – page 2
9.0	4-22-2015	5-4-2015	Annual Review; Extensive changes; See hard copy for details
10.0	6-4-2015	6-5-2015	Moved Attachments 2 and 3 to SOP 9.30; Renumbered Attachments 4 and 5
11.0	7-13-2015	7-17-2015	Updated Attachment 2
12.0	1-27-2016	2-24-2016	Annual Review; Updated Attachment 3; Updated SOP to include pharmacists; see hardcopy for details
13.0	6-1-2016	6-16-2016	Updated for new clean room – see hardcopy for specific changes
14.0	2-10-2017	2-17-2017	Annual Review; Updated 6.2, 9.3.2, 9.4.4, 9.4.5.3, 9.4.8, and 9.4.10; Minimal grammar formatting
15.0	9-28-2017	10-2-2017	Extensive updates to training procedures (CA and TX regulations and CA BOP inspector recommendations) see hard copy for details
16.0	1-16-2018	2-5-2018	Annual Review; Updated 6.1; Added 8.3.3, 8.4-8.5.2; Updated SOP to include reference to support staff as applicable; Updated references to current versions; Updated SOP references on Attachment 4; Grammar throughout

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Version Number	Review Date	Effective Date	Description of Change
17.0	2-18-2019	4-2-2019	Annual Review; Updated 9.3.9, references to current versions and Attachments 1 and 4; Minor grammar/formatting throughout
18.0	11-19-2019	12-9-2019	Updated for USP <800>; Added 4.5, 8.2.2.1; Updated 9.3.7, 9.4, 9.4.1, 9.5.2, 9.9 and Attachments to include HD training
19.0	6-12-2020	8-17-2020	Annual Review; Added 5-1 – 5.3; Updated 9.3.7, 9.7, Attachment 2; Grammar/formatting throughout
20.0	6-14-2021		Annual Review; Updated 8.3, 8.5, Attachments 1, 3, and 4; Grammar/formatting throughout.

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Initial Sterile Compounding Technician Training

New sterile compounding technicians must complete all

Check One:

☐ Non-Hazardous Clean Room

☐ Hazardous Clean Room

Review and demonstrate the following:

1. Aseptic hand washing/ proper garbing assessment

Assessment Completed on: _____

2. Glove Test Completed and Passed:

Initial Glove/Garb Test ☐ Date: _____ Second Glove/Garb Test ☐ Date: _____ Third Glove/Garb Test ☐ Date: _____

3. Correct cleaning of LAFW or BSC (circle one)

Assessment Completed on: _____

4. Cleaning assessment completed

Assessment Completed on: _____

5. Demonstrate aseptic technique via media fill (also demonstrating knowledge of first air and the importance of where materials are placed)

Initial media fill completed on: _____

6. Initial sterile training checklist completed on: _____

7. Formal training completed on: _____

Title of training program: _____ Hours of program: _____

8. Demonstrate knowledge of each method of sterilization by completing a process validation using a dry heat sterilized, a filtered, and an autoclaved preparation. (Not required for both non-hazardous and hazardous; does not need to be repeated for each)

Dry Heat Assessment Completed on: ____/____/____ RPH: _____

Drug Name & Lot#: _____ Potency ☐

Filtration Assessment Completed on: ____/____/____ RPH: _____

Drug Name & Lot#: _____ Potency ☐

Autoclaved Assessment Completed on: ____/____/____ RPH: _____

Drug Name & Lot#: _____ Potency ☐

RPH Reviewed: _____ Date: _____

VALIDATION OF PERSONNEL – STERILE COMPOUNDING

Personnel involved in compounding preparations shall be validated for proper technique and understanding of the concepts behind the procedures to be performed. Validation shall be handled under a "pass/fail" grading system. If the individual performing the procedure does not "pass" then proper retraining and education shall be given and the individual shall not be allowed to perform the procedure again until competency is demonstrated.

Date: _____ Personnel validated: _____

Name of preparation: _____ lot # _____

Method used to validate personnel: _____

Complete the shaded box if method is for process validation of preparation. Not required to fill out for media fills.

Preparation Form: ☐ Solution ☐ Suspension ☐ Ointment ☐ Other: _____

Sterilization Method: ☐ Filter Sterilization ☐ Steam Sterilization ☐ Dry Heat Sterilization

Logged Formula Worksheet: ☐ Complete ☐ Accurate

Sterility Test: ☐ Pass ☐ Fail

Potency Tested? ☐ NO ☐ YES If yes, Results: _____

Outcome of validation: ☐ Pass ☐ Fail, re-validation date: _____

Comment: _____

Signature: _____ Date: _____
 Team Member

Signature: _____ Date: _____
 Pharmacist

Annual Sterile Compounding Technician Training

Must complete all tasks within each calendar year

Name: _____ 2001

Year: _____

Initial Training Completed on: ____/____/____ Initial Glove Tests Completed on: ____/____/____

Review and Demonstrate the following

1. Glove Test Completed and Passed:

Jan ☐ Feb ☐ Mar ☐ Apr ☐ May ☐ Jun ☐ Jul ☐ Aug ☐ Sep ☐ Oct ☐ Nov ☐ Dec ☐

2. Cleaning Assessment Completed

1st Cleaning Assessment Completed on: ____/____/____ 2nd Cleaning Assessment Completed on: ____/____/____

3. Demonstrate aseptic technique via media fill (also demonstrating knowledge of first air and the importance of where materials are placed)

1st Media Fill Completed on: ____/____/____ ☐ Pass ☐ Fail ☐ OOS

Hand Washing/Garbing Assessment: ____/____/____ ☐ Pass ☐ Fail Aseptic Technique/Cleaning Assessment: ____/____/____ ☐ Pass ☐ Fail

2nd Media Fill Completed on: ____/____/____ ☐ Pass ☐ Fail ☐ OOS

Hand Washing/Garbing Assessment: ____/____/____ ☐ Pass ☐ Fail Aseptic Technique/Cleaning Assessment: ____/____/____ ☐ Pass ☐ Fail

1st Hazardous Media Fill Completed on (if applicable): ____/____/____ ☐ Pass ☐ Fail ☐ OOS

Hand Washing/Garbing Assessment: ____/____/____ ☐ Pass ☐ Fail Aseptic Technique/Cleaning Assessment: ____/____/____ ☐ Pass ☐ Fail

2nd Hazardous Media Fill Completed on (if applicable): ____/____/____ ☐ Pass ☐ Fail ☐ OOS

Hand Washing/Garbing Assessment: ____/____/____ ☐ Pass ☐ Fail Aseptic Technique/Cleaning Assessment: ____/____/____ ☐ Pass ☐ Fail

4. Complete process validations using each method of sterilization: Filter sterilization, Dry Heat sterilization, Steam sterilization

Dry Heat Assessment Completed on: ____/____/____ RPH: _____

Drug Name & Lot#: _____ Potency ☐

Filtration Assessment Completed on: ____/____/____ RPH: _____

Drug Name & Lot#: _____ Potency ☐

Autoclaved Assessment Completed on: ____/____/____ RPH: _____

Drug Name & Lot#: _____ Potency ☐

5. Annual Review:

Hazardous Training: Written Assessment: ____/____/____ Hands-on Assessment: ____/____/____

Medication Error Prevention Training: ____/____/____ HIPAA Training: ____/____/____

Annual Quiz #1: ____/____/____ Annual Quiz #2: ____/____/____

6. Additional Sterile Staff Trainings:

RPH Review: _____ Date: _____



Sterile Compounding Technician Training Checklist

EMPLOYEE INFORMATION

Name: _____ Start date: _____
 Position: _____ Manager: _____

FIRST DAY

☐ Assign "buddy" employee(s) to answer general questions and demonstrate tasks/procedures.

Name(s): _____

POLICIES

☐ Read, sign, and date applicable policies (not limited to SOP's listed)

**List only includes sterile policies. If not already trained in non-sterile compounding, may need to read non-sterile compounding policies.

- 1.060 General Aseptic Technique
- 2.030 Sterile Compounding Technician and Support Staff Qualification
- 3.010 Sterile Compounding Area Requirements
- 3.020 Cleaning and Maintenance of the Clean Room Facilities
- 3.030 Environmental Monitoring of the Clean Room Facilities
- 4.060 Use, Verification and Maintenance of the Incubators
- 4.110 Use and Maintenance of the Traceable Digital Humidity/Temperature Meters
- 4.350 Use of the Dickson One Data Loggers
- 4.410 Use, Maintenance and Verification of the Onset Hobo MX Temp/RH Data Logger
- 8.010 Sterilization and Depyrogenation
- 9.080 Preparation Quarantine, Storage and Release
- 9.110 Proper Hand Washing Procedure
- 9.120 Required Garb for Clean Room Facilities Access
- 9.140 Sterile Compounding Finished Preparation Testing
- 9.220 Contract Testing Laboratory Selection and Desk Audit

TOURS OF CLEAN ROOM FACILITY

☐ Tour of facility, including:

- Non-Hazardous Clean Room Preparation Room
- Non-Hazardous Garb Room
- Non-Hazardous Buffer Room
- Hazardous Airlock
- Hazardous Prep Room
- Hazardous Garb Room
- Hazardous Buffer Room
- Dressing Room
- Testing Room (Autoclaves, Branson, Dry Heat Oven)
- Device Storage
- Incubators
- Spill Kits/Eye Wash/Fire Extinguishers
- Finished Preparation Storage
- Expired storage
- Controlled Substance cabinet
- Chemical Storage

STERILE COMPOUNDING TRAINING CHECKLIST

Before the trainer can sign each section, he/she must demonstrate topics listed within the section to the trainee, then the trainee must demonstrate the procedures to the trainer. Once the trainer feels like the trainee has sufficiently demonstrated competence in the specific topic, the trainer may sign off on the section.

☐ Review job description and performance expectations and standards.

☐ Initial Formal Training completed on: _____ Program Title: _____

☐ Initial Glove Tests (x3) completed on: _____

☐ Initial Media Fill completed on: _____ Circle One: Non-Hazardous OR Hazardous

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 Attachment 4
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*In order to compound in each cleanroom (non-hazardous or hazardous), the technician must complete a formal training covering techniques in aseptic processing specific to the techniques needed for that room, pass three glove tests with no growth and pass a high-risk media fill in the room they will be compounding in before compounding sterile preparations for dispensing.

OVERVIEW OF ISO CLASSIFICATIONS OF ROOMS

- ☐ ISO Class 5 Areas
 - LAFW (Non-Hazardous Cleanroom)
 - BSC Class 2 (Hazardous Cleanroom)
- ☐ ISO Class 7 Areas
 - Non-hazardous/hazardous buffer rooms
 - Hazardous garb room
- ☐ ISO Class 8 Areas
 - Non-hazardous garb room
 - Non-hazardous/hazardous prep room
 - Hazardous air lock
- ☐ Read, sign, and date SOP 3.030 Environmental Monitoring of the Clean Room Facilities
- ☐ Review air flow concepts of positive and negative pressure
- ☐ Read, sign, and date SOP 4.260 Use and Maintenance of the Dwyer Mark II Manometer

Date
Completed: _____
Employee
Initials: _____
Trainer
Initials: _____

HANDWASHING PROCEDURES/GARBING- HAZARDOUS AND NON-HAZARDOUS

- ☐ Review Precision Pharmacy's Hazardous Drug List
 - Read, sign, and date SOP 13.010 Hazardous Communication Program
 - Read, sign, and date SOP 13.020 Deactivation, Decontamination, Cleaning and Disinfection
- ☐ Personal protective equipment
 - including location of supplies and when to wear appropriate equipment
- ☐ Gowns:
 - Disposable hazardous
 - Reusable non-hazardous
 - Acid apron
- ☐ Gloves
 - Latex (powder-free)
 - Nitrile (Sterile and Non-Sterile)
 - ASTM-tested chemo gloves (2 pairs required for hazardous compounding) (Sterile and Non-Sterile)
 - Acid gloves
- ☐ Masks
 - N95 for powders
 - Respirator with charcoal cartridges
 - Surgical mask- not to be used when weighing out powders
- ☐ Goggles
- ☐ Face Shields
- ☐ Hair Nets
- ☐ Non-Skid Shoe Covers
 - Two pairs required for hazardous compounding
- ☐ Garbing procedures required for buffer room access
 - ☐ Read, sign, and date SOP 9.110 Proper Hand Washing Procedure
 - ☐ Read, sign, and date SOP 9.120 Required Garb for Clean Room Facilities Access

Date
Completed: _____
Employee
Initials: _____
Trainer
Initials: _____

BASIC STERILE COMPOUNDING TECHNIQUES☐ **Log Documentation**

- Write down hood number
- Initial log after hood clearing is complete
- Yield, forms, sterility and pyrogen checks at the top of log
- Cross out technician and pharmacist name on the log. Print your name at top and initial and date bottom.
- Check for Master Formula ID
- Pull all chemicals and check off the chemical lot, manufacturer and expiration printed are correct. If not, draw a single line through and print the correct information.
- Check that none of the chemical expiration dates are shorter than the printed BUD at the top.
 - If there is a shorter date, take log to a typist to change the BUD to the shorter date.
- Obtain copy of log for pharmacist check.
- READ ALL DIRECTIONS BEFORE STARTING
- Choose correct PPE based on the compound and cleanroom (hazardous/non-hazardous)

Date	
Completed:	_____
Employee	
Initials:	_____
Trainer	
Initials:	_____

☐ **Powder Checks**

- Check units on scale display are GRAMS
- Make sure scale is clean from previous use. If not, perform cleaning procedure.
- Check bubble is in middle of circle to ensure scale is level. If not, maneuver the legs to become level
- Document the scale number next to the chemical you are weighing on the scale
- Tare weighing container. Make sure scale says zero (0). Get another technician to initial for the tare check if available.

- Weigh powder
- Call for a powder check from RPh.
- Clean scale
- NEVER MOVE A SCALE FROM ITS CURRENT HOOD.
- Change or clean gloves between weighing out each powder to prevent cross contamination.

☐ **Liquid Checks**

- Determine volume needed for log and choose the appropriate equipment (beaker, syringes)
- How to read volume in an oral syringe
- How to read the volume in a beaker (bottom of meniscus) or graduated cylinder
- Label beaker with contents
- Determine which liquid is QS agent.
 - This is the liquid that will be used to bring the compound to its final volume
 - Does not need to be poured out of original container until the compound needs to be brought to final volume.

☐ **Processing Agents/pH Adjusters**

- These are formulas made in the pharmacy that will be used in another formula.
- pH adjusters are processing agents and they are only required to adjust pH.
 - Ex: Sodium Hydroxide, Hydrochloric Acid, Sulfuric Acid, Citric Acid
- If the pH is too high and you need it to decrease use an acid according to the log directions
- If the pH is too low and you need it to increase, use a base according to the log directions
- Go over proper storage containers for specific pH adjusters

☐ **Q.S. Checks**

- Once everything is mixed according to directions, call for pharmacist to do QS check.
- Pharmacist should circle final volume and sign and date the bottom of log.
- If anything is short-dated, it must be corrected in the computer with a copy of the log before the pharmacist is called for the Q.S. check.
- Label Checks: Make sure pharmacist initials and places on back of log
- Once final volume has been checked, compound can be filtered or packaged into final dispensing container to be autoclaved.

☐ **Labels**

- Explain who to give log to so labels can be made
- Make sure container size is on the log so the correct container size is on the label.
- Technician and RPh (at Q.S. Check) initials must be on label

☐ **General Aseptic Technique**

- Use processes and procedures from formal training.
- Decrease talking and fast movements while in the buffer room.
- DO NOT touch face mask or face with sterile gloves on.
- If there is a concern about touch contamination with a filter or other critical site, dispose of the device.
- If leaving the ISO Class 5 Environment for any reason, spray gloves with sterile IPA before re-entering hood.
- All equipment, devices and supplies must be wiped down with sterile IPA before entering the ISO Class 5 environment.

EQUIPMENT**-Go over location in the pharmacy and how to use specific equipment**☐ **Primary Engineering Controls (ISO 8 Environment)-**

- Powder Containment Hood
 - Used only for non-hazardous compounding when weighing and mixing powders
- Biological Safety Cabinet (BSC)- Class I
 - Ventilated exhaust to the outside
 - Used for hazardous (or non-hazardous) compounding when weighing and mixing powders
- Velocity meter
- Large hoods must have main flap down while standing in front of hood. If you need to walk away, make sure the second flap is down.

☐ **Primary Engineering Controls (ISO 5 Environment)-**

- Laminar Airflow Workbench (Non-Hazardous)
 - Air flows from the HEPA filter horizontally across the work surface toward the compounder.
 - Used only for non-hazardous sterile compounding
- Biological Safety Cabinet (BSC)- Class II
 - Ventilated exhaust to the outside
 - Air flows from the HEPA filter at the top of the hood vertically down toward the work surface. Air exits through the grates before coming in contact with the compounder.
 - Must be used when compounding hazardous drugs
- Velocity meter
- Large hoods must have main flap down while standing in front of hood. If you need to walk away, make sure the second flap is down.

☐ **Read, sign, and date SOP 4.200 Use and Maintenance of the Streamline and Air Sciences Containment/Fume/BSC Class I & Class II/LAFW**☐ **Beakers**

- Must use calibrated beakers when bringing formula to volume or measuring out liquids
- All beakers and glassware should be depyrogenated before using to make sterile compounds

☐ **Read, sign, and date SOP 4.300 Use, Calibration and Maintenance of Beakers**☐ **Spatulas: plastic, metal**☐ **Mortar and Pestle**

- Glass: suspensions

☐ **Hot Plates**

- ☐ Read, sign, and date SOP 4.080 Use, Calibration and Maintenance of the Stirring Hot Plates

☐ **Spin Bars: small, medium, large, cross (used for small quantity)**☐ **Scales**

- ☐ Read, sign, and date SOP 4.070 Use, Verification, Certification, Calibration and Maintenance of the Balances and Scales
- Refer to SOP of maximum and minimum weights allowed for each scale.

Date

Completed: _____

Employee

Initials: _____

Trainer

Initials: _____

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Attachment 4

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-Weighing Equipment: weigh boats, beakers, resealable bags, utensils

☐ Homogenizers

☐ Read, sign, and date SOP 4.140 Use and Maintenance of the IKA (Homogenizer) Dispersion Tool

-How to assemble and disassemble

-Start on lowest setting when turning on and increase as needed

-Cleaning procedures

☐ pH Meters

☐ Read, sign, and date SOP 4.360 Use, Calibration and Maintenance of the pH Meters

-Milwaukee meter should be used for high pH (over 10)

-Paper strips are not as accurate

☐ Thermometers

☐ Dry Heat Oven

☐ Read, sign, and date SOP 4.380 Use, Verification and Maintenance of the Thermo Scientific Heratherm Dry-Heat Oven

-Used to sterilize non-aqueous preparations that are resistant to heat degradation

-Used to depyrogenate glassware and other utensils

☐ Autoclaves

☐ Read, sign, and date SOP 4.030 Use, Verification and Maintenance of the Tuttnauer EZ10 Electronic Tabletop Autoclave

-Used to sterilize reusable garb, vials, aqueous preparations and other equipment that cannot be sterilized using dry heat.

-Go over settings to sterilize equipment and preparations

-Autoclave bags and steam indicator

☐ Biological Indicators

☐ Read, sign and date SOP 8.020 Biological Indicators

-Microorganisms encapsulated in glass or plastic and placed inside the autoclave to indicate steam sterilization is effective in killing microbes.

-Glass biological indicators must be placed inside one filled preparation bottle per autoclave. Also need to place a plastic biological indicator on tray per autoclave.

-Chemical indicators placed in dry heat cycle to prove heat cycle reached a certain temperature.

☐ Branson Sonicator

☐ Read, sign, and date 4.230 Use and Maintenance of the Branson Ultrasonic Cleaners

-Used to break up clumps in autoclaved suspensions

-Go over settings and when to use

☐ Repeater Pump

☐ Read, sign, and date 4.220 Use and Maintenance of the Baxa Repeater Pump

-Go over how to calibrate fill volumes for oil and water based compounds.

END PREPARATION TESTING

☐ Quarantine Forms

-How to fill them out and what tests need to be performed

☐ Sterility Testing

-Must be performed on all sterile preparations

-Send the appropriate amount of containers based on the batch size chart

-Lab used to test for sterility will be documented in the log under testing results.

-Go over procedure on how to send sample to shipping.

-Sterility testing can take 14-18 days depending on the preparation.

☐ Pyrogen Testing

-Performed on all injectable sterile preparations. This includes preparations that will remain within a body cavity (e.g. Belly Jelly).

-Determines the amount of endotoxin units in a preparation and it must be lower than the predetermined limit to pass.

-Endotoxins are remnants of bacterial cells that are too small to be filtered out of a preparation but when in high amounts can cause a pyrogenic reaction in the animal it is injected into.

Date

Completed: _____

Employee

Initials: _____

Trainer

Initials: _____

SOP 2.030

Version 20.0

Attachment 4

Page 5 of 7

- ☐ Read, sign, and date SOP 4.270 Use of WinKQCL and ELx808 OQ
 - including location of supplies and when to wear appropriate equipment
- ☐ Bubble Point Testing
 - Required for all preparations that are filtered.
 - Tests the integrity of the filter by ensuring it can withstand a specific pressure applied to the membrane.
 - ☐ Read, sign, and date SOP 9.210 Integrity Test Method by Bubble Point
- ☐ Particulate Observation
 - Required for all sterile solutions and some suspensions
 - Bottles with particulate will be discarded.

CLEANING/MAINTENANCE OF THE CLEANROOM AND DISPOSAL OF WASTE

- ☐ Cleaning Agents
 - Disinfectant: Decreases microbial load by killing microorganisms.
 - Detergent: Cleans residues and dirt.
 - Sporicidal: Robust cleaning agent that kills spores that some microorganisms leave behind after the cell dies.
 - Deactivation and Decontamination: Required when compounding with hazardous drugs. Transforms and removes the hazardous drug contaminants on surfaces.
- ☐ Read, sign, and date SOP 3.020 Cleaning and Maintenance of the Clean Room Facilities
- ☐ Read, sign, and date SOP 7.030 API and Compounded Preparation Spills
- ☐ Review hood cleaning procedures
- ☐ Review contact times of specific cleaning agents currently in use and the order they are used in.
- ☐ Fill out cleaning and maintenance log when complete with date, time and initials.
- ☐ When compounding in the preparation room: keep all bags, weigh boats and other disposable supplies within the powder hood. When cleaning, put all waste in a resealable plastic bag. Seal and wipe outside of bag before bringing out of hood.
 - For hazardous compounds, dispose of bag in hazardous waste container
 - For non-hazardous compounds, dispose bag in trash.
- ☐ Review locations of spill kits, eye wash stations, fire extinguishers
- ☐ Daily temperature and humidity log requirements
- ☐ Daily pressure readings
- ☐ Read, sign and date SOP 4.430 Use, Verification, and Maintenance of the Data Loggers

Date
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MEDIA FILLS AND PREPARATION PROCESS VALIDATIONS

- ☐ Media Fills
 - TSB solution is substituted for compounded preparation to test aseptic technique.
 - Must be completed every 6 months for high-risk compounding.
 - If compounding hazardous sterile compounds a separate media fill will also need to be performed every 6 months.
 - A didactic test will be given at the same time of the media fill.
- ☐ Read, sign, and date SOP 9.130 Sterile Compounding Process Validations (Media Fills)
 - ☐ Preparation Process Validations
 - Must be completed for every type of sterilization method each year.
 - At least one of the process validations must have an accompanying potency test.
 - ☐ Cleaning Assessments
 - Must be performed every 6 months on a weekly/monthly/quarterly clean to ensure cleaning technique is sufficient.

Date
Completed: _____
Employee
Initials: _____
Trainer
Initials: _____

ENVIRONMENTAL/PERSONNEL MONITORING

- ☐ Monthly sampling intervals for:
- Clean rooms
 - Personnel
- ☐ Know what action and alert levels are
- ☐ Read, sign, and date SOP 4.340 Use and Maintenance of the SAS Super 180 Microbiological Air Sampler
- ☐ Read, sign, and date SOP 3.030 Environmental Monitoring of the Clean Room Facilities

QUALITY ASSURANCE

- ☐ When to fill out an OOS form
- Deleting a log for any reason after it has been started
 - Failure of an end preparation test
 - Temperature/Humidity/Pressure out of range
- ☐ Read, sign, and date SOP 1.030 Deviations – OOS and Corrective and Preventative Action (CAPA) Management

Date
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Date
Completed: _____
Employee
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Trainer
Initials: _____

Employee Signature: _____

Trainer Signature: _____

Reviewed By: _____

Date: _____

Date: _____

Date: _____

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TITLE: SHIPPING OF COMPOUNDED PREPARATIONS	
SOP NUMBER: 5.050	VERSION NUMBER: 14.0
Authorized By:	Date:
Written By: Rachel Taggs	Date: 6-21-2021
Reviewed By:	Date:
Date Effective:	

1.0 PURPOSE

- 1.1 The purpose of this procedure is to ensure that compounded preparations are packaged and shipped to the designated receiver and in a manner such that the product integrity, quality, safety and efficacy are not compromised.

2.0 SCOPE

- 2.1 This procedure applies to all personnel at Precision Pharmacy.

3.0 RESPONSIBILITY

- 3.1 The Pharmacist-in-Charge shall supervise this procedure or document that another staff member has been designated to complete the task.

4.0 REFERENCES

- 4.1 USP Current Version <795> "Pharmaceutical Compounding – Non-Sterile Preparations"
- 4.2 USP Current Version <797> "Pharmaceutical Compounding – Sterile Preparations"
- 4.3 USP Current Version <800> "Hazardous Drugs – Handling in Healthcare Settings"
- 4.4 Precision Pharmacy's internal shipping verification temperature studies.
- 4.5 USP <659> "Packaging and Storage Requirements" (Effective May 1, 2020)
- 4.6 Current Version Kansas Board of Pharmacy Laws and Regulations; 65-1657. Nonresident pharmacy registration; information required; civil fine; regulatory requirements; drug product selection rules; interstate delivery guidelines; disciplinary action; pharmacies prohibited from advertising unless registered; penalties for violations; injunctive relief; rules and regulations.

5.0 DEFINITIONS

- 5.1 ISTA – International Safe Transit Association
- 5.2 Refrigerator - A cold place in which the temperature is maintained between 2° and 8° (36° and 46° F) (USP <659>).
- 5.3 Controlled room temperature - The temperature maintained thermostatically that encompasses at the usual and customary working environment of 20°-25° (68°-77°F) (USP <659>).
- 5.4 SDS – safety data sheet

6.0 FREQUENCY

- 6.1 This procedure shall be followed for each compounded preparation that is to be packaged and shipped.

7.0 EQUIPMENT & SUPPLIES

- 7.1 Compounded preparation(s) and appropriate equipment/devices, if necessary.
- 7.2 Appropriate delivery container (e.g. box, insulated cooler, Mylar bag, etc).

TITLE: SHIPPING OF COMPOUNDED PREPARATIONS**SOP NUMBER: 5.050****VERSION NUMBER: 14.0**

Date Effective:

7.3 Appropriate shipping materials (e.g. bubble wrap, packing paper, packing peanuts, ice gel packs, temperature indicators, etc).

7.4 Detailed delivery instructions, if applicable.

8.0 GENERAL INFORMATION

8.1 Normal delivery time for prescriptions is next day or second day. Geographical locations that will receive the package within two days may be shipped ground. (KS)

8.2 During the months of March through October refrigerated preparations shall be shipped overnight with appropriate packing materials, temperature indicator and shipping container according to ISTA 7E Qualifications. Packages being shipped to a geographical location that will receive the package the next day may be shipped ground.

8.3 If the patient or prescriber needs a preparation before Precision Pharmacy is able to provide it, an offer to transfer the prescription to a pharmacy of their choice may be made. (KS)

8.4 Hazardous drugs must be transported in containers that minimize the risk of breakage or leakage (e.g. secondary internal packaging).

8.5 Hazardous drugs shall be transported in a format that is consistent with the carrier's policies.

8.6 When shipping hazardous drugs, Precision Pharmacy will consult the transport information on the SDS.

9.0 PROCEDURE**9.1 General shipping procedures**

9.1.1 A pharmacist on duty shall ensure that compounded preparations are properly packaged and shipped without compromising the product integrity, quality, safety and efficacy.

9.1.2 All compounded preparations shall be packaged and shipped in appropriate containers that will protect the preparation from wide variations in temperatures, structural damage, or light. All packages will be shipped with an activated temperature indicator appropriate to the preparation(s) recommended storage temperature (e.g. controlled room temperature or refrigerated).

9.1.3 Deliveries of all medications, dispensed or distributed, are sent via a common carrier utilizing a secure and traceable method.

9.1.4 A packing slip and/or receipt should be provided for each preparation along with devices or equipment that may be included with each product.

9.1.4.1 The location of the delivery shall be recorded on the delivery tag.

9.1.4.2 Delivery tags shall be kept as the internal shipping record in the pharmacy for the period required by state and federal regulations. Shipping records may also be obtained through third party shipping company upon request.

9.1.4.3 Staff responsible for packing and shipping shall ensure all delivery tags are retained and turned over to accounting in a timely manner.

9.1.4.4 The authorized recipient signature shall be recorded by delivering agency when requested by receiver or Precision Pharmacy.

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9.1.4.4.1

Exception to 9.1.4.4: All controlled substance prescriptions will require signature upon delivery.

- 9.1.5 A safety data sheet (SDS) for each ingredient used in the compounded preparation shall be available at the pharmacy in case a spill or accident occurs while delivering the preparation.
- 9.1.6 If special instructions are required for proper inspection of the preparation, they will be transmitted to the designated receiver prior to delivery of the package or included in the package.
- 9.1.7 Storage instructions shall be provided to the designated receiver via the prescription label to ensure that the preparation is stored appropriately at the patient's home or at the health care facility.
- 9.1.8 If applicable, specific handling instructions shall be included on the exteriors of shipping containers packed with compounded preparations (e.g. Refrigerate Upon Arrival).
 - 9.1.8.1 When shipping hazardous drugs internal packaging shall be labeled as such.
- 9.1.9 All packages shall include a Precision Pharmacy Information Sheet (SOP 5.040 Counseling of Compounded Preparations, Attachment 1) which includes and may not be limited to:
 - 9.1.9.1 Instructions on how to contact the pharmacy for a consultation with a pharmacist via a toll-free number.
 - 9.1.9.2 Information regarding storage and stability.
 - 9.1.9.3 Information regarding proper disposal of medications.
 - 9.1.9.4 Information regarding Precision Pharmacy's Privacy Notice.
 - 9.1.9.5 Information regarding shipment temperature indicators.
- 9.1.10 Prescriptions received for an acute illness shall be priority for processing and patients shall have options for expedited delivery. Expedited delivery options may include overnight early morning delivery or Saturday delivery when possible. (KS)

9.2 Refrigerated shipments

- 9.2.1 All items in 9.1 shall be followed including items outlined in this section.
- 9.2.2 During the months of March through October all refrigerated preparations will be shipped overnight. This time frame may vary based on information received from the third party shipping company and current temperatures.
- 9.2.3 All preparations requiring refrigeration (Attachment 4) shall be packaged according to ISTA 7E Qualification recommendations (Attachments 1, 2 and 3) and include the appropriate temperature indicator strip.
 - 9.2.3.1 Each package will include Precision Pharmacy Information Sheet (Attachment 1, SOP 5.040 Counseling of Compounded Preparations) detailing instructions to follow if the indicator strip is out of the specified range.

9.3 Controlled room temperature shipments

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Date Effective:

9.3.1 All items in 9.1 shall be followed including items outlined in this section.

9.3.1.1 Each package will include Precision Pharmacy Information Sheet (Attachment 1, SOP 5.040 Counseling of Compounded Preparations) detailing instructions to follow if the indicator strip is out of the specified range.

9.4 Transit incidents

9.4.1 Shipping exceptions

9.4.1.1 Precision Pharmacy will be notified by the third party shipping company via email once a delivery exception has occurred. Every attempt will be made to contact the patient and/or prescriber via phone and/or email to advise them of the situation. If the preparation will not reach the end user in the appropriate time frame or if the patient/prescriber is out of medication, Precision Pharmacy will offer to send a replacement or offer to transfer the prescription to a pharmacy of their choice. (KS)

9.4.1.2 If a replacement is sent, the original package should be returned to the pharmacy.

9.4.2 Damaged preparation

9.4.2.1 In the event the preparation is damaged in transit, Precision will send replacement item(s) and request the original package is returned to sender.

9.4.3 Temperature excursions

9.4.3.1 In the event Precision is notified that a preparation was received out of the specified temperature range, Precision will send a replacement and issue a pick up for the temperature-sensitive preparation to be destroyed at the pharmacy according to SOP 9.090 Proper Disposal of Pharmacy Waste.

9.4.3.2 Temperatures are considered out of range when Warm Mark temperature indicators:

9.4.3.3.1 Controlled room temperature: a package that has entered the "prolonged" range for any period of time (any color change) shall be returned.

9.4.3.3.2 Refrigerated: a package that has entered the "moderate" range for any period of time (any color change) shall be returned.

9.4.4 In each case a pharmacist on duty shall be responsible for decisions and complete any necessary documentation (e.g. OOS, incident report, etc.).

10.0 ATTACHMENTS

10.1 Attachment 1 - ISTA 7E Qualified Large Cooler Pack Out

10.2 Attachment 2- ISTA 7E Qualified Medium Cooler Pack Out

10.3 Attachment 3 - ISTA 7E Qualified Small Cooler Pack Out

10.4 Attachment 4 – Refrigerated Preparations at Precision Pharmacy

11.0 HISTORY

TITLE: SHIPPING OF COMPOUNDED PREPARATIONS**SOP NUMBER: 5.050****VERSION NUMBER: 14.0**

Date Effective:

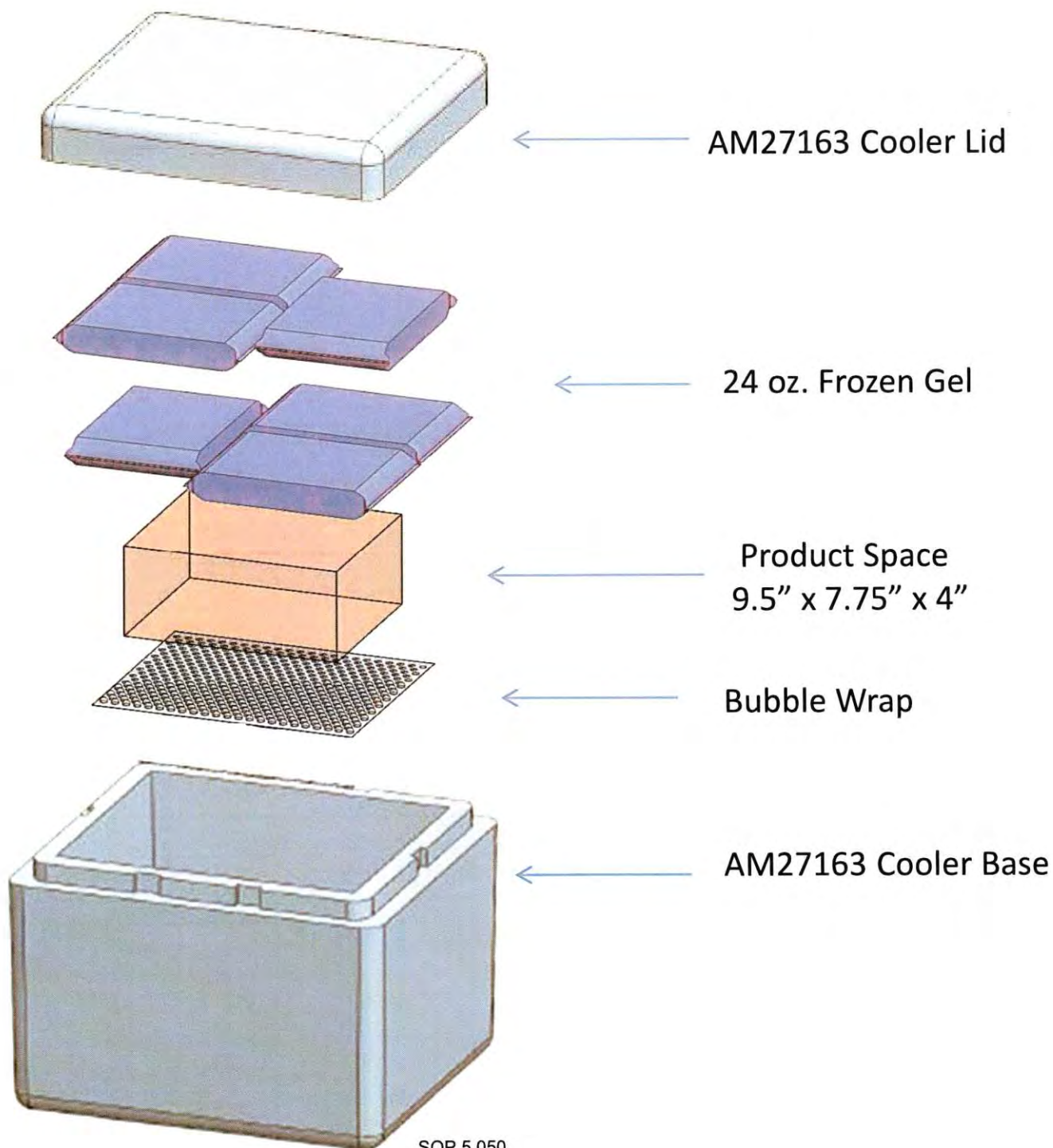
Version Number	Review Date	Effective Date	Description of Change
1.0	10-2009-12/2009	12-14-2009	New SOP
2.0	11-12-2010	1-1-2011	See hardcopy
2.0	12-20-2011	1-1-2011	Annual Review; No Changes
3.0	2-13-2013	6-14-2013	Annual Review; See hardcopy
4.0	12-30-2013	12-30-2013	See hardcopy
5.0	2-18-2014	2-18-2014	See hardcopy
6.0	3-27-2014	3-27-2014	See hardcopy
7.0	10-29-2014	11-11-2014	Added exemption to CS signature required 9.4.2.1
8.0	3-27-2015	4-1-2015	Annual Review; Added 9.11
9.0	6-22-2016	6-30-2016	Annual Review; Updated to include temperature indicators
10.0	5-11-2017	5-15-2017	Annual Review; Updated Attachment 4 (added Rifampin Suspension)
11.0	3-26-2018	12-4-2018	Annual Review; Added 9.3.1.2 and 9.3.3.2; Updated Attachment 4; Grammar throughout
12.0	11-26-2019	12-17-2019	Annual Review/Updated for USP <800>; Added 4.3, 5.4, 8.4-8.6, 9.0.8.1; Updated 9.0.1 and Attachment 4
13.0	8-6-2020	9-10-2020	Annual Review; Added 4.6 (and included references throughout) and 9.1.10; Reformatted numbering to Section 9.0; Updated 9.1.2, 9.1.4.4.1, 9.2.2 and Attachment 4; Removed references to UPS and replaced with references to third party shipping company
14.0	6-21-2021	12-27-2021	Annual Review; Updated 9.4, 9.4.3.1 and 9.4.3.2; Grammar/formatting throughout

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Attentus Large Cooler Pack Out

ISTA 7E Qualified

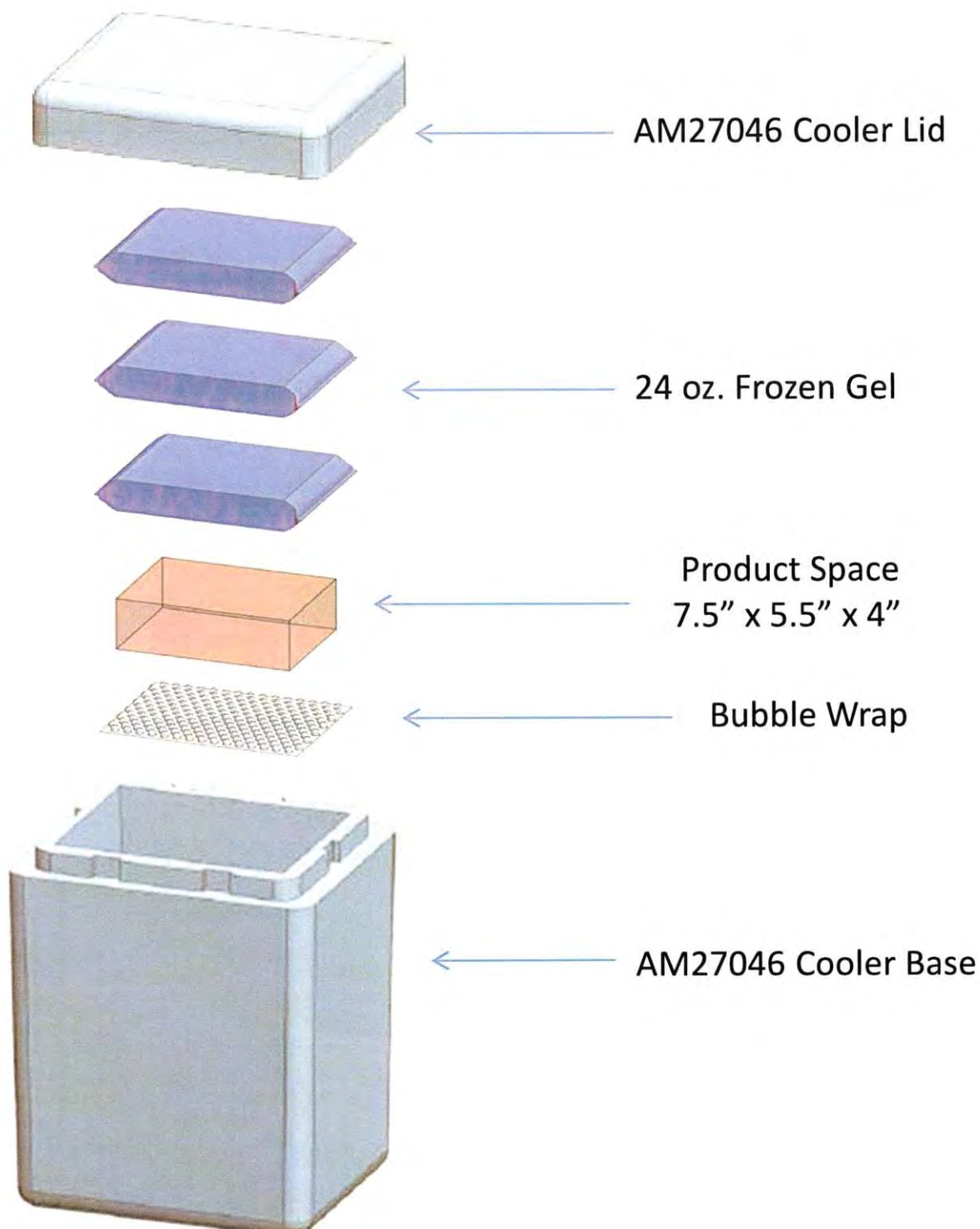
Summer Pack Out Diagram



Attentus Medium Cooler Pack Out

ISTA 7E Qualified

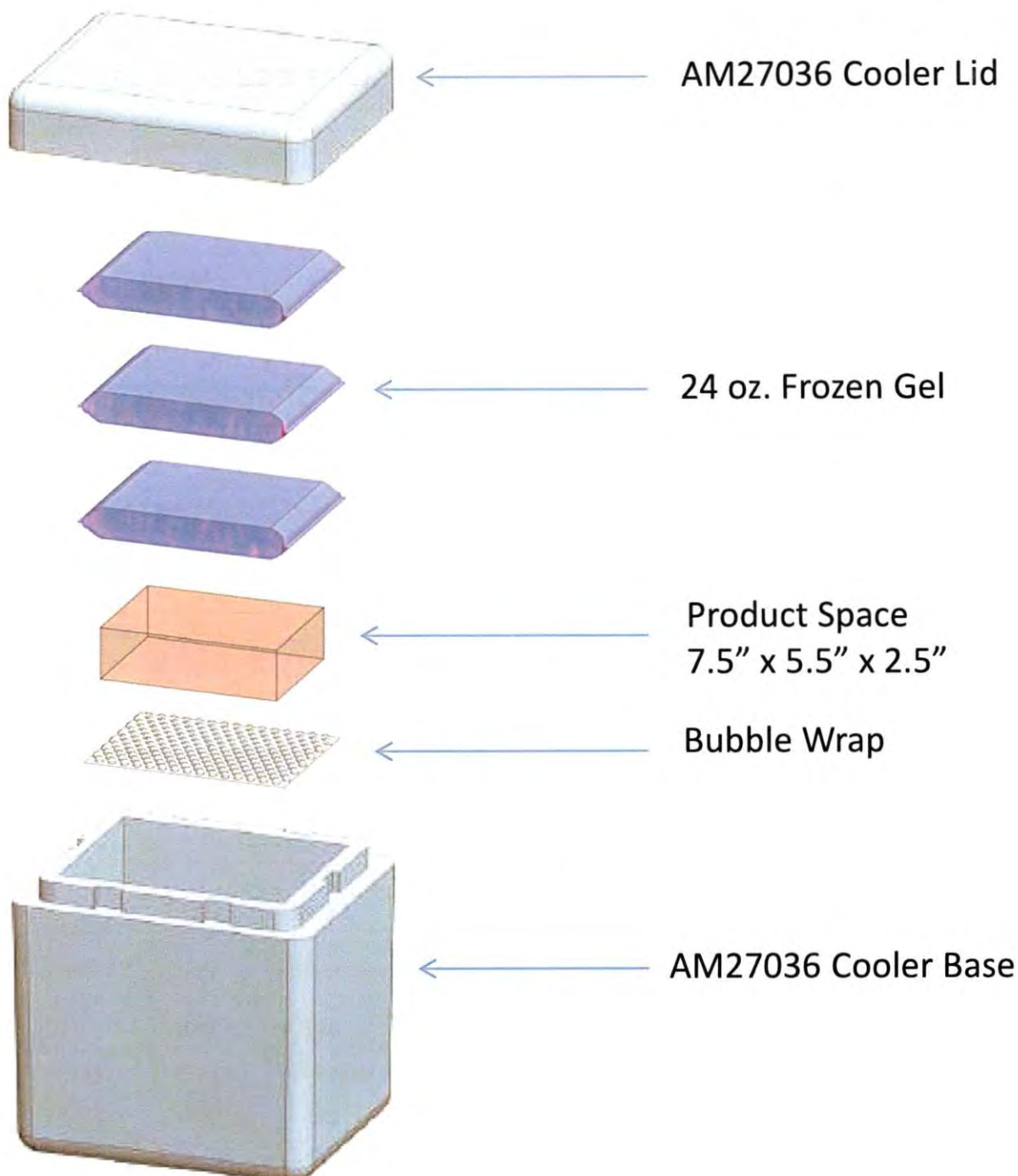
Summer Pack Out Diagram



Attentus Small Cooler Pack Out

ISTA 7E Qualified

Summer Pack Out Diagram



Refrigerated Preparations at Precision Pharmacy

Subject to change at any time without notice.

AZITHROMYCIN/RIFAMPIN 100MG/100MG/ML SUSPENSION
CISAPRIDE ORAL 50MG/ML SUSPENSION
CLARITHROMYCIN/RIFAMPIN 75MG/50MG/ML SUSPENSION
CLOTRIMAZOLE (UTERINE SUSPENSION) (PF) (NON-STERILE) 2% SUSPENSION
DESLORELIN IN WATER FOR INJ. IMMEDIATE RELEASE 50MCG/ML INJECTABLE
DESLORELIN (AS ACETATE) IR 1.5MG/ML INJECTABLE
FLUCONAZOLE (UTERINE SUSPENSION) (PF) 100MG/50ML SUSPENSION
HISTRELIN (AS HISTRELIN ACETATE) 0.5MG/ML INJECTABLE
HISTRELIN (AS HISTRELIN ACETATE) 1MG/ML INJECTABLE
MICONAZOLE (UTERINE SUSPENSION) (PF) 4MG/ML SUSPENSION
OMEPRazole (BUFFERED) 100MG/ML SUSPENSION
OMEPRazole (BUFFERED) 150MG/ML SUSPENSION
OMEPRazole (BUFFERED) 2.2GM/15ML SUSPENSION
OMEPRazole (BUFFERED) 2.2GM/30ML SUSPENSION
OMEPRazole (BUFFERED) 200MG/ML SUSPENSION
OMEPRazole (BUFFERED) 220MG/ML (2.2GM/10ML) SUSPENSION
OMEPRazole (BUFFERED) 2GM/30ML SUSPENSION
OMEPRazole (BUFFERED)(FC) 100MG/ML SUSPENSION
OMEPRazole (BUFFERED)(FC) 2.2GM/15ML SUSPENSION
OMEPRazole (BUFFERED)(FC) 20MG/ML SUSPENSION
OMEPRazole (BUFFERED)(FC) 220MG/ML (2.2GM/10ML) SUSPENSION
OMEPRazole (BUFFERED)(FC) 6MG/ML SUSPENSION
OMEPRazole/FAMOTIDINE (BUFFERED) 2.2GM/1GM/15ML SUSPENSION
OMEPRazole/SUCRALFATE 2GM/2GM/15 ML PASTE
PERGOLIDE (SUGAR FREE) 1MG/ML SUSPENSION
PERGOLIDE APPLE FLAVORED 0.3MG/ML SUSPENSION
PERGOLIDE APPLE FLAVORED 0.5MG/ML (1MG/2ML) SUSPENSION
PERGOLIDE APPLE FLAVORED 1.25MG/ML SUSPENSION
PERGOLIDE APPLE FLAVORED 1.5MG/ML SUSPENSION
PERGOLIDE APPLE FLAVORED 2MG/ML SUSPENSION
PERGOLIDE APPLE FLAVORED** 1MG/ML SUSPENSION
PERGOLIDE MAPLE FLAVORED 0.5MG/ML (1MG/2ML) SUSPENSION
PERGOLIDE MAPLE FLAVORED 1.5MG/ML SUSPENSION
PERGOLIDE MAPLE FLAVORED 1MG/ML SUSPENSION
PERGOLIDE MAPLE FLAVORED 2MG/ML SUSPENSION
PERGOLIDE PEPPERMINT FLAVORED 1MG/ML SUSPENSION
PERGOLIDE VANILLA FLAVORED 1MG/ML SUSPENSION
PERGOLIDE/CYPROHEPTADINE HCL 1MG/100MG/ML SUSPENSION
PERGOLIDE/CYPROHEPTADINE HCL 1MG/200MG/5ML SUSPENSION
PERGOLIDE/CYPROHEPTADINE HCL (FC) 1MG/100MG/ML SUSPENSION
PREDNISOLONE ORAL 100MG/ML SUSPENSION
PREDNISOLONE ORAL 10MG/ML SUSPENSION
PREDNISOLONE ORAL 20MG/ML SUSPENSION
SULFADIAZINE/PYRIMETHAMINE/FOLIC ACID 33.3%/1.67%/0.13% SUSPENSION
THROAT SPRAY (DEXAMETH/DMSO/NITRO/GLYCERIN) IN WATER 0.04%/22.2%/0.007%/22.2% SOLUTION
URSODIOL 100MG/ML SUSPENSION
URSODIOL 50MG/ML SUSPENSION

PRECISION PHARMACY		2018
TITLE: CLEANING AND MAINTENANCE OF THE CLEAN ROOM FACILITIES		
SOP NUMBER: 3.020		VERSION NUMBER: 23.00
Authorized By:	Date:	
Written By: PCCA/Taggs/Wussow/Shine/Doherty	Date: 11-8-2021	
Reviewed By:	Date:	
Date Effective:		

1.0 PURPOSE

- 1.1 The purpose of this procedure is to establish requirements and documentation for cleaning and maintenance of the clean room facilities.

2.0 SCOPE

- 2.1 This procedure applies to the Precision Pharmacy clean room facilities under conditions that meet or exceed state and federal guidelines as outlined by the United States Pharmacopoeia <797> and <800>.
- 2.2 This policy must be followed to reduce the amount of particulate matter and microbial contamination.

3.0 RESPONSIBILITY

- 3.1 A trained sterile compounding pharmacist shall supervise this procedure to ensure compliance and documents have been completed for all personnel responsible for cleaning and maintenance of the clean room facilities.

4.0 REFERENCES

- 4.1 USP Current Version <797> "Pharmaceutical Compounding – Sterile Preparations"
- 4.2 USP Current Version <800> "Hazardous Drugs – Handling in Healthcare Settings"
- 4.3 SOP 1.060 General Aseptic Technique
- 4.4 SOP 3.030 Environmental Monitoring of the Clean Room Facilities
- 4.5 SOP 9.120 Required Garb for Clean Room Facilities Access
- 4.6 SOP 13.020 Deactivation, Decontamination, Cleaning and Disinfection
- 4.7 Current Lawbook for Pharmacy; California
- 4.8 Drug Distribution and Control: Preparation and Handling Guidelines; ASHP Guidelines on Handling Hazardous Drugs
- 4.9 New Jersey Rule 13-39-5.11. Control and monitoring of temperature of prescription drugs and chemicals.
- 4.10 Critical Point; Hazardous Drug Compounding Tips and Best Practices; Kate Douglas, MS, RN, CRNI and Eric Kastango, RPh, MBA, FASHP

5.0 DEFINITIONS

- 5.1 LAFW – laminar airflow workbench
- 5.2 BSC – biological safety cabinet
- 5.3 Cleaning process – for the purpose of this SOP "cleaning process" means the act of deactivating, decontaminating, cleaning and disinfecting where hazardous drugs are handled.
- 5.4 PPE – personal protective equipment

TITLE: CLEANING AND MAINTENANCE OF THE CLEAN ROOM FACILITIES

2019

SOP NUMBER: 3.020

VERSION NUMBER: 23.0

Date Effective:

- 5.5 PEC – primary engineering control
- 5.6 IPA – isopropyl alcohol
- 5.7 CSP – compounded sterile preparation
- 5.8 EPA – United States Environmental Protection Agency

6.0 FREQUENCY

6.1 Non-hazardous clean room cleaning procedure

6.1.1 Daily

- 6.1.1.1 Clean and sanitize all in use work surfaces (e.g. counters, carts) and floors.
- 6.1.1.2 Clean and sanitize all ISO 5 surfaces of LAFW.
- 6.1.1.3 Clean and sanitize all contact surfaces of the sink.
- 6.1.1.4 Clean and sanitize mop pole(s).
- 6.1.1.5 Wipe down all in-use equipment.
- 6.1.1.6 Remove and discard trash.
- 6.1.1.7 Record the temperature and humidity.
- 6.1.1.8 Record pressure differential.
- 6.1.1.9 Replace tacky mats as needed.

6.1.2 Monthly

- 6.1.2.1 Perform daily requirements listed in section 6.1.1 using a sporicidal agent.
- 6.1.2.2 Clean and sanitize waste receptacle.
- 6.1.2.3 Clean and sanitize all exposed supplies stored in the clean room facilities.
- 6.1.2.4 Clean and sanitize inside and outside of all items used for storage (e.g. shelving, carts, plastic bins, cabinets, etc.).
- 6.1.2.5 Clean and sanitize all walls and ceilings.
- 6.1.2.6 Clean and sanitize inside of storage totes.

6.1.3 Quarterly

- 6.1.3.1 Perform all tasks in 6.1.1 and 6.1.2 utilizing a soap/detergent and rinse. Then repeat 6.1.1 and 6.1.2 with robust sanitizing agent or sporicidal agent.

6.1.4 Cleaning steps may be followed with sterile water to remove residue if recommended by the manufacturer.

6.1.5 The final cleaning step should be done with sterile IPA.

6.2 Hazardous Clean Room Cleaning Procedure – all steps listed in sections 6.2.1 through 6.2.6 below shall be carried out according to SOP 13.020 Deactivation, Decontamination, Cleaning and Disinfection.

6.2.1 Daily

TITLE: CLEANING AND MAINTENANCE OF THE CLEAN ROOM FACILITIES**SOP NUMBER: 3.020****VERSION NUMBER: 23.0**

Date Effective:

- 6.2.1.1 Deactivate, decontaminate, clean and disinfect all in use work surfaces (e.g. counters, carts).
- 6.2.1.2 Clean and sanitize floors.
- 6.2.1.3 Deactivate, decontaminate, clean and disinfect all ISO 5 surfaces of BSC.
- 6.2.1.4 Deactivate, decontaminate, clean and disinfect all contact surfaces of the sink.
- 6.2.1.5 Deactivate, decontaminate, clean and disinfect mop pole(s).
- 6.2.1.6 Deactivate, decontaminate, clean and disinfect all in-use equipment.
- 6.2.1.7 Remove and discard trash.
- 6.2.1.8 Deactivate, decontaminate, clean and disinfect trash receptacle.
- 6.2.1.9 Record the temperature and humidity.
- 6.2.1.10 Record pressure differential.
- 6.2.1.11 Replace tacky mats as needed.
- NOTE: If no hazardous compounding is occurring on that day, deactivation and decontamination step may be omitted and documented.*
- 6.2.2 Weekly
 - 6.2.2.1 Deactivate and decontaminate floors. Follow by a clean with a sporicidal agent utilizing the appropriate contact time specified by the manufacturer.
- 6.2.3 Monthly
 - 6.2.3.1 Perform requirements listed in section 6.2.1 and 6.2.2.
 - 6.2.3.2 Clean and disinfect all exposed supplies stored in the clean room facilities with a sporicidal agent.
 - 6.2.3.3 Clean and disinfect the inside and outside of all items used for storage (e.g. shelving, carts, plastic bins, cabinets, etc.) with a sporicidal agent.
 - 6.2.3.4 The front valance of the BSC must be removed and deactivated/decontaminated, cleaned with sporicidal agent and disinfected along with the work tray. Personnel performing this task must wear a full-face piece respirator.
 - 6.2.3.5 Clean and disinfect all walls and ceilings with a sporicidal agent.
- 6.2.4 Quarterly
 - 6.2.4.1 Perform all cleaning tasks in 6.2.1, 6.2.2 and 6.2.3 utilizing a soap/detergent and rinse. Then repeat with a robust sanitizing or sporicidal agent.
 - 6.2.4.2 Each scheduled quarterly clean will replace the monthly clean.
- 6.2.5 All steps shall be performed utilizing the manufacturer's recommendations (e.g. wipe methods, contact times, etc).
- 6.2.6 If environmental monitoring trends show unfavorable results, steps 6.2.3.1 and/or 6.2.4.1 may need to be carried out with different agents used in the previous clean.

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- 6.3 Cleaning may be performed on a more frequent basis than outlined in this SOP (e.g. weekly as opposed to monthly).

7.0 EQUIPMENT & SUPPLIES

- 7.1 Mop(s) with disposable cleaning pads labeled for use on the appropriate surfaces of each clean room facility only.
- 7.2 Tacky mat
- 7.3 Lint-free or low shed towels or wipes.
- 7.4 70% sterile isopropyl alcohol (IPA)
- 7.5 Appropriate sanitation agents:
- 7.5.1 Daily sanitizing agents: quaternary ammonium solution (e.g. TexQ or Decon Quat), chlorine based solution (e.g. TexTab or Bru Clean TbC (Floors))
- 7.5.2 Sporidical agents: hydrogen peroxide with peracetic acid (Decon-Spore and Peridox RTU), bleach (Decon sodium hypochlorite)
- 7.5.3 Deactivation/decontamination agents: EPA-registered oxidizer (e.g. Peridox RTU)
- 7.5.4 Germicidal detergents: DeconClean
- 7.5.5 Disinfectant: sterile IPA
- 7.6 Sterile water
- 7.7 Waste container liners
- 7.8 Step stool, if needed.
- 7.9 Room thermometer and hygrometer.
- 7.10 Hood pressure monitors
- 7.11 Room pressure monitors
- 7.12 PPE – personnel protective equipment
- 7.13 Dedicated mop poles for each room.

8.0 GENERAL INFORMATION

- 8.1 Sanitizing solutions/disinfectants
- 8.1.1 Quaternary ammonium disinfectant (e.g. TexQ or Decon Quat)
- 8.1.2 Floor sanitizers (e.g. TexTab or Bru Clean TbC)
- 8.1.2 Sterile 70% IPA – All IPA designated for use in the clean room facility must be sterile.
- 8.2 Monthly/weekly sporidical agents
- 8.2.1 Hydrogen peroxide with peracetic acid (e.g. Decon-Spore 200 Plus and Peridox RTU).
- 8.2.2 Hydrogen peroxide 6% (e.g. Steri-Perox 6%)
- 8.2.3 Sodium hypochlorite (e.g. Hypo-Chlor)
- 8.3 Quarterly detergent
- 8.3.1 Detergent (Decon-Clean)

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- 8.4 Deactivation/decontamination agents - EPA-registered oxidizers (e.g. Peridox RTU, Hypo-Chlor).
- 8.5 Cleaning shall be done using a sanitizer and sterile water, if applicable, followed by a disinfectant. The use of a sporicidal agent is required at least monthly.
 - 8.5.1 In the hazardous clean room, deactivation/decontamination, cleaning and disinfection are required daily in the PEC (when used), any time a spill occurs, before and after certification, any time voluntary power interruption occurs, and if the ventilation tool is moved where hazardous drugs are handled.
 - 8.5.2 Surfaces shall be cleaned and disinfected frequently including before each batch preparation is started, every 30 minutes during continuous compounding periods of individual CSPs, when there are spills, and when surface contamination is known or suspected from procedural breaches.
 - 8.5.3 All ISO Class 5 surfaces shall be cleaned at least daily at the beginning of each work shift. Work table surfaces, carts, counters, and the cleanroom floor shall be cleaned and disinfected at least daily.
 - 8.5.4 The floors of the hazardous clean room shall be deactivated, decontaminated and cleaned on a weekly basis.
 - 8.5.5 Walls, ceilings, storage shelving, tables, stools, and all other items in the ISO Class 7 or ISO Class 8 environments shall be cleaned and disinfected at least monthly.
 - 8.5.6 All cleaning materials, such as wipers, sponges, and mops, shall be non-shedding and dedicated for use in the cleanroom, or ante-area. Materials shall not be removed from these areas except for disposal.
- 8.6 Cleaning effectiveness of the clean room is checked by periodic environmental surveys as per SOP 3.030 Environmental Monitoring of the Clean Room Facility.
- 8.7 Always, refer to manufacturer recommendations for appropriate contact times and dilutions, if applicable.
- 8.8 Document the disinfectant in use on the appropriate attachment.
- 8.9 Sterile or filtered cleaning solutions should be used in the buffer room and garb room to avoid increasing the bioburden. If sterile cleaners are not available, the solution may be filtered using a 0.22 micron filter with a compatible membrane.
 - 8.9.1 If the cleaning solution requires a dilution, this must be done with sterile water.
- 8.10 All hazardous cleaning processes performed in this SOP shall also be in compliance with SOP 13.020 Deactivation, Decontamination, Cleaning and Disinfection.
- 8.11 Eye shields are required when cleaning with germicidal disinfecting agents (USP <797>).

9.0 PROCEDURE

- 9.1 Personnel must remove all makeup, exposed jewelry, piercing(s), headphones, earbuds and personal electronic devices prior to entering the clean room facility.
- 9.2 Personnel must be properly attired and gowned according to SOP 9.120 Required Garb for Clean Room Facilities Access. Additional PPE may be necessary as required by specific agents being used to clean (refer to manufacturer's recommendations).
- 9.3 The necessary cleaning materials are dedicated solely to cleaning each clean room facility. These materials shall be labeled as such, stored in the appropriate room of each clean room facility and shall be kept separate from other cleaning materials.

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- 9.4 Cleaning solutions shall be prepared as needed.
 - 9.4.1 Do not combine disinfectants or use them in concentrations other than those outlined in the SOPs or manufacturers' recommendations.
- 9.5 Except for cleaning/disinfection of the LAFW, BSC and powder/fume hoods, cleaning of the sterile compounding area is prohibited during compounding operations within the same room.
 - 9.5.1 Ensure all compounding operations are completed and all equipment has been removed from the LAFW, BSC or, powder/fume hood prior to cleaning.
 - 9.5.2 The operator must clean and sanitize the exposed work surfaces (counters and walls) of the LAFW, BSC as follows:
 - 9.5.2.1 Cleaning and disinfection, using a suitable sterile agent, shall occur on all surfaces in the ISO Class 5 PEC frequently (at least every 30 minutes), including:
 - 9.5.2.1.1 At the beginning of each shift or daily if no compounding is scheduled;
 - 9.5.2.1.2 At least every 30 minutes when compounding is occurring and/or before and after each lot;
 - 9.5.2.1.3 After each spill; and
 - 9.5.2.1.4 When surface contamination is known or suspected
 - 9.5.3 When compounding hazardous drugs the operator must deactivate, decontaminate, clean and disinfect the exposed work surfaces (counters and walls) of the BSC at least daily (when used) and:
 - 9.5.3.1 Between compounding of different hazardous drugs.
 - 9.5.3.2 After each spill; and
 - 9.5.3.3 Before and after certification.
 - 9.5.3.4 After a voluntary power interruption occurs.
 - 9.5.3.5 When the BSC is moved.
- 9.6 Mop pole(s) will be cleaned before and after each use with appropriate agent(s).
- 9.7 The order of cleaning within the clean room facilities is as follows:
 - 9.7.1 Non-hazardous clean room
 - 9.7.1.1 LAFW (ISO 5)
 - 9.7.1.2 Buffer room (ISO 7)
 - 9.7.1.3 Garb room (ISO 8)
 - 9.7.1.4 Preparation room (ISO 8)
 - 9.7.2 Hazardous clean room
 - 9.7.2.1 BSC (ISO 5)
 - 9.7.2.2 Buffer room (ISO 7), may be cleaned at the same time as the garb room.
 - 9.7.2.3 Garb room (ISO 7), may be cleaned at the same time as the buffer room.

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9.7.2.4 Preparation room (ISO 8), may be cleaned at the same time as the air lock.

9.7.2.5 Air lock (ISO 8), may be cleaned at the same time as the preparation room.

9.8 A cleaning assessment will be completed initially and semi-annually thereafter for cleaning staff using Cleaning Assessment for Cleaning and Disinfection Procedures in the Clean Room, Attachment 12. Assessment shall be completed during a scheduled weekly, monthly or quarterly clean.

9.9 Daily requirements – non-hazardous clean room

9.9.1 Empty all waste receptacles by removing the filled plastic bag. If necessary, wipe receptacle with cleaning solution and then sanitize, let dry and then place a clean plastic bag in the receptacle. **Do not remove or relocate receptacles within the clean room facility.**

9.9.2 Temperature, humidity and pressure readings shall be taken in all areas of the clean room facility and may be monitored electronically.

9.9.2.2 The humidity should be maintained in the range of 15%-60%.

9.9.2.3 The temperature shall be maintained $\leq 20^{\circ}\text{C}$ ($\leq 68^{\circ}\text{F}$).

9.9.2.4 For non-hazardous sterile compounding a positive pressure differential of 0.02 to 0.05 inch water column relative to all adjacent spaces is required.

9.9.2.5 Document temperature and humidity results on the Facility Control Monitoring of the Non-Hazardous Clean Room Facility, Attachment 9, as appropriate.

9.9.2.6 Document pressure results of the non-hazardous clean room on the Manometer Record – Non-Hazardous Clean Room Facility, Attachment 13.

9.9.3 The ISO 5 equipment/devices should be cleaned in the following order (if applicable): walls, IV bar, automated compounding devices and work surface.

9.9.4 Clean and sanitize work surfaces.

9.9.5 Clean and sanitize in use equipment and devices including high-touch areas like telephones, intercoms and door handles.

9.9.6 Peel off layer of tacky mat and discard.

9.9.7 Mop the floors with a sanitizer starting at corner farthest from the door and work toward the center of the room from each sidewall toward the door. Mop heads used to clean the floor are only used in this area and then not re-used.

9.9.8 Clean and sanitize sink and other contact surface areas in the prep room.

9.9.9 Allow all rooms and equipment to air dry, before sterile compounding resumes.

9.9.10 Cleaning shall be performed using a sanitizing agent followed by sterile IPA. Non-shedding material shall be used for cleaning.

9.9.11 Document all activities and cleaning solutions used on the appropriate attachment. If the equipment is not in use, write "N/A" in the appropriate location on the form.

9.10 Monthly requirements

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- 9.10.1 Includes all requirements listed in section 9.9 utilizing a sporicidal agent.
- 9.10.2 Once ISO 5 area is cleaned as instructed in section 9.9, clean and sanitize the ceiling first beginning at the farthest point from the door and working toward the door.
- 9.10.3 Clean and sanitize the walls beginning with the wall farthest from the door and working toward the door. Using a wall mop, start at the ceiling and make uniform vertical strokes to floor.
- 9.10.4 Remove all supplies from shelving and carts. Clean and sanitize the storage units and supplies.
- 9.10.5 Clean all buffer area totes, storage shelves and contents by removing contents and using a cleaning solution soaked lint free wipe, clean the inside surfaces of the tote and the entire exterior surfaces of the tote. Allow totes to dry. Prior to replacing contents into the tote, wipe tote with sterile water to remove disinfectant residues, if recommended by the manufacturer, followed by sterile IPA. Use new wipes as needed.
- 9.10.6 Clean all buffer area carts and contents by removing contents and using a cleaning solution soaked lint free wipe. Clean all carts starting with the top shelf and top of post, working down to the wheels. Clean the underside of the shelves in the same manner. Use a new wipe for each cart. Allow to dry. Wipe carts with sterile water to remove disinfectant residue, if recommended by the manufacturer, followed by sterile IPA. Use new wipes as needed.
- 9.10.7 Mop the floors starting at corner farthest from the door and work toward the center of the room from each sidewall toward the door. Mop heads used to clean the floor are only used on the floor in this area and then not re-used.
- 9.10.8 Clean buffer area stools using a cleaning solution soaked lint free wipe. Start at the top (seat) and work towards the floor.
- 9.10.9 Wipe the trash receptacle (interior and exterior) with cleaning solution and then sanitize, let dry and place a clean bag in the receptacle.
- 9.10.10 Allow all rooms and equipment to air dry before sterile compounding resumes.
- 9.10.11 Document all activities and cleaning solution used on the appropriate Cleaning and Maintenance of the Clean Room Facility attachment (Attachments 1-8). If the equipment is not in use, write "N/A" in the appropriate location on the form.
- 9.11 Quarterly requirements
 - 9.11.1 Perform all tasks listed in 9.10 utilizing a soap/detergent and rinse with sterile water, if recommended by the manufacturer to remove residue, then repeat with a sporicidal agent.
 - 9.11.2 All steps are followed with sterile IPA to disinfect surfaces.
- 9.12 All cleaning shall be performed upon completion of compounding so the clean room facility is always left clean. Cleaning may be performed as often as needed, but the minimum requirement is at the end of the day after compounding.
- 9.13 A trained sterile compounding pharmacist shall ensure the completion of tasks on a daily basis, and shall review, sign and date the appropriate attachment at the end of each month. The attachment shall be retained.

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- 9.14 The clean room facilities and PECs shall be certified semi-annually by an approved third party contractor according to SOP 3.030 Environmental Monitoring of the Clean Room Facilities.
- 9.15 In the event of a procedure deviation or error (e.g. wrong solution used, incorrect room pressure, temperature, etc.), notify a trained sterile compounding pharmacist and the facility coordinator immediately and document accordingly.
 - 9.15.1 In the event of temperature excursions lasting longer than 24 hours, Precision Pharmacy will notify the appropriate state board(s) of pharmacy, if drug components are stored in the affected area(s) (NJ).
- 9.16 Daily requirements – hazardous
 - 9.16.1 All hazardous cleaning processes shall be according to SOP 13.020 Deactivation, Decontamination, Cleaning and Disinfection.
 - 9.16.2 Empty all waste receptacles by removing the filled plastic bag. If necessary, perform cleaning process according to SOP 13.020 Deactivation, Decontamination, Cleaning and Disinfection with appropriate agents, let dry and then place a clean plastic bag in the receptacle. **Do not remove or relocate receptacles within the clean room facility.**
 - 9.16.3 Temperature, humidity and pressure readings shall be taken in all areas of the clean room facility and may be monitored electronically.
 - 9.16.3.1 The humidity should be maintained in the range of 15%-60%.
 - 9.16.3.2 The temperature shall be maintained $\leq 20^{\circ}\text{C}$ ($\leq 68^{\circ}\text{F}$).
 - 9.16.3.3 For hazardous sterile compounding negative pressure of 0.01 to 0.03 inches of water column relative to adjacent spaces is required in the buffer and prep rooms. A positive pressure differential of 0.02 to 0.05 inch water column relative to adjacent spaces is required for the garb and air lock rooms.
 - 9.16.3.4 Document temperature and humidity results on the Facility Control Monitoring of the Hazardous Clean Room Facility, Attachment 10, or attach printout and date and initial.
 - 9.16.3.5 Document pressure results on Facility Control Monitoring of the Hazardous Clean Room Facility, Attachment 10.
 - 9.16.4 The ISO 5 equipment/devices cleaning process should be conducted in the following order (if applicable): walls, IV bar, automated compounding devices and work surface.
 - 9.16.5 Deactivate, decontaminate, clean and disinfect ISO 5 work surfaces.
 - 9.16.6 Deactivate, decontaminate, and clean in use equipment and devices including high-touch areas like telephones, intercoms and door handles.
 - 9.16.7 Peel off layer of tacky mat and discard.
 - 9.16.8 Sanitize the floors starting at corner farthest from the door and work toward the center of the room from each sidewall toward the door. Mop heads used to clean the floor are only used in this area and then not re-used.
 - 9.16.9 Deactivate, decontaminate, clean and disinfect sink and other contact surface areas in the prep room.
 - 9.16.10 Allow all rooms and equipment to air dry, before sterile compounding resumes.

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9.16.11 Document all activities and cleaning solutions used on the appropriate Cleaning and Maintenance of the Clean Room Facility attachment. If the equipment is not in use, write "N/A" in the appropriate location on the form.

NOTE: If no hazardous compounding is occurring on that day, deactivation and decontamination step may be omitted and documented.

9.17 Weekly requirements

9.17.1 Perform all daily cleaning activities in 9.16.

9.17.2 Deactivate, decontaminate, clean and disinfect floors starting at corner farthest from the door and work toward the center of the room from each sidewall toward the door. Mop heads used to clean the floor are only used in this area and then not re-used.

9.18 Monthly requirements

9.18.1 Perform all cleaning activities in 9.17.

9.18.2 Deactivation/decontamination shall be performed using an EPA-registered oxidizer (e.g. PeridoxRTU). Cleaning shall be performed with a sporicidal agent on a monthly basis.

9.18.3 Once ISO 5 area's cleaning process is complete as instructed in section 9.16, clean and disinfect the ceiling first beginning at the farthest point from the door and working toward the door.

9.18.4 Clean and disinfect the walls beginning with the wall farthest from the door and working toward the door.

9.18.5 Remove all supplies from shelving and carts. Clean and disinfect the storage units and supplies.

9.18.6 Deactivate, decontaminate, clean, and disinfect the floors starting at corner farthest from the door and work toward the center of the room from each sidewall toward the door. Mop heads used to clean the floor are only used on the floor in this area and then not re-used.

9.18.7 Clean and disinfect all buffer area totes, storage shelves and contents by removing contents and using the appropriate solution soaked lint free wipe. Wipe the inside surfaces of the tote and the entire exterior surfaces of the tote. Allow totes to dry. Follow with sterile IPA. Use new wipes as needed.

9.18.8 Clean and disinfect all buffer area carts and contents by removing contents and using the appropriate solution soaked lint free wipe. Begin the cleaning process with the top shelf and top of post, working down to the wheels. Continue with the underside of the shelves in the same manner. Use a new wipe for each cart.

9.18.9 Clean and disinfect buffer area stools. Start at the top (seat) and work towards the floor.

9.18.10 Deactivate, decontaminate, clean and disinfect the trash receptacle (interior and exterior), let dry and place a clean bag in the receptacle.

9.18.11 Allow all rooms and equipment to air dry, before sterile compounding resumes.

9.18.12 The front valance of the BSC must be removed. The work tray and front valance must be deactivated, decontaminated, cleaned and disinfected. Personnel performing this task must wear a full-face piece respirator.

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9.18.13 Document all activities and cleaning solution used on the appropriate Cleaning and Maintenance of the Clean Room Facility attachment (Attachments 1-8). If the equipment is not in use, write "N/A" in the appropriate location on the form.

9.19 Quarterly requirements

9.19.1 Perform all tasks listed in 9.18 utilizing a soap/detergent and rinse with sterile water for the cleaning step, then repeat with a sporicidal agent.

9.20 All cleaning processes shall be performed upon completion of compounding so the clean room facility is always left clean. Cleaning process of the facility may be performed as often as needed, but the minimum requirement is at the end of the day after compounding.

9.21 A trained sterile compounding pharmacist shall ensure the completion of tasks on a daily basis, and shall review, sign and date the appropriate attachment at the end of each month. The attachment shall be retained.

9.22 The clean room facilities and PECs shall be certified semi-annually by an approved third party contractor according to SOP 3.030 Environmental Monitoring of the Clean Room Facilities.

9.23 In the event of a procedure deviation or error (e.g. wrong solution used, incorrect room pressure, temperature, etc.) notify a trained sterile compounding pharmacist and the facility coordinator immediately and document accordingly.

9.23.1 In the event of temperature excursions lasting longer than 24 hours, Precision Pharmacy will notify the appropriate state board(s) of pharmacy, if drug components are stored in the affected areas (NJ).

10.0 ATTACHMENTS

- 10.1 Attachment 1 – Buffer Room Daily Cleaning Log
- 10.2 Attachment 2 – Buffer Room Weekly / Monthly / Quarterly Cleaning Log
- 10.3 Attachment 3 – Prep Room Daily Cleaning Log
- 10.4 Attachment 4 – Prep Room Weekly / Monthly / Quarterly Cleaning Log
- 10.5 Attachment 5 – Garb Room Daily Cleaning Log
- 10.6 Attachment 6 – Garb Room Weekly / Monthly / Quarterly Cleaning Log
- 10.7 Attachment 7 – Air Lock Daily Cleaning Log
- 10.8 Attachment 8 – Air Lock Weekly / Monthly / Quarterly Cleaning Log
- 10.9 Attachment 9 – Facility Control Monitoring of the Non-Hazardous Clean Room Facility
- 10.10 Attachment 10 – Facility Control Monitoring of the Hazardous Clean Room Facility
- 10.11 Attachment 11 – Cleaning Solution Key
- 10.12 Attachment 12 – Cleaning Assessment for Cleaning and Disinfection Procedures in the Clean Room
- 10.13 Attachment 13 – Manometer Record – Non-Hazardous Clean Room Facility
- 10.14 Attachment 14 – Cleaning Solution Log for Clean Rooms

11.0 HISTORY

TITLE: CLEANING AND MAINTENANCE OF THE CLEAN ROOM FACILITIES**SOP NUMBER: 3.020****VERSION NUMBER: 23.0**

Date Effective:

Version Number	Review Date	Effective Date	Description of Change
1.0	10/2009-1/2010	1-1-2010	New SOP
2.0	11-10-2010	1-1-2011	Annual Review; See hardcopy for specific changes
2.0	12-13-2011	1-1-2011	Annual Review; No changes
3.0	1/2013-6/2013	6-14-2013	Annual Review; See hardcopy for specific changes
4.0	7/25/13	8/15/2013	See hardcopy for specific changes
5.0	3/7/2014	3/7/2014	Annual Review; See hardcopy for specific changes
6.0	3/27/2014	4/21/2014	See hardcopy for specific changes
7.0	3/16/2015	4/8/2015	Annual Review; See hardcopy for specific changes
8.0	7/2/2015	7/15/2015	See hardcopy for specific changes
9.0	7/30/2015	8/7/2015	See hardcopy for specific changes
10.	3/9/2016	4/14/2016	Annual Review; See hardcopy for specific changes
11.0	6/3/2016	7/8/2016	See hardcopy for specific changes
12.0	8/12/2016	8-19-2016	Updated for TX/NABP review; condensed Attachments
13.0	9-30-2016	10-3-2016	Updated Attachments 2, 4, 6 and 8 for recording Weekly, Monthly or Quarterly clean
14.0	10-7-2016	10-11-2016	Updated Attachments 9 and 10 (filter/BSC checks)
15.0	12-2-2016	12-28-2016	Annual Review; Extensive changes, see hardcopy for details
16.0	2-10-2017	2-13-2017	Added 9.12.3; Updated Attachments
17.0	6-28-2017	6-30-2017	Updated to remove water rinse step unless required by mfg (per BOP inspector webinar)
18.0	11-29-2017	1-24-2018	Annual Review; Updated 3.1, 6.1.1, 8.3.2, 8.4.2, 8.5, 8.7, 9.5.2.1.2, 9.9.2.2, 9.10.5, 9.14; Added 6.1.9, 8.3.3, 9.16; Updated References to current versions; Updated Attachments (added "Notes" column); Minor grammar
19.0	5-3-2018	5-21-2018	Updated 9.11.3 and 9.11.4 (moves "BSC front valance cleaning" to monthly from quarterly; Updated Attachment 2 to reflect the same; Updated Attachment 9 to include HD Pressure range
20.0	10-11-2018	12-5-2018	Updated to add new cleaners TexQ and TexTab
21.0	11-20-2019	1-13-2020	Annual Review and updated for USP <800>; see hard copy for details
22.0	7-20-2020	9-29-2020	Annual Review; Updated for NJ, NABP inspection preparation, weekly floor cleaning and USP; Added 4.9, 4.10, 6.2.2, 7.12, 7.13, 8.5.4, 8.11, 9.15.1, 9.23.1 and Attachment 14; Updated 6.2.3.1, 6.2.4.1, 6.2.6.1, 8.2, 8.5.1, 8.7, 9.5.2.1, 9.5.2.1.2, 9.9.8, 9.9.9, 9.15, 9.16.9, 9.16.10, 9.18.11, 9.23 and Attachment 11; Updated applicable Attachments to include "Weekly" requirements; Updated Attachment 13 for correct airflow direction (per SLSI); Grammar/formatting throughout
23.0	11-8-2021	2-18-2022	Annual Review; Added 5.8; Updated 6.2.1.6, 8.1, 9.8, Attachment 9 and 10 titles and Attachment 12; Grammar/formatting throughout

Month/Year: _____

Buffer Room Daily Cleaning Log

2030

Name and Initials of individuals involved in cleaning: _____

Check One:

☐ Hazardous Clean Room

☐ Non-Hazardous Clean Room

		Hoods (LAFW/BSC)		Carts		Equipment		Floors		Pass Thrus		Chairs/Stools		Trash Discarded	Trash Receptacle		Mop Pole(s) (Before/After Use)			
	Start Time	Cleaning Agent	Initials	Cleaning Agent	Initials	Cleaning Agent	Initials	Cleaning Agent	Initials	Cleaning Agent	Initials	Cleaning Agent	Initials	Initials	Cleaning Agent	Initials	Cleaning Agent	Initials	Stop Time	Notes
Not Applicable to Room																				
Date																				

Reviewed By: _____

Date: _____

Month/Year: _____

Name and Initials of individuals involved in cleaning: _____

_____**Buffer Room Weekly / Monthly / Quarterly
Cleaning Log**

Check One:

☐ Hazardous Clean Room☐ Non-Hazardous Clean Room

Monthly / Quarterly PEC

Pre-Filter Check:

Date: _____

Initials: _____

			Storage Shelving		Ceilings		Walls/Doors		Trash Discarded		Trash Receptacle		Mop Pole(s) (Before/After Use)		Front Valance BSC		Inside of Totes			
	Date	Monthly or Quarterly	Start Time	Cleaning Agent	Initials	Cleaning Agent	Initials	Cleaning Agent	Initials	Initials	Cleaning Agent	Initials	Cleaning Agent	Initials	Cleaning Agent	Initials	Cleaning Agent	Initials	Stop Time	Notes
Not Applicable to Room																				
Week 1																				
Week 2																				
Week 3																				
Week 4																				
Week 5																				

Reviewed By: _____

Date: _____

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Attachment 2

Month/Year: _____

Prep Room Daily Cleaning Log

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Name and Initials of individuals involved in cleaning: _____

Check One:

- ☐ Hazardous Clean Room
☐ Non-Hazardous Clean Room

		Hoods		Countertops		Equipment		Floors		Carts		Sink		Trash Discarded		Trash Receptacle		Tack Mats Refreshed		Mop Pole(s) (before/after use)			
	Start Time	Cleaning Agent	Initials	Cleaning Agent	Initials	Cleaning Agent	Initials	Cleaning Agent	Initials	Cleaning Agent	Initials	Cleaning Agent	Initials			Cleaning Agent	Initials			Cleaning Agent	Initials	Stop Time	Notes
Not Applicable to Room																							
Date																							

Reviewed By: _____

Date: _____

Month/Year: _____

Prep Room Weekly / Monthly / Quarterly Cleaning Log

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Name and Initials of individuals involved in cleaning: _____

Check One:

☐ Hazardous Clean Room

☐ Non-Hazardous Clean Room

			Storage Shelving		Ceilings		Walls/Doors		Trash Discarded	Trash Receptacle		Inside of Sterile H ₂ O Total/Transportation Cart		Inside of Drawers /Cabinets		Mop Pole(s) (Before/After Use)				
	Date	Monthly or Quarterly	Start Time	Cleaning Agent	Initials	Cleaning Agent	Initials	Cleaning Agent	Initials	Trash Discarded	Cleaning Agent	Initials	Cleaning Agent	Initials	Cleaning Agent	Initials	Cleaning Agent	Initials	Stop Time	Notes
Not Applicable to Room																				
Week 1																				
Week 2																				
Week 3																				
Week 4																				
Week 5																				

Reviewed By: _____

Date: _____

Month/Year: _____

Garb Room Daily Cleaning Log

2034

Name and Initials of individuals involved in cleaning: _____

Check One:

☐ Hazardous Clean Room

☐ Non-Hazardous Clean Room

		Floors		Pass Thrus		Chairs/Stools		Carts		Trash Discarded	Trash Receptacle		Tack Mats Refreshed	Mop Pole(s) (Before/After Use)			
	Start Time	Cleaning Agent	Initials	Cleaning Agent	Initials	Cleaning Agent	Initials	Cleaning Agent	Initials	Initials	Cleaning Agent	Initials	Initials	Cleaning Agent	Initials	Stop Time	Notes
Not Applicable to Room																	
Date																	

Reviewed By: _____

Date: _____

Month/Year: _____

Garb Room Weekly / Monthly / Quarterly Cleaning Log

2035

Name and Initials of individuals involved in cleaning: _____

Check One:

☐ Hazardous Clean Room

☐ Non-Hazardous Clean Room

				Storage Shelving		Ceilings		Walls/Doors		Trash Discarded	Trash Receptacle		Mop Pole(s) (Before/After Use)		Inside of Totes			
	Date	Monthly or Quarterly	Start Time	Cleaning Agent	Initials	Cleaning Agent	Initials	Cleaning Agent	Initials	Initials	Cleaning Agent	Initials	Cleaning Agent	Initials	Cleaning Agent	Initials	Stop Time	Notes
- Not Applicable to Room																		
Week 1																		
Week 2																		
Week 3																		
Week 4																		
Week 5																		

Reviewed By: _____

Date: _____

SOP 3.020

Version 23.0

Attachment 6

Month/Year: _____

Air Lock Daily Cleaning Log²⁰²⁶

Name and Initials of individuals involved in cleaning:

		Floors		Trash Discarded	Trash Receptacle		Tack Mat Refreshed	Mop Pole(s) (Before/After Use)			
		Cleaning Agent	Initials	Initials	Cleaning Agent	Initials	Initials	Cleaning Agent	Initials		
	Start Time									Stop Time	Notes
Not Applicable to Room											
Date											

Reviewed By: _____ Date: _____

Month/Year: _____

Air Lock Weekly / Monthly / Quarterly

2037

Name and Initials of individuals involved in cleaning: _____

Cleaning Log

				Storage Shelving		Ceilings		Walls/Doors		Trash Discarded		Trash Receptacle		Mop Pole(s) (Before/After Use)		Inside of Totes		
	Date	Monthly or Quarterly	Start Time	Cleaning Agent	Initials	Cleaning Agent	Initials	Cleaning Agent	Initials	Initials	Cleaning Agent	Initials	Cleaning Agent	Initials	Cleaning Agent	Initials	Stop Time	Notes
Not Applicable to Room																		
Week 1																		
Week 2																		
Week 3																		
Week 4																		
Week 5																		

Reviewed By: _____

Date: _____

SOP 3.020
Version 23.0
Attachment 8

FACILITY CONTROL MONITORING OF THE NON-HAZARDOUS CLEAN ROOM FACILITY

Room: _____

Month/Year: _____

Day	Temp (°C)	Humidity (%)	Pressure (inches of water)		Filter Check		Initials	Day	Temp (°C)	Humidity (%)	Pressure (inches of water)		Filter Check		Initials
			HD 1	HD 2	HD 1	HD 2					HD 1	HD 2	HD 1	HD 2	
1								17							
2								18							
3								19							
4								20							
5								21							
6								22							
7								23							
8								24							
9								25							
10								26							
11								27							
12								28							
13								29							
14								30							
15								31							
16															

Humidity Requirement: 15%-60%

Temperature Requirement: ≤20°C (≤68°F)

Pressure Requirements:

Positive Pressure: 0.02 to 0.05 inch water column relative to all adjacent spaces.

Negative Pressure: 0.01 to 0.03 inch water column relative to all adjacent spaces.

HD 1 & HD 2 Pressure : >0.40 inch water column

Reviewed By: _____ Date: _____

FACILITY CONTROL MONITORING OF THE HAZARDOUS CLEAN ROOM FACILITY

2029

Room: _____

Month/Year: _____

Day	Temp (°C)	Humidity (%)	BSC (Inflow / Downflow)	Pressure (inches of water)	Initials	Day	Temp (°C)	Humidity (%)	BSC (Inflow / Downflow)	Pressure (inches of water)	Initials
1						17					
2						18					
3						19					
4						20					
5						21					
6						22					
7						23					
8						24					
9						25					
10						26					
11						27					
12						28					
13						29					
14						30					
15						31					
16											

Humidity Requirement: 15%-60%

Temperature Requirement: ≤20°C (≤68°F)

Pressure Requirements:

Positive Pressure: 0.02 to 0.05 inch water column relative to all adjacent spaces.

Negative Pressure: 0.01 to 0.03 inch water column relative to all adjacent spaces.

BSC Exhaust: 1051 cfm – 1209 cfm

BSC Down flow: 55 fpm – 65 fpm

Reviewed By: _____ Date: _____

CLEANING AND MAINTENANCE OF THE CLEAN ROOM FACILITY **CLEANING SOLUTION KEY**

Cleaning Solution	Abbreviation	Type
Accel Hydrogen Peroxide	AP	H ₂ O ₂
TexTab	TT	Chlorine based
Decon Clean	DC	Detergent
Decon Glass	DG	Detergent
TexQ	TQ	Quat Ammonium
Decon Quat	DQ	Quat Ammonium
Decon Spore 200+	DS	Peracetic / H ₂ O ₂
Peridox RTU	SPR	Peracetic / H ₂ O ₂
Steri Perox 6%	P	H ₂ O ₂
Sterile Isopropyl Alcohol 70%	SA	Alcohol based
Sterile Water	SW	
Decon Sodium Hypochlorite	DSH	Bleach

Note:

S = Sterile - By placing an "S" in front of the abbreviations, it indicates the solution was sterile.

F= Filtered - By placing an "F" in front of the abbreviations, it indicates the solution was filtered.

Cleaning Assessment for Cleaning and Disinfection Procedures in the Clean Room

General:

- _____ Has a valid glove test for the previous month.
- _____ Follows proper garbing and gloving procedures.
- _____ Uses proper PPE for the cleaning solutions being used.
- _____ Prepares correct concentration of disinfectant solution according to manufacturer's instructions.
- _____ All surfaces of the room are being saturated for the proper time per the cleaning agent being used.

Monthly Tasks:

- _____ Cleans ISO 5 areas first in the following order (if applicable): walls, IV bar, automated compounding devices, and work surface.
- _____ Starts cleaning in buffer room (cleanest) and works towards prep room/air lock (dirtiest).
- _____ Cleaning of ceilings is started at the wall opposite the room entry door and is cleaned toward the door to the next room.
- _____ Cleaning of walls is started at the wall opposite the room entry door and is cleaned toward the door to the next room.
- _____ All vertical surfaces are cleaned with continuous strokes from the top to the bottom.
- _____ All areas of hoods are cleaned including the entire hood exterior and underneath surfaces.
- _____ All chairs are cleaned from the top of the chair to the wheels.
- _____ All carts/shelves are cleaned with contents being removed first. Starting with the top shelf and top of post clean the carts working down toward the wheels. Cleans the underside of shelves in a similar manner. Uses a new wipe for each cart. Allows carts to dry. Wipes carts with sterile 70% IPA (or sterile water, if recommended by manufacturer) to remove disinfectant residue. Uses new wipe as needed.
- _____ All trash receptacles are cleaned inside and out.
- _____ Cleans all counters and work surfaces.
- _____ Floors are mopped with designated floor mop starting at the wall opposite the room entry door; floor surfaces are mopped in even strokes toward the operator.
- _____ Cleans all buffer area totes and storage shelves by removing contents. Cleans the inside surfaces of the tote and then the entire exterior surfaces of the tote. Allows tote to dry. Prior to replacing contents into the tote, wipes tote with sterile water, if recommended by manufacturer, to remove disinfectant residue. Uses new wipe as needed.
- _____ All remaining residues on surfaces are removed with sterile water and sterile 70% IPA, with the final step always being sterile 70% IPA.
- _____ Correct documentation has been completed, signed, and dated.

All steps were followed per SOP 3.020 Yes ☐ No ☐

Date: _____ Time: _____

Notes: _____

The person being assessed is immediately informed of all unacceptable activities and is informed of specific corrections to be made.

Printed Name of Person Assessed: _____

Signature of Person Assessed: _____ Date: _____

Signature of Pharmacist: _____ Date: _____

MANOMETER RECORD – NON-HAZARDOUS CLEAN ROOM FACILITY

Month/Year: _____

Positive pressure differential must be 0.02 – 0.05 inch water column relative to adjacent spaces.

[illegible]

Reviewed By: _____ Date: _____

Cleaning Solution Log for Clean Rooms

[illegible]

Dilutions Guide

	Amount of Concentrate	Amount of Sterile Water
TexTab	1 tablet	960ml (32oz)
Decon Quat	1/2 oz	1 Gallon
Decon Clean	1 oz	1 Gallon
Accel Hydrogen Peroxide	8 oz	1 Gallon

Reviewed by:

Date:

PRECISION PHARMACY	
TITLE: STERILE COMPOUNDING PROCESS VALIDATION (MEDIA FILLS)	
SOP NUMBER: 9.130	VERSION NUMBER: 14.0
Authorized By:	Date:
Written By: Taggs/Shine/Hernandez/Doherty	Date: 4-8-2021
Reviewed By:	Date:
Date Effective:	

1.0 PURPOSE

- 1.1 The purpose of this procedure is to establish requirements for sterile compounding process validations (media fills) in accordance with USP <797>.

2.0 SCOPE

- 2.1 This procedure applies to all sterile compounding personnel at Precision Pharmacy.

3.0 RESPONSIBILITY

- 3.1 The Pharmacist-in-charge shall supervise this procedure and document that all sterile compounding personnel will comply with this procedure.

4.0 REFERENCES

- 4.1 USP Current Version <797> "Pharmaceutical Compounding – Sterile Preparations"
- 4.2 SOP 2.030 Sterile Compounding Technician and Support Staff Qualification (Attachments 2 and 3)
- 4.3 SOP 3.020 Cleaning and Maintenance of the Clean Room Facilities
- 4.4 SOP 3.030 Environmental Monitoring of the Clean Room Facilities
- 4.5 SOP 1.030 Deviation – OOS and Corrective and Preventative Action (CAPA) Management
- 4.6 SOP 4.260 Use and Maintenance of the Dwyer Mark II Manometer
- 4.7 Current Law Book for Pharmacy; California; California Code of Regulations, Title 16 Division 17 Article 4.5 Section 1735.1 Compounding Definitions

5.0 DEFINITIONS

- 5.1 Aseptic filling – process in which a pre-sterilized preparation is transferred to a sterile container(s). (PCCA)
- 5.2 Aseptic processing – the aseptic filling of preparation containers in a controlled environment where the air supply, materials, equipment and personnel are regulated to control microbial and particulate contamination to acceptable levels. (PCCA)
- 5.3 Aseptic processing area – controlled environment for sterile compounding; consists of several zones in which the air supply, materials, equipment and personnel are regulated to control microbial and particulate contamination to acceptable levels. (PCCA)
- 5.4 Direct compounding area (DCA) – A critical area within the ISO Class 5 primary engineering control where critical sites are exposed to unidirectional HEPA-filtered air, also known as first air. (USP <797>)
- 5.5 First air – the air exiting the HEPA filter in a unidirectional air stream that is essentially particle free. (CCR 1735.1(p))

TITLE: STERILE COMPOUNDING PROCESS VALIDATION (MEDIA FILLS)**SOP NUMBER: 9.130****VERSION NUMBER: 14.0****Date Effective:**

5.6 Media fill test - a test used to measure the efficacy of compounding personnel in aseptic techniques whereby compounding procedures are mimicked using a growth-based media and then the resulting preparation is evaluated for sterility. The media-fill test must mimic the most complex compounding procedures performed by the pharmacy. (CCR 1735.1(u))

5.7 CSP – Compounded sterile preparation

5.8 TSB – Tryptic soy broth

5.9 TSA – Tryptic soy agar

5.9 SDA – Sabouraud dextrose agar

5.10 MEA – Malt extract agar (may be used when SDA is unavailable)

5.11 PPE – Personal protective equipment

5.12 HEPA – High-efficiency particulate air

5.13 PEC – Primary engineering control

5.14 LFW – Logged formula worksheet

5.15 IPA – isopropyl alcohol

6.0 FREQUENCY

6.1 For high risk compounding, sterile compounding personnel must each complete a media fill at least semi-annually.

6.2 When the quality assurance program yields an unacceptable result.

6.3 When a change occurs that would impact the aseptic process or when improper aseptic techniques are observed.

7.0 EQUIPMENT & SUPPLIES

7.1 ISO Class 5 (Class 100) or better air

7.2 ISO Class 7 (class 10,000) or better air

7.3 ISO Class 8 (class 100,000) or better air

7.4 Incubator

7.5 Repeater pump

7.6 Laminar airflow workbench/Biological safety cabinet class II

7.7 Scales

7.8 Powder containment hood/Biological safety cabinet class I

7.9 PPE

7.10 For specific media fill supplies, see logged formula worksheet

8.0 GENERAL INFORMATION

8.1 Media fills must be conducted without interruption.

8.2 Media fills shall be performed under the most challenging or stressful conditions encountered during compounding.

TITLE: STERILE COMPOUNDING PROCESS VALIDATION (MEDIA FILLS)**SOP NUMBER: 9.130****VERSION NUMBER: 14.0**

Date Effective:

8.3 Separate tests will be performed with prepared TSB. Two positive controls should also be created with the media. These tests should mimic the process of filtration that is most commonly used along with the largest batch volumes each person can filter in a single work shift.

8.4 Media fill procedures mimic making a high risk sterile compounded preparation where non-sterile media is filtered to produce sterile media.

9.0 PROCEDURE**9.1 Media fill procedures**

9.1.1 Growth promotion of media may be done concurrently with the media fill and verified after the media fill run (certificate of analysis indicating vendor growth promotion is acceptable).

9.1.1.1 The incubation temperature will be the same as that used for the media filled units.

9.1.1.2 The medium selected must be capable of growing a wide spectrum of microorganisms and of supporting microbiological recovery and growth of low numbers of microorganisms.

9.1.2 Positive control

9.1.2.1 There shall be two positive controls of media created for each logged formula worksheet.

9.1.3 High-risk media fills – non-hazardous and hazardous

9.1.3.1 All media fills shall be conducted using the current logged formula worksheet utilizing proper aseptic technique according to SOP 1.060 General Aseptic Technique.

9.1.3.2 Media fills shall be conducted in clean room facilities and engineering controls according to SOP 3.010 Sterile Compounding Area Requirements.

9.1.3.3 In an ISO 8 preparation area, dissolve non-sterile TSB granules in sterile water to make a 3% solution.

9.1.3.4 Stir as needed to dissolve completely.

9.1.3.5 Components should be assembled and brought into the ISO Class 7 buffer room.

9.1.3.6 Disinfect the PEC in accordance with SOP 3.020 Cleaning and Maintenance of the Clean Room Facilities and/or 13.020 Deactivation, Decontamination, Cleaning and Disinfection.

9.1.3.7 Disinfect each component prior to placing in the PEC.

9.1.3.8 Work at least six inches within the PEC to protect the critical sites from contamination and not interrupt the first air.

9.2 Incubation and inspection of media-filled units

9.2.1 Leaking or damaged media fill units must be removed. Document the quantity removed and the reason for removal on Qualification of Personnel (Media Fills) – Sterile Compounding, Attachment 1, and on

TITLE: STERILE COMPOUNDING PROCESS VALIDATION (MEDIA FILLS)**SOP NUMBER: 9.130****VERSION NUMBER: 14.0**

Date Effective:

the Daily Monitoring Record, SOP 3.030 Environmental Monitoring of the Clean Room Facilities, Attachment 2.

9.2.2 All media fill units and positive control media units shall be incubated for 14 days at 20°C – 25°C.

9.2.3 All media fill units shall be stored and manipulated to allow contact of the media with all product contact surfaces in the unit.

9.2.4 At the end of the 14 day incubation period, each media fill unit shall be visually inspected for the presence of microbial growth.

9.3 Contamination with media

9.3.1 Contamination of the area and equipment with media during media-fill runs shall not compromise the quality of the facility and equipment or the preparation subsequently processed using the same facility and equipment.

9.3.2 Media spills must be handled properly and promptly by cleaning and disinfecting the facility and equipment according to applicable SOPs (e.g. 7.030 API and Compounded Preparation Spills).

9.4 Documentation requirements for media fills

9.4.1 The Qualification of Personnel – Sterile Compounding form, Attachment 1, and/or media fill LFW shall include, but not be limited to, the following items:

9.4.2 Date and location of media fill (*Example Laminar Air Flow Hood number 2*).

9.4.3 Tubing descriptions (type, lot number and size).

9.4.4 Volume filled and filling speed.

9.4.5 Filter brand/description and lot numbers/expiration date (if applicable).

9.4.6 Type of media used, lot number/expiration date and growth promotion date/results (if purchased, a certificate of growth promotion should be maintained on file).

9.4.7 Number of units filled.

9.4.8 Number of units rejected at inspection and reason for rejection.

9.4.9 Number of units incubated and incubation time/temperature.

9.4.10 Number of positive units at the conclusion of the incubation.

9.4.11 Results (pass/fail).

9.5 Garbing and cleaning assessments

9.5.1 Along with the media fill procedure, personnel will be assessed and observed on hand hygiene, garbing and cleaning techniques.

9.5.2 Observations will be recorded by a pharmacist using USP Assessment – 797- Hand Hygiene and Garbing Related Practices of Sterile Compounding Personnel/Cleaning, Assessment 2.

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Date Effective:

9.5.3 -- An initial glove test for both hands will be performed immediately after garbing before spraying hands with IPA. Once samples are taken, personnel will don new sterile gloves and begin media fill assessment.

9.6 Environmental monitoring (EM)**9.6.1 Contact plates**

9.6.1.1 The compounder shall place one TSA settling plate within the PEC for a maximum time of 4 hours per sub test. This is used as a dynamic condition environmental test.

9.6.1.2 The compounder shall take glove samples of his or her fingertips to monitor aseptic technique. Glove tests are to be done at the completion of each sub test prior to disinfecting gloves. The compounder shall touch each gloved fingertip, to include thumbs, to the agar surface, making certain to not re-touch areas. The compounder will test both right and left hand a total of twice each. (*Example; test right hand fingertip with TSA media plate, then follow with SDA media plate*).

9.6.1.3 Gloves must be changed prior to continuing the media fill after touching the agar surface.

9.6.1.4 At the completion of a media fill validation, prior to the shedding of gown/coveralls used while testing, the compounder shall take a sample of his or her chest and sleeve using the TSA and SDA plates. The compounder shall touch the surface of the gown above where the glove would end. Repeat the same process while testing the mid-chest area.

9.6.2 There shall be one positive control contact plate for each lot number of media used. Touch the agar surface with an un-gloved fingertip, replace the lid, label the plate appropriately and incubate according to step 9.7.

9.6.3 There shall be one negative control contact plate for each lot number of media used. Label an unopened plate appropriately and incubate according to step 9.7.

9.7 Incubation of environmental controls and samples

9.7.1 All TSA plates shall be incubated at 30°C – 35°C for 72 hours

9.7.2 All SDA plates shall be incubated at 26°C – 30°C for 120 hours.

9.7.3 Plates should be checked daily for growth.

9.8 Acceptance criteria

9.8.1 All media must demonstrate growth promotion capabilities.

9.8.1.1 If no growth is observed in the positive control containers, repeat the growth promotion study with new components. Incubate the samples at the appropriate temperature with a negative control for seven days or until growth is observed. If no growth is observed, the medium is unacceptable for use, and the results of the media fill are invalid.

9.8.1.2 A certificate of analysis indicating vendor growth promotion is acceptable.

9.8.2 Calibration documentation of all equipment must be current and verified.

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9.8.3 Sterile compounding facilities must meet the requirements outlined in SOP 3.010 Sterile Compounding Area Requirements.

9.8.4 All media fill units must be clear, free of turbidity.

9.8.5 All environmental data must be recorded and all readings must be within acceptable levels, according to SOP 3.030 Environmental Monitoring of the Clean Room Facilities.

9.8.6 Environmental samples taken in the PEC shall be evaluated and the growth shall be identified to at least the genus level regardless of the outcome of the media fill.

9.8.7 All media fill failures must have a formal investigation completed. (SOP 1.030 Deviations – OOS and Corrective and Preventative Action (CAPA) Management, Attachment 3)

9.8.8 A summary report (Validation of Personnel - Sterile Compounding, SOP 2.030 Sterile Compounding Technician and Support Staff Qualification, Attachment 2), along with Attachments 1 and 2 shall be generated for each media fill.

9.0 ATTACHMENTS

9.1 Attachment 1 – Qualification of Personnel (Media Fills) – Sterile Compounding

9.2 Attachment 2 – USP Assessment – 797- Hand Hygiene and Garbing Related Practices of Sterile Compounding Personnel/Cleaning Assessment (Page 1 and Page 2)

11.0 HISTORY

Version Number	Review Date	Effective Date	Description of Change
1.0	10/2009-12/2009	1-1-2010	New SOP
1.0	12-28-2009	1-1-2010	Annual Review; No changes
2.0	7-15-2011	7-15-2011	Annual Review; See hard copy for specific changes
2.0	12-20-2011	7-15-2011	Annual Review; No Changes
2.0	1/2013-6/2013	7-15-2011	Annual Review; No Changes
3.0	12-1-2013	12-1-2013	Annual Review; See hardcopy for specific changes
4.0	5-1-2014	8-21-2014	See hardcopy for specific changes
5.0	3-4-2015	6-5-2015	Annual Review; Updated procedures; Added Attachments; See hardcopy for specific changes
6.0	9-1-2015	9-4-2015	Removed Part D. Compounding technique no longer used
7.0	6-30-2016	7-19-2016	Annual Review; extensive see hard copy for specific changes
8.0	12-9-2016	12-28-2016	Annual Review; Updated 5.5, 7.9, 9.1.3.4, 9.1.3.5, 9.1.3.8, 9.8.6, Attachments 1 and 2; Added 4.7, 6.2, 6.3, 8.4, 9.5.3; See hardcopy for specific changes
9.0	1-25-2017	3-9-2017	Updated 6.3, Attachment 1 and minimal process updates
10.0	9-11-2017	9-13-2017	Updated Attachment 1 (removed Test D)

TITLE: STERILE COMPOUNDING PROCESS VALIDATION (MEDIA FILLS)**SOP NUMBER: 9.130****VERSION NUMBER: 14.0**

Date Effective:

Version Number	Review Date	Effective Date	Description of Change
11.0	12-8-2017	1-12-2018	Annual Review; Updated "product" and "preparation" throughout; Updated 5.4, 5.10, 5.11, Section 7.0, 9.1.3.3, 9.1.3.8, 9.2.1, 9.4.1, 9.6.1.1, 9.6.2, 9.6.3, 9.8.9 and Attachments; Added 5.5; Grammar/language throughout
12.0	2-15-2019	4-26-2019	Annual Review; Added 5.11; Updated 6.1, 6.3, 8.3, 9.1.3.1, 9.1.3.3, 9.1.3.5, 9.2.3, 9.3.2, 9.6.1, 9.6.1.1 and 9.8.9; Updated Attachments 1 and 2 (page 1); Grammar/formatting throughout
13.0	3-16-2020	4-27-2020	Annual Review; Updated 4.5, 4.7, 5.2, 9.1.3.1, 9.1.3.3, 9.1.3.6-9.1.3.8, 9.2.1, 9.3.1, 9.3.2, 9.6.1.1, 9.8.4-9.8.8 and Attachment 2, page 1; Removed 9.8.3 and 9.8.4 and reformatted section; Added 5.12-5.15; Grammar/formatting throughout
14.0	4-8-2021	7-16-2021	Annual Review; Updated 5.14, 6.1, 9.1.3.8, 9.3.2, 9.8.8 and Attachment 2, page, 1; Grammar/formatting throughout

The remainder of this page intentionally left blank.

QUALIFICATION OF PERSONNEL (MEDIA FILL) – STERILE COMPOUNDING

Personnel involved in preparing drug compounds shall be evaluated for proper technique and understanding of the concepts behind the procedures to be performed. Qualification shall be handled under a "pass/fail" grading system. If the individual performing the procedure does not "pass" then proper retraining and education shall be given and the individual shall not be allowed to perform the procedure again until competency is demonstrated.

Date: _____ Location: _____

Employee Name: _____ Supervising RPh: _____

Media Fill Test (Filtration Process)

Media Used	Mfg	Lot Number	Expiration Date

Test	Vial Size	Media Qty	Qty	Incubation Temp	Results	Initials
A					☐ P ☐ F	
B					☐ P ☐ F	
C					☐ P ☐ F	

Media Fill - Positive Control

_____ ml Non-Sterile Media: _____ Positive Reaction: _____
Initial

_____ ml Sterile Media w/ _____ ml Non-Sterile Media: _____ Positive Reaction: _____
Initial

Media Fill - Test A

Filter: _____ Lot/Exp: _____ Bubble Point: _____

Media Fill - Test B

Filter: _____ Lot/Exp: _____ Bubble Point: _____

Media Fill - Test C

Filter: _____ Lot/Exp: _____ Bubble Point: _____

Media Fill – Glove Test

Test # A (attached): _____ Results: ☐ P ☐ F _____ Test # B (attached): _____ Results: ☐ P ☐ F _____
Initial Initial

Test # C (attached): _____ Results: ☐ P ☐ F _____
Initial

Comments: _____

Performed By: _____ Date: _____

Reviewed By: _____ Date: _____

USP Assessment – 797

Aseptic Technique and Related Practices of Compounding Personnel (Media Fill)

Aseptic Technique, Safety, and Quality Assurance Practices:

- _____ Performs proper hand hygiene, garbing, and gloving procedures according to SOPs.
- _____ Disinfects ISO Class 5 surfaces with an appropriate agent(s).
- _____ Disinfects components/vials with an appropriate agent prior to placing into ISO Class 5 work area.
- _____ Introduces only essential materials in a proper arrangement in the ISO Class 5 work area.
- _____ Does not interrupt, impede, or divert flow of first-air to critical sites.
- _____ Ensures syringes, needles, and tubing remain in their individual packaging and are only opened in ISO Class 5 work area.
- _____ Performs manipulations only in the appropriate direct compounding area of the ISO Class 5 device.
- _____ Does not expose critical sites to contact contamination or worse than ISO Class 5 air.
- _____ Labels preparation(s) correctly.
- _____ Disinfects sterile gloves routinely by wiping with sterile 70% IPA during prolonged compounding manipulations.
- _____ Disposes of waste according to SOPs.

Cleaning Practices During Media Fill:

- _____ Uses disinfectant prepared at correct concentration according to SOP(s) and manufacturer's instructions.
- _____ Uses appropriately labeled solution for the type of surface being cleaned (ISO 5, work surfaces, floors, etc.).
- _____ At the beginning of each shift, cleans all ISO 5 surfaces prior to compounding in the following order: ceiling, walls, IV bar (if applicable) and work surface.
- _____ Uses a lint free ISO 5 wipe soaked with sterile 70% IPA or other approved disinfectant solution and allows to completely dry.
- _____ Removes all compounding components and cleans all ISO Class 5 areas at the end of the shift.
- _____ Introduces only essential materials in a proper arrangement in the ISO Class 5 work area.

*The person assessed is immediately informed of all unacceptable activities (i.e., spaces lacking check marks, N/A, or N/O) and shown and informed of specific corrections.

RESULTS	PASS	FAIL	OOS (if marked, see appropriate OOS form)	Initials
GLOVE				
MEDIA				

Printed Name of Person Assessed: _____

Signature of Person Assessed: _____ Date: _____

Signature of Pharmacist: _____ Date: _____

Hand Hygiene and Garbing Related Practices of Sterile Compounding Personnel

Hand Hygiene and Garbing Practices: A qualified evaluator will check each space for which the person being assessed has acceptably completed the described activity, prints N/A if the activity is not applicable to the assessment session or N/O if the activity was not observed.*

- ☐ Presents in a clean appropriate attire and manner.
- ☐ Wears no cosmetics or jewelry (watches, rings, earrings, etc. piercing jewelry included) upon entry into ante-areas.
- ☐ Brings no food or drinks into or stored in the ante-areas or buffer areas.
- ☐ Is aware of the line of demarcation separating clean and dirty sides and observes required activities.
- ☐ Performs hand hygiene procedure by wetting hands and forearms and washing using soap and warm water for at least 30 seconds (procedure performed in prep room).
- ☐ Dries hands and forearms using lint-free towel (procedure performed in prep room).
- ☐ Pushes door leading from prep room to garb room open without touching clean hands.
- ☐ Dons shoe covers one at a time, placing the covered on clean side of the line of demarcation, as appropriate.
- ☐ Sanitizes hands after donning shoe covers.
- ☐ Dons beard cover, if necessary.
- ☐ Dons face mask to cover bridge of nose down to include chin.
- ☐ Dons head cover assuring that all hair is covered.
- ☐ Disinfects hands using a waterless alcohol-based surgical hand scrub with persistent activity and allows hands to dry.
- ☐ Dons first pair of gloves, if in hazardous room.
- ☐ Selects the appropriate sized gown/coverall, examining for any holes, tears, or other defects.
- ☐ Dons gown/coverall and ensures full closure.
- ☐ Disinfects hands again using a waterless alcohol-based surgical hand scrub with persistent activity.
- ☐ Pushes door from garb room to buffer room open without touching clean hands.
- ☐ Disinfects hands using a waterless alcohol-based surgical hand scrub with persistent activity and allows hands to dry thoroughly before donning sterile gloves.
- ☐ Aseptically dons appropriate sized sterile gloves ensuring that there is a tight fit with no excess glove material at the fingertips.
- ☐ Examines gloves ensuring that there are no defects, holes, or tears.
- ☐ Sprays gloves with sterile 70% IPA and allows to air dry before compounding.
- ☐ While engaging in sterile compounding activities, routinely disinfects gloves with sterile 70% IPA prior to work in the direct compounding area (DCA) and after touching items or surfaces that may contaminate gloves.
- ☐ Removes gloves and performs hand hygiene (surgical hand scrub).
- ☐ Removes gown/coverall and discards.
- ☐ Removes and discards head cover, mask, and beard cover (if used), first pair of gloves (if used).
- ☐ PPE was removed on the clean side of the garb room.
- ☐ Removes shoe covers one at a time, ensuring that uncovered designated shoe is placed on the dirty side of the line of demarcation (Removes and discards shoe covers every time the compounding area is exited).
- ☐ Performs hand hygiene again (procedure performed in prep room).

*The person assessed is immediately informed of all unacceptable activities (i.e., spaces lacking check marks, N/A, or N/O) and shown and informed of specific corrections.

RESULTS	PASS	FAIL	OOS	Initials
GLOVE				

Printed Name of Person Assessed: _____

Signature of Person Assessed: _____ Date: _____

Signature of Pharmacist: _____ Date: _____

ACETYL-D-GLUCOSAMINE IN WATER FOR INJ. 200MG/ML INJECTABLE
ACETYL-D-GLUCOSAMINE IN WATER FOR INJ. 250MG/ML INJECTABLE
ACETYL-D-GLUCOSAMINE/HA IN WATER FOR INJ. 100MG/10MG/ML INJECTABLE
ADENOSINE MONOPHOSPHATE IN WATER FOR INJ. 200MG/ML INJECTABLE
ALTRENOGEST 50MG/ML INJECTABLE
ALTRENOGEST 225MG/ML INJECTABLE
AMMONIUM SULFATE IN WATER FOR INJ. 0.75% INJECTABLE
ARGININE (L) HCL IN WATER FOR INJECTION 200MG/ML INJECTABLE
ATIPAMEZOLE HYDROCHLORIDE 20MG/ML INJECTABLE
CACO COPPER VET WITH IRON IN WATER FOR INJ. 6.4MG/0.2MG/1MG/ML INJECTABLE
CARBAZOCHROME/SODIUM SALICYLATE IN WATER FOR INJ. 10MG/250MG/ML INJECTABLE
CARBOXYMETHYLCELLULOSE STERILE (BELLY JELLY)(PF) 2% MEDIUM VISCOSITY SOLUTION
CIMETIDINE IN WATER FOR INJ. 150MG/ML INJECTABLE
CYCLOSPORINE DROPS (IN OIL) 2% OPHTHALMIC
DESLORELIN IN WATER FOR INJ. IMMEDIATE RELEASE 50MCG/ML INJECTABLE
DESLORELIN (AS ACETATE) IR 1.5MG/ML INJECTABLE
DETOMIDINE HCL/XYLAZINE 2.5MG/100MG/ML INJECTABLE
DETOMIDINE HCL/XYLAZINE 5MG/100MG/ML INJECTABLE
DEXAMETHASONE SOD. PHOS. IN WATER FOR INJ. 24MG/ML INJECTABLE
ESTRADIOL 17-B IN SESAME OIL 5MG/ML INJECTABLE
ESTRADIOL 17-B/ PROGESTERONE IN SESAME OIL 3.33MG/50MG/ML INJECTABLE
ESTRADIOL CYPIONATE IN SESAME OIL 2MG/ML INJECTABLE
ESTRONE AQ. IN CARBOXYMETH. FOR INJ. SUSPENSION 5MG/ML INJECTABLE
GUAIFENESIN IN D5W (PF) 50MG/ML INJECTABLE
GUANABENZ ACETATE IN WATER FOR INJ. 2MG/ML INJECTABLE
HISTRELIN (AS HISTRELIN ACETATE) 0.5MG/ML INJECTABLE
HISTRELIN (AS HISTRELIN ACETATE) 1MG/ML INJECTABLE
IODINE IN ALMOND OIL 2% INJECTABLE
IRON (AS IRON SUCROSE) IN WATER FOR INJ. (PF) 2% INJECTABLE
ITRACONAZOLE (WITH DMSO) OPHTHALMIC (PF) 1% OINTMENT
LACTANASE 2X IN STERILE WATER FOR INJ. INJECTABLE
MEDETOMIDINE HCL/KETAMINE (AS KETAMINE HCL) INJ. 10MG/100MG/ML INJECTABLE
MEDETOMIDINE HCL/KETAMINE (AS KETAMINE HCL) INJ. 10MG/150MG/ML INJECTABLE
MEDETOMIDINE HCL/KETAMINE (KETAMINE HCL) INJ 5MG/150MG/ML INJECTABLE
MEDROXYPROGESTERONE ACETATE IN WATER INJ. 200MG/ML SUSPENSION
METHOCARBAMOL IN WATER FOR INJ. 100MG/ML INJECTABLE
PENTOSAN/ACETYL-D-GLUCOSAMINE IN WATER FOR INJ. 125MG/200MG/ML INJECTABLE
PROGESTERONE (IN PROPYLENE GLYCOL) 200MG/ML INJECTABLE
PROGESTERONE IN SESAME OIL 100MG/ML INJECTABLE
RESERPINE IN WATER FOR INJ. 2.5MG/ML INJECTABLE
ROMIFIDINE HCL 1% INJECTABLE
STANOZOLOL IN WATER FOR INJ. 50MG/ML INJECTABLE
STANOZOLOL IN WATER FOR INJ. (PF) 5MG/ML INJECTABLE
TACROLIMUS OPHTHALMIC (PF) 0.03% SOLUTION
TRYPTOPHAN IN WATER FOR INJ 100MG/ML INJECTABLE
XYLAZINE IN WATER FOR INJECTION 333MG/ML INJECTABLE

PRECISION PHARMACY

**TITLE: STERILE COMPOUNDING FINISHED PREPARATION TESTING
(END PREPARATION TESTING)**

SOP NUMBER: 9.140

VERSION NUMBER: 15.0

Authorized By:

Date:

Written By: PCCA / Rachel Taggs

Date: 12-7-2021

Reviewed By:

Date:

Date Effective:

1.0 PURPOSE

- 1.1 The purpose of this procedure is to establish requirements and documentation for finished preparation testing of sterile compounded preparations.

2.0 SCOPE

- 2.1 This procedure applies to all sterile compounding personnel at Precision Pharmacy.

3.0 RESPONSIBILITY

- 3.1 The Pharmacist-in-Charge shall supervise this procedure or document that another staff member has been designated to ensure that all sterile compounding personnel responsible for finished preparation testing comply with this procedure.
- 3.2 It is the responsibility of Precision Pharmacy to review and assess the contract laboratory for appropriate regulatory compliance according to SOP 9.220 Contract Laboratory Selection and Desk Audit.
- 3.3 Testing performed in house will be performed by properly trained personnel.

4.0 REFERENCES

- 4.1 USP Current Version <797> "Pharmaceutical Compounding – Sterile Preparations"
- 4.2 USP Current Version <71> "Sterility Tests"
- 4.3 USP Current Version <85> "Bacterial Endotoxin Testing"
- 4.4 USP Current Version <1229.5> "Biological Indicators for Sterilization"
- 4.5 All applicable state board of pharmacy requirements
- 4.6 SOP 6.020 Compounded Preparation Labeling
- 4.7 SOP 8.020 Biological Indicators
- 4.8 SOP 9.210 Integrity Test Method by Bubble Point
- 4.9 SOP 9.050 Determination and Extension of Beyond Use Dates (BUD) for Compounded Preparations
- 4.10 SOP 9.080 Preparation Quarantine, Storage and Release
- 4.11 SOP 9.100 Recall of Compounded Preparation
- 4.12 Current version Law Book for Pharmacy, California

5.0 DEFINITIONS

- 5.1 CSP – compounded sterile preparation
- 5.2 BI – biological indicator
- 5.3 CI – chemical integrator
- 5.4 MDV – multi-dose vial

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6.0 FREQUENCY

- 6.1 It is the responsibility of Precision Pharmacy to determine when and which tests may be performed in-house and which tests must be performed at a third party analytical/microbiological testing laboratory.

7.0 EQUIPMENT & SUPPLIES

- 7.1 Third party analytical/microbiological testing laboratory, if applicable.
- 7.2 Lint-free wipes
- 7.3 Appropriate gloves (e.g. powder-free latex, nitrile, ASTM Tested Chemotherapy gloves).
- 7.4 Bubble point – filter integrity test
- 7.5 Biological indicators
- 7.6 Chemical integrators
- 7.7 Incubators
- 7.8 WinKQCL Endotoxin Detection System
- 7.9 White and black background with light.

8.0 GENERAL INFORMATION

- 8.1 This procedure is designed for planned testing to verify and demonstrate effectiveness of all processes and procedures critical to the accuracy and purity of the finished compounded sterile preparation.
- 8.2 All compounded sterile preparations are tested according to USP <797>, as applicable, and other referenced chapters.
- 8.2.1 USP <71> or equivalent should be followed when a sterility test is required. Within chapter <71>, the number of units, volume per unit and specific methods are discussed.
- 8.2.2 USP <71> "The following culture media have been found to be suitable for the test for sterility. Fluid Thioglycollate Medium is primarily intended for the culture of anaerobic bacteria; however, it will also detect aerobic bacteria. Soybean-Casein Digest Medium is suitable for the culture of both fungi and aerobic bacteria."
- 8.2.3 USP <85> "The Bacterial Endotoxins Test (BET) is a test to detect or quantify endotoxins from Gram-negative bacteria using amoebocyte lysate from the horseshoe crab (*Limulus polyphemus* or *Tachypleus tridentatus*). There are three techniques for this test: the gel-clot technique, which is based on gel formation; the turbidimetric technique, based on the development of turbidity after cleavage of an endogenous substrate; and the chromogenic technique, based on the development of color after cleavage of a synthetic peptide-chromogen complex. Proceed by any of the three techniques for the test. In the event of doubt or dispute, the final decision is made based upon the quantitative results of the test being performed on a drug in triplicate via chromogenic technique. Based upon the quantitative results the pharmacist can determine if the drug is within acceptable limits. The test is carried out in a manner that avoids endotoxin contamination."
- 8.2.4 <1229.5> "A biological indicator (BI) is a well-characterized preparation of a specific microorganism that has known resistance to a specific sterilization

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process. BIs are used to demonstrate the effectiveness of processes that render a product sterile in its final package or container, as well as the effectiveness of the sterilization of equipment, product contact materials, and packaging components as required. BIs may also be used to monitor established sterilization cycles and are used for periodic reassessment of sterilization process effectiveness. BIs are process aids and can support the correlation of physical parameters to microbiological destruction. Microorganisms recognized as suitable for BIs are spore-forming bacteria, because the spores of these microorganisms are significantly more resistant than the vegetative cells that comprise the majority of bioburden in or on materials."

8.2.5. <USP> 797 "Filter units used to sterilize CSPs shall also be subjected to manufacturers' recommended integrity test, such as the bubble point test."

8.3 Title 16 of the California Code of Regulations, Article 7, Section 1751.7 Sterile Compounding Quality Assurance and Process Validation," . . . (e) (1) Batch-produced sterile drug preparations compounded from one or more non-sterile ingredients, except as provided in paragraph (2), shall be subject to documented end product testing for sterility and pyrogens and shall be quarantined until the end product testing confirms sterility and acceptable levels of pyrogens. Sterility testing shall be USP <71> compliant and pyrogens testing shall confirm acceptable levels of pyrogens per USP <85> limits, before dispensing. This requirement of end product testing confirming sterility and acceptable levels of pyrogens prior to dispensing shall apply regardless of any sterility or pyrogen testing that may have been conducted on any ingredient or combination of ingredients that were previously non-sterile. Exempt from pyrogen testing are topical ophthalmic and inhalation preparations.

(2)-The following non-sterile-to-sterile batch drug preparations do not require end product testing for sterility and pyrogens:

(A) Preparations for self-administered ophthalmic drops in a quantity sufficient for administration to a single patient for 30 days or less pursuant to a prescription.

(B) Preparations for self-administered inhalation in a quantity sufficient for administration to a single patient for 5 days or less pursuant to a prescription."

9.0 PROCEDURE

9.1 Sterility testing

9.1.1 USP low-risk level preparations shall be tested for sterility before administration if:

9.1.1.1 Stored at room temperature for more than 48 hours.

9.1.1.2 Stored at 2°C – 8°C for more than 14 days.

9.1.1.3 Stored at frozen conditions (-25°C to -10°C) for more than 45 days.

9.1.2 USP medium-risk level preparations shall be tested for sterility before administration if:

9.1.2.1 Stored at room temperature for more that 30 hours.

9.1.2.2 Stored at 2°C – 8°C for more than 9 days.

9.1.2.3 Stored at frozen conditions (-25°C to -10°C) for more than 45 days.

9.1.3 USP high-risk level preparations shall be tested for sterility before administration if:

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9.1.3.1 Stored at room temperature for more than 24 hours.

9.1.3.2 Stored at 2°C – 8°C for more than 3 days.

9.1.3.3 Stored at frozen conditions (-25°C to -10°C) for more than 45 days.

9.1.3.4 Drug(s) that will be injected into vascular and/or central nervous systems is/are prepared in groups of more than 25 identical, individual single-dose packages, or in multiple dose vials for administration to multiple patients.

9.1.3.5 If, prior to sterilization, drug(s) that will be injected into vascular and/or central nervous systems is/are stored at 2°C – 8°C for more than 12 hours or stored at temperatures above 8°C for more than 6 hours.

9.1.4 Sterility sampling requirements must follow the tables in USP <71>. According to California pharmacy law, all batch produced sterile drug preparations starting with one or more non-sterile ingredients will need to undergo sterility testing unless exempted in 8.3.

9.1.5 Sterility methods should follow USP <71> or equivalent membrane filtration method, if applicable. If not performing membrane filtration, the methods outlined in USP <71>, or other methods proving to be equivalent or better than those methods outlined, are acceptable.

9.1.6 The Sterility Testing Log, Attachment 1, shall be completed as an overview of preparations and the sterility test status and results.

9.1.7 If at any point a test fails, a corrective action/preventative action plan must be completed with full investigation according to applicable SOPs (see SOP 1.030 Deviations – OOS and Corrective and Preventative Action (CAPA) Management).

9.1.8 Communication with the laboratory will be recorded on Contract Laboratory Communication Log, Attachment 2.

9.2 Endotoxin (pyrogen) testing

9.2.1 High-risk level preparations:

USP <797> . . . "All high-risk level CSPs, except those for inhalation and ophthalmic administration, that are prepared in groups of more than 25 identical individual single-dose packages (e.g., ampuls, bags, syringes, vials) or in MDVs for administration to multiple patients or that are exposed longer than 12 hours at 2° to 8° and longer than 6 hours at warmer than 8° before they are sterilized shall be tested to ensure that they do not contain excessive bacterial endotoxins (see *Bacterial Endotoxins Test* <85> and *Pyrogen Test* <151>). In the absence of a bacterial endotoxins limit in the official monograph or other CSP formula source, the CSP shall not exceed the amount of USP Endotoxin Units (per hour per kilogram of body weight or square meters of body surface area) specified in *Bacterial Endotoxins Test* <85> referenced above for the appropriate route of administration."

9.2.1.1 All applicable preparations will be subject to pyrogen testing if given a BUD exceeding 24 hours at room temperature or 3 days at 2° - 8° Celsius.

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9.2.2 The endotoxin testing shall follow the USP <85> bacterial endotoxin test method(s) and current version Law Book for Pharmacy, California; Section 1751.7 Sterile Compounding Quality Assurance and Process Validation.

9.2.3 The CSP must not exceed the amount of endotoxin units (EU per hour per kg of body weight) specified by current dosing for individual preparations.

9.2.4 At least one sample per batch must be tested.

9.3 Physical testing requirements

9.3.1 The end preparation must be visually inspected for:

9.3.1.1 Container leaks.

9.3.1.2 Integrity.

9.3.1.3 Solution cloudiness or phase separation.

9.3.1.4 Appropriate color.

9.3.1.5 Appropriate volume.

9.3.2 Particulate testing

9.3.2.1 Compounded sterile preparation solutions shall be checked when being placed into quarantine and individually checked prior to dispensing.

9.3.2.1.1 Wipe the container with a damp, lint-free wipe to remove any external particles.

9.3.2.1.2 Hold the container by its top and swirl the contents by rotating the wrist in a circular motion.

9.3.2.1.3 Hold the container horizontally about four inches below a light source against a white and/or black background and move the container back and forth.

9.3.2.1.4 Slowly invert the container and look for heavy particles that may have settled on the bottom of the container.

9.3.2.2 Bottles containing visible particulate matter will be discarded according to SOP 9.090 Proper Disposal of Pharmacy Waste.

9.4 Accuracy requirements

9.4.1 Final check of preparation must be performed by a pharmacist.

9.4.2 Accuracy must meet applicable state board requirements.

9.4.3 All preparation weights and volumes must be verified by a pharmacist.

9.4.4 All calculations and volumes must be verified on the logged formula worksheet by a pharmacist.

9.5 Identification and potency requirements

9.5.1 Verify the label has the correct:

9.5.1.1 Names.

9.5.1.2 Amounts or concentrations of ingredients.

9.5.1.3 Total volume.

9.5.1.4 Beyond-use date.

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9.5.1.5 Appropriate route(s) of administration.

9.5.1.6 Storage conditions.

9.5.1.7 Other safe use information as needed.

9.5.2 Verify the compounding record to the original written order for correct identities of ingredients and amounts of ingredients. If any of these cannot be confirmed, the preparation must be reviewed by the pharmacist and appropriate action must be taken, following all necessary and appropriate policies, if applicable.

9.5.3 Verify that correct fill volumes and quantities of units were prepared.

9.5.4 At the discretion of a sterile compounding pharmacist on duty, samples shall be tested for potency using the appropriate method by sending to a contract lab for testing.

9.6 If a pH requirement exists, test pH as per SOP 4.360 Use, Calibration and Maintenance of the pH Meters during the compounding process.

9.7 All autoclaved preparations will include biological indicators and chemical integrators. Results will be documented on appropriate forms as indicated in SOP 8.020 Biological Indicators.

9.7.1 If an indicator or integrator is not added to a cycle for any reason it must be brought to the attention of a sterile compounding pharmacist on duty.

9.7.2 The pharmacist will decide based on their professional judgement and further testing (e.g. sterility testing) results whether or not to dispense the preparation.

9.7.3 The incident shall be documented according to SOP 1.030 Deviations – OOS and Corrective and Preventative Action (CAPA) Management.

9.8 All preparations sterilized in the dry-heat oven will include chemical integrators. Results will be documented on appropriate forms as indicated in SOP 4.380 Use Verification and Maintenance of the Thermo Scientific-Heratherm Dry-Heat Oven.

9.8.1 If an integrator is not added to the cycle follow 9.7.1 - 9.7.3.

9.9 All filters used for sterilization by filtration will be integrity tested per SOP 9.210 Integrity Test Method by Bubble Point.

9.9.1 If a filter is lost before it can be tested, it must be brought to the attention of a sterile compounding pharmacist on duty.

9.9.2 The pharmacist shall use the same logic in steps 9.7.1-9.7.3 when determining how to proceed.

9.10 Sterile preparations will not be dispensed until all applicable end preparation testing is complete. Once testing is complete a pharmacist will release the preparation according to SOP 9.080 Preparation Quarantine, Storage and Release.

9.11 If any of the finished preparation testing is out of specification, an investigation must be performed, according to applicable SOPs, to determine if a preparation recall is necessary.

10.0 ATTACHMENTS

10.1 Attachment 1 – Sterility Testing Log

10.2 Attachment 2 – Contract Laboratory Communication Log

11.0 HISTORY

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Version Number	Review Date	Effective Date	Description of Change
1.0	10-2009-12/2009	1-1-2010	New SOP
2.0	12-28-2010	1-1-2011	Annual Review; procedural changes
2.0	12-28-2010	1-1-2011	Annual Review; No Changes
3.0	1/2013-6/2013	6-14-2013	Annual Review; procedural changes (see draft in file for specifics)
4.0	2-14-14	2-17-14	Annual Review; procedural changes (USP) (see draft in file for specifics)
5.0	2-19-2014	3-17-2014	See draft in file for specific changes
6.0	6-10-2014	6-12-2014	See draft in file for specific changes
7.0	9-2-2014	9-4-2014	Added Attachment 3
8.0	10-10-14	10-10-2014	Added 9.1.6, 9.1.7 and Attachment 4
9.0	3-27-2015	5-5-15	Annual Review; Grammar; Added 9.8, renumbered 9.9 and 9.10; Updated Attachment 4
10.0	7-26-2016	9-13-2016	Annual Review; Updated 7.3, 9.1.7, 9.2.4, 9.3.2.3, 9.4.2, 9.6, 9.11; Added 9.10; Updated Attachments, removed reference to Rapid
11.0	8-10-2017	8-29-2017	Annual Review; Updated 3.1, 9.3.2.6, 9.8 and grammar/language (non-procedural) throughout; Added 8.3
12.0	8-14-2018	11-2-2018	Annual Review; Updated 9.3.2.1, Attachment 3, 4; Added 9.7.1, 9.7.2, 9.7.2, 9.8.1, 9.9.1; Removed 9.4.5; Grammar and formatting throughout
13.0	1-17-2020	2-3-2020	Annual Review; Added 4.12, 9.1.8; Removed references of "product" replaced with "preparation"; Removed Attachment 2, replaced with CAPA attachment in SOP 1.030; Updated 9.3.2.2; Minor grammar throughout
14.0	8-14-2020	10-6-2020	Annual Review; Updated 4.2, 4.4, 8.2.4, 9.1 and 9.1.7; Added 5.4 and 9.1.3.5.1; Grammar/formatting throughout
15.0	12-7-2021	1-10-2022	Annual Review; Updated 6.1, 9.1.1 – 9.1.3.3, 9.1.4, 9.5.4 and Attachment 2; Removed 9.1.3.5.1, 9.1.7 (renumbered) and Attachment 3; Grammar/formatting throughout

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Sterility Testing Log

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Date Made	Sample	Lot#	Lab	Date Received	USP <71>	Sterility	Estimated Release Date	Date Results Received	Pass	Fail	Add. Test Req.
Additional tests or notes:											
Additional tests or notes:											
Additional tests or notes:											
Additional tests or notes:											
Additional tests or notes:											
Additional tests or notes:											
Additional tests or notes:											
Additional tests or notes:											
Additional tests or notes:											
Additional tests or notes:											
Additional tests or notes:											
Additional tests or notes:											
Additional tests or notes:											

Contract Laboratory Communication Log

[illegible]

10

10A

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: <u>LifeScience Logistics, LLC</u>		
Physical Address: <u>1211 Person Street</u>		
City: <u>Durham</u> State: <u>NC</u> Zip: <u>27703</u>		
Mailing Address (if different from physical address): <u>c/o State License Servicing, 1751 State Route 17A, Suite 3</u>		
City: <u>Florida</u> State: <u>NY</u> Zip: <u>10921</u>		
Telephone: <u>(845) 544-2482</u> Website: <u>www.lslog.com</u>		
Name of Designated Representative (DR): <u>Chad Anthony Surber</u>		
Licensing Company Email: <u>LSL@slny.com</u> DR Email: <u>csurber@lslog.com</u>		
Entities the Wholesaler will Serve (✓ all applicable)	Products to be Handled or Wholesaled (✓ all applicable)	Type of Wholesaling (✓ all applicable)
☒ Pharmacies ☒ Practitioners ☒ Hospitals ☒ Wholesalers ☒ Veterinarians ☒ Others: <u>Clinics, Institutions, US Govt</u>	☒ Dangerous Drugs ☐ Controlled Substances ☒ *Medical devices, equipment, supplies, gases ☒ Others: <u>Over-the-counter drugs, Veterinary Rx drugs, Veterinary over-the-counter drugs</u>	☐ Manufacturer ☐ Repacker ☐ Reverse Distributor ☐ Warehouse ☐ Retail pharmacy wholesale distributor ☒ Others: <u>Wholesale Distributor, 3PL</u>

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)?			✓

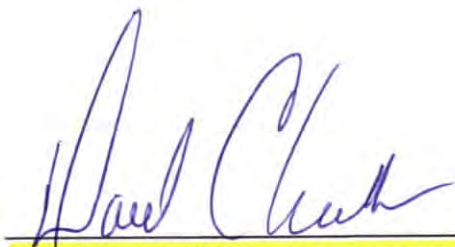
Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement 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 10/16/2018	Disposition Date 10/26/2018	State AL	City Birmingham	County Jefferson
Case # 18-L-0075		Governing, licensing, Arresting Presiding Body/Agency/Court Alabama State Board of Pharmacy		
Reason/Charge See Attached				
Plaintiff/Defendant/Claimant/Respondent LifeScience Logistics, LLC			Lawsuit/Arbitration/Bankruptcy N/A	
Name of Business/Industry/Entity LifeScience Logistics, LLC				

Provide explanation below:

See Attached



Original Signature (electronic, copies or stamps not accepted)

David Christopher Cheetham

10/12/2022

Date

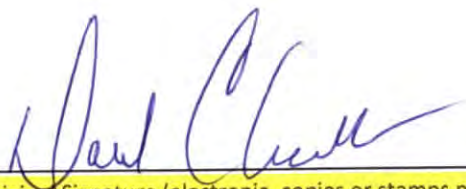
Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement 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 10/16/2018	Disposition Date 10/26/2018	State AL	City Birmingham	County Jefferson
Case # 18-L-0075		Governing, Licensing, Arresting Presiding Body/Agency/Court Alabama State Board of Pharmacy		
Reason/Charge See Attached				
Plaintiff/Defendant/Claimant/Respondent LifeScience Logistics, LLC			Lawsuit/Arbitration/Bankruptcy N/A	
Name of Business/Industry/Entity LifeScience Logistics, LLC				

Provide explanation below:

See Attached


 Original Signature (electronic, copies or stamps not accepted)

David Christopher Cheetham

10/12/2022
 Date

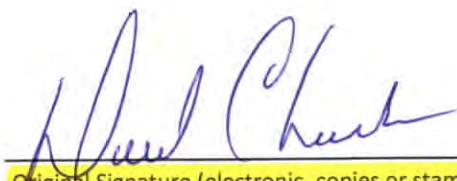
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This is in response to Question # 3. Provide all the following where applicable:

Date of Event/Arrest 10/16/2018	Disposition Date 10/26/2018	State AL	City Birmingham	County Jefferson
Case # 18-L-0075		Governing, licensing, Arresting Presiding Body/Agency/Court Alabama State Board of Pharmacy		
Reason/Charge See Attached				
Plaintiff/Defendant/Claimant/Respondent LifeScience Logistics, LLC			Lawsuit/Arbitration/Bankruptcy N/A	
Name of Business/Industry/Entity LifeScience Logistics, LLC				

Provide explanation below:

See Attached



Original Signature (electronic, copies or stamps not accepted)

David Christopher Cheetham

10/12/2024

Date

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 02/15/2023	Disposition Date	State CA	City Sacramento	County
Case # CI 2021 95502		Governing, licensing, Arresting Presiding Body/Agency/Court California Board of Pharmacy		
Reason/Charge Failing to notify the CA BOP of a Change of DR within the 30 day deadline and operating without a DR for 196 days				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity LifeScience Logistics, LLC				

Provide explanation below:

Per the CA Board of Pharmacy; a nonresident wholesaler or non resident third party logistics provider shall identify and notify the board of a new designated representative (DR) in charge within 30 days of the effective date. LifeScience Logistics, LLC filed an amendment to their Initial application to a new DR, but the new DR's Initial application was still pending at the CA BOP. CA BOP asked for a Change of DR to be filed, which LifeScience Logistics, LLC filed with the DR's pending Initial application. CA did not not accept the pending DR license as an active license, thus looking like LifeScience Logistics, LLC failed to notify CA of the Change of DR within the 30 day deadline and also operate without a DR until 04/09/2022 when the DR received his license. CA BOP issued a 2,000 dollar fine which LifeScience Logistics, LLC paid and the matter has been resolved.



David Christopher Cheetham

Original Signature (electronic, copies or stamps not accepted)

07/06/23

Date



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



February 15, 2023

LIFESCIENCE LOGISTICS, LLC
ATTN: ALEXANDER BOVA, EIC
3860 S 500 E STE 200
WHITESTOWN, IN 46075

RE: CI 2021 95502
LIFESCIENCE LOGISTICS, LLC
OSD 8005

The attached Citation CI 2021 95502, has been issued to LIFESCIENCE LOGISTICS, LLC, OSD 8005. A copy has been sent to the wholesaler, and a copy is being sent to the designated representative in charge for informational purposes only. As designated representative in charge it is your responsibility to insure the wholesaler's compliance with the term(s) and condition(s) of the citation by the date(s) ordered, and to ensure the wholesaler'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 Suelynn Yee, Citation and Fine Analyst at (916) 518-3013.

Sincerely

Suelynn Yee

Citation and Fine Analyst

Attachments

**BOARD OF PHARMACY
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA**

CITATION AND FINE

COPY

Citation Number CI 2021 95502 **Name, License No** LIFESCIENCE LOGISTICS, LLC, OSD 8005

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 § 4161 subd. (j)	A nonresident wholesaler or non resident third-party logistics provider shall identify and notify the board of a new designated representative in charge ceases to be the designated representative in charge	\$2,000.00

CONDUCT:

Failure to Notify within 30 Days – Business and Professions Code section 4161(j) requires a designated representative-in-charge to be responsible for compliance with state and federal laws governing wholesalers. Additionally, the section requires every nonresident wholesaler to notify the Board of a new designated representative-in-charge within 30 days of the date that the prior designated representative-in-charge ceases to be the designated representative-in-charge. Specifically, on December 23, 2021, the Board received an Application for Change of Designated Representative-In-Charge from LifeScience Logistics, LLC. The form indicated the prior designated representative-in-charge (DRIC), Nathaniel Roberts (EXC 25782), disassociated August 15, 2021 and that Alexander Bova (EXC 26331) took over as the new DRIC the same day. However, LifeScience Logistics, LLC's OSD license was not issued until September 22, 2021. Additionally, Alexander Bova was not licensed until April 9, 2022. According to the Board's records, Nathaniel Roberts (EXC 25782) association date is listed as the same date LifeScience Logistics, LLC's OSD license was issued, September 22, 2021. Nathaniel Roberts (EXC 25782) dissociation date is listed as the following day, September 23, 2021. LifeScience Logistics, LLC operated without a licensed DRIC from September 24, 2021 to April 8, 2022, 196 days.

CITATION ISSUED ON: February 15, 2023 **TOTAL AMOUNT OF FINE(S):** \$2,000.00

PAYMENT OF FINE(S) DUE BY: March 17, 2023



California State Board of Pharmacy
2720 Gateway Oaks Drive, Suite 100
Sacramento, CA 95833
Phone: (916) 518-3100 Fax: (916) 574-8614
www.pharmacy.ca.gov

Business, Consumer Services and Housing Agency
Department of Consumer Affairs
Gavin Newsom, Governor



May 23, 2023

LIFESCIENCE LOGISTICS, LLC
ATTN: ALEXANDER BOVA, EIC
3860 S 500 E STE 200
WHITESTOWN, IN 46075

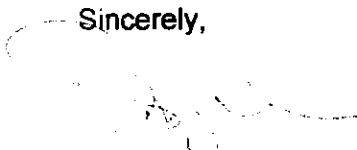
RE: CI 2021 95502
LIFESCIENCE LOGISTICS, LLC
OSD 8005

This is in response to the administrative fine and proof of abatement provided to the board for the above referenced citation. The payment and documentation have been received and accepted as satisfactorily resolving the matter.

Please be advised that this citation has become a part of the board's records and constitutes a public record for purposes of disclosure.

If you have any questions regarding this matter, please contact the Citation and Fine Analyst, Suelynn Yee at (916) 518-3013.

Sincerely,



Suelynn Yee

Citation and Fine Analyst



California State Board of Pharmacy
2720 Gateway Oaks Drive, Suite 100
Sacramento, CA 95833
Phone: (916) 518-3100 Fax: (916) 574-8614
www.pharmacy.ca.gov

Business, Consumer Services and Housing Agency
Department of Consumer Affairs
Gavin Newsom, Governor



May 23, 2023

LIFESCIENCE LOGISTICS, LLC
ATTN: RICHARD BEENY, CEO
3860 S 500 E STE 200
WHTESTOWN, IN 46075

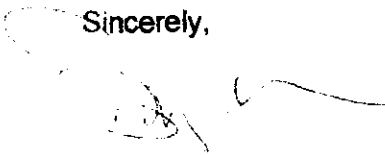
RE: CI 2021 95502
LIFESCIENCE LOGISTICS, LLC
OSD 8005

This is in response to the administrative fine and proof of abatement provided to the board for the above referenced citation. The payment and documentation have been received and accepted as satisfactorily resolving the matter.

Please be advised that this citation has become a part of the board's records and constitutes a public record for purposes of disclosure.

If you have any questions regarding this matter, please contact the Citation and Fine Analyst, Suelynn Yee at (916) 518-3013.

Sincerely,



Suelynn Yee

Citation and Fine Analyst

**ALABAMA
BOARD OF PHARMACY**

Donna Yeatman, R.Ph.
Executive Secretary

Location:
111 Village Street
Birmingham, AL 35242

(205) 981-2280
(205) 981-2330 Fax
www.albop.com



MEMBERS 2018

David Darby, R.Ph.
President

Ralph Sorrell, R.Ph.
Treasurer

Brenda Denson, PharmD

Chris Phung, R.Ph.

October 29, 2018

Lifescience Logistics, LLC
Permit #'s 193417 and 195184
1105 East Northfield Drive
Brownsburg, IN 46112

RE: Final order

Dear Lifescience Logistics LLC,

Enclosed you will find a FINAL ORDER resulting from your hearing before the Board. While the entire order is important, I particularly direct your attention to the portion of the Order setting forth the mandatory obligation of your payment of a fine and costs. As you will see, those amounts are due within a specified period of time from the date of the Final Order and not the date of this letter. The order also states that your renewal will not be processed until the fine has been paid. Permit # 195184 renewal has already been issued so it has been placed on administrative hold until fine is paid.

If the referenced fine and costs are not received by the Board within the prescribed period of time, or special arrangements have not been made with the Secretary of the Board, additional charges will be brought against you.

Sincerely,

Wendy Passmore

Wendy Passmore
Operations Manager
Alabama State Board of Pharmacy
Phone 205-981-4764
Fax 205-803-6481
Email - wpassmore@albop.com

IN THE MATTER OF:	)	BEFORE THE ALABAMA STATE
	)	
LIFESCIENCE LOGISTICS, LLC	)	BOARD OF PHARMACY
	)	
Wholesale Distributor Permit Number 193417	)	Case Number 18-L-0075
	)	
and	)	
	)	
Third Party Logistics Permit Number 195184	)	

FINAL ORDER

On October 16, 2018 this cause came before the Alabama State Board of Pharmacy (hereinafter also referred to as the "Board") on a Complaint against Lifescience Logistics, LLC (hereinafter also referred to as the "Respondent"). Evidence having been adduced thereon, the Board has determined that the following Findings of Fact and Conclusions of Law are supported by the preponderant weight of evidence and law.

Findings of Facts

1. The Respondent is a Wholesale Distributor which the Board issued permit number 193417 and also a Third Party Logistics facility which the Board issued permit number 195184.

2. The Respondent was notified of the charges by certified mail at the address provided to the Board by the Respondent, however, the notice was returned by the United States Postal Service with the indication "return to sender insufficient address unable to forward". (Board's Exhibits One and Two)

3. The Respondent made no objection to the timeliness of the Notice of Hearing or the specificity of the Statement of Charges.

4. The Respondent's facility is located at 1105 East Northfield Drive, Brownsburg,

Indiana 46112.

5 On April 30, 2018 the Board of Pharmacy, Department of Consumer Affairs, State of California, issued a Citation and Fine to the Respondent for failure to designate a new representative in charge for a period of four hundred and twenty-eight (428) days. (Board's Exhibit One "A").

Conclusions of Law

1. The Alabama State Board of Pharmacy has jurisdiction of this cause pursuant to Code of Alabama (1975), § 34-23-32, Code of Alabama (1975), § 34-23-32.1 , Code of Alabama (1975), § 34-23-92 (11) and (12), Code of Alabama (1975), § 41-22-12 and Board Rule 680-X-2.23.

2. The Respondent was properly notified of the charges, failed to appear, was not represented by counsel and did not contest the matter in any manner.

3. The Respondent made no objection to the timeliness of the Notice of Hearing or the specificity of the Statement of Charges.

4. The Respondent's wholesale distributor permit and third party logistics permit in the state of Alabama are due to have disciplinary sanctions imposed in that it is guilty of violating Board Rule 680-X-2.23 (3) (k) (1) and Board Rule 680-X-2.23 (3) (k) (3) and it was not qualified to possess the permits, and/or its operation was not consistent with the public safety or endangers the public health of the citizens of this state based upon violating California law relating to non-resident wholesales as set out in the Citation and Fine entered by the California State Board of Pharmacy on April 30, 2018 and/or the failure to have a licensed designated representative in charge for Four Hundred Twenty-Eight (428) days as described in the referenced Citation and Fine.

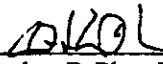
ORDER

In accordance with the foregoing Findings of Fact and Conclusions of Law, it is hereby ORDERED as follows:

1. The Respondent shall pay the Board an administrative fine of One Thousand (\$1,000.00) Dollars within thirty (30) days of the date of this Final Order and future applications for renewal shall not be granted unless said fine has been paid; and

2. Any future violations of this Order, the Alabama Pharmacy Practice Act, the laws that regulate the sale and/or dispensing of prescription or legend drugs and/or narcotics or any Rule of the Alabama State Board of Pharmacy or the pharmacy law or rules of the Board of Pharmacy of another state may, upon hearing and proof thereof, result in further disciplinary sanctions.

DONE and ORDERED, this 26 day of October 2018.



Mr. David S. Darby, R.Ph., President
Alabama State Board of Pharmacy

Copies to:
Lifescience Logistics, LLC
Ms. Donna C. Yeatman, R. Ph., Executive Secretary
Mr. James S. Ward, Esq.
Mr. Vance L. Alexander, Esq.



California State Board of Pharmacy
1625 North Market Boulevard, Suite N219, Sacramento, CA 95834
Phone (916) 574-7900
Fax (916) 574-8618
www.pharmacy.ca.gov

BUSINESS, CONSUMER SERVICES AND HOUSING AGENCY
DEPARTMENT OF CONSUMER AFFAIRS
GOVERNOR EDMUND G. BROWN JR.

April 30, 2018

DATED MATERIAL ENCLOSED

LIFESCIENCE LOGISTICS LLC
ATTN: MAX KAMHI, MEM
4475 SOUTH FULTON PKWY BLDG 5 STE C
ATLANTA, GA 30349

**RE: CI 2017 78097
LIFESCIENCE LOGISTICS LLC
OSD 6246**

The attached Citation and Fine, ("Citation") is being issued pursuant to Business and Professions Code section 125.9 and California Code of Regulations, title 16, section 1775 et. seq., for violations of the laws and regulations that govern the practice of pharmacy in California. (For exact language refer to the California Pharmacy Law and Index, located on the Board's web site, at www.pharmacy.ca.gov, under Pharmacy Law and Regulation).

The attached Citation references the specific statutes and regulations violated, defines each violation charged and specifies any fine(s) assessed. The attached Citation details the conduct that resulted in the issuance of the Citation.

IT IS YOUR RESPONSIBILITY TO READ THE ENTIRE CITATION AND INSTRUCTIONS, TO UNDERSTAND THE PROCESS FOR CONTESTING THE CITATION AND TO RESPOND TO THE CITATION WITHIN THE FOLLOWING TIME FRAMES:

- May 30, 2018: Unless the Citation is contested payment of fine(s) must be received by the Board.
- May 14, 2018: Any contest of the Citation by request for an informal Office Conference must be received by the Board.
- May 30, 2018: Any contest of the Citation by request for a formal Appeal must be received by the Board.

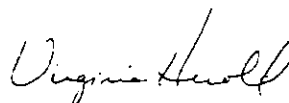
Page two
LIFESCIENCE LOGISTICS LLC
CI 2017 78097

The issuance of a Citation by the Board of Pharmacy is considered an administrative action and substantiated resolution of a complaint and/or investigation. If a hearing is not requested to contest the Citation(s), payment of any fine(s) shall not constitute an admission of the violation(s) charged. Payment in full of the fine(s) assessed shall be represented as a satisfactory resolution of the matter in any public disclosure. (Business and Professions Code section 125.9; California Code of Regulations section 1775).

Additionally, if, at the time of license renewal, the Board has not received full payment of assessed fine(s) and a request to contest the Citation has not been received within the time frames specified, the license shall not be renewed until the assessed fine(s) and renewal fee/s are paid in full.

If you have any questions regarding this Citation please contact Ericka Busby, Enforcement Analyst at (916) 574-7731.

Sincerely



Virginia Herold
Executive Officer
Board of Pharmacy

Attachments

INSTRUCTION

Read the Following Carefully and Thoroughly

You are hereby served with a Citation issued by the Executive Officer of the California State Board of Pharmacy or her designee. The following instructions are provided to assist you in your timely completion of the Citation process.

PAYMENT OF FINE

- Payment must be made by **May 30, 2018**.
 - Make check or money order payable to the Board of Pharmacy. Do not submit cash.
 - Attach the enclosed "copy" of your Citation
- Mail payment to: State Board of Pharmacy
Attn: Ericka Busby
1625 North Market Boulevard, Suite N219
Sacramento, CA 95834-1924
(916) 574-7731

Unless contested, Citations are final 30 days from the date of service. Payment of a fine is not an admission of the violation charged. A Citation becomes part of your record, and remains there for five years. It can be used as an aggravating factor for future violations. Citations are public information and as such may be released to the public in accordance with the Public Records Act and Information Practices Act.

CONTESTING THE CITATION (CCR §1775.4)

If you wish to contest all or part of your Citation you may request an informal office conference or an appeal before an administrative law judge, or both. If you wish to request both you must submit both forms. If you prevail at the office conference your request for an appeal shall be deemed withdrawn. Please note that the time frames that allow you to request an office conference and an appeal run concurrently. You must submit your request(s) according to the following instructions:

REQUEST FOR OFFICE CONFERENCE (CCR §1775.4 subd. (b))

- Complete attached "Request for Office Conference".
- Mail form to arrive at the Board office no later than May 14, 2018 to the address at the bottom of the form.
- You will be advised by the Board in writing as to the date and time of your appearance.
- You are allowed one postponement.

An office conference is not a hearing. It is an informal discussion of the events that took place, and an opportunity for you to present information and mitigating factors pertaining to the Citation that you would like considered. The Executive Officer and or her designee represent the Board of Pharmacy at this meeting. One other individual of your choice may accompany you to this meeting. Office conferences are not open to the public. There is no discovery available in this process. You will not be allowed to present or question witnesses. However, you may present any written statements or documents that you believe are relevant.

After your office conference, the Citation may be affirmed, modified or dismissed. You will be advised of the decision in writing within 14 calendar days from the date of the conference. If the Citation is affirmed you will have 30 days from the date of the decision letter to comply with the conditions of your Citation. If the Citation is modified, the Citation originally issued shall be considered withdrawn and a new Citation will be issued. The decision issued after the office conference shall be deemed to be a final order with regard to the Citation issued, including the administrative fine levied, and/or an order of abatement.

REQUEST FOR APPEAL (CCR § 1775.4 subd. (a))

- Complete attached "Request for Hearing".
- Mail form to arrive at the Board office no later than May 30, 2018 to the address at the bottom of the form.
- You will be advised in writing as to the date and time of your hearing.

An appeal is a formal adjudicative hearing before an Administrative Law Judge. A Deputy Attorney General will represent the Board of Pharmacy at this hearing. These proceedings shall be conducted in accordance with the provisions of Chapter 5, commencing with Section 11500 of Part 1 of Division 3 of Title 2 of the Government Code.

If you have questions regarding any documents enclosed with the Citation, please contact Jennifer Sevilla, Associate Enforcement Analyst, at (916) 574-7924.

**BOARD OF PHARMACY
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA**

CITATION AND FINE

Citation Number	Name, License No
CI 2017 78097	LIFESCIENCE LOGISTICS LLC, OSD 6246

JURISDICTION: Bus. & Prof. Code § 4314; CCR, title 16, § 1775;

VIOLATION CODE SECTION	OFFENSE	AMT OF FINE
Bus. & Prof. Code § 4161 subd. (j)	A nonresident wholesaler or non resident third-party logistics provider shall identify and notify the board of a new designated representative in charge ceases to be the designated representative in charge	Citation without a fine
Bus. & Prof. Code § 4161 subd. (j)	A nonresident wholesaler or non resident third-party logistics provider shall identify and notify the board of a new designated representative in charge ceases to be the designated representative in charge	\$900.00

CONDUCT:

Business and Professions Code section 4161(j) requires every non-resident wholesaler to be managed by a licensed designated representative-in-charge (DRIC) who shall be responsible for compliance, and to notify the Board in writing, on a form designed by the Board, within 30 days of the date when a DRIC ceases to act as the DRIC. Specifically, on Oct. 26, 2016, Lifescience Logistics LLC notified the Board 55 days after the date John D Anderson (EXC 20346) ceased to act as DRIC on Sep. 2, 2016.

Business and Professions Code section 4161(j) requires every non-resident wholesaler to be managed by a licensed designated representative-in-charge (DRIC). Specifically, Lifescience Logistics LLC operated for 428 days without a DRIC, between the date John D Anderson (EXC 20346) ceased to act as DRIC on Sep. 2, 2016, and the date Perry Utley (EXC 23899) was licensed as a designated representative on Nov. 3, 2017.

CITATION ISSUED ON: April 30, 2018	TOTAL AMOUNT OF FINE(S): \$900.00
PAYMENT OF FINE(S) DUE BY: May 30, 2018	

**BOARD OF PHARMACY
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA**

CITATION AND FINE

COPY

Citation Number	Name, License No
CI 2017 78097	LIFESCIENCE LOGISTICS LLC, OSD 6246

JURISDICTION: Bus. & Prof. Code § 4314; CCR, title 16, § 1775;

VIOLATION CODE SECTION	OFFENSE	AMT OF FINE
Bus. & Prof. Code § 4161 subd. (j)	A nonresident wholesaler or non resident third-party logistics provider shall identify and notify the board of a new designated representative in charge ceases to be the designated representative in charge	Citation without a fine
Bus. & Prof. Code § 4161 subd. (j)	A nonresident wholesaler or non resident third-party logistics provider shall identify and notify the board of a new designated representative in charge ceases to be the designated representative in charge	\$900.00

CONDUCT:

Business and Professions Code section 4161(j) requires every non-resident wholesaler to be managed by a licensed designated representative-in-charge (DRIC) who shall be responsible for compliance, and to notify the Board in writing, on a form designed by the Board, within 30 days of the date when a DRIC ceases to act as the DRIC. Specifically, on Oct. 26, 2016, Lifescience Logistics LLC notified the Board 55 days after the date John D Anderson (EXC 20346) ceased to act as DRIC on Sep. 2, 2016.

Business and Professions Code section 4161(j) requires every non-resident wholesaler to be managed by a licensed designated representative-in-charge (DRIC). Specifically, Lifescience Logistics LLC operated for 428 days without a DRIC, between the date John D Anderson (EXC 20346) ceased to act as DRIC on Sep. 2, 2016, and the date Perry Utley (EXC 23899) was licensed as a designated representative on Nov. 3, 2017.

CITATION ISSUED ON: April 30, 2018	TOTAL AMOUNT OF FINE(S): \$900.00
PAYMENT OF FINE(S) DUE BY: May 30, 2018	

California State Board of Pharmacy
REQUEST FOR OFFICE CONFERENCE

Licensee: LIFESCIENCE LOGISTICS LLC

License No: OSD 6246

Citation Number : CI 2017 78097

I hereby acknowledge receipt of the Citation referenced above and notification of my rights to contest the Citation.

Check ☐ I contest the Citation and request an Office Conference.

Check One:

☐ I contest the entire Citation or

☐ specific violations for the following reasons (list each violation with your specific reason):

If more space is needed attach additional sheets of paper.

Name: _____

Signature: _____

Dated: _____

Address of Service: _____

City: _____ State: _____ Zip: _____

Telephone: (Business) () _____ Residence: () _____

NOTE: Any written documentation or evidence you wish to be considered for the office conference review or hearing should be submitted with this request.

Mailing Address: State Board of Pharmacy
Attn: Jennifer Sevilla
1625 North Market Boulevard, Suite N219
Sacramento, CA 95834-1924
(916) 574-7925

REQUEST FOR APPEAL

BEFORE THE
BOARD OF PHARMACY
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

Check ☐ I contest the Citation and request an administrative hearing before an
Administrative Law Judge.

In the Matter of the Citation Against:
LIFESCIENCE LOGISTICS LLC
OSD 6246

Respondent

Citation Case No : CI 2017 78097
NOTICE OF APPEAL
(Pursuant to sections 11505, and 11506
Government Code)

I, the undersigned, the respondent named in the above-entitled proceeding, hereby acknowledge receipt of a
copy of the Citation.

I hereby request a hearing in said proceeding to permit me to present my defense to charges contained herein in
said Citation.

DATED _____ (Respondent)

Mailing Address of Respondent:

(Street Address)

(City) (State) (Zip)

(Telephone)

Please indicate whether or not you intend to be represented by counsel. If you intend to have counsel, please
complete the following:

Mailing Address of Attorney

(Attorney's Name)

(Street Address)

(City) (State) (Zip)

(Telephone)

California State Board of Pharmacy**DECLARATION OF SERVICE BY CERTIFIED MAIL**

Name: LIFESCIENCE LOGISTICS LLC, OSD 6246
Citation and Fine CI 2017 78097

I declare:

I am employed in the County of Sacramento, California. I am over 18 years of age and not a party to the within entitled cause. My business address is 1625 North Market Boulevard, Suite N219, Sacramento, California 95834-1924.

On April 30, 2018, I served the attached:

Cover Letter, Instructions to Respondent, Citation, Copy of Citation, Request for Office Conference, Request for Appeal.

in said cause, by placing a true copy thereof enclosed in a sealed envelope with postage thereon fully prepaid by Certified Mail, in the United States mail at Sacramento, California,

CERTIFIED MAIL NO

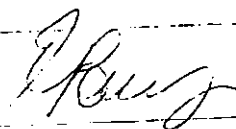
NAME

LIFESCIENCE LOGISTICS LLC
ATTN: MAX KAMHI, MEM
4475 SOUTH FULTON PKWY BLDG 5 STE C
ATLANTA, GA 30349

7016 1970 0001 0142 6645

I declare under penalty of perjury that the forgoing is true and correct.

Executed on April 30, 2018, at Sacramento, California.



DECLARANT

Ericka Busby
Enforcement Analyst



California State Board of Pharmacy
1625 North Market Boulevard, Suite N219, Sacramento, CA 95834
Phone (916) 574-7900
Fax (916) 574-8618
www.pharmacy.ca.gov

BUSINESS, CONSUMER SERVICES AND HOUSING AGENCY
DEPARTMENT OF CONSUMER AFFAIRS
GOVERNOR EDMUND G. BROWN JR.

May 30, 2018

LIFESCIENCE LOGISTICS LLC
ATTN: PERRY UTLEY, EIC
4475 SOUTH FULTON PKWY BLDG 5 STE C
ATLANTA, GA 30349

LIFESCIENCE LOGISTICS LLC
ATTN: MAX KAMHI, MEM
4475 SOUTH FULTON PKWY BLDG 5 STE C
ATLANTA, GA 30349

**RE: CI 2017 78097
LIFESCIENCE LOGISTICS LLC
OSD 6246**

This is in response to the administrative fine provided to the board for the above referenced citation. The payment has been received and accepted as satisfactorily resolving the matter.

Please be advised that this citation has become a part of the board's records and constitutes a public record for purposes of disclosure.

If you have any questions regarding this matter, please contact the Enforcement Analyst, Ericka Busby at (916) 574-7731.

Sincerely

A handwritten signature in black ink, appearing to read "Virginia Herold".

Virginia Herold
Executive Officer
Board of Pharmacy

BEFORE THE STATE BOARD OF PHARMACY

STATE OF COLORADO

Case No. 2016-3687

STIPULATION AND FINAL AGENCY ORDER

IN THE MATTER OF DISCIPLINARY PROCEEDINGS REGARDING THE NON-RESIDENT WHOLESALER REGISTRATION IN THE STATE OF COLORADO OF LIFESCIENCE LOGISTICS, REGISTRATION NO. WHO 7828,

Respondent Outlet.

IT IS HEREBY STIPULATED AND AGREED by and between the Colorado State Board of Pharmacy ("Board") and LifeScience Logistics ("Respondent Outlet") to resolve all matters pertaining to Board Case Number 2016-3687, as follows:

FINDINGS AND CONCLUSIONS

1. The Board has jurisdiction over Respondent Outlet, its registration as a non-resident wholesaler outlet, and the subject matter of this Stipulation and Final Agency Order ("Final Agency Order") pursuant to the Pharmacists, Pharmacy Businesses, and Pharmaceuticals Act at Title 12, Article 42.5, C.R.S. (2016).
2. Respondent Outlet was originally registered in the State of Colorado on or about June 29, 2011, being issued registration number WHO 7828, and has been so registered at all times relevant to this disciplinary action.
3. Respondent Outlet's address of record with the Board and current location is 1105 E Northfield Dr., Ste. 300-400, Brownsburg, IN 46112.
4. Respondent Outlet admits these findings and hereby waives any further proof in this proceeding before the Board regarding the following facts.
5. Respondent Outlet failed to timely submit an application to the Board detailing a change in designated representative and fee. In this case, approximately 100 days transpired between November 16, 2015, the date the previous designated representative ceased the position, and February 29, 2016, the date the application and fee were received.
6. On or about July 19, 2016, the Board initiated a complaint against Respondent Outlet because of the delay of approximately 100 days in submitting an application detailing a change in designated representative and fee.

7. Respondent Outlet's conduct, as set forth above, constitutes violations of the following sections of the Colorado Revised Statutes and Board Regulations:

Colorado Revised Statutes

12-42.5-123. Unprofessional conduct – grounds for discipline.

(1) The board may suspend, revoke, refuse to renew, or otherwise discipline any license or registration issued by it, after a hearing held in accordance with the provisions of this section, upon proof that the licensee or registrant:

(c) Has violated:

(I) Any of the provisions of this article, including commission of an act declared unlawful in section 12-42.5-126;

(II) The lawful rules of the board; or
Pharmacists, Pharmacy, and Pharmaceuticals 31 of 54 2016;

(III) Any state or federal law pertaining to drugs;

(k) Has failed to meet generally accepted standards of pharmacy practice.

12-42.5-303. Wholesaler license requirements. (1)(a) A wholesaler that resides in this state must be licensed by the board. A wholesaler that does not reside in this state must be licensed in this state prior to engaging in the wholesale distribution of prescription drugs in this state. The board shall exempt a manufacturer and that manufacturer's third-party logistics providers to the extent involving that manufacturer's drugs under contract from any licensing qualifications and other requirements, including the requirements in subparagraphs (VI) and (VII) of paragraph (a) of subsection (3) of this section, subsections (4) to (6) of this section, and section 12-42.5-304, to the extent the requirements are not required by federal law or regulation, unless the particular requirements are deemed necessary and appropriate following rule-making by the board;

(b) A manufacturer's exclusive distributor and pharmacy buying cooperative warehouse must be licensed by the board as a wholesaler pursuant to this part 3. A third-party logistics provider must be licensed by the board as a wholesale distributor pursuant to this part 3;

(2)(a) The board may adopt rules to approve an accreditation body to evaluate a wholesaler's operations to determine compliance with professional standards and any other applicable laws and to perform inspections of each facility and location where the wholesaler conducts wholesale distribution operations;

(b) An applicant for a license shall pay any fee required by the accreditation body or the board and comply with any rules promulgated by the board;

(c) The board shall not issue or renew a license to a wholesaler who does not comply with this part 3;

(3)(a) An applicant for a wholesaler license shall provide to the board the following information, and any other information deemed appropriate by the board on a form provided by the board:

(I) The name, full business address, and telephone number of the applicant;

(II) The trade and business names used by the applicant;

(III) The addresses, telephone numbers, and names of the contact persons for all facilities used by the applicant for the storage, handling, and distribution of prescription drugs;

(IV) The type of ownership or operation of the applicant;

(V) The names of the owner and the operator of the applicant, including:

(A) The name of each partner if the applicant is a partnership;

(B) The name and title of each officer and director, the name of the corporation, and the state of incorporation, if the applicant is a corporation;

(C) The name of the limited liability company, if the applicant is a limited liability company, and the name of the parent company, if any, and the state of incorporation or formation of both; or

(D) The name of the sole proprietor and the business entity if the applicant is a sole proprietorship;

(VI) A list of the licenses and permits issued to the applicant by any other state that authorizes the applicant to purchase or possess prescription drugs; and

(VII) The name of the applicant's designated representative for the facility, the fingerprints of the designated representative, and a personal information statement for the designated representative that includes information as required by the board, including but not limited to the information in subsection (5) of this section;

(b) A licensee shall complete and return a form approved by the board at each renewal period. The board may suspend or revoke the license of a wholesaler if the board determines that the wholesaler no longer qualifies for a license;

(4) Prior to issuing a wholesaler license to an applicant, the board, the regulatory oversight body from another state, or board-approved accreditation body may conduct a physical inspection of the facility at the business address provided by the applicant. Nothing in this subsection (4) shall preclude the board from inspecting a wholesaler;

(5) The designated representative of an applicant for a wholesaler license shall:

(a) Be at least twenty-one years of age;

(b) Have at least three years of full-time employment history with a pharmacy or a wholesaler in a capacity related to the dispensing and distribution of and the record keeping related to prescription drugs;

(c) Be employed by the applicant in a full-time managerial position;

(d) Be actively involved in and aware of the actual daily operation of the wholesaler;

(e) Be physically present at the facility of the applicant during regular business hours, except when the absence of the designated representative is authorized, including, but not limited to, sick leave and vacation leave;

(f) Serve in the capacity of a designated representative for only one applicant or wholesaler at a time, except where more than one licensed wholesaler is co-located in the same facility and the wholesalers are members of an affiliated group as defined by section 1504 of the federal "Internal Revenue Code of 1986";

(g) Not have any convictions under federal, state, or local law relating to wholesale or retail prescription drug distribution or a controlled substance, as defined in section 18-18-102 (5), C.R.S.;

(h) Not have any felony convictions pursuant to federal, state, or local law; and

(i) Update all of the information required in this part 3 whenever changes occur;

(6) A wholesaler shall obtain a license for each facility it uses for the distribution of prescription drugs.

Pharmacy Board Rules and Regulations

15.01.14 Change of name, location, or ownership, or designated representative.

c. Any change in the designated representative of a wholesaler shall be reported to the board on a form supplied by the board within 14 calendar days of such change. The incoming designated representative must undergo the required background check.

TERMS OF DISCIPLINE

8. **Fine with Surcharge.** Pursuant to §12-42.5-124(5)(a)(I), C.R.S., Respondent Outlet shall pay a fine of One Thousand Dollars and No Cents (\$1,000.00). Respondent Outlet understands and acknowledges that, pursuant to §24-34-108, C.R.S., the Executive Director of the Department of Regulatory Agencies shall impose an additional surcharge of 15% of this fine. Respondent Outlet shall therefore pay a total amount of One Thousand One Hundred Fifty Dollars and No Cents (\$1,150.00). The total amount shall be payable to the State of Colorado and shall be remitted in one lump sum to be included when Respondent Outlet submits this signed Final Agency Order to the Board. Respondent Outlet shall write its registration number (WHO 7828) and the case number (2016-3687) on the check.
9. **Compliance.** Respondent Outlet shall submit all future applications and appropriate fees to the Board detailing changes in designated representative within the required time frame specified by Board rule or statute in effect at the time of such designated representative change.
10. **Other Requirements.** Respondent Outlet acknowledges and agrees that, as a condition of this Final Agency Order, Respondent Outlet shall:
 - a. promptly pay all Respondent Outlet's own fees and costs associated with this Final Agency Order;
 - b. comply fully with this Final Agency Order; and
 - c. comply fully with the Pharmacists, Pharmacy Businesses and Pharmaceuticals Act, all Board rules and regulations, and any other state and federal laws and regulations related to pharmacists and pharmaceuticals in the State of Colorado.
11. **Advisements and Waivers.** Through its undersigned Authorized Representative, Respondent Outlet enters into this Final Agency Order freely and voluntarily, after having the opportunity to consult with legal counsel and/or choosing not to do so. Respondent Outlet acknowledges its understanding that it has the following rights:
 - a. to have formal notice of hearing and charges served upon it;

- b. to respond to said formal notice of charges.
- c. to have a formal disciplinary hearing pursuant to §§12-42.5-123 and 12-42.5-124, C.R.S.; and
- d. to appeal this Final Agency Order.

Respondent Outlet freely **waives** these rights, and acknowledges that such waiver is made voluntarily in consideration for the Board's limiting the action taken against Respondent Outlet to the sanctions imposed herein.

12. **Acknowledgments.** The undersigned Authorized Representative of Respondent Outlet has read this Final Agency Order in its entirety and acknowledges, after having the opportunity to consult with legal counsel and/or choosing not to do so, that Respondent Outlet understands the legal consequences and agrees that none of the terms or conditions herein is unconscionable. Respondent Outlet is not relying on any statements, promises or representations from the Board other than as may be contained in this Final Agency Order. Respondent Outlet further acknowledges that it is not entering into this Final Agency Order under any duress.
13. **Violations.** Time is of the essence in this Final Agency Order. It is the responsibility of Respondent Outlet to take all appropriate steps to comply fully with this Final Agency Order. Respondent Outlet acknowledges and agrees that any violation of this Final Agency Order shall constitute a willful violation of a lawful Board order, may be sanctioned as provided under §12-42.5-124(4), C.R.S., and may be sufficient grounds for additional discipline, including but not limited to revocation of Respondent Outlet's registration. The pendency of any suspension or disciplinary action arising out of an alleged violation of this Final Agency Order shall not affect the obligation of Respondent Outlet to comply with all terms and conditions of this Final Agency Order.
14. **Completion of Terms.** Upon satisfactory completion of all terms and conditions set forth in this Final Agency Order, the Board shall release Respondent Outlet from the Final Agency Order, and Respondent Outlet's registration will be restored to active and unencumbered status.
15. **Integration and Severability.** Upon execution by all parties, this Final Agency Order shall represent the entire and final agreement of and between the parties. In the event any provision of this Final Agency Order is deemed invalid or unenforceable by a court of law, it shall be severed and the remaining provisions of this Final Agency Order shall be given full force and effect.
16. **Public Record.** Upon execution by all parties, this Final Agency Order shall be a public record, maintained in the custody of the Board.
17. **Board Order.** This Final Agency Order shall become an order of the Board when it is accepted and signed by the Program Director or authorized Board representative

18. **Effective Date.** This Final Agency Order shall become effective upon (a) mailing by first-class mail to Respondent Outlet at Respondent Outlet's address of record with the Board, or (b) service by electronic means on Respondent Outlet at Respondent Outlet's electronic address of record with the Board. Respondent Outlet hereby consents to service by electronic means if Respondent Outlet has an electronic address on file with the Board.

ACCEPTED AND AGREED BY

Respondent Outlet

Authorized Representative / Title

Dated: _____

Subscribed and sworn to before me in the County of _____,
State of _____, this _____ day of _____, 2017,
by _____, authorized representative
of LifeScience Logistics.

My commission expires: _____

Notary Public

FINAL AGENCY ORDER

WHEREFORE, the within Stipulation and Final Agency Order is approved, accepted, and hereby made an Order of the Board.

Done and effective this _____ day of _____, 2017.

State Board of Pharmacy

BY: _____

Chris Gassen

Interim Program Director

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:	Ajanta Pharma USA Inc.			
Address:	Ajanta Pharma USA Inc.	City:	Bridgewater	State: NJ Zip: 08807
Name:	Alembic Pharmaceuticals, Inc.			
Address:	550 Hills Drive, Suite 104B	City:	Bedminster	State: NJ Zip: 07921
Name:	Macleods Pharma USA, Inc.			
Address:	103 College Road East, 2nd Floor	City:	Princeton	State: NJ Zip: 08540
Name:	Nivagen Pharmaceuticals, Inc.			
Address:	3050 Fite Circle, Suite 100	City:	Sacramento	State: CA Zip: 95827

N/A

Section 4: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration: _____	SEC Registration Number: _____	Stock Exchange Symbol: _____
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Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: FL

Parent Company (if any): LifeScience Logistics, LP (94%) & LSL HoldCo, LLC (6%)

Corporation/Organization Name: LifeScience Logistics, LLC

Mailing Address: c/o State License Servicing 1751 State Route 17A, Suite 3

City: Florida State: NY Zip: 10921

Telephone: (845) 544-2482 Email: LSL@slny.com

Contact Person Name: Christine Cannon

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:		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: 42067	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 <u>all</u> Officers and Directors.	✓	✓		
• List the <u>top four</u> corporation shareholders and their percent ownership.	✓			
• List of <u>all</u> corporation shareholders and their percent ownership.		✓		
• List of <u>all</u> partners and their percent ownership.			✓	
• Certificate of Corporate Status or Certificate of Good Standing obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last 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. 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/bopnv.gov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf .		✓	✓	✓
• Copy of a bond in an amount of \$100,000 made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the Surety Bond form at: http://bop.nv.gov/Services/newapps/Business/ .		✓	✓	✓

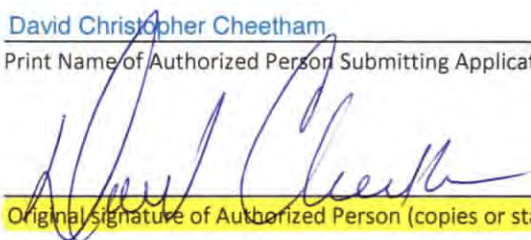
I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application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

LifeScience Logistics, LLC

Facility Name

David Christopher Cheetham

Print Name of Authorized Person Submitting Application



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

10/12/2022

Date

Board Use Only

Date Received: 6-22-23

Amount: 1000.⁰⁰ CK-8941

LifeScience Logistics, LLC



Corporate Address: 3100 Olympus Blvd., Suite 100, Dallas, TX 75019 USA
 FEIN: 20-4870652
www.lsllog.com

Drug Labeler Code: 42067
 Incorporation State: FL
 Incorporation Date: 05/12/2006

FACILITY INFORMATION

Code	Address	FDA	DEA	DUNS	VAWD	Phone	Fax
NCC	1211 Person Street Durham, NC 27703 County: Durham	TBD	N/A - No CS	118571816	No	(817) 565-2543	

FACILITY DESIGNATED REPRESENTATIVES

Name	Address	Title	Prescribing Authority	SSN	DOB	Driver's License
Chad Anthony Surber	[REDACTED]	Operations Supervisor	No	[REDACTED]		

OWNERSHIP

Name	Address	Title	Percent of Ownership	Prescribing Authority	FEIN/SSN	DOB	Driver's License
LifeScience Logistics, LP	3100 Olympus Blvd. Suite 100 Dallas, TX 75019	N/A	94	N/A	45-1073213	N/A	N/A
LSL HoldCo, LLC	3100 Olympus Blvd Dallas, TX 75019	N/A	6	N/A	87-3230980	N/A	N/A

LIST OF OFFICERS

Name	Address	Title	Prescribing Authority	SSN	DOB	Driver's License
Charles David Allen Jr.	[REDACTED]	Chief Financial Officer		[REDACTED]		
David Christopher Cheetham	[REDACTED]	Chief Executive Officer		[REDACTED]		

REGISTERED AGENT IN ALL APPLICABLE STATES

Name	SSN	DOB	Driver's License
InCorp Services, Inc.			
CT Corporation System			

Disciplinary History: CO 2017



FY2021

CERTIFICATE OF REGISTRATION*This certifies that:*

Life Science Logistics LLC
1105 E. Northfield Drive
Brownsburg, IN 46112
United States

is registered with the U.S. Food and Drug Administration for the statutory filing period applicable to U.S. FY 2021 pursuant to part 207 of Title 21, U.S. Code of Federal Regulations.

DUNS Number: **96-872-7565**
Labeler Code: **42067**
FEI: **3009057691**
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, 2020 statutory period, and renewal is not required until the next statutory period of October 1 - December 31, 2021. 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
David Lennarz
Executive Director
Registrar Corp
Dated: November 9, 2020

NDC/NHR

IC

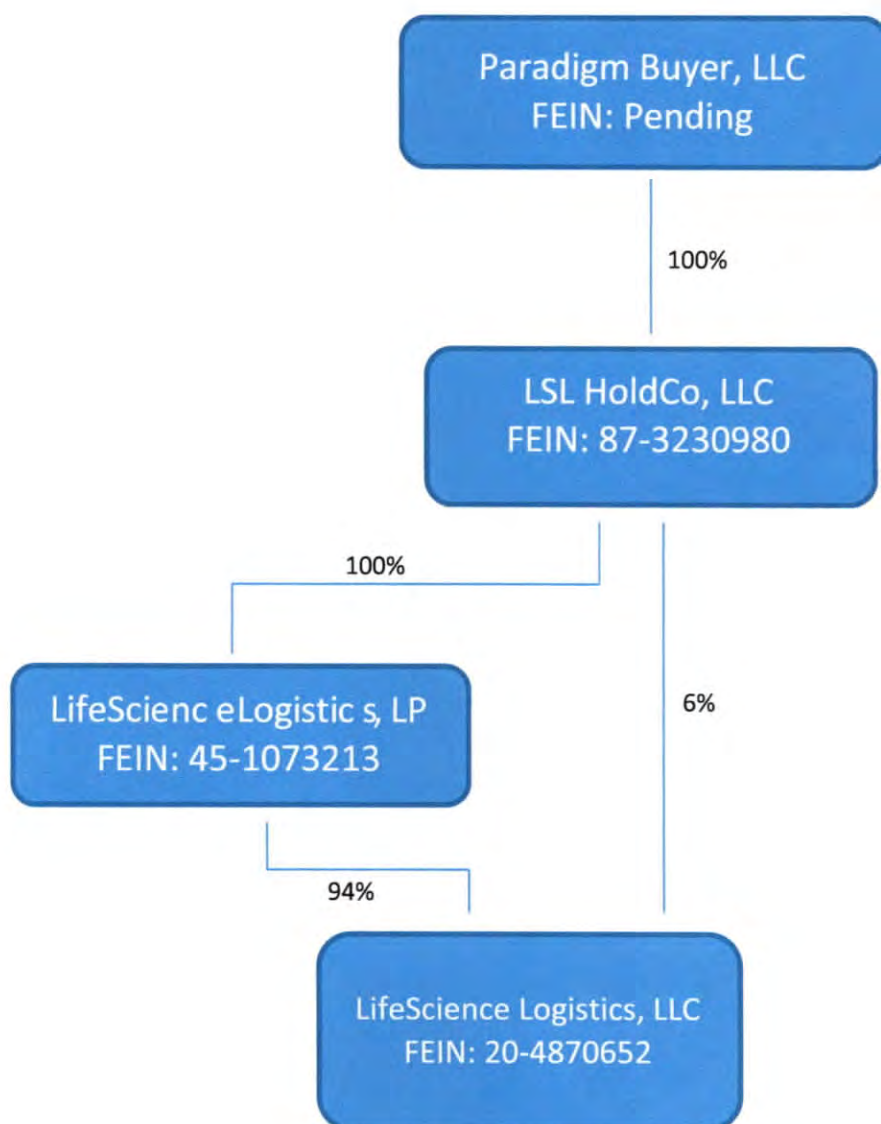
Labeler Code	Firm Name
-----------------	--------------

42067	Life Science Logistics, LLC
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Verified
6-23-23
BB



ORGANIZATIONAL CHART





August 5, 2022

List of Officers

As of today, the current list of corporate officers of Life Science Logistics, LLC are as follows:

Charles David Allen Jr. – Chief Financial Officer
David Christopher Cheetham – Chief Executive Officer

State of Florida

Department of State

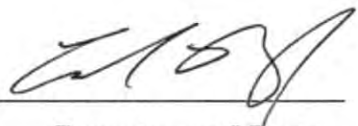
I certify from the records of this office that LIFE SCIENCE LOGISTICS, LLC is a limited liability company organized under the laws of the State of Florida, filed on May 12, 2006.

The document number of this limited liability company is L06000049668.

I further certify that said limited liability company has paid all fees due this office through December 31, 2022, that its most recent annual report was filed on April 4, 2022, 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 Thirtieth day of January, 2023*




Secretary of State

Tracking Number: 8251695282CU

To authenticate this certificate, visit the following site, enter this number, and then follow the instructions displayed.

<https://services.sunbiz.org/Filings/CertificateOfStatus/CertificateAuthentication>

 Smason replied

4 months ago (Wed, 20 May 2020 at 12:19 PM)



 To: "SLSNYSupport.com" <help@slnysupport.com>

You may retrieve your permit verification from our website, we do not generate letters, and haven't for years, now. Additional questions regarding verifications should be directed to Leslie Wilson, lwilson@ncbop.org . Thanks!

Regards,

Stacie P. Mason
Licensing Specialist
North Carolina Board of Pharmacy
6015 Farrington Road, Suite 201
Chapel Hill, NC 27517
919-246-1050
smason@ncbop.org
www.ncbop.org
Twitter: @NCBOP_Students

This e-mail message and any replies potentially are subject to disclosure under the Public Records Law and therefore could be disclosed to third parties.



NC letter - No official
Vol

NC Dept. of Agriculture & Consumer Services

Food & Drug Protection Division

Firm Name: LIFESCIENCE LOGISTICS LLC

Address: 1211 PERSON STREET DURHAM, NC 27703

License Type: Third Party Logistic Provider

License Number: 1667

Status: Active - in good standing

Discipline: No

Issue Date: 12/22/2022

Original Issue: 8/4/2022

Expiration Date: 12/31/2023



NC Dept. of Agriculture & Consumer Services

Food & Drug Protection Division

Firm Name: LIFESCIENCE LOGISTICS LLC

Address: 1211 PERSON STREET DURHAM, NC 27703

License Type: Distributor

License Number: 554

Status: Active - in good standing

Discipline: No

Issue Date: 12/22/2022

Original Issue: 8/4/2022

Expiration Date: 12/31/2023





CERTIFICATE OF LIABILITY INSURANCE

7/1/2024

2109

DATE (MM/DD/YYYY)

7/11/2023

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 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):
INSURED 1523533 LIFE SCIENCE LOGISTICS, LLC 3100 OLYMPUS BLVD. SUITE 100 DALLAS TX 75019	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A: Federal Insurance Company	
	INSURER B: Chubb Indemnity Insurance Company	
	INSURER C:	
	INSURER D:	
INSURER E:		
INSURER F:		

COVERAGES **CERTIFICATE NUMBER:** 19724361 **REVISION NUMBER:** XXXXXXXX

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: ☒ POLICY ☒ PROJECT ☒ LOC OTHER:	N	N	99510817	7/1/2023	7/1/2024	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ Excluded
A	☒ AUTOMOBILE LIABILITY ☐ ANY AUTO ☐ OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☒ HIRED AUTOS ONLY ☒ NON-OWNED AUTOS ONLY	N	N	73635009	7/1/2023	7/1/2024	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ XXXXXXXX BODILY INJURY (Per accident) \$ XXXXXXXX PROPERTY DAMAGE (Per accident) \$ XXXXXXXX
A	☒ UMBRELLA LIAB ☒ OCCUR ☐ EXCESS LIAB ☐ CLAIMS-MADE DED RETENTION \$	N	N	78199755	7/1/2023	7/1/2024	EACH OCCURRENCE \$ 20,000,000 AGGREGATE \$ 20,000,000 \$ XXXXXXXX
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N	N/A	71839067	7/1/2023	7/1/2024	☒ PER STATUTE ☐ OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	PROD-COMPLOPS/CLAIMS MADE RETRO DED EA OCC \$10,000	N	N	99510818	7/1/2023	7/1/2024	AGG LMT - \$5,000,000 EA OCC LMT - \$5,000,000 DED AGG - \$50,000

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

THE UMBRELLA POLICY IS EXCESS OVER THE GENERAL LIABILITY, AUTO LIABILITY AND WORKER'S COMPENSATION POLICIES ONLY.

RE: 1211 PERSON STREET DURHAM, NC 27703, ADDED EFFECTIVE 08/15/2022

CERTIFICATE IS ISSUED AS PROOF OF INSURANCE

CERTIFICATE HOLDER

19724361
PROOF 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

Joseph M. Agnello

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LOC

UBS AG
Stamford, 06901 CT
Phone +1 212 821 30 00
SWIFT UBSWUS33XXX

Letter of Credit Services

Adeola Jobe
UBS AG ZCVF-
1285 Ave. of the Americas, 8th Fl.
New York, NY 10019

www.ubs.com/tef

Courier service

00171246

NEVADA STATE BOARD OF PHARMACY
985 DAMONTE RANCH PARKWAY
STE 206
RENO, NEVADA 89521

Attention: CANDY NALLY

16. June 2023

Our reference: WAGA-A09273-1830

Cover letter

Form of undertaking: Irrevocable standby-L/C (ISP98)
Purpose: Payment
Amount: USD 25,000.00
Validity: 15. June 2024

Debtor in the underlying transaction:
LIFE SCIENCE LOGISTICS LLC
3100 OLYMPUS BLVD., SUITE 100
COPPELL, TX 75019

Beneficiary:
NEVADA STATE BOARD OF PHARMACY
985 DAMONTE RANCH PARKWAY
RENO, NEVADA 89521

Please find enclosed the original of our above-mentioned undertaking.

Yours faithfully,

UBS AG Stamford Branch
Valid without signature

Enclosure(s)



UBS AG
 Stamford, 06901 CT
 Phone + 1 212 821 30 00
 SWIFT UBSWUS33XXX

Letter of Credit Services

Adeola Jobe
 UBS AG ZCVF-
 1285 Ave. of the Americas, 8th Fl.
 New York, NY 10019

www.ubs.com/tef

NEVADA STATE BOARD OF PHARMACY
 985 DAMONTE RANCH PARKWAY
 STE 206
 RENO, NEVADA 89521

**Irrevocable standby-L/C No. WAGA-A09273-1830 dated 16. June 2023
 for USD 25,000.00 (United States Dollar twenty-five thousand)**

WE HEREBY ESTABLISH OUR IRREVOCABLE STANDBY LETTER OF CREDIT NO. WAGA-A09273-1830 IN YOUR FAVOR FOR THE ACCOUNT OF LIFE SCIENCE LOGISTICS, LLC (THE "WHOLESALE DISTRIBUTOR") WHICH SUPPORTS THE LIFE SCIENCE LOGISTICS, LLC WAREHOUSES AT 1105 E NORTHFIELD DR, BROWNSBURG, IN 46112, 3860 S 500 E, SUITE 200, WHITESTOWN, IN 46075, 1211 PERSON STREET, DURHAM, NC 27703, 2128 GATEWAY POINT, CLAYTON, IN 46118 UP TO THE AGGREGATE AMOUNT OF USD 25,000.00 (TWENTY FIVE THOUSAND AND 00/100 UNITED STATES DOLLARS) AVAILABLE FOR PAYMENT AT OUR COUNTERS AT 1285 AVENUE OF THE AMERICAS, 8TH FLOOR, NEW YORK, NY 10019, ATTN: LETTER OF CREDIT SERVICES AGAINST PRESENTATION OF YOUR STATEMENT PURPORTEDLY SIGNED BY AN AUTHORIZED REPRESENTATIVE OF NEVADA STATE BOARD OF PHARMACY READING AS FOLLOWS:

"I (STATE NAME/TITLE) HEREBY CERTIFY THAT I AM AN AUTHORIZED REPRESENTATIVE OF NEVADA STATE BOARD OF PHARMACY AUTHORIZED TO EXECUTE THIS STATEMENT AND HEREBY DEMAND PAYMENT IN THE AMOUNT OF USD (INSERT AMOUNT) UNDER UBS AG, STAMFORD BRANCH LETTER OF CREDIT NO. WAGA-A09273-1830 WHICH REPRESENTS FUNDS DUE US AS LIFE SCIENCE LOGISTICS, LLC HAS FAILED TO PROVIDE PAYMENT FOR WHOLESALE DISTRIBUTION OF PRESCRIPTION DRUGS."

THIS LETTER OF CREDIT EXPIRES AT THIS OFFICE ON JUNE 15, 2024 AT 5:00 P.M. EASTERN TIME OR ANY AUTOMATICALLY EXTENDED EXPIRY DATE.

IT IS A CONDITION OF THIS LETTER OF CREDIT THAT IT WILL BE AUTOMATICALLY EXTENDED WITHOUT AMENDMENT, FOR ADDITIONAL ONE (1) YEAR PERIODS FROM THE CURRENT EXPIRATION DATE SET HEREOF, OR ANY FUTURE EXPIRATION DATE, UNLESS AT LEAST 60 (SIXTY) DAYS PRIOR TO ANY EXPIRATION DATE, WE NOTIFY YOU BY OVERNIGHT COURIER SERVICE AT YOUR ABOVE ADDRESS THAT WE ELECT NOT TO FURTHER EXTEND THIS LETTER OF CREDIT FOR ANY SUCH ADDITIONAL PERIOD. UPON RECEIPT OF SUCH NOTICE YOU MAY DRAW HEREUNDER BY PRESENTATION OF A STATEMENT ON YOUR LETTERHEAD PURPORTEDLY SIGNED BY AN AUTHORIZED REPRESENTATIVE OF NEVADA STATE BOARD OF PHARMACY READING AS FOLLOWS:

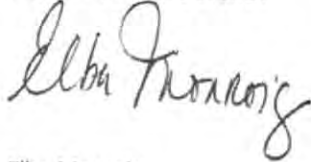
"I (STATE NAME AND TITLE) HEREBY CERTIFY THAT I AM A REPRESENTATIVE OF NEVADA STATE BOARD OF PHARMACY AUTHORIZED TO EXECUTE THIS STATEMENT AND HEREBY DEMAND PAYMENT IN THE AMOUNT OF USD (INSERT AMOUNT) UNDER UBS AG, STAMFORD BRANCH LETTER OF CREDIT NO. WAGA-A09273-1830 WHICH REPRESENTS FUNDS DUE US AS WE HAVE BEEN NOTIFIED THAT UBS AG, STAMFORD BRANCH HAS ELECTED NOT TO FURTHER EXTEND THIS LETTER OF CREDIT, AND WE HAVE NOT RELEASED LIFE SCIENCE LOGISTICS, LLC FROM THEIR OBLIGATIONS TO US AND WE HAVE NOT RECEIVED A REPLACEMENT LETTER OF CREDIT SATISFACTORY TO US."

THIS LETTER OF CREDIT SETS FORTH IN FULL THE TERMS OF OUR UNDERTAKING, AND THIS UNDERTAKING SHALL NOT IN ANY WAY BE MODIFIED, AMENDED, AMPLIFIED OR LIMITED BY REFERENCE TO ANY DOCUMENT, INSTRUMENT OR AGREEMENT REFERRED TO HEREIN OR IN WHICH THIS LETTER OF CREDIT IS REFERRED TO OR TO WHICH THIS LETTER OF CREDIT RELATES, AND ANY SUCH REFERENCE SHALL NOT BE DEEMED TO INCORPORATE HEREIN BY REFERENCE ANY DOCUMENT, INSTRUMENT OR AGREEMENT.

THIS LETTER OF CREDIT IS SUBJECT TO THE INTERNATIONAL STANDBY PRACTICES 1998, INTERNATIONAL CHAMBER OF COMMERCE PUBLICATION NO. 590.

WE HEREBY ENGAGE WITH YOU THAT DRAWING(S) PRESENTED UNDER AND IN COMPLIANCE WITH THE TERMS AND CONDITIONS OF THIS LETTER OF CREDIT WILL BE DULY HONORED IF PRESENTED TO US AT THIS OFFICE ON OR BEFORE THE EXPIRY DATE OR ANY AUTOMATICALLY EXTENDED EXPIRY DATE.

UBS AG Stamford Branch



Elba Monroig
Associate Director



Arun Yadav
Director

NEVADA STATE BOARD OF PHARMACY

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

Designated Representative Application

Rev (04/22/2021)

Section 1: Pharmacy/Wholesaler InformationName of Pharmacy/Wholesaler LifeScience Logistics, LLCPhysical Address 1211 Person StreetCity DurhamState NCZip 27703Mailing Address (if different from physical address) c/o State License Servicing 1751 State Route 17A, Suite 3City FloridaState NYZip 10921Telephone (845) 544-2482Website www.lsllog.comLicensing Company Email LSL@slsny.com**Section 2: Personal Information**First ChadMiddle AnthonyLast SurberAlias(es, nicknames, name changes, etc.) N/ADate of Birth [REDACTED]SSN or ITIN [REDACTED]Sex ☒ M ☐ F ☐ XMailing Address [REDACTED]City CaryState NCZip 27513Telephone [REDACTED]Email csurber@lsllog.comAre you a citizen of the United States? ☒ Yes ☐ No**Section 3: Military Service (NRS 622.120)**

Yes

No

1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)

✓

2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)

✓

3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)

✓

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch:

☐ Army/
Reserves☐ Navy/
Reserves☐ Airforce/
Reserves☐ Marine Corps/
Reserves☐ Coast Guard/
Reserves☐ National
Guard**Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)**

Yes

No

1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)

✓

2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?

Applicant's initials CS

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 Danville Community High School		From - To (MM/YY - MM/YY) 09/04 - 05/08	
Address 100 Warrior Way	City Danville	State IN	Zip 46122
Diploma/Degree obtained, if any General			
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) 08/02 - Present	Address 	City Cary	State NC	Zip 27513
From - To (MM/YY - MM/YY) 06/16 - 08/22		City Avon	State IN	Zip 46123
From - To (MM/YY - MM/YY) 05/13 - 06/16		City Danville	State IN	Zip 46122
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	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 **CS**

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 LifeScience Logistics, LLC		From - To (MM/YY - MM/YY) 02/19 - Current	
Business Address 1211 Person Street		City Durham	State NC
Phone (817) 565-2543	Title Operations Supervisor		Zip 27703
Description of Duties Pick, pack, ship material. Manage inventory, SOPs, SOWs, WTs, and ensure my team is as well. Follow all Federal, State, and local laws.		Number of Employed Hours 8,112	
Business Name		From - To (MM/YY - MM/YY)	
Business Address		City	State Zip
Phone	Title		Number of Employed Hours
Business Name		From - To (MM/YY - MM/YY)	
Business Address		City	State Zip
Phone	Title		Number of Employed 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			

Continue on next page if additional space is needed.

Applicant's initials **CS**

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

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

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

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

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

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

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

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

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

This is in response to Question # 1. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Please see attached explanation page for all details				
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 explanation page for all details.



Original Signature (electronic, copies or stamps not accepted)

06 Jan 2023

Date

Applicant's initials

CAS

I, Chad Anthony Surber, certify that as the designated representative for
LifeScience Logistics, LLC,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. CAS I am at least 21 years of age;
3. CAS 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. CAS I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. CAS I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. CAS 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. CAS I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Chad Anthony Surber

Print Name (First, Last)


Original Signature (electronic, copies or stamps not accepted)

06 Jan 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.

Chad Anthony Surber

Print Name (First, Last)



Original Signature (electronic, copies or stamps not accepted)

04 Oct 2022

Date

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

State of North Carolina, ss. County of Wake

I, Courtney 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.



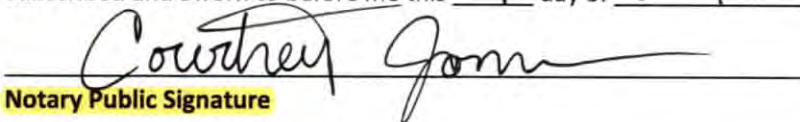
Original Signature

Chad Anthony Surber

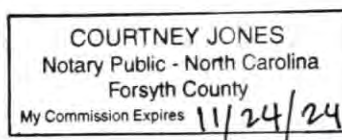
04 Oct 2022

Date

Subscribed and Sworn to before me this 4 day of OCT, 2022



Notary Public Signature



(Seal)

Applicant's initials

CS

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 LifeScience Logistics, LLC MDEG License # (if applicable) N/A
 Physical Address 1211 Person Street
 City Durham State NC Zip 27703
 Mailing Address (if different from physical address) c/o State License Servicing, 1751 State Route 17A, Ste 3
 City Florida State NY Zip 10925
 Telephone (845) 544-2482 Website www.lsllog.com
 Licensing Company Email LSLNCC@slny.com

Section 2: Personal Information

First Chad Middle Anthony Last Surber
 Alias(es, nicknames, name changes, etc.) N/A
 Date of Birth [REDACTED] SSN or ITIN [REDACTED] Sex ☒ M ☐ F ☐ X
 Mailing Address [REDACTED]
 City Cary State NC Zip 27513
 Telephone [REDACTED] Email csurber@lsllog.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 Danville Community High School		From - To (MM/YY – MM/YY) 09/04 - 05/08	
Address 100 Warrior Way	City Danville	State IL	Zip 46122
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) 08/22 - Present	Address 	City Cary	State NC	Zip 27513
From - To (MM/YY – MM/YY) 06/16 - 08/22		City Avon	State IN	Zip 46123
From - To (MM/YY – MM/YY) 05/13 - 06/16		City Danville	State IN	Zip 46122
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	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 LifeScience Logistics, LLC		From - To (MM/YY - MM/YY) 02/19 - Current	
Business Address 1121 Person Street		City Durham	State NC
Phone (817) 565-2543	Title Operations Supervisor		Zip 27703
Description of Duties <i>Pick, pack, and ship material. Manage inventory, SOPs, SOWs, WIS, and ensure my team is as well. Follow all Federal, State, and Local laws.</i>		Number of Employed Hours 8,112	
Business Name		From - To (MM/YY - MM/YY)	
Business Address		City	State
Phone	Title	Zip	
		Number of Employed Hours	
Business Name		From - To (MM/YY - MM/YY)	
Business Address		City	State
Phone	Title	Zip	
		Number of Employed Hours	
Business Name		From - To (MM/YY - MM/YY)	
Business Address		City	State
Phone	Title	Zip	
		Number of Employed Hours	
Description of Duties			
Business Name		From - To (MM/YY - MM/YY)	
Business Address		City	State
Phone	Title	Zip	
		Number of Employed Hours	
Description of Duties			

Continue on next page if additional space is needed.

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

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

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

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

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

Date of Event/Arrest	Disposition Date	State	City	County
Please see attached explanation letter for all details				
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 explanation letter for all details


Original Signature (electronic, copies or stamps not accepted)

06 Jan 2023
Date

I, Chad Anthony Surber, certify that as the MDEG Administrator for
LifeScience Logistics, LLC

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

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

Chad Anthony Surber

Print Name (First, Last)



Original Signature (electronic, copies or stamps not accepted)

04 Oct 2022

Date

Board Use Only	Date Received: <u>06/22/23</u>
----------------	--------------------------------

LifeScience Logistics, LLC

Employee List

Full Name	Org. Site
Cesar Andrade	NCC
Emanuel Wright	NCC
Ethen Glover	NCC
Elvonual Burgwyn	NCC
Levi Boyd	NCC
MD Rahman	NCC
Chad Surber	NCC
Jeremy Bullock	NCC
Maliha Hollis	NCC
Andrew Khouné	NCC



LifeScience Logistics
1211 Person Street
Durham, NC 27703

Date: 08DEC2022
To: To whom it may concern
From: Chad Surber – Operations Supervisor
Subject: Background Check Results

1. 4/5/2009 - Charged with Theft - A Misdemeanor
 - 361 days probations, 30 hours of community service, successfully complete a Misdemeanor Offender Class, and pay court/probation fees. All was completed successful with no violations.
2. 10/9/2010 – Charged with Possession of Marijuana – A Misdemeanor
 - 46 days in Hendricks County Jail and pay court fees. All was completed successfully with no violations.
3. 10/30/2011 - Charged with Possession of Marijuana – A Misdemeanor
 - 363 days probations, attend a drug/alcohol class, 20 hours of community service and pay court/probation fees All was completed successfully with no violations.
4. 8/17/2013 - Charged with Reckless Driving – A Misdemeanor
 - 178 days probation, 20 hours of community service, and pay court/probation fees. All was completed successfully with no violations. Case was disposed in 2014.
5. 10/30/2015 - Charged with Driving while suspended – A Misdemeanor
 - 1+1 days served, license suspension of 90 day, and pay court fees. All was completed successfully with no violations.
6. 12/8/2018 - Resisting Law Enforcement – A Misdemeanor
 - 361 days non-reporting probation and pay court/probation fees. All was completed successfully with no violations



Chad Surber
Operations Supervisor
LifeScience Logistics
Cell - [REDACTED]
csurber@lslog.com



LifeScience Logistics
1211 Person Street
Durham, NC 27703

Date: 08DEC2022
To: To whom it may concern
From: Chad Surber – Operations Supervisor
Subject: Background Check Results

1. 4/5/2009 - Charged with Theft - A Misdemeanor
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 - 178 days probation, 20 hours of community service, and pay court/probation fees. All was completed successfully with no violations. Case was disposed in 2014.
5. 10/30/2015 - Charged with Driving while suspended – A Misdemeanor
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6. 12/8/2018 - Resisting Law Enforcement – A Misdemeanor
 - 361 days non-reporting probation and pay court/probation fees. All was completed successfully with no violations



Chad Surber
Operations Supervisor
LifeScience Logistics
Cell - [REDACTED]
csurber@lslog.com

STATE OF INDIANA
MARION COUNTY, ss:

IN THE MARION SUPERIOR COURT
CRIMINAL DIVISION

Cause No: 49G05-1812-F5-043559

STATE OF INDIANA)
)
vs.)
)

AMENDED INFORMATION
COUNT III
RESISTING LAW ENFORCEMENT
I.C. 35-44.1-3-1(a)(1) and I.C. 35-44.1-3-
1(b)(1)(B)
A LEVEL 6 FELONY

Chad Surber W/Male
[REDACTED]

FILED
January 14, 2020
Melissa A. Arvin
CLERK OF THE COURT
MARION COUNTY

On this date, the undersigned Deputy Prosecuting Attorney of the Nineteenth Judicial Circuit, being duly sworn on his/her oath (or having affirmed), says that in Marion County, Indiana

COUNT III

On or about December 8, 2018, Chad Surber did knowingly or intentionally forcibly resist, obstruct or interfere with BRICE MICHAEL ADAMS, a law enforcement officer, while said officer was lawfully engaged in her duties as a law enforcement officer and in committing said act the defendant inflicted bodily injury on or otherwise caused bodily injury to BRICE MICHAEL ADAMS, to-wit: pain

all of which is contrary to statute and against the peace and dignity of the State of Indiana.

State's Witnesses:
BRICE MICHAEL ADAMS
KEVIN MICHAEL NEATHERY
WILLIAM ANTHONY VASQUEZ
Placeholder

January 14, 2020
Date

RYAN MEARS
Marion County Prosecutor
19th Judicial Circuit

/s/ Melissa Arvin

Deputy Prosecuting Attorney

**ABSTRACT OF JUDGMENT**

State Form 8466

INDIANA DEPARTMENT OF CORRECTION

INSTRUCTIONS: This form must accompany the Judgment, Pre-Sentence Report, and all other documents required by law upon the commitment of the adult offender to the Indiana Department of Correction. A separate Abstract must be used for each Case Number.

Case Name State of Indiana Vs. CHAD SURBER	
Court Marion Superior Court, Criminal Division 5	
Case Number 49G05-1812-F5-043559	TCN Number 4910165393
Date of Sentencing 01/14/2020	
Presiding Judge Peggy Hart	
Date of Offense 12/08/2018	
Prosecutor Melissa Arvin	Defense Attorney Dylan A. Vigh

PART I The Defendant was charged with the following crimes under the above referenced cause:			
COUNT	CRIME	STATUTORY CITATION	DISPOSITION
I	35-42-2-1(c)(1)/F5: Battery w/ Bodily Injury to a Public Safety Officer victim is a public safety o	35-42-2-1(c)(1)	Dismissed
II	35-45-1-3(a)(2)/MB: Disorderly Conduct - unreasonable noise	35-45-1-3(a)(2)	Dismissed
III	35-44-3-3/MA: Resisting Law Enforcement	35-44-3-3	Plea Guilty Lesser Included

PART II As a result of the above convictions, the Court has sentenced the defendant as follows:			
COUNT	SENTENCE	COMMENTS	
III	Sentenced: 365 Days Jail Executed: 4 Days Comm. Corr: N/A Suspended: 361 Days Probation: 361 Days	N/A	

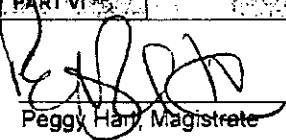
PART III Dates of confinement prior to sentencing:					
	TYPE	FROM	TO	ACCRUED TIME	GOOD TIME CREDIT
Incarceration				2	2

PART IV		ADDITIONAL INFORMATION	
Date to Report for Incarceration	Credit Restricted Felon	Purposeful Incarceration	Mental Health Concern
01/14/2020	No	No	No
Revocation			
No			
Revocation Reasons			
N/A			

Surber, Chad Anthony

49G05-1812-F5-043559

PART V	JUDGE'S RECOMMENDATIONS
Is the defendant to be returned to the Court for probation at the completion of his/her sentence?	Probation Office Marion Superior Court, Probation
Yes	Recommended Degree of Security No Recommendation
Is the offender currently serving a sentence under DOC custody?	No
Additional Comments and Recommendations Marion County Jail to award good time credit in accordance with Indiana Law. Credit time of 2 days actual and 2 days earned as agree upon by all parties. Sentence is time-served. Defendant is indigent to fines and admin fees. Defendant to pay ADM fees.	

PART VI	This section is only required for the official copy filed with the court	
 Peggy Hart, Magistrate	1-14-20 Date	
Grant W. Hawkins, Presiding Judge	Date	



STATE OF INDIANA
COUNTY OF MARION

SENTENCING ORDER

Case Name State of Indiana v. Chad Surber		Case Number 49G05-1812-F5-043559	Court Marion Superior Court, Criminal Division 5
Judicial Officer Hart, Peggy R-MAG	Prosecutor Melissa Arvin		Defense Attorney Dylan Ara Vigh
Date of Offense 12/08/2018	Date of Sentencing 01/14/2020	TCN Number 4910165393	Gallery Number 000000806360

The Defendant was charged with the following crimes, resulting in the following Dispositions under the above-referenced cause:

PART I	CHARGES			
COUNT	CRIME	GOC	STATUTORY CITATION	DISPOSITION
I	35-42-2-1(c)(1)/F5: Battery w/ Bodily Injury to a Public Safety Officer victim is a public safety o		35-42-2-1(c)(1)	Dismissed
II	35-45-1-3(a)(2)/MB: Disorderly Conduct - unreasonable noise		35-45-1-3(a)(2)	Dismissed
III	35-44.1-3-1(a)(1)(b)(1)(B)/mA: Resisting Law Enforcement		35-44.1-3-1(a)(1)(b)(1)(B)	Plea Guilty Lesser Included

As a result of the above convictions, the Court has sentenced the defendant as follows:

PART II	SENTENCE				
COUNT	SENTENCE	SUSPENDED	CONCURRENT	CONSECUTIVE	WITH (COUNT OR CASE NUMBERS)
III	0 Year(s) and 365 Day(s)	0 Year(s) and 361 Day(s)			

COUNT	CONFINEMENT TYPE	CONFINEMENT COMMENTS
III	County Jail	Marion County Jail to award good time credit in accordance with Indiana Law. Credit time of 2 days actual and 2 days earned as agree upon by all parties. Sentence is time-served. Defendant is indigent to fines and admin fees. Defendant to pay ADM fees.

The Defendant is to serve this sentence at: Marion County Jail

PART III	CREDIT TIME CALCULATION		
	TYPE	NUMBER OF ACTUAL DAYS CONFINED	CREDIT DAYS EARNED
	Incarceration (All Credit Days apply to Case Number 49G05-1812-F5-043559)	2	2

PART IV	SENTENCING CONDITIONS				
	CONDITION	DURATION	LOCATION	AMOUNT/COMMENT	EFFECTIVE
	Probation			361 days suspended to non-reporting probation.	01/14/2020

The Court is assessing Court Costs and Fees in the amount of _____ and a Monetary Award (if applicable) in the amount of \$. The authority for this Order and the breakdown of the costs and fees are as follows and are found in Indiana Code, Sections 33-37-4-1, -4 and 33-37-5-19.

PART V		MONETARY OBLIGATIONS	
Court Costs and Fees			
Automated Record Keeping Fee - CR		\$20.00	
Court Administration Fee - CR		\$5.00	
Court Costs - City and Town - CR		\$3.60	
Court Costs - County - CR		\$32.40	
Court Costs - State - CR		\$84.00	
DNA Sample Processing Fee - CR		\$3.00	
Document Storage Fee - CR		\$5.00	
Judicial Insurance Adjustment Fee - CR		\$1.00	
Judicial Salary Fee - CR		\$20.00	
Jury Fee - CR		\$2.00	
Marion County Sheriff's Department		\$4.00	
Public Defense Administration Fee - CR		\$5.00	
	Total:	\$185.00	
Restitution			
In the Amount of \$.			
Awarded To:	Awarded Against:	Payable Through ☐ Marion County Clerk ☐ Marion County Probation	
Comments:			

PART VI		ADDITIONAL SENTENCING INFORMATION	
Date to Report for Incarceration	Additional Comments and Orders		
01/14/2020			



Hart, Peggy R-MAG, Judicial Officer
Marion Superior Court, Criminal Division 5

1-4-20
Date

*Original signature on file with the Court.

AFFIDAVIT

FOR PROBABLE CAUSE

STATE OF INDIANA, COUNTY OF MARION, SS:

Detective William Vasquez of the Indianapolis Metropolitan Police Department swears (affirms) that: On December 8, 2018, at approximately 2:30am, Sgt. Adams of the IMPD, in full police uniform was working off duty employment at Brothers, located in the 900 block of Broad Ripple Av. At 2:30am, Sgt. Adams is familiar that employees lock the front doors in a manner that only patrons can exit but no additional customers can enter. At approximately 2:40am, a white male, later identified as Chad Surber, 29yoa, attempted to enter the business while the door remained open as a customer exited. Employees then explained to Mr. Surber that it was "exit only" at that point and politely asked him to remove his foot which he'd placed in the threshold of the door, so employees couldn't shut the door. Employee's then removed Mr. Surber's foot. At approximately 2:50am, Mr. Surber yet again committed the same "act" and placed his foot in the threshold, now interfering with customers who were also attempting to exit, blocking the door way. It was once again explained to Mr. Surber to move and leave and stop blocking the door way and his foot was removed again. The right side door remained opened for a moment due to the pressure gage/pump that automatically closes the door moving slowly. Sgt. Adams then grabbed the right door handle with his left hand in attempt to pull the door shut in a quicker manner, seeing that Mr. Surber was still lurking around the corner. At that time, Mr. Surber then quickened his pace towards the door and karate chopped with a right, "knife" hand to Sgt. Adams left forearm while saying, "Hi-Yah"! causing a complaint of pain. Sgt. Adams then opened the door with assisting Officer Neatherly and grabbed Mr. Surber's wrist as he proceeded to back peddle one he saw officers reaching for their handcuffs, proceeding to shutter, "Oh No No No No"! Sgt. Adams on Mr. Surber's right side while Officer Neatherly was on his left side. Mr. Surber was then handcuffed and arrested. At that time, Mr. Surber's demeanor became less than pleasurable. Mr. Surber than began to yell and scream despite repeated request for him to stop, even to the point of causing his other acquaintances who had joined him for evening activities to come outside and see what the commotion was. Mr. Surber then began to look at Sgt. Adams, stepping slowly in his direction while screaming with an irate, red, inflamed, manner/face, spitting while yelling and causing veins to protrude from his neck and forehead while yelling, "you bitch mother fucking faggot asshole dick sucking mother fucking faggot pig!" Mr. Surber was then sat on a nearby IndyGo bus bench.

All events occurred in Marion County, State of Indiana.

I swear (affirm), under penalties of perjury that the above facts are true to the best of my knowledge and belief; and that these facts are from my personal knowledge or that I learned these facts from another law enforcement officer.

DATED: December 11, 2018

/s/ William Vasquez
LAW ENFORCEMENT OFFICER

STATE OF INDIANA
MARION COUNTY, ss:

IN THE MARION SUPERIOR COURT
CRIMINAL DIVISION

Cause No: 49G05

STATE OF INDIANA)

vs.)

Chad Surber
W/Male


INFORMATION

COUNT I

BATTERY RESULTING IN BODILY
INJURY TO A PUBLIC SAFETY
OFFICIAL

I.C. 35-42-2-1(c)(1) and I.C. 35-42-2-1(g)(5)
(A)

A LEVEL 5 FELONY

COUNT II

DISORDERLY CONDUCT

I.C. 35-45-1-3(a)(2)

A CLASS B MISDEMEANOR

On this date, the undersigned Deputy Prosecuting Attorney of the Nineteenth Judicial Circuit, being duly sworn on his/her oath (or having affirmed), says that in Marion County, Indiana

COUNT I

On or about December 8, 2018, Chad Surber did knowingly touch Brice Adams a public safety officer, in a rude, insolent, or angry manner by striking him with his hands while said officer was engaged in the execution of his official duties, resulting in bodily injury, that is: pain;

COUNT II

On or about December 8, 2018, Chad Surber did recklessly, knowingly or intentionally make an unreasonable noise; and continued to do so after being asked to stop;

all of which is contrary to statute and against the peace and dignity of the State of Indiana.

December 11, 2018

Date

TERRY R. CURRY

Marion County Prosecutor
19th Judicial Circuit

/s/ Robert J. Reel

Deputy Prosecuting Attorney

State's Witnesses:

W Vasquez IMPD 20198

Brice Adams IMPD 20286

K Neathery IMPD N9063

CASE SUMMARY

CASE NO. 32C01-0806-CM-000040

State of Indiana

§
§
§
§

Location: **Hendricks Circuit Court**
 Judicial Officer: **Boles, Jeffrey V**
 Filed on: **06/02/2008**

vs.

Chad Anthony Surber

CASE INFORMATION

Offense	Statute	Deg	Date	Case Type: CM - Criminal Misdemeanor
1. POSS OF MARIJUANA	35-48-4-11(1)	MA	05/30/2008	
Arrest: 05/30/2008				Case Status: 11/19/2008 Decided
Statistical Closures				
11/20/2008	Dismissed			

DATE**CASE ASSIGNMENT****Current Case Assignment**

Case Number	32C01-0806-CM-000040
Court	Hendricks Circuit Court
Date Assigned	06/02/2008
Judicial Officer	Boles, Jeffrey V

PARTY INFORMATION

State Plaintiff **State of Indiana**

Attorneys
Starkey, Tyler O'Neal
 317-762-7038(F)
 317-745-5200(W)
Hendricks Co Prosecutor
Office
1 Courthouse Square
Danville, IN 46112
 tstarkey@starkeylawoffice.com

Defendant **Surber, Chad Anthony**

Wood, Gary Lee
Retained
 317-718-5216(F)
 317-745-3034(W)
135 South Washington
Street
Po Box 490
Danville, IN 46122-0490
 garywoodlaw@att.net

Bail Agent **Ploughe, Patrick E**
Danville Bail Bonds
910 N. Green Street
 ****NO SUCH NUMBER****
Brownsburg, IN 46112

DATE**EVENTS & ORDERS OF THE COURT****INDEX**

06/02/2008	Converted Event <i>Information and Probable Cause Advt filed. APPEARANCE FORM FILED BY TYLER STARKEY.</i> MAP
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CASE SUMMARY

CASE NO. 32C01-0806-CM-000040

06/03/2008	Converted Event \$1500.00 ON 5-30-08 Commercial Bond Posted by INTERNATIONAL FIDELITY INS CO - PATRICK PLOUGHE. MAP
06/03/2008	Converted Event 5.00 Assessed BF BOND FEE Chg001 DEF 0001
06/05/2008	Converted Event 06/04/08 Gary Wood files Appearance on behalf of Chad Surber jkw
06/05/2008	Converted Event Parties appear, defendant to hire attorney w/in 10 days. Entry and Order re: Initial Hearing entered, bench trial set for 7-2-08 at 9 a.m., released on bond previously posted. bkm ORDER RJO
06/09/2008	Converted Event 06/06/08 State's Response To Court Ordered Discovery filed. jkw
06/10/2008	Converted Event NTFD: PA, G WOOD & PLOUGHE W/ORDER. G WOOD W/ CCS & COPY OF FILE MAP NOTICE RJO
06/16/2008	Converted Event 06/13/08 Defendant's Motion For Resetting Of Bench Trial filed. Order Resetting Bench Trial for 16 July, 2008, at 9:00 a.m. Entered. jkw ORDER
06/17/2008	Converted Event NTFD: PA, G WOOD & PLOUGHE W/ ORDER. MAP NOTICE
07/02/2008	Converted Event 07/01/08 Defendant files Notice Of Conditional Discharge Agreement And Order Thereon. Order setting Plea Hearing for 16 July, 2008, at 9:00 a.m. Entered. jkw ORDER
07/07/2008	Converted Event NTFD: PA, G WOOD & PLOUGHE W/ ORDER. MAP NOTICE
07/16/2008	Converted Event State by Mr. Starley, Probation by Ms. Sears, def.w/ Mr. G. Wood, Conditional Discharge submitted, guilty to possession of marijuana, A Misd., 6 months probation w/ fees of \$175, substance abuse eval., standard rules of probation, 20 hours community service, \$200 countermeasure fee, \$164 court costs, approved & made order setting review hearing for 1-16-09 9 a.m. Probation Order entered. dks ORDER RJO
07/16/2008	Converted Event Case Transferred Case 32C01 0806-CM -000040 0001 of Hendricks County Courts to Case 32C01 0806-CM -000040 0001 of Hendricks Co. Probation Dept
07/18/2008	Converted Event NTFD: PA, PROB, HCSD, G WOOD & PLOUGHE W/ORDERS. MAP NOTICE RJO
07/21/2008	Converted Event 200.00 Assessed CMF COUNTERMEASURE FEE Chg001 DEF 0001

CHRONOLOGICAL CASE SUMMARY
CASE SUMMARY
CASE NO. 32C01-0806-CM-000040

2140

07/21/2008	Converted Event 164.00 Assessed CRI CRIMINAL FEE Chg001 DEF 0001
07/21/2008	Converted Event 320.00 Assessed PSM PROB SUPERIOR MISD 7 Chg001 DEF 0001
09/17/2008	Converted Event 320.00- Rev Assessed PROBATION DEF 0001
09/17/2008	Converted Event 175.00 Assessed PCM PROB CIRCUIT MISD 7- Chg001 DEF 0001
09/17/2008	Converted Event 20.00 Assessed CUS CIRCUIT URINE SCREEN Chg001 DEF 0001
09/17/2008	Converted Event 90.00 Total Payment MO 1957PB REC 297432 DEF 0001
10/03/2008	Converted Event 100.00 Total Payment MO 5809PB REC 298037 DEF 0001
11/13/2008	Converted Event 374.00 Total Payment CA CAPB REC 299257 DEF 0001
11/20/2008	Converted Event 11-19-08 Minute Sheet submitted by State & Probation advising all terms have been completed, probation terminated and charges dismissed, approved & made order of Court. Petition To Release From Probation filed. Order granting same entered. CAUSE DISPOSED dks ORDER RJO
11/20/2008	Judgment Conversion 1. POSS OF MARIJUANA Conversion Unknown
11/21/2008	Converted Event 20.00 Assessed CUS CIRCUIT URINE SCREEN Chg001 DEF 0001
11/21/2008	Converted Event 20.00 Total Payment CA CAPB REC 299558 DEF 0001
11/24/2008	Converted Event NTFD: PA, PROB, G WOOD & PLOUGHE W/ ORDER. MAP NOTICE RJO
DATE	FINANCIAL INFORMATION

Defendant Surber, Chad Anthony
Total Charges
Total Payments and Credits
Balance Due as of 11/23/2022

584.00
584.00
0.00

CHRONOLOGICAL CASE SUMMARY
CASE SUMMARY
CASE NO. 32D02-0904-FD-000058

State of Indiana

§
§
§
§

Location: **Hendricks Superior Court 2**
 Judicial Officer: **Coleman, David H**
 Filed on: **04/06/2009**

vs.

Chad A Surber**CASE INFORMATION**

Offense	Statute	Deg	Date	Case Type:	FD - Class D Felony
1. THEFT	35-43-4-2(a)	CNV	04/05/2009	Case Status:	06/16/2009 Decided
Arrest: 04/05/2009					
2. ATTEMPTED THEFT	35-43-4-2/35-41-5-1	CNV	04/05/2009		
Arrest: 04/05/2009					
3. RESISTING LAW ENFORCEMENT	35-44-3-3(A)(1)	MA	04/05/2009		
Arrest: 04/05/2009					
4. CRIMINAL MISCHIEF	35-43-1-2	MB	04/05/2009		
Arrest: 04/05/2009					
5. PUBLIC INTOXICATION	7.1-5-1-3	MB	04/05/2009		
Arrest: 04/05/2009					
6. MINOR-CONSUMPTION OF ALCOHOL	7.1-5-7-7	MC	04/05/2009		
Arrest: 04/05/2009					

Statistical Closures
 06/16/2009 Bench Trial

DATE**CASE ASSIGNMENT****Current Case Assignment**

Case Number 32D02-0904-FD-000058
 Court Hendricks Superior Court 2
 Date Assigned 04/06/2009
 Judicial Officer Coleman, David H

PARTY INFORMATION

State Plaintiff State of Indiana

Attorneys
Alosinac, Kristin Erato
 765-483-4491(F)
 765-482-6860(W)
Hendricks Co Prosecutor
Office
 1 Courthouse Square
 Danville, IN 46122
 atty364@co.boone.in.us

Defendant Surber, Chad A

Manning, Michael Joe
Retained
 317-745-5666(F)
 317-745-4600(W)
 47 West Marion Street
 Po Box 243
 Danville, IN 46122

Bail Agent

Ploughe, Patrick E
Danville Bail Bonds
 910 N. Green Street
 ****NO SUCH NUMBER****

CASE SUMMARY**CASE NO. 32D02-0904-FD-000058**

Brownsburg, IN 46112

DATE	EVENTS & ORDERS OF THE COURT	INDEX
04/06/2009	Converted Event INFORMATION, PC & NOTICE TO COURT FILED. APPEARANCE FILED BY ERATO JJH	
04/06/2009	Converted Event VIDEO COURT: State appears by Kristin Erato and Kathryn Janeway. INITIAL HEARING. Mass Advisement. Probable Cause. Order, Discovery. Omnibus Date and Pre-Trial set for 6-3-09 at 1:00 p.m. and Jury Trial set for 6-24-09 at 9:00 a.m. Defendant advises he will hire counsel. Written appearance is to be filed with the court within 20 days or defendant is to come back to court and request counsel. BOND: \$5,000.00 COMMERCIAL OR \$500.00 CASH. sr NOTICE RJO	
04/07/2009	Converted Event \$5000.00 ON 4-6-09 Commercial Bond Posted by INTERNATIONAL FIDELITY INS CO - PATRICK PLOUGHE. MAP	
04/07/2009	Converted Event 5.00 Assessed BF BOND FEE Chg001 DEF 0001	
04/07/2009	Converted Event NTFD PA & DEFT (BY C/M) W/ ORDER MS NOTICE RJO	
04/13/2009	Converted Event APPEARANCE FILED BY MANNING JJH	
04/15/2009	Converted Event NTFD; MANNING WITH PC, CHARGING AND CCS JJH NOTICE	
04/15/2009	Converted Event CERT MAIL RET ON CHAD SURBER SIGNED BY ZACK SURBER ON 4-9-09 JS	
04/23/2009	Converted Event STATE'S WITNESSES AND EXHIBITS FILED BY ERATO JJH	
05/27/2009	Converted Event DEFT'S NOTICE OF PLEA W/PROPOSED ORDER FILED BY MANNING JJH WOF	
05/28/2009	Converted Event Notice of Plea received by Court. Plea Hearing set on 6-16-09 at 1:30 p.m. jc NOTICE	
05/28/2009	Converted Event NTFD; PA AND MANNING WITH ORDER JJH NOTICE	
06/16/2009	Converted Event State appears by Kristin Erato. Defendant appears w/c Joe Manning. Plea Hearing. Mass Advisement. Plea Agreement filed. The Court finds the defendant's guilty plea was made knowingly and voluntarily, that he understands the constitutional rights he waived by pleading guilty, that the defendant is satisfied with his attorney and that there is a factual basis for the plea. JUDGMENT OF CONVICTION - COUNT 1 - THEFT AS A CLASS D FELONY. Fine	

CASE SUMMARY

CASE NO. 32D02-0904-FD-000058

*\$1.00, Costs \$164.00 to be paid by 8-17-2009. Sentenced to 365 days in the HCJ, 361 days suspended with 2 days actual jail time credit. 361 days Probation. Total Probation Users Fees of \$430.00. Probation supervision fees of \$100.00 initially and \$30.00 per month for the duration of probation. \$100.00 Probation Administrative Fee. Substance abuse and alcohol evaluation. 30 hours Community Service as arranged through probation. Victim has been notified and has no objection to plea agreement. Defendant may petition for Alternate A Misdemeanor Sentence upon successful completion of probation with no violations. Consume no alcohol. Theft Class through Correctional Services. No contact with or stay away order from Melvin Hirtzel and Thomas Nichols. NO CONTACT ORDERS WHILE ON PROBATION UNDER INDIANA CODE 35-38-2-2.3 OR SERVING EXECUTED SENTENCE UNDER INDIANA CODE 35-38-1-30 ISSUED. Defendant waives right to appeal. PROBATION ORDER ISSUED. BOND CANCELLED, SURETY DISCHARGED. No contact orders submitted in Incite this date. DISPOSED.
SW NOTICE RJO*

06/16/2009	Converted Event <i>G GUILTY</i> <i>Charge 001 00</i>
06/16/2009	Converted Event <i>D DISMISSED</i> <i>Charge 002 00</i>
06/16/2009	Converted Event <i>D DISMISSED</i> <i>Charge 003 00</i>
06/16/2009	Converted Event <i>D DISMISSED</i> <i>Charge 004 00</i>
06/16/2009	Converted Event <i>D DISMISSED</i> <i>Charge 005 00</i>
06/16/2009	Converted Event <i>D DISMISSED</i> <i>Charge 006 00</i>
06/16/2009	Converted Event (Judicial Officer: Coleman, David H) <i>Single Sentence; Formal Probation: 361 Day(s) ; Fine Amount: \$1.00; Court Costs: \$164.00; Community Service: 30 Hours; Monthly Cost of Supervision: \$0; Confinement Type: County Jail; Minimum: 365 Days; Suspended: 361 Day(s); Credit Time Served: 2 Days;</i>
06/16/2009	Judgment <i>Conversion</i> 1. THEFT <i>Conversion Unknown</i>
06/16/2009	Judgment <i>Conversion</i> 2. ATTEMPTED THEFT <i>Conversion Unknown</i>
06/16/2009	Judgment <i>Conversion</i> 3. RESISTING LAW ENFORCEMENT <i>Conversion Unknown</i>
06/16/2009	Judgment <i>Conversion</i> 4. CRIMINAL MISCHIEF <i>Conversion Unknown</i>

CHRONOLOGICAL CASE SUMMARY
CASE SUMMARY
CASE NO. 32D02-0904-FD-000058

2144

06/16/2009	Judgment <i>Conversion</i> 5. PUBLIC INTOXICATION Conversion Unknown
06/16/2009	Judgment <i>Conversion</i> 6. MINOR-CONSUMPTION OF ALCOHOL Conversion Unknown
06/17/2009	Converted Event <i>Case Transferred Case 32D02 0904-FD -000058 0001 of Hendricks County Courts to Case 32D02 0904-FD -000058 0001 of Hendricks Co. Probation Dept</i>
06/17/2009	Converted Event <i>NTFD; PA, PROB. MANNING, ICS, PLOUGHE AND TRAFFIC W/ORDERS JJH NOTICE RJO</i>
06/18/2009	Converted Event <i>165.00 Assessed CRI CRIMINAL FEE Chg001 DEF 0001</i>
06/18/2009	Converted Event <i>530.00 Assessed PSF PROB SUPERIOR FELONY Chg001 DEF 0001</i>
06/24/2009	Converted Event <i>HEND CO SHERIFF RET ON (2) NO CONTACT ORDERS FOR CHAD SURBERRET AS SERVED PERSONALLY ON 6-23-09 JS</i>
08/04/2009	Converted Event <i>200.00 Total Payment MO 6126PB REC 307704 DEF 0001</i>
09/04/2009	Converted Event <i>100.00 Total Payment CA CASHTL REC 308661 DEF 0001</i>
10/09/2009	Converted Event <i>100.00 Assessed PSF PROB SUPERIOR FELONY Chg001 DEF 0001</i>
12/09/2009	Converted Event <i>100.00 Total Payment CA CAPB REC 311745 DEF 0001</i>
01/19/2010	Converted Event <i>MINUTE SHEET FILED BY PA, PROB AND DEFT JJH WOF</i>
01/20/2010	Converted Event <i>ON 1-19-10: Minute Sheet filed. Defendant requests permission to leave the State of Indiana on 3-26-10 and return on 4-3-10. Court grants request. Order issued. DISPOSED sr NOTICE</i>
01/20/2010	Converted Event <i>NTFD; PA, PROB AND DEFT WITH ORDER JJH NOTICE RJO</i>
03/09/2010	Converted Event

CASE SUMMARY**CASE NO. 32D02-0904-FD-000058**

06/07/2010	<i>100.00 Total Payment CA CASH/TL REC</i> <i>314560 DEF 0001</i> Converted Event <i>300.00 Total Payment CA CAPB REC</i> <i>317368 DEF 0001</i>	800.00 800.00 0.00
DATE	FINANCIAL INFORMATION	
	Defendant Surber, Chad A Total Charges Total Payments and Credits Balance Due as of 11/23/2022	

STATE OF INDIANA
vs.

CASE NO: 32D02 0904 -FD - 58

Chad A. Surber

DOB: [REDACTED]

JUDGMENT OF CONVICTION

✓ Court enters Judgment of Conviction for the offense of: Ct1-Theft 25a
Class D felony, and sentences the Defendant as follows:

✓ Hendricks County Jail 365 days, 361 days suspended with 2 actual days Credit.
_____ days Home Detention. Sentence to begin: _____, 2009 at _____ M. Consecutive with: _____.

Home Detention to be served through HOCCS Correctional Consultants Service, Inc.
 Defendant to report to HOCCS by _____.

Indiana Department of Corrections _____ years/days, _____ days suspended with _____ days credit. _____ days Home Detention. Sentence to begin: _____, 2009 at _____ M. Sentence to be served at the HCJ. _____ Work Release; _____ Weekends. Consecutive with: _____.

5 days 10 days pursuant to I.C. 9-30-5-15, Credit time _____ days beginning _____.

✓ Probation 361 years/days. Consecutive with _____.
 Transferred to _____ upon approval of both directors.

✓ Total Probation User's Fees \$ 430.00.
 Initial Probation Fee \$50.00/\$100.00, and \$20.00/\$30.00 Monthly Probation User Fees for the duration of probation.

✓ \$50.00/\$100.00 Probation Administrative Fee.

✓ Fine \$ 1.00, Costs \$ 164.00 by 8-17, 2009.

Restitution \$ _____ to _____, paid by _____, 2009.

\$ _____ to _____, paid by _____, 2009.

TO BE PAID IN MONTHLY PAYMENTS NO LESS THAN \$ _____.

Repay County for Attorney Fees of \$ _____ by _____, 2009.

✓ Substance abuse and alcohol evaluation treatment. \$100.00 Substance Abuse Fee.

Protective Order to remain in effect; _____ Protective Order to be terminated.

✓ Community Service 30 hours as arranged through Probation.

Misdemeanor Offender Class through Correctional Services within 90 days of today.

Anger Control Counseling _____ Domestic Violence Counseling.

Survivor's Speak Out Program on _____.

✓ Victim has been notified and has no objection to plea agreement.

Drivers license suspended _____ days from _____, 2009.

Dismiss Count(s) _____ Case No. _____.

✓ Defendant may petition for Alternate A Misdemeanor Sentence upon successful completion of probation with no violations.

Defendant to report to Hendricks County Probation Department this date/within 48 hours of release from incarceration.

Stipulate No Breath Refusal.

✓ Other Consume no alcohol. Theft Class. No Contact with or stay away from Melvin Hirtzeland Thomas Nichols. Defendant has right to appeal.

SO ORDERED THIS 16th DAY OF June, 2009.

Daniel H. Coleman
 JUDGE, HENDRICKS SUPERIOR COURT NO. 2

CLERK DISTRIBUTE TO:

1. X PROSECUTING ATTORNEY

2. X Joe Manning, ATTORNEY FOR DEFENDANT

3. ✓ HENDRICKS COUNTY PROBATION DEPARTMENT

54

32002 09 04 FD 0 0

STATE OF INDIANA)
) PROBABLE CAUSE AFFIDAVIT
 COUNTY OF HENDRICKS)

I Shawn Gruca, who being first duly sworn upon his/her oath or having affirmed states that I am an officer with the Plainfield Police Department and am acting in that capacity at all times material to the following events.

On 04/05/2009 at approximately 1:43 a.m., Plainfield Officers were dispatched to 3635 Homestead Circle East concerning a theft in progress. While en route, dispatch advised responding officers that the complainant had one suspect pinned to the ground awaiting police. Upon my arrival, I observed a white male subject being held down by several subjects across the street from 3635 Homestead Circle East. While making contact, I placed handcuffs on the male subject for officer safety to further investigate the incident. Lying on the ground next to the male suspect was a Cobra radar detector and charging cord that I took into my possession. Also in the front pocket of the suspect was a cell phone that I collected until proper ownership could be identified. At that time, I began asking questions directed toward the male suspect, who initially refused to answer any questions properly except for the response, "Fuck." As I asked questions, I observed the male's eyes to be glossy and bloodshot along with a strong odor commonly associated with alcoholic beverages coming from his breath and person. The male suspect still would not state what his name was, so I made contact with the complainant identified as Thomas Nichols and asked what he observed.

Mr. Nichols stated he was in his garage and heard some noise outside along with the car door being opened. At that time, Mr. Nichols stated he stepped outside his front door and observed two white males standing next to his Mazda Miata with the door standing open. Mr. Nichols stated the two males took off running around his neighbor's residence at which he chased both. Upon running around the back side of the neighbor's house, Mr. Nichols stated the two suspects split up, one running in the direction of Lisa Ln. and the other back around to the front of the house. Mr. Nichols stated he lost sight of the first suspect, but came around to the front to observe the other male standing across the street. At that time, the male was caught by Derek Nichols and held down until Officers arrived on scene. Mr. Nichols stated while holding the suspect, the suspect began to pull a radar detector out of his pocket as the Officers were arriving on scene.

Contact was again made with the suspect who finally stated his name was Chad Surber. Mr. Surber continued to be belligerent and not answer questions properly so I shut the door of the police vehicle. At that time, Mr. Surber began kicking around the interior of the back seat of the police car while yelling. To assist in looking for the second suspect, I left the area to complete an area search on foot while Officer Stewart attempted to speak with Mr. Surber and

2009 APR -6 AM 10:57

32D02 09 04 FD 0 - 6

seatbelt him in the car. Mr. Surber refused to sit back in the seat to accommodate the seatbelt so Officer Stewart grabbed the back of his shirt to pull him back in the seat. Officer Stewart then leaned across Mr. Surber to fasten the belt when Mr. Surber continued his yelling and moved his head forward in a manner that was indicative of a head butt. Officer Stewart while attempting to fasten the belt, utilized his forearm to push Mr. Surber back in the seat to protect himself from potential injury.

While Officer Stewart was standing by with Mr. Surber, I was still conducting an area search for the second suspect. While on foot, I observed multiple phone calls being received on the cell phone I had taken off of Mr. Surber. The phone calls continued for about 10 minutes, until I returned to Officer Stewart and Mr. Surber. At that time, Officer Stewart answered the phone on the next call at which the male identified himself as Graham. Graham stated to Officer Stewart that the phone he was using was stolen and it belonged to Chad Surber who was sleeping at his house. Officer Stewart continued the conversation and advised Graham to wait outside his residence and Officers would be there. Officer Stewart and Officer Nolin proceeded to [REDACTED] Ct. and met Graham outside his residence.

While Officer Stewart and Officer Nolin proceeded to the second residence for further investigation, I remained at [REDACTED] to gather all necessary information. While collecting information and speaking with Mr. Nichols about his Mazda Miata that the two suspects got in, it was observed the rear section of the convertible top and window was torn. Mr. Nichols advised the damage appeared to be new because it was last seen this past Friday and all was fine. During this time, Lt. McKee had arrived on scene and read Mr. Surber his Miranda Rights. Mr. Surber advised he understood and Lt. McKee further inquired about the incident. Mr. Surber finally spoke about the incident and admitted that he took the radar detector from a vehicle, but couldn't remember which one. Mr. Surber was later transported to the Hendricks County Jail where he submitted to a portable breath test that registered his alcohol level to be .09%BrAC. Mr. Surber was charged with Theft, Resisting Law Enforcement, Public Intoxication, Minor in Consumption of Alcohol, and Criminal Mischief.

Officer Stewart and Officer Nolin began to speak with Graham at the second residence concerning the cell phone. During the conversation, Graham had advised that a juvenile identified as EG had just walked back to the residence and was inside. Also during the conversation, an odor commonly associated with alcoholic beverages could be smelled and Graham submitted to a portable breath test that registered his BrAC to be .05%. Officer Stewart and Officer Nolin located EG inside along with a female identified as Jessica Roach. While speaking with EG, EG later stated he was with Chad earlier and that Chad is the one who pushed in the window of the convertible. EG was arrested on scene and released to his mother after registering .08%BrAC on a portable breath test. The female, Jessica Roach also submitted to a portable breath test that registered her at .03%BrAC. Jessica and Graham was placed under arrest for Minor in Consumption of Alcohol and transported to the Hendricks County Jail.

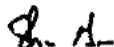
2009 APR -6 AM 10:5

CLERK

32002 09 04 FD 6 10

While on scene, Officers attempted to locate the vehicle that the radar detector was taken from, but no match was found. I advised day shift officers of the incident and to pass all forwarding information to me concerning a report of a theft from vehicle in the area. I was advised later, that a male identified as Melvin Hirtzel called to report his radar detector stolen from [REDACTED] Circle East. Upon starting shift assignment at 6:00 p.m., I proceeded to [REDACTED] and made contact with Mr. Hirtzel. Mr. Hirtzel stated his 2000 Volkswagen Beetle was left unlocked overnight and later observed his Cobra Radar Detector was missing in the morning. Mr. Hirtzel was able to identify the detector I had in my possession while providing paperwork as well. The radar was then returned to Mr. Hirtzel.

2009 APR - 6 AM 10:54



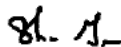
SIGNATURE

PRINTED: Shawn Gruca

DATE: 04/05/2009

PPD Case # PP09-907

I SWEAR (AFFIRM) UNDER THE PENALTIES FOR PERJURY AS SPECIFIED BY I.C. 35-44-2-1 THAT THE FOREGOING (THE FOLLOWING) REPRESENTATION(S) ARE TRUE.



SIGNATURE:

DATE: 04/05/2009

NAMES OF WITNESSES

Thomas & Derek Nichols

OTHER OFFICERS INVOLVED

Officer Stewart

Officer Nolin

32D02 09 04 FD 050

STATE OF INDIANA)
) SS:
 COUNTY OF HENDRICKS)

HENDRICKS COUNTY, *Superior 2*

CASE NO.
 INFORMATION FOR: **THEFT**
 I.C. 35-43-4-2(a)
 CLASS "D" **FELONY**
 COUNT: 1

STATE OF INDIANA

VS

CHAD A. SURBER

NAME: CHAD A. SURBER

ADDRESS: [REDACTED]

DOB: [REDACTED]

OLN: [REDACTED]

HGT: [REDACTED]

2009 APR -6 AM 10:54

The undersigned affiant does hereby swear or affirm under the penalties of perjury that:

On or about the 5th of April 2009, in
 in Hendricks County, State of Indiana,
 Chad A. Surber (defendant) did knowingly exert unauthorized
 control over the property of Melvin Hirtzel, to-wit: a Cobra radar
 detector, with the intent to deprive said person of any part of the
 use or value of the property.

All which is contrary to the laws of the State of Indiana.

Signed *S. H.*

Printed: Shawn Gruca
 Agency Case# PP09-907
 4/5/2009

Approved

James Trubel
Dep. Prosecuting Attorney
 55TH Judicial Circuit

32002 09 04 FD 050

STATE OF INDIANA)
) SS:
COUNTY OF HENDRICKS)

IN THE HENDRICKS SUPERIOR COURT 2

CAUSE NO. 32

STATE OF INDIANA

INFORMATION FOR:

VS

ATTEMPTED THEFT**CHAD ANTHONY SURBER**

I.C. 35-43-4-2 & IC 35-41-5-1
CLASS D FELONY
COUNT 2

Chad Anthony Surber
2009 APR -6 AM 10:54
CLERK OF COURT

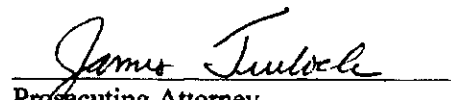
The undersigned affiant does hereby affirm under the penalties of perjury that:

On or about April 5, 2009, in Hendricks County, State of Indiana, Chad Anthony Surber did attempt to commit the crime of Theft, as a Class D felony, when he knowingly broke into a Mazda Miata belonging to Thomas Nichols without his permission, which conduct constituted a substantial step towards commission of the crime.



Stephen M. Scott
Investigator

Approved:



Prosecuting Attorney
55th Judicial Circuit

32002 09 04 FD 050

STATE OF INDIANA)
) SS:
COUNTY OF HENDRICKS)

IN THE HENDRICKS SUPERIOR COURT 2

CAUSE NO. 32

STATE OF INDIANA

INFORMATION FOR:

VS

RESISTING LAW ENFORCEMENT**CHAD ANTHONY SURBER**

I.C. 35-44-3-3(a)(1)
CLASS A MISDEMEANOR
COUNT 3

2009 APR -6 AM 10:57
CLERK
JAMES T. TWEED

The undersigned affiant does hereby affirm under the penalties of perjury that:

On or about April 5, 2009, in Hendricks County, State of Indiana, Chad Anthony Surber did knowingly and forcibly resist Brian S. Stewart, a law enforcement officer, while said officer was lawfully engaged in law enforcement duties.



Stephen M. Scott
Investigator

Approved:



Prosecuting Attorney
55th Judicial Circuit

32D02 09 04 FD 058

STATE OF INDIANA)
) SS:
COUNTY OF HENDRICKS)

IN THE HENDRICKS SUPERIOR COURT 2

CAUSE NO. 32

STATE OF INDIANA

INFORMATION FOR:

VS

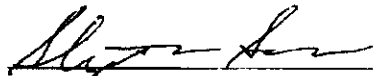
CRIMINAL MISCHIEF**CHAD ANTHONY SURBER**

I.C. 35-43-1-2
CLASS A MISDEMEANOR
COUNT 4

CLERK OF COURT
2009 APR -6 AM 10:54
James T. Twiss

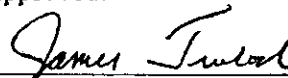
The undersigned affiant does hereby affirm under the penalties of perjury that:

On or about April 5, 2009, in Hendricks County, State of Indiana, Chad Anthony Surber did recklessly damage the property of Thomas Nickols, to-wit: Mazda Miata, without consent, by pushing out the window of his convertible, and further the pecuniary loss is at least \$250 but less than \$2500.



Stephen M. Scott
Investigator

Approved:



Prosecuting Attorney
55th Judicial Circuit

32D02 09 04 FD 058

STATE OF INDIANA)
) SS:
COUNTY OF HENDRICKS)

STATE OF INDIANA

VS

CHAD ANTHONY SURBER

IN THE HENDRICKS SUPERIOR COURT 2

CAUSE NO. 32

INFORMATION FOR:

PUBLIC INTOXICATION

I.C. 7.1-5-1-3
CLASS B MISDEMEANOR
COUNT 5

Under Seal

2009 APR -5 AM 10:54

CLERK
FILED

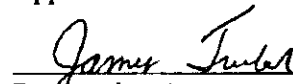
The undersigned affiant does hereby affirm under the penalties of perjury that:

On or about April 5, 2009, in Hendricks County, State of Indiana, Chad Anthony Surber was found in a state of intoxication at Homestead Circle in Plainfield, a public place or place of public resort.



Stephen M. Scott
Investigator

Approved:



Prosecuting Attorney
55th Judicial Circuit

STATE OF INDIANA)
) SS:
 COUNTY OF HENDRICKS)

32002 09 04 FD 2009
 IN THE HENDRICKS SUPERIOR COURT 2009

CAUSE NO. 32

STATE OF INDIANA

INFORMATION FOR:

VS

MINOR CONSUMING ALCOHOL

CHAD ANTHONY SURBER

I.C. 7.1-5-7-7
 CLASS C MISDEMEANOR
 COUNT 6

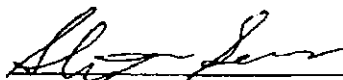
Under Seal

2009 APR -6 AM 10:54

CLERK OF COURT

The undersigned affiant does hereby affirm under the penalties of perjury that:

On or about April 5, 2009, in Hendricks County, State of Indiana, Chad Anthony Surber, a minor, did knowingly consume an alcoholic beverage.



Stephen M. Scott
 Investigator

Approved:


 Prosecuting Attorney
 55th Judicial Circuit

STATE OF INDIANA

VS.

HENDRICKS SUPERIOR COURT NO. 2
CASE NUMBER: 32D0 2-0904 - FD - 58CHAD SURBER

PROBATION ORDER

The Defendant having been convicted of Count # - 1 TheftClass "D" Misd./Felony, and sentenced to 365 days years H.C.J. with 2+2 days jail time credit and 361 days suspended, and/or — days/months on home detention, is hereby placed on probation for a period of — 361 days/years. Plus: — days H.C.J. pursuant to I.C. 9-30-5-15 less — days credit.

CONDITIONS OF PROBATION

1. You shall cooperate with the Probation Department and your Probation Officer and follow instructions at all times.
2. You shall not violate any law (Federal, State, or Local). You shall notify your Probation Officer of any contact with law enforcement within 48 hours.
3. You shall report weekly to the Probation Officer unless otherwise directed by your Probation Officer.
4. You shall provide your address and telephone number to your Probation Officer in advance of changing your residence and provide your current address and telephone number at all times.
5. You shall maintain full time employment and notify your Probation Officer of any change of employment within 48 hours. If you are not employed, you shall seek gainful employment and provide your Probation Officer with a weekly list of those places you have contacted seeking employment.
6. You shall not leave the State of Indiana and agree to waive extradition to the State of Indiana and to appear before the Court when so ordered by the Court.
7. You shall not associate with any persons likely to influence you to commit a crime or violate these conditions.
8. You shall permit the Probation Officer and any Law Enforcement Officer assisting the Probation Officer to enter your residence and to make reasonable inquiry into your activities. You shall sign a waiver to the search of your person or property when requested by the Probation Officer.
9. You shall not consume, or possess on your person or in your residence, any controlled substance (illegal drug) or drug paraphernalia, except as prescribed for you by a licensed physician. You shall submit to alcohol and drug tests when requested by the Probation Department or any Law Enforcement Officer. You shall waive any objection to the admissibility of the results of the test as they are received by the Court into evidence at any Revocation Hearing.
10. You shall not consume, or possess on your person or in your residence, any alcoholic beverages, or enter into any establishment where alcoholic beverages are the primary product for sale. This includes all liquor stores, bars, taverns, and pubs.
11. You shall not have or possess any firearm, on your person, in your residence, or in your vehicle.
12. You shall be evaluated for a substance abuse program within forty-five (45) days of today. You shall successfully complete and pay for any program to which you are referred. You shall provide authorization for release of information to the Probation Department and the Court when requested.
13. You shall remain in your residence from 10:00 p.m. to 5:00 a.m. unless otherwise directed by your Probation Officer.
14. You shall pay: \$11.00 Fine \$164.00 Court costs — Alcohol Counter Measure/Drug Interdiction Fee \$50.00 Pauper Attorney \$100 Substance Abuse Fee — Domestic Violence/Child Abuse Prevention Fee — Jail Fees, by Aug. 17, 09 \$50.00 Probation Administrative Fee \$50.00 Initial Fee \$20.00 Monthly Probation User Fees for the duration of probation.

ADDITIONAL CONDITIONS (Check those which apply)

— You are ordered to pay restitution of \$ — to — the victim, by —, with weekly/monthly payments of not less than \$ —.

☒ You shall perform 30 hours of community service as arranged through your Probation Officer.

— Your driving privileges are restricted/suspended for a period of — days from today's date or —.

— You shall attend the Survivors Speak Out Program on the date indicated by separate order.

☒ You shall have no direct or indirect contact with Melvin Hirtzel + Thomas Nichols

— Probation may be transferred to — if approved by both the sending and receiving probation agency.

— You shall successfully complete Domestic Violence/Anger Control Counseling as directed by your probation officer.

☒ You shall successfully complete a Misdemeanor Offender Class through Correctional Services within ninety (90) days of today. (Theft class)

☒ You may petition the Court for Alternative A Misdemeanor sentencing if you successfully comply with all conditions of probation.

Other: and so long as A has not committed any criminal offense prior to filing the Ams petition.

I have received a copy of the above conditions of probation which were read to me by the Judge. I understand that if I violate a condition of probation, a petition to revoke my probation may be filed. I also understand that a petition to revoke my probation may be filed up to one (1) year after my probation ends for a violation which occurred during my period of probation. I understand that the probation department must file the petition to revoke probation within forty-five (45) days after it receives notice of the violation.

David H. Coleman
PROBATIONER'S SIGNATURE

SO ORDERED THIS 16 day of June, 2009 (RJO)

David H. Coleman JUDGE

STATE OF INDIANA)
COUNTY OF HENDRICKS) SS:

IN THE HENDRICKS COUNTY SUPERIOR NO 2

CASE NO. 32D02 0904-FD-000058
COUNT(S) CT 2 ATTEMPTED THEFT
CT 3 RESISTING LAW ENFORCEMENT
CT 4 CRIMINAL MISCHIEF
CT 5 PUBLIC INTOXICATION
CT 6 MINOR CONSUMPTION OF ALC

STATE OF INDIANA)
VS.)
CHAD A SURBER)

ORDER TO DISMISS

Comes now the State of Indiana and moves to dismiss Count(s)
2 THROUGH 6 per plea agreement.

And the Court being duly advised now GRANTS the State's Motion to Dismiss.

SO ORDERED THIS JUNE 16, 2009

(RJO)

David H. Coleman

JUDGE
HENDRICKS COUNTY SUPERIOR NO 2

CLERK TO DISTRIBUTE ORDERS TO:

PROSECUTOR X

SHERIFF

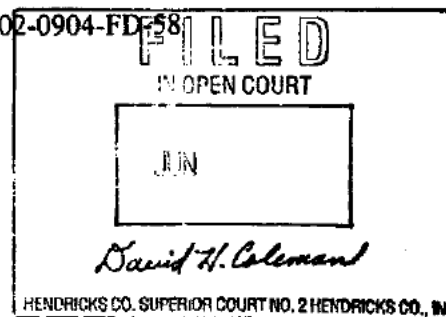
ATTORNEY OF RECORD X

STATE OF INDIANA)
)
 COUNTY OF HENDRICKS)
)
 STATE OF INDIANA)
)
 VS)
)
)

SS:

HENDRICKS SUPERIOR COURT 2

CASE NO. 32D02-0904-FD-58



CHAD SURBER

PLEA AGREEMENT

- ☒ Defendant will plead guilty to Count 1, Theft, a Class D felony.
- ☒ Fine: \$1 + Court Costs \$164.00 + _____ countermeasure fee + _____ fee
- ☒ Sentence: 365 days to be served with 361 days suspended, 2 + 2 days credit,
☐ _____ days executed to be served: _____.
- ☒ Probation: 361 days
- ☒ Probation terms to include:
- ☒ Substance Abuse and Alcohol evaluation,
 - ☒ Consume no alcohol.
 - ☐ Driver license suspended for _____ days.
 - ☒ Community Service: 30 hours.
 - ☐ Anger Control Counseling.
 - ☐ Domestic Violence Counseling.
 - ☐ Parenting Classes.
 - ☒ Theft Class through Correctional Services, Inc.
 - ☐ Attend Survivors Speak Out.
 - ☐ No firearms
 - ☒ Any other appropriate terms of probation as indicated by the Court, including payment of probation User Fees.
- ~~Pay County for Pauper Counsel Fees \$100~~
- ~~Restitution \$2200 to Melvin Hirtzel and/or Thomas Nichols~~
- ☒ No contact with or stay away order from: Melvin Hirtzel and Thomas Nichols
 - ☒ State will agree to AMS upon successful completion of probation with no violations and so long as the Defendant has not committed any criminal offense prior to filing the AMS petition.
 - ☐ weapon to be destroyed
 - ☐ Other: _____
- ☒ The State will Dismiss: remaining counts
- ☒ Defendant acknowledges that he has received a significant benefit from this plea in that charges were dismissed and/or a plea to a lesser included offense was given.
- ☒ Defendant waives his right to appeal.
- ☐ Other: _____

Offer expires if not presented to the Court on or before: June 3, 2009Date: June 17, 2009

Chad Surber
 Defendant

Kristin E. Erato
 Kristin E. Erato #18364-49
 Deputy Prosecuting Attorney
 55th Judicial Circuit

Joe Manning #
 Attorney for Defendant

CHRONOLOGICAL CASE SUMMARY
CASE SUMMARY
CASE No. 32D03-1010-CM-000286

2159

State of Indiana

§
§
§
§

Location: **Hendricks Superior Court 3**
Judicial Officer: **Love, Karen M**
Filed on: **10/12/2010**

vs.

Chad Anthony Surber

CASE INFORMATION

Offense	Statute	Deg	Date	Case Type:
1. CONTR SUBST-POSS MARIJUANA Arrest: 10/09/2010	35-48-4-11(1)	MA	10/09/2010	Case Type: CM - Criminal Misdemeanor Case Status: 01/24/2011 Decided
2. MINOR-POSSESSION OF ALCOHOL Arrest: 10/09/2010	7.1-5-7-7	MC	10/09/2010	
3. MINOR-CONSUMPTION OF ALCOHOL Arrest: 10/09/2010	7.1-5-7-7	MC	10/09/2010	
4. RECKLESS POSSESSION OF PARAPHERNALIA Arrest: 10/09/2010	35-48-4-8.3(c)	MA	10/09/2010	

Statistical Closures

01/24/2011 Guilty Plea or Admission

Bonds

Hendricks Cash Bond #32D031010CM000286_1_1 \$300.00
2/10/2011 Released
Counts: 1, 2, 3, 4

DATE

CASE ASSIGNMENT

Current Case Assignment

Case Number	32D03-1010-CM-000286
Court	Hendricks Superior Court 3
Date Assigned	10/12/2010
Judicial Officer	Love, Karen M

PARTY INFORMATION

State Plaintiff **State of Indiana**

Attorneys

Bryan, James David
317-495-8532(W)
*Deputy Prosecuting
Attorney*
Hendricks County
Danville, IN 46122
jbryan@landmanbeatty.com

Defendant **Surber, Chad Anthony**

Kessinger, Terry M
Public Defender
317-745-4408(W)
One South Washington
Street
P.O. Box 8
Danville, IN 46122
tkessinger@kwklaw.com

DATE

EVENTS & ORDERS OF THE COURT

INDEX

10/12/2010 | Converted Event

CASE SUMMARY

CASE NO. 32D03-1010-CM-000286

	INFORMATION, PC & NOTICE TO COURT FILED. APPEARANCE FILED BY JD BRYAN JJH
10/12/2010	Converted Event VIDEO COURT. State appears by James Bryan. Probation appears by Carrie McCormack. Intake Evaluation filed by Carrie McCormack ini Open Court. Defendant appears by video link without counsel. Initial Hearing, Mass Advisement. Probable Cause. Order. Bench Trial at 12-6-10 at 1:00 p.m. Court appoints Terry Kessinger as Pauper Counsel. Court will review for fees. Bond set at \$1,000 Commerical or \$300 Cash. cs NOTICE RJO
10/13/2010	Converted Event NTFD PA & KESSINGER W/ORDERS SENT KESSINGER PC & CHRG MS NOTICE RJO
10/14/2010	Converted Event STATE'S DISCOVERY FILED. MAP WOF
10/19/2010	Converted Event STATE'S SUPPLEMENTAL DISCOVERY FILED (W/OF) MAP
10/20/2010	Converted Event NOTICE OF PLEA FILED BY KESSINGER W/PROPOSED ORDER. AMD
10/21/2010	Converted Event Order on Notice of Plea issued. Plea Hearing set on November 10, 2010 at 1:00pm. Order issued 10/20/10. JJS NOTICE
10/22/2010	Converted Event NTFD PA 7 KESSINGER W/ ORDER ON NOTICE OF PLEA MS NOTICE
10/28/2010	Converted Event Court found probable cause for defendant's arrest on 10-11-10 at 10:08 a.m. sam
11/15/2010	Converted Event (11-10-10) Bench Trial: State appears by James Bryan and Miranda Richard. Defendant fails to appear. Counsel, Terry Kessinger appears. Mr. Kessinger stated he thought Defendant would be transported. Defendant is not in jail. Court orders warrant issued for FTA. Warrant Order issued. NO BOND. cs NOTICE RJO
11/16/2010	Converted Event Notice: PA, KESSINGER and Hendricks County Sheriff with warrant for failure to appear. MS NOTICE RJO
12/02/2010	Converted Event MOTION TO RECALL ARREST WARRANT & PROPOSED ORDER TO RECALL ARREST WARRANT FILED BY TERRY KESSINGER KR
12/03/2010	Converted Event 300.00 Escrow Deposited CA REC 294957 Esc 01 DEF 0001
12/03/2010	Converted Event 300.00 Escrow Assigned CHAD SURGER Esc 01 DEF 0001

CASE SUMMARY

CASE NO. 32D03-1010-CM-000286

12/03/2010	Converted Event <i>Court Order to Recall Arrest Warrant issued. Court orders Arrest Warrant recalled and sets this matter for Bench Trial on 12/6/10 at 1:00pm. Court staff faxed order to Nancy at HCSD.</i> JJS NOTICE
12/03/2010	Converted Event <i>NTFD PA & KESSINGER W/ ORDER TO RECALL WARRANT (BTC)</i> MS NOTICE RJO
12/07/2010	Converted Event <i>On 12-6-2010 this matter comes before the Court for Bench Trial. State of Indiana appeared by James D. Bryan. Defendant appears with counsel, Terry Kessinger. On oral motion by Defense counsel and without objection, this case is reset for: Bench Trial on January 24, 2011 at 1:00 p.m. DEFENDANT ORDERED TO MR. KESSINGER'S OFFICE TO MAKE AN APPOINTMENT. Continuance charged to the defendant. Order issued.</i> sam NOTICE
12/08/2010	Converted Event <i>NTFD PA & KESSINGER W/ ORDER SETTING COURT DATE</i> MS NOTICE
12/09/2010	Converted Event <i>HEND CO SHERIFF RET ON ARREST WARRANT FOR CHAD ANTHONYSURBER ISSUED 11-16-10 RET AS RECALLED</i> JS
01/24/2011	Converted Event <i>G GUILTY</i> Charge 001 00
01/24/2011	Converted Event <i>D DISMISSED</i> Charge 002 00
01/24/2011	Converted Event <i>D DISMISSED</i> Charge 003 00
01/24/2011	Converted Event <i>D DISMISSED</i> Charge 004 00
01/24/2011	Converted Event (Judicial Officer: Comer, Mary Lee-SJ) <i>Single Sentence; Fine Amount: \$1.00; Court Costs: \$164.00; Confinement Type: County Jail; Maximum: 46 Day(s); Credit Time Served: 9 Days;</i>
01/24/2011	Judgment <i>Conversion</i> 1. CONTR SUBST-POSS MARIJUANA Conversion Unknown
01/24/2011	Judgment <i>Conversion</i> 2. MINOR-POSSESSION OF ALCOHOL Conversion Unknown
01/24/2011	Judgment <i>Conversion</i> 3. MINOR-CONSUMPTION OF ALCOHOL Conversion Unknown

CASE SUMMARY

CASE NO. 32D03-1010-CM-000286

01/24/2011	Judgment <i>Conversion</i> 4. RECKLESS POSSESSION OF PARAPHERNALIA <i>Conversion Unknown</i>
01/26/2011	Converted Event <i>(1-24-11) Plea Hearing. State appears by James D. Bryan and Miranda Richard. Defendant appears in person with counsel, Terry Kessinger. Mass Advisement. Prosecutor's Recommendation, Waiver of Rights. The Court finds the defendant's guilty plea was made knowingly and voluntarily, that he understands the constitutional rights he waived by pleading guilty, that the defendant is satisfied with his attorney, and that there is a factual basis for the plea. Defendant pleads guilty to Count 1, Possession of Marijuana as a Class A Misdemeanor. Defendant is sentenced to 46 days at the Hendicks County Jail, 9 + 9 das credit (actual and good time), 0 days suspended. Court order dismissing all remaining counts. Defendant remanded to the HCJ on 1-24-11 to begin excuted sentence. Cash bond released. Judgment of Conviction. Fine \$1.00, Cost \$164 and Attorney fees of \$50 to be paid by cash bond. Order issued. DISPOSED /s/Mary Lee Comer, Senior Judge</i> <i>cs NOTICE RJO</i>
01/26/2011	Converted Event <i>Entry Error</i> <i>cs NOTICE RJO</i>
02/03/2011	Converted Event <i>NTFD PA, KESSINGER, HCSD & CLERK W/ JUDGMENT & ORDER'S</i> <i>MS NOTICE RJO</i>
02/04/2011	Converted Event <i>165.00 Assessed CRI CRIMINAL FEE</i> <i>Chg001 DEF 0001</i>
02/04/2011	Converted Event <i>50.00 Assessed PDF PUBLIC DEFENDER SERV</i> <i>Chg001 DEF 0001</i>
02/10/2011	Converted Event <i>35.00 Assessed BF BOND FEE</i> <i>Chg001 DEF 0001</i>
02/10/2011	Converted Event <i>250.00 Esc Refund Ord'r'd HENDRICKS COUNT</i> <i>Esc 01 DEF 0001</i>
02/10/2011	Converted Event <i>250.00 Esc Refund Paid Ck 006454</i> <i>Esc 01 DEF 0001</i>
02/10/2011	Converted Event <i>50.00 Esc Refund Ord'r'd SURBER, CHAD</i> <i>Esc 01 DEF 0001</i>
02/10/2011	Converted Event <i>50.00 Esc Refund Paid Ck 006455</i> <i>Esc 01 DEF 0001</i>
02/11/2011	Converted Event <i>250.00 Total Payment CK 6454JC REC</i> <i>324938 DEF 0001</i>
DATE	FINANCIAL INFORMATION

Defendant Surber, Chad Anthony

CASE SUMMARY
CASE No. 32D03-1010-CM-000286

Total Charges	250.00
Total Payments and Credits	250.00
Balance Due as of 11/23/2022	0.00
Defendant Surber, Chad Anthony	
Cash Bond Account Balance as of 11/23/2022	0.00

STATE OF INDIANA)
) SS: IN THE HENDRICKS SUPERIOR COURT NO 3
 COUNTY OF HENDRICKS)
 CASE NUMBER: 32D03-1010-CM-286

STATE OF INDIANA)
 v.)
)
Chad Anthony Surber)

☒ JUDGMENT OF CONVICTION, SENTENCING ORDER AND ORDER OF COMMITMENT
☐ ORDER ON PROBATION VIOLATION AND COMMITMENT

☒ The Court now enters Judgment of Conviction against the Defendant for:

Count 1, Possession, Marijuana, a Class A ☒ Misdemeanor ☐ Felony

Count 2, Dismissed, a Class ☐ Misdemeanor ☐ Felony

Count 3, 4 Dismissed, a Class ☐ Misdemeanor ☐ Felony

☐ The Court having heard the evidence on the ☐ Supplemental ☐ Petition and Notice of Probation Violation finds that the Defendant violated the conditions of Probation as follows:

- ☐ consumed alcohol/illegal drugs during the term of probation.
☐ failed to attend/complete a required treatment program.
☐ failed to attend required appointments with the probation officer.
☐ committed a new criminal offense.

☒ The Court now ☒ SENTENCES the Defendant ☐ MODIFIES conditions of Probation ☐ REVOKES Probation as follows:

☒ 41 days at the ☒ Hendricks County Jail, ☐ Indiana Department of Corrections, with credit for 9 + 9 days served (actual and good time), 0 days suspended and the balance to be served as follows: ☒ Straight time ☐ Work Release, if qualified ☐ Home Detention ☐ Weekends. ☐

Defendant shall report to the on the day of , 20 at m. and shall be released on the day of , 20 at m.

☐ The Defendant is ordered to serve days at the Hendricks County Jail without good time credit pursuant to I.C. 9-30-5-15 beginning , with actual days credit.

The Defendant's Driving privileges are ☐ restricted ☐ suspended for day's effective

☐ The Defendant is placed on ☐ Non Reporting Probation until
☐ Reporting Probation for days.

☐ The Probation of the Defendant shall ☐ be terminated successfully unsuccessfully
☐ continue as previously ordered ☐ be extended until , 20

☐ Balance of Fines, Costs and Fees are made of record. ☒ Costs, fines, and fees to be paid by Cash bond

☐ The Defendant shall begin the executed sentence on , 20 at :00 M. at

See probation order issued 1-24-11 for additional terms and conditions.

SO ORDERED ON January 24, 2010.

Maureen Corne
 JUDGE, Hendricks Superior Court No. 3

Distribution: Prosecutor/Sheriff/Defense Attorney/RJO TK, Clerk

6/17/2009 Order Form 4

STATE OF INDIANA)
) SS:
 COUNTY OF HENDRICKS)

IN THE HENDRICKS SUPERIOR COURT 3

CAUSE NO. 32 D03-1010CM- 286

STATE OF INDIANA

INFORMATION FOR:

VS

POSSESSION OF MARIJUANA

CHAD ANTHONY SURBER

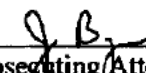
I.C. 35-48-4-11(1)
 CLASS A MISDEMEANOR
 COUNT : 1

The undersigned affiant does hereby affirm under the penalties of perjury that:

On or about 10-09-2010, in Hendricks County, State of Indiana, Chad Anthony Surber did knowingly possess (pure or adulterated) marijuana.


 Patrolman Jenn Clossey
 Clayton Police Dept

Approved:


 Dep'ts Prosecuting Attorney
 55th Judicial Circuit

STATE OF INDIANA)
) SS:
 COUNTY OF HENDRICKS)

IN THE COURT
 CAUSE NO. 32 **D031010 CM 286**

STATE OF INDIANA

INFORMATION FOR:

VS

MINOR POSSESSING ALCOHOL

<CHAD ANTHONY SURBER

I.C. 7.1-5-7-7
 CLASS C MISDEMEANOR
 COUNT

The undersigned affiant does hereby affirm under the penalties of perjury that:

On or about 10-09-2010, in Hendricks County, State of Indiana, Chad Anthony Surber, a minor, did knowingly possess an alcoholic beverage.


 Patrolman John Clossey
 Clayton Police Dept

Approved:


 Deputy Prosecuting Attorney
 55th Judicial Circuit

STATE OF INDIANA)
) SS:
 COUNTY OF HENDRICKS)

IN THE COURT
 CAUSE NO. 32 **0031010 CM 286**

STATE OF INDIANA

INFORMATION FOR:

VS

MINOR CONSUMING ALCOHOL

Chad Anthony Surber

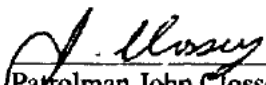

I.C. 7.1-5-7-7
 CLASS C MISDEMEANOR
 COUNT

0031010 CM 286

0031010 CM 286

The undersigned affiant does hereby affirm under the penalties of perjury that:

On or about 10-09-2010, in Hendricks County, State of Indiana, Chad Anthony Surber, a minor, did knowingly consume an alcoholic beverage.


 Patrolman John Clossey
 Clayton Police Dept

Approved:

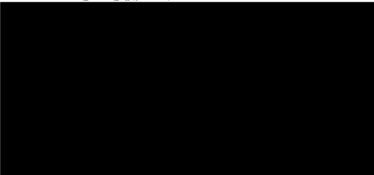

 Deputy Prosecuting Attorney
 55th Judicial Circuit

STATE OF INDIANA)
) SS:
 COUNTY OF HENDRICKS)

STATE OF INDIANA

VS

<CHAD ANTHONY SURBER>



IN THE COURT
 CAUSE NO. 32 **D031010CM286**

INFORMATION FOR:

**RECKLESS POSSESSION OF
 PARAPHERNALIA**

I.C. 35-46-4-8.3(c)
 CLASS B MISDEMEANOR
 COUNT

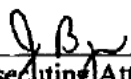
CLERK OF COURT
 HENDRICKS COUNTY
 INDIANA
 10-09-2010

The undersigned affiant does hereby affirm under the penalties of perjury that:

On or about 10-09-2010, in Hendricks County, State of Indiana, Chad Anthony Surber did recklessly possess an object, to-wit: two marijuana pipes; that is used primarily for introducing into the defendant's body a controlled substance, to-wit: <marijuana>.


 Patrolman John Clossey
 Clayton Police Department

Approved:


 Deputy Prosecuting Attorney
 55th Judicial Circuit

State of Indiana
County of Hendricks

PROBABLE CAUSE AFFIDAVIT

I, Patrolman John Clossey who, being first duly sworn upon his/her oath or having affirmed states:

On 10-09-2010 at approximately 2142 hrs I made a traffic stop on a Blue Buick plate # [REDACTED] for speeding 47mph in a 30 mph zone. Upon making contact with the driver I smelled a strong odor of an alcoholic beverage and marijuana emitting from the person and breath of the driver and passenger as well the the interior of the car. While I spoke with the driver patrolman Matt Baker Clayton Police Department spoke with the passenger. While obtaining the vehicle registration the driver identified himself as Chad Anthony Surber with a [REDACTED]. He told me he did not have his license with him due to having lost it. I could also observe an open styrofoam cooler on the back seat with alcoholic beverages inside it. I then had the driver step out of the vehicle at which time I observed a small clear plastic bag in the driver door pocket with a green leafy substance commonly known as marijuana. During this time the passenger identified as Ethan Matthew Gray [REDACTED] told officer Baker that there was beer in the cooler and also marijuana in the car. At this time both were detained and a small bag of marijuana, two marijuana pipes and a cooler with several Keystone lcc beers and a bottle of Captian Morgans was recovered from the car. Both subjects were then tested on the PBT. Mr. Surber tested .02 and Mr. Gray tested .008. After being tested both subjects admitted to having smoked marijuana and drinking beer. Mr. Gray was cited at the scene for Minor Consuming Alcohol and released to his parents. Mr. Surber admitted that the marijuana and alcoholic beverages found in the car were his. Mr. Surber was placed under arrest and charged with Possession of Marijuana, Possession of Paraphernalia, Minor Possessing Alcohol and Minor Consuming Alcohol. I issued Mr. Surber a written warning for the speed 47mph/30mph. He was then transported to the Hendricks County Jail and booked on the above charges. His vehicle was released to his parents.

I swear (affirm) under penalty of perjury as specified by I.C.35-44-2-1 that the foregoing representations are true.

Signed: J. Clossey

Printed: Patrolman John Clossey

Date: 10/10/2010

C.P.D. Case #: PH10-002510

STATE OF INDIANA	)	IN THE HENDRICKS COUNTY SUPERIOR NO 3
	)	
COUNTY OF HENDRICKS	)	SS:
	)	CASE NO. 32D03 1010-CM-000286
	)	COUNT(S) Ct. 2 Minor Possession
	)	Ct. 3 Minor Possessiojn
	)	Ct. 4 Reckless Poss of Paraph.
STATE OF INDIANA	)	
	)	
VS.	)	
	)	
CHAD ANTHONY SURBER	)	

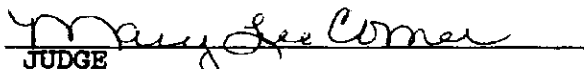
ORDER TO DISMISS

Comes now the State of Indiana and moves to dismiss Count(s)
2,3,4----- per plea agreement.

And the Court being duly advised now GRANTS the State's
Motion to Dismiss.

SO ORDERED THIS 1-24-11

(RJO)


JUDGE
HENDRICKS COUNTY SUPERIOR NO 3

CLERK TO DISTRIBUTE ORDERS TO:

PROSECUTOR X

SHERIFF X

ATTORNEY OF RECORD X

Hendricks Superior Court 3

State of Indiana v. Chad Surber

32D03-1010-CM-286

4507

PLEA AGREEMENT

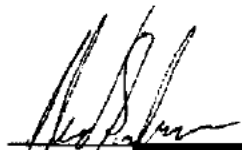
- ☒ Defendant will plead guilty to Count 1: Possession of Marijuana, a Class A misdemeanor.
- ☒ Fine: \$1.00 and Court Costs: \$164.00.
- ☒ Repay county \$50.00 for pauper counsel.
- ☒ Sentence: ~~270~~ ^{75 days suspended} days in the Hendricks County Jail; credit for 9 + 9 days served, ~~balance~~ suspended.
- ☒ ~~Probation: 270 days on standard terms of probation of the Hendricks Superior Court, including:~~
- ☒ ~~Successfully complete: Drug & Alcohol Evaluation and any recommended treatment.~~
 - ☒ ~~Community Service: 6 hours.~~
 - ☒ ~~Defendant must earn: high school diploma or GED.~~
 - ☒ ~~Any other appropriate terms of probation as indicated by the Court.~~
- ☒ The State will dismiss remaining count(s).

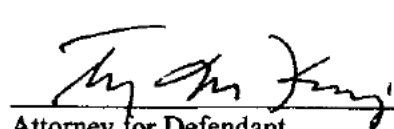
Date:

1-24-11


James D. Bryan, # 28936-49
Deputy Prosecuting Attorney

36557-49


Defendant


Attorney for Defendant

FILED IN OPEN COURT

44 2011
HENDRICKS SUPERIOR COURT

CASE SUMMARY

CASE NO. 32D04-1110-FD-001006

State of Indiana

§
§
§
§Location: **Hendricks Superior Court 4**

vs.

Judicial Officer: **Smith, Mark A**Filed on: **10/31/2011****Chad Surber**

CASE INFORMATION

Offense	Citation	Statute Deg	Date	Case Type:	FD - Class D Felony
1. 35-48-4-11(1)/MA: Possession Marijuana/Hash Oil/Hashish - Possession	NA	35-48- MA 4-11(1)	10/30/2011	Case Status:	07/17/2012 Decided
2. 35-48-4-11(1)/FD: Possession of Marijuana	NA	35-48- FD 4-11(1)	10/30/2011	Case Flags:	Bond Posted
3. 35-48-4-8.3(b)/MA Possession of Paraphernalia. Person who knowingly or intentionally violates (a)	NA	35-48- MA 4-8.3 (b)	10/30/2011		

Statistical Closures

07/17/2012 Guilty Plea or Admission

DATE

CASE ASSIGNMENT

Current Case Assignment

Case Number	32D04-1110-FD-001006
Court	Hendricks Superior Court 4
Date Assigned	10/31/2011
Judicial Officer	Smith, Mark A

PARTY INFORMATION

State Plaintiff State of Indiana

*Attorneys***Walker, Lindsey Raene**

317-745-9283(W)

6 SOUTH JEFFERSON
STREET

DANVILLE, IN 46122

prosecutoreservice@co.hendricks.in.u

S

Defendant **Surber, Chad A****Manning, Michael Joe***Retained*

317-745-5666(F)

317-745-4600(W)

47 W. MARION STREET

P.O. BOX 243

DANVILLE, IN 46122

Bail Agent **Mallory, Kendra**

191 N. Green St.

Brownsburg, IN 46112

Removed: 07/17/2012

Other

DATE

EVENTS & ORDERS OF THE COURT

INDEX

10/31/2011	Case Opened as a New Filing
10/31/2011	Probable Cause Affidavit Filed File Stamp: 10/31/2011

CASE SUMMARY**CASE NO. 32D04-1110-FD-001006**

	Filed By: Prosecutor Walker, Lindsey Raene <i>APPEARANCE AND NOTICE TO COURT FILED BY STATE. JJH</i>
10/31/2011	Surety Bond Entered in Clerk's Office <i>5000.00 ON 10-30-11 POSTED BY INTERNATIONAL FIDELITY INS CO BY KENDRA MALLORY. JJH</i>
11/07/2011	Document Filed File Stamp: 11/07/2011 Filed By: Prosecutor Walker, Lindsey Raene <i>STATES DISCOVERY. KC</i>
11/08/2011	Order on Initial Hearing Order Signed: 11/03/2011 <i>INITIAL HEARING: State appeared by Lindsey Walker. Defendant appeared and requested court appointed counsel. Jeremy Gooch is Appointed as Pauper Counsel. The Court sets this for a Pre-trial hearing on 1/25/12 at 8:30 am and Jury trial on 2/7/12 at 9:00 am. Defendant is released on bond previously posted. Order For Discovery Issued.-RJO-tll</i>
11/08/2011	Indigent Counsel Appointed at County Expense
11/08/2011	Hearing Scheduling Activity <i>Pretrial Conference scheduled for 01/25/2012 at 8:30 AM.</i>
11/10/2011	Appearance Filed File Stamp: 11/10/2011 For Party: Defendant Surber, Chad A Attorney: Attorney Gooch, Jeremy <i>PG</i>
11/15/2011	Correspondence to/from Court Filed File Stamp: 11/15/2011 <i>FILED BY WORK RELEASE. PG</i>
11/15/2011	Notice Issued <i>NTFD: PA, GOOCH AND BONDSMAN W/ IH ORDER AND ORDER FOR DISCOVERY -rjo-ll</i> <i>NTFD: GOOCH W/ FILE -ll</i>
11/15/2011	Clerical Mistake Corrected <i>CORRESPONDENCE ON 1/15/11 WAS ENTERED IN ERROR. ENTRY BELONGS ON ANOTHER CASE.</i>
12/06/2011	Correspondence to/from Court Filed File Stamp: 12/06/2011 <i>BY HOME DETENTION. MR</i>
01/25/2012	Pretrial Conference (8:30 AM) (Judicial Officer: Smith, Mark A ;Location: Hendricks Superior Court 4) Events: 11/08/2011 Indigent Counsel Appointed at County Expense <i>Commenced and concluded</i>
01/25/2012	Hearing Scheduling Activity <i>Pretrial Conference scheduled for 03/07/2012 at 8:30 AM.</i>
01/25/2012	Hearing Journal Entry (Judicial Officer: Smith, Mark A) Hearing Date: 01/25/2012 <i>PRE-TRIAL HEARING. State appears by Lindsey Walker. Defendant appears with counsel Jeremy Gooch. Defense requests a continuance. Court grants. Court sets this case for a Pre-Trial on 3-7-12 at 8:30 a.m. and a Jury Trial on 3-20-12 at 9:00 a.m. -- ssh</i>
01/26/2012	Notice Issued

CHRONOLOGICAL CASE SUMMARY
CASE SUMMARY
CASE No. 32D04-1110-FD-001006

2174

	<i>NTFD: BONDSMAN W/ HEARING JOURNAL ENTRY DATED 1-25-12 -lt</i>
02/28/2012	Appearance Filed File Stamp: 02/28/2012 For Party: Defendant Surber, Chad A <i>FILED BY MICHAEL J MANNING. KC</i>
03/06/2012	Motion for Continuance Filed File Stamp: 03/05/2012 Filed By: Defendant Surber, Chad A <i>MOTION TO CONTINUE PRE-TRIAL CONFERENCE. MR</i>
03/08/2012	Hearing Scheduling Activity <i>Pretrial Conference originally scheduled on 03/07/2012 at 8:30 AM was rescheduled to 05/30/2012 at 8:30 AM. Reason: By Request.</i>
03/08/2012	Order Granting Motion for Continuance Order Signed: 03/06/2012 <i>Pre-Trial continued to 5/30/12 at 8:30 am and Jury Trial 6/12/12 at 9:00 am.</i>
03/09/2012	Motion to Withdraw Appearance Filed File Stamp: 03/09/2012 <i>BY GOOCH. MR</i>
03/12/2012	Notice Issued <i>NTFD: PA, MANNING AND BONDSMAN W/ ORDER TO CONT -lt</i>
03/13/2012	Order Granting Motion to Withdraw Appearance Order Signed: 03/13/2012 <i>Jeremy Gooch is now Ordered Withdrawn.-lll</i>
03/15/2012	Notice Issued <i>NTFD: PA, GOOCH AND MANNING W/ ORDER TO WITHDRAW -lt</i>
05/25/2012	Notice Filed File Stamp: 05/25/2012 Filed By: Attorney Manning, Michael Joe <i>NOTICE OF PLEA; and PROPOSED ORDER. KC</i>
05/31/2012	Hearing Scheduling Activity <i>Pretrial Conference originally scheduled on 05/30/2012 at 8:30 AM was rescheduled to 07/17/2012 at 8:30 AM. Reason: By Request.</i>
05/31/2012	Order Issued Order Signed: 05/29/2012 <i>On Defendant's Notice of Plea. Plea Hearing is set for 7/17/12 at 8:30 am.-tll</i>
06/06/2012	Notice Issued <i>NTFD: PA, MANNING AND BONDSMAN W/ ORDER ON NOP -lt</i>
07/17/2012	Change of Plea Hearing (8:30 AM) (Judicial Officer: Smith, Mark A ;Location: Hendricks Superior Court 4) <i>03/07/2012 Continued to 05/30/2012 - By Request - Surber, Chad A Commenced and concluded</i>
07/17/2012	ZNT - An Electronic SR16 has been sent to the BMV <i>Ticket Substitute SR16 sent to BMV for Charge 1 for Statute 35-48-4-11(1)</i>
07/17/2012	Judgment (Judicial Officer: Smith, Mark A) 1. 35-48-4-11(1)MA: Possession Marijuana/Hash Oil/Hashish - Possession Plea by Agreement

CASE SUMMARY **CASE NO. 32D04-1110-FD-001006**

	2. 35-48-4-11(1)/FD: Possession of Marijuana Dismissed 3. 35-48-4-8.3(b)/MA Possession of Paraphernalia. Person who knowingly or intentionally violates (a) Dismissed
07/17/2012	Sentenced (Judicial Officer: Smith, Mark A) 1. 35-48-4-11(1)/MA: Possession Marijuana/Hash Oil/Hashish - Possession 10/30/2011 (MA) 35-48-4-11(1) (35484111MA) Comment () Confinement to Commence 07/17/2012 County Jail Term: 365 Days Jail Credit: 2 Days Suspended: 363 Days Comment: PLEA HEARING. State appears by Lindsey Walker & Becca Havens. Defendant appears with counsel Joe Manning. Defendant sworn. Advisement of rights. Factual basis established. Defendant, GUILTY, Count 1, Possession of Marijuana, Class A Misdemeanor, sentence 365 days HCJ, 363 days suspended, credit 1 actual day plus 1 day good time credit. 363 days probation. Evaluation for substance abuse treatment and pay \$100.00 fee. 20 hours community service. Fine \$1.00, Costs \$167.00, Drug Countermeasure Fee \$200.00. Remaining counts ordered dismissed. Appearance of Jeremy Gooch ordered withdrawn. Judgment of Conviction, Probation Order, Fines & Costs order issued. Bond cancelled, surety withdrawn. DISPOSED -- ssh
07/17/2012	Notice Issued <i>NTFD: PA, PROB, MANNING AND BONDSMAN W/ JOC, PROB ORDER AND COSTS SHEET -rjo-lt</i>
07/30/2012	Order Issued Order Signed: 07/30/2012 <i>Order Vacating Ticket Substitute Sent To The Bureau of Motor Vehicles. Order & SR-16 scanned by Clerk's office to send to BMV. -- ssh</i>
07/30/2012	Notice Issued <i>NTFD BMV W / SCANNED ORDER VACATING TICKET SUBSTITUTE SENT TO THE BMV & COURTS SR16.</i>
07/31/2012	Notice Issued <i>NTFD: PA AND MANNING W/ ORDER VACATING TICKET -rjo-lt</i>
09/19/2012	Document Filed File Stamp: 09/19/2012 <i>PETITION AND NOTICE OF PROBATION VIOLATION, PROBABLE CAUSE AFFIDAVIT AND PROPOSED ORDER. MR</i>
09/20/2012	Order Issued Order Signed: 09/19/2012 <i>Order on Probation Violation. Initial Hearing on Violation is 12/11/12 at 1:00 pm. Clerk to issue criminal summons.-rjo-lll</i>
09/20/2012	Hearing Scheduling Activity <i>Initial Hearing scheduled for 12/11/2012 at 1:00 PM.</i>
09/20/2012	Notice Issued <i>NTFD: PA, PROB, MANNING AND DEFT (BY C/M) W/ ORDER ON PROB VIOLATION AND SUMMONS -rjo-lt</i>
09/27/2012	Certified Mail Returned <i>ORDER TO APPEAR FOR CHAD A SURBER - NO SUCH NUMBER /JS</i>
09/28/2012	Notice Issued

CASE SUMMARY

CASE No. 32D04-1110-FD-001006

	<i>RE-NTFD: DEFT (BY C/M) W/ ORDER ON PROB VIOLATION AND SUMMONS -lt</i>	
10/05/2012	Certified Mail Returned Date Signed: 10/03/2012 Party Served: Defendant Surber, Chad A <i>SUMMONS AND ORDER - SIGNED BY C SURBER /JS</i>	
11/21/2012	Document Filed File Stamp: 11/21/2012 <i>MOTION TO DISMISS PROBATION VIOLATION; PROPOSED ORDER FILED BY PROBATION. PG</i>	
11/26/2012	Hearing Scheduling Activity <i>Initial Hearing scheduled for 12/11/2012 at 1:00 PM was cancelled. Reason: Dismissal / Judgment.</i>	
11/26/2012	Order Issued Order Signed: 11/26/2012 <i>Order to Dismiss Probation Violation.-rjo-tll</i>	
11/28/2012	Notice Issued <i>NTFD: PA, PROB AND MANNING W/ ORDER TO DISM PROB VIOLATION -rjo-lt</i>	
12/11/2012	<i>CANCELED Initial Hearing (1:00 PM) (Judicial Officer: Smith, Mark A ;Location: Hendricks Superior Court 4)</i> <i>Dismissal / Judgment</i>	
DATE	FINANCIAL INFORMATION	
	Defendant Surber, Chad A	
	Total Charges	788.00
	Total Payments and Credits	788.00
	Balance Due as of 11/23/2022	0.00

STATE OF INDIANA
HENDRICKS COUNTY
HENDRICKS SUPERIOR COURT NO. 4

STATE OF INDIANA

VS.

CAUSE NO. 32D04- 1110-FD-1006

Chad Surber

JUDGMENT OF CONVICTION AND SENTENCING ORDER

The Court now enters Judgment of Conviction against the Defendant for:

Ct. 1. Possession of Marijuana CLASS A MISDEMEANOR ~~FELONY~~
CLASS _____ MISDEMEANOR / FELONY

The Court sentences the Defendant to: 365 days at the ☒ Hendricks County Jail / ☐ Indiana
Department of Corrections, with credit for 1 + 1 days served, 363 days suspended and
_____ days to be served: ☐ Straight Time ☐ Weekends ☐ Home Detention ☐ Work Release

beginning _____

☐ The Defendant is ordered to serve _____ days at the Hendricks County Jail without good time credit
pursuant to I.C. §9-30-5-15 beginning _____

☒ The Defendant is placed on probation for 363 days. ☐ There is no probation.

☐ Driving privileges are restricted / suspended for _____ days beginning: _____

☒ Fine of \$ 1.00, Court Costs of \$ 167.00, Public Defender Fee of \$ _____, Substance Abuse
Fee of \$ 100.00, ^{Drug} Countermeasures Fee of \$ 200.00 due by _____

Pursuant to IC 35-38-1-5(b), the Court notes that it currently costs an average of \$53.96 per day to house
an adult inmate at the Indiana Department of Corrections. The Defendant's sentence calls for an executed
term of imprisonment of _____ days. Accordingly, the estimated total cost to incarcerate the
Defendant for this term of imprisonment is \$ _____. This estimated cost does not include
reductions which will result if the Defendant is eligible to receive credit for time served in confinement
prior to conviction, credit time earned to date or in the future, or any other credits against the sentence.
The estimated cost also does not reflect any future changes in the cost of incarceration.

7-17-12
Date

[Signature]
Judge, Hendricks Superior Court No. 4

Distribution: RJO, State, Defense Attorney, Probation, Sheriff

D041110FD1006

PROBABLE CAUSE AFFIDAVIT

I, Javie P. Settlement who, being first duly sworn upon his/her oath or having affirmed states:

On October 29 2011 at around 1243 pm myself and officer Bell was sent to a call of someone smoking marijuana in a apartment located at [REDACTED]. The caller stated the smell was very strong and that he was on probation and did not want it in his system. He stated that he could smell the marijuana in his apartment.

Upon our arrival we met with the RP at the front door. He said the smoke was coming from [REDACTED].

As we were standing in the hallway the marijuana smell was overpowering.

We walked up stairs to apartment #4 and stood outside the door. It was obvious that the smell was coming from [REDACTED]. After standing outside the door for a few minutes we could hear a younger sounding male talking inside. We could also hear a grown male and a female. I knocked on the door. A female asked who it was. I responded with "its Joe". A few seconds went by and we could hear stuff being moved around and a fair amount of activity. Eventually a male opened the door. When he opened the door the smell of marijuana was overwhelming. A smoke haze was clearly visible. I also could clearly see a young male of about eight or nine sitting on the couch.

After making contact with the male he was very uncooperative and cocky. He denied smoking any marijuana. After speaking with him for a few minutes he started to push the door closed. Based on the very strong smell of marijuana in the apartment along with the young kid sitting on the couch and knowing how easy it would be to destroy any remaining marijuana, myself and officer Bell blocked the door from being closed and pushed it open. At that point the male backed up and we walked in.

Eventually the female in the apartment walked out of the back room. Officer Bell took her out into the hallway and spoke with her. A few minutes later she walked back inside, walked over to the living room and picked up a pan that had marijuana as well as paraphernalia on it.

The male who claimed ownership was a Chad Surber. He admitted he had a conviction for possession of marijuana last year. Chad Surber was still being very cocky and belligerent.

The young male turned out to be 9 years old. The female in the apartment was Shannon Marie Malony [REDACTED]. The young male is her brother. She said he was staying over for the night. We told Shannon to call her parent to come and pick up her brother so we could get him out of the marijuana smoke. A short time later they showed up. The mother was less than cooperative. She seemed to not be concerned about her 9 year old son being around marijuana smoke and in fact directed criticism to officer Bell and myself.

Records check showed Chad Surber with a possession of marijuana conviction in 2010. At that point I placed Chad Surber under arrest for possession of marijuana as a class D felony. At that point I removed Chad from the apartment to my car and transported him to the jail and turned him over to the jail staff. The marijuana and paraphernalia was entered into evidence.

I swear (affirm) under penalty of perjury as specified by I.C.35-44-2-1 that the foregoing representations are true.

STATE OF INDIANA)
) SS:
 COUNTY OF HENDRICKS)

IN THE Hendricks Superior COURT 4
 CAUSE NO. 32 Do4-1110-FD-1006

STATE OF INDIANA

INFORMATION FOR:

VS

POSSESSION OF MARIJUANA

SURBER, CHAD A

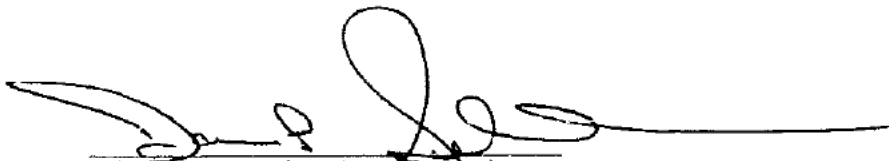
I.C. 35-48-4-11 (1)
 CLASS A MISDEMEANOR
 COUNT 1, PAGE ONE

FILED
 2011 OCT 31 PM 2:55

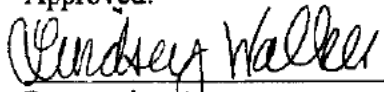
CLERK OF HENDRICKS COUNTY

The undersigned affiant does hereby affirm under the penalties of perjury that:

On or about October 30, 2011, in Hendricks County, State of Indiana, Chad A Surber did knowingly possess marijuana.


 Officer Javie Settemoir
 Danville MPD

Approved:


 Prosecuting Attorney
 55th Judicial Circuit

STATE OF INDIANA)
) SS:
 COUNTY OF HENDRICKS)

IN THE

COURT

CAUSE NO. 32

104 1110FD1006

STATE OF INDIANA

INFORMATION FOR:

VS

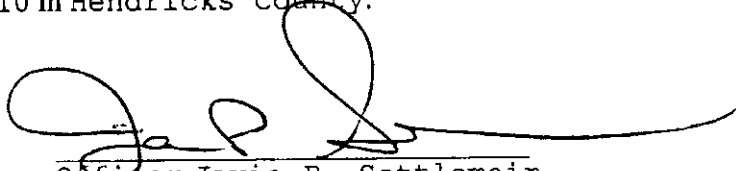
SURBER, CHAD A
 DEFENDANT

**POSSESSION OF MARIJUANA
 (PRIOR)
 I.C. 35-48-4-11(1)
 CLASS D FELONY
 COUNT 2, PAGE TWO**

FILED
 CLERK OF HENDRICKS COUNTY
 2011 OCT 31 PM 2:55
Lindsey Spence

The undersigned affiant does hereby affirm under the penalties of perjury that:

On the date of the offense state on Page One, the Defendant had a prior, unrelated conviction for Possession of Marijuana on 10-09-2010 in Hendricks County.


 Officer Javie P. Settlemoir
 Danville MPD

Approved:


 Prosecuting Attorney
 55th Judicial Circuit

Signed:

Printed: Javie Paul Settlemoir

Date: October/30/2011

D.P.D. Case #: 0 -PN11000720

1004 111081006
FILED
CLERK OF SUPERIOR COUNTY
2011 OCT 31 PM 2:55
Living Space

STATE OF INDIANA)
) SS:
 COUNTY OF HENDRICKS)

IN THE COURT

CAUSE NO. 32 *DOC 1110 FD 1006*

STATE OF INDIANA

INFORMATION FOR:

VS

POSSESSION OF PARAPHERNALIA

SURBER, CHAD A

I.C. 35-48-4-8.3(a) & (b)
 CLASS A MISDEMEANOR
 COUNT 3

FILED
 CLERK OF HENDRICKS COUNTY
 2011 OCT 31 PM 2:55

Indy Jones

The undersigned affiant does hereby affirm under the penalties of perjury that:

On or about October 30, 2011, in Hendricks County, State of Indiana, Chad A Surber did knowingly possess an object, to-wit: Rolling papers, marijuana grinder, and Two (2) smoking pipes; that the defendant intended to use for introducing into the person's body a controlled substance, in violation of Indiana's Controlled Substance Statute, I.C. 35-48-4.

[Signature]
 Officer Javie P. Settlemaier
 Danville MPD

Approved:

[Signature]
 Prosecuting Attorney
 55th Judicial Circuit

VS.

CHAD SURBER

PROBATION ORDER

The Defendant having been convicted of Count # - 1 Poss of MARIJUANAa Class " A " ☒ MISD. ☐ FELONY, and sentenced to 365 ☒ days ☐ years at ☒ H.C.J. ☐ I.D.O.C.
to be served on ☐ HOME DETENTION ☐ WORK RELEASE ☐ Weekends at the ☐ HCJ ☐ WORK RELEASE FACILITY beginning on201 with 1 + 1 days jail time credit and 363 ☒ days ☐ yearssuspended is hereby placed on probation for a period of 363 ☒ days ☐ years, beginning ☒ TODAY ☐ UPONRELEASE FROM INCARCERATION, to be served ☐ CONCURRENTLY ☐ CONSECUTIVELY to

CONDITIONS OF PROBATION

1. You shall cooperate and be respectful with the Probation Department and your Probation Officer and follow instructions at all times.
2. You shall report to the Probation Department immediately upon leaving the Courtroom or upon release from Jail.
3. You shall not violate any law (Federal, State, or Local). You shall notify your Probation Officer of any contact with law enforcement within 48 hours.
4. You shall report to the Probation Department as directed by your Probation Officer.
5. You shall provide your current address and telephone number to your Probation Officer. You shall maintain a single, verifiable residence and notify your Probation Officer in advance of any changes to your address and telephone number.
6. You shall maintain full time employment and notify your Probation Officer of any change of employment within 48 hours. If you are not employed, you shall seek gainful employment and provide your Probation Officer with a weekly list of those places you have contacted seeking employment.
7. You shall not leave the State of Indiana and agree to waive extradition to the State of Indiana and to appear before the Court when so ordered by the Court.
8. You shall not associate with any persons you were arrested with or likely to influence you to commit a crime or violate these conditions.
9. You shall permit the Probation Officer and any Law Enforcement Officer assisting the Probation Officer to enter your residence and to ask reasonable questions about your activities. You shall sign a waiver to the search of your person or property when requested by the Probation Officer.
10. You shall not consume, or possess on your person or in your residence, any controlled substance (illegal drug) or drug paraphernalia, except as prescribed for you by a licensed physician. You shall submit to alcohol and drug tests when requested by the Probation Department or any Law Enforcement Officer. You shall waive any objection to the admissibility of the results of the test as they are received by the Court into evidence at any Revocation Hearing.
11. You shall not possess any firearm, destructive device, or dangerous weapon on your person, in your residence, or in your vehicle.
- ☒ If convicted of a Felony, you shall submit a DNA sample as directed by the Probation Department, as required by Indiana Code.
- ☒ You shall not consume, or possess on your person or in your residence, any alcoholic beverages, or enter into any establishment where alcoholic beverages are the primary product for sale. This includes all liquor stores, bars, taverns, and pubs.
- ☒ You shall be evaluated by a DMHA Certified substance abuse program within forty-five (45) days of today. You shall successfully complete and pay for any program referred by your Probation Officer. You shall provide authorization for release of information to the Probation Department/Court when requested.
- ☐ You shall remain in your residence from 10:00 p.m. to 5:00 a.m. unless otherwise directed by your Probation Officer.
- ☒ You shall perform 20 hours of community service as approved by your Probation Officer.
- ☐ Your driving privileges are ☐ restricted ☐ suspended for a period of _____ days from ☐ today's date ☐ _____ 201_____.
- ☐ You shall attend a ☐ Victims Impact Program ☐ Matrix Program ☐ Alive @ 25 program approved by your Probation Officer.
- ☐ You shall have no direct or indirect contact with _____
- ☐ Probation may be transferred to _____ if approved by both the sending and receiving probation agency.
- ☐ You shall successfully complete ☐ Domestic Violence ☐ Anger Control Counseling as approved by your Probation Officer.
- ☐ You shall successfully complete a Theft Class as approved by your Probation Officer.
- ☐ You may petition the Court for Alternative A Misdemeanor sentencing if you successfully comply with all conditions of probation.
- ☐ Other: _____

I have received a copy of the above conditions of probation which were read to me by the Judge. I understand that if I violate a condition of probation, a petition to revoke my probation may be filed. I also understand that a petition to revoke my probation may be filed up to one (1) year after my probation ends for a violation which occurred during my period of probation. I understand that the probation department must file the petition to revoke probation within forty-five (45) days after it receives notice of the violation.

PROBATIONER'S SIGNATURE

SO ORDERED ON 2-17-12 201____ (RJO)

JUDGE

STATE OF INDIANA)
COUNTY OF HENDRICKS)

HENDRICKS SUPERIOR COURT 4
JUDGE MARK A. SMITH
2011 TERM

STATE OF INDIANA,)

Vs.)

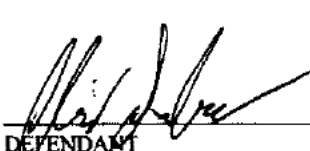
CASE NO. 32D04-1110-FD-1006

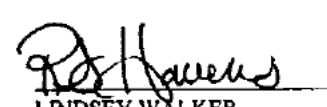
CHAD SURBER)
)

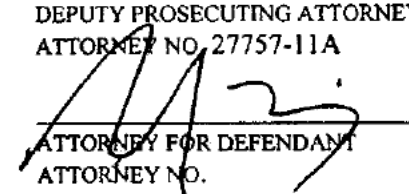
PLEA AGREEMENT

- ☒ DEFENDANT WILL PLEAD GUILTY TO POSSESSION OF MARIJUANA WITH THE PENALTY AS A CLASS A MISDEMEANOR. ^{167.00}
- ☒ FINE: \$1.00 + COURT COSTS \$75.00.
- ☒ COUNTERMEASURE FEE OF \$200.00
- ☒ SENTENCE: ☒ 365 DAYS; ³⁶³~~365~~ SUSPENDED ⁴¹~~41~~ DAYS CREDIT, 0 DAYS TO BE SERVED: HCL.
- ☒ PROBATION: 363 DAYS; PAY PROBATION USERS FEES.
- ☒ PROBATION TERMS TO INCLUDE:
- ☒ SUBSTANCE ABUSE AND ALCOHOL EVALUATION AND ANY RECOMMENDED TREATMENT.
- ☒ COMMUNITY SERVICE: 20 HOURS.
- ☒ ANY OTHER APPROPRIATE TERMS OF PROBATION AS ORDERED BY THE COURT.
- ☒ WAIVERS:
1. THE DEFENDANT HEREBY KNOWINGLY, INTELLIGENTLY, AND VOLUNTARILY WAIVES HIS/HER RIGHT TO CHALLENGE THE SENTENCE ON THE BASIS THAT IT IS ERRONEOUS.
2. THE DEFENDANT WAIVES HIS/HER RIGHT TO CHALLENGE THE TRIAL COURT'S FINDING AND BALANCING OF MITIGATING AND AGGRAVATING FACTORS AND FURTHER WAIVES HIS/HER RIGHT TO HAVE THE COURT OF APPEALS REVIEW HIS SENTENCE UNDER INDIANA APPELLATE RULE 7(B).
- ☒ THE STATE WILL DISMISS: ALL REMAINING COUNTS.

DATE: 7.16.2012


DEFENDANT

 28596-32
LINDSEY WALKER
DEPUTY PROSECUTING ATTORNEY
ATTORNEY NO. 27757-11A


ATTORNEY FOR DEFENDANT
ATTORNEY NO.

FILED

JUL 17 2012

Mark A. Smith
Judge

Hicks County Superior Court No. 4

STATE OF INDIANA)
) SS: IN THE HENDRICKS SUPERIOR COURT #2
COUNTY OF HENDRICKS)

STATE OF INDIANA CAUSE NUMBER: 32D02-1508-CM-974

VS.

CHAD SURBER

PLEA AGREEMENT

1. The Defendant has indicated he intends to enter a plea of guilty to the following count(s):

Count One: Driving while Suspended, A Misdemeanor

2. If the Defendant pleads guilty as set forth above, the State makes the following recommendations to the Court for disposition of this cause:

- a. Defendant shall pay:

- i. Court Costs: \$183.50
ii. Pauper attorney fee: \$50.00

- b. Sentence: 1 + 1 days served.

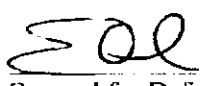
- c. License suspension: 90 days upon sentencing.

- d. The State shall dismiss all remaining counts.

3. The Defendant is knowingly, intelligently and voluntarily waiving his right to challenge the sentence imposed by the Court pursuant to this agreement on the basis that such sentence is erroneous for any reason. He is waiving his rights to challenge the Court's finding and balancing of mitigating and aggravating factors as well as his right to have the Court of Appeals review the sentence under Indiana Appellate Rule 7(B).


Defendant

11/4/16
Date


Counsel for Defendant

11/4/16
Date


Deputy Prosecuting Attorney

1.4.16
Date

STATE OF INDIANA)
COUNTY OF HENDRICKS)

HENDRICKS COUNTY COURTS

CASE NO.: 3200-1508-CM-974

STATE OF INDIANA)

Chad Surber)

Defendant

DWS

Offense

Order on Cash Bond**Supplemental Probation Order/Cost Sheet**

The Court orders Defendant to pay the following fees. The Court further orders release of the cash bond, if any, after deduction of the Clerk's statutory fee and the \$5.00 bond fee. The cash bond shall then be applied to the following fees in the order below:

☒ Public Defender Fees	☐ \$50	☐ \$100	☐ \$ _____
☐ Restitution	☐ \$ _____		
☐ Probation Administrative Fee	☐ \$50 (CM)	☐ \$100 (F)	
☐ Initial Probation User's Fee	☐ \$50 (CM)	☐ \$100 (F)	
☒ Court Costs	☐ \$183	☒ \$183.50	
☐ Fines	☐ \$1	☐ \$ _____	
☐ Substance Abuse Fee	☐ \$200	☐ \$ _____	
☐ Child Abuse Prevention Fee	☐ \$100		
☐ Domestic Violence Prevention Fee	☐ \$50		
☐ Alcohol & Drug Countermeasures Fee	☐ \$200		
☐ Monthly Probation User's Fee (\$ _____/month)	☐ TOTAL	\$ _____	
☐ Drug Court Administration Fee	☐ \$100		
☐ Drug Court Monthly User's Fee (\$50/month)	☐ TOTAL	\$ _____	
☐ Other: _____	☐ \$ _____		

TOTAL\$233.50**MONTHLY PAYMENT**

\$ _____/month

(Amount does not include cost of any blood, urine, hair, or breath test(s) administered during probation.)

Any remaining balance of cash bond shall be released to:

☐ Defendant ☐ Person posting cash bond ☐ Other: _____

Defendant agrees that total fees must be paid in monthly payments, as calculated above. Defendant further agrees that if fees are not paid as required, any outstanding balance due may be converted to a civil judgment and Defendant's wages may be garnished or Defendant may agree to a wage assignment.

Probationer

☐ Case DISMISSED.

Any remaining balance of cash bond shall be released to:

☐ Defendant ☒ Person posting cash bond ☐ Other: _____

ALL OF WHICH IS ORDERED 1/4/16Cash Bond

(RJO) Distribution to: State/Defendant/Probation. Amended 7/1/15

[Signature]
Judge

STATE OF INDIANA
COUNTY OF HENDRICKS

) IN THE HENDRICKS SUPERIOR COURT 2
)
) CASE NO: 32D02-1508-CM-000974

STATE OF INDIANA
v.
CHAD SURBER

☒ **JUDGMENT OF CONVICTION, SENTENCING ORDER AND ORDER OF COMMITMENT**
☐ **ORDER ON PROBATION VIOLATION AND COMMITMENT**

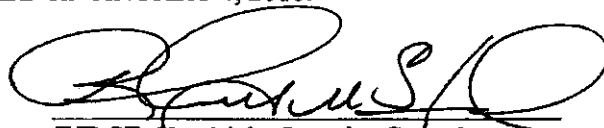
- ☒ The Court now enters Judgment of Conviction against the Defendant for:
1 9-24-19-2/MA: Driving While Suspended requires a knowing violation and a Misdemeanor Class A prior conviction of Sec. 1

- ☒ The Court now ☒ SENTENCES the Defendant ☐ MODIFIES conditions of Probation ☐ REVOKES Probation as follows:
☒ 2 days at the ☒ Hendricks County Jail ☐ Indiana Department of Corrections, with credit for 1 + 1 days served (actual and good time), ZERO days suspended and the balance to be served as follows:
☐ Straight time ☐ Work Release, if qualified ☐ Home Detention ☐ Weekends. ☐

Defendant's driving privileges are ☐ restricted ☒ suspended for 90 day's effective 1-04-2016.

- ☒ Fines, Costs, and Fees shall be paid by Cash bond release w/balance to be refunded to person posting bond.

SO ORDERED on JANUARY 4, 2016.


JUDGE, Hendricks Superior Court 2

Distribution: Prosecutor/Sheriff/Defense Attorney/RJO/☐ Probation
E. Oliver

32D02-1508-CM-000974
HJE
Hearing Journal Entry
489310



State of Indiana
County of Hendricks

PROBABLE CAUSE AFFIDAVIT

Classification: Public, Form 0000/UNPD (Rev. 06-09)

1, Officer Daniel Birt of the Danville Police Department who, being first duly sworn upon his/her oath or having affirmed states:

I was Westbound on East Main Street when I observed a gold vehicle being operated ahead of my fully marked police car. I positioned myself so that I could clearly view the vehicle and gauge its speed, based upon the certified speedometer in my police vehicle, I paced the gold colored vehicle for approximately one mile, upon which the vehicle was observed operating at approximately 55 mile per hour in a posted 40 mile per hour zone. The vehicle made a right turn (North) into the business complex of Old Farm and East Main Street, heading towards Jack's Pizza, located at 1350 E Main Street, Danville. As the vehicle parked at the business, I activated my emergency police lights on my fully marked police vehicle to conduct a traffic stop. I advised the driver I had paced him at 55 mph in a 40 mph zone. I asked for his driver's license and registration to the vehicle he was operating. I ran Mr. Surber through IDAC's, he returned as a suspended - prior operator. Mr. Surber was issued a citation for his speed of 55 mph in a 40 mph zone, along with an Information and Summons for DWS-P.

I swear (affirm) under penalty of perjury as specified by I.C.35-44-2-1 that the foregoing representations are true.

Signed:

Signed: Daniel B. T.

Printed: Daniel Birt

Date: 08/06/2015

D.P.D. Case #: PN -

0-7-11-5



INFORMATION & SUMMONS

State of Indiana
County of: HENDRICKS
Township of: CENTER

UTT #: 000000475700

CAD #: N/A

Cause/Docket #: 52002-1508-CM-974

THE UNDERSIGNED HAVING PROBABLE CAUSE TO BELIEVE SAYS THAT:

Last Name
BURBER

First Name
CHAD

M.I.
A

Subj
N/A

Violator
DRIVER

DID UNLAWFULLY OPERATE:

Vehicle Color GOLD	Year / Make [REDACTED]	Model [REDACTED]	Lic. Year [REDACTED]	Lic. # / Exp. Date [REDACTED]	Placarded HAZMAT NO
Commercial Vehicle NO	Truck / Tractor N/A	DOT # N/A	Lic. State / Country IN / US	Lic. Type N/A	

DID COMMIT THE FOLLOWING OFFENSE(S):

Upon (A public street or highway) CRIMINAL INFO & SUMMONS
100 BLOCK OF WEST MAIN

Date
06/06/2015
Time
08:12 PM EDT

Vehicle Speed
35
Prima Facie Speed
40

Actual Wgt N/A	Allowable Wgt N/A
Crash Involved? NO	Local Crash # N/A
	BAC N/A

Contrary to the form of the I.C. CODE

9-24-19-2 DRIVING WHILE SUSPENDED (PRIOR W/IN 10 YEARS)/MA

I served Complaint and Summons and/or Information and Summons to the above named individual.

I AFFIRM, UNDER PENALTY OF PERJURY AS SPECIFIED BY IC 35-44.1-2-1, THAT THE FOREGOING REPRESENTATIONS ARE TRUE.

Officer's Name
DANIEL BIRT

I.D. (Badge) No
296

Div/District
ENFORCEMENT

Police Agency
DANVILLE POLICE DEPARTMENT

Approved by (Prosecutor/Deputy Pros.)

Date 8-7-15

If you enter a denial or decide not to answer, you must appear as follows or, if no date/time listed, contact this court to schedule appearance:

Court
HENDRICKS SUPERIOR
COURT S

Address
ONE COURTHOUSE SQUARE, STE 111
DANVILLE, IN 46122
(317) 745-9232

Contact
You will be
contacted by the
court

COURT ACTIONS AND OTHER ORDERS:

Bail: \$	Rearrest Bond: \$	Date
1) Continuance To:	Mobons:	Date
2) Continuance To:	Mobons:	Date
Place: ☐ Guilty ☐ Not Guilty	Finding: ☐ Guilty ☐ Not Guilty	Failure To: ☐ Appear ☐ Pay

The court thereby enters the following order:

Fine \$:	Amount Susp. \$	Costs State: \$	Costs City: \$	Restitution: \$
Number of Days:	County Jail (days suspended)	State Prison: (days suspended)	Women's Prison: (days suspended)	

☐ Recommended License Suspended for:

☐ Probationary License Authorized for One Year Probation:

Probationary Report	Days: Weekly	Months: Monthly	Years: Quarterly
Receipt #:	Date:	By:	Deputy Clerk:

Ordered To Attend: ☐ Defensive Driving School ☐ Alcohol Counter Measure School

Judge Signature & Certification:

Attorney For Defendant:

Phone:

Date:

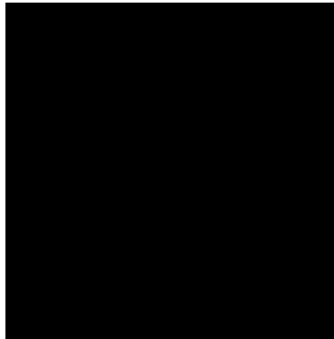
Witness:

STATE OF INDIANA)
) SS:
COUNTY OF HENDRICKS)

IN THE HENDRICKS SUPERIOR COURT 2

CAUSE NUMBER. 32D02-1508-CM 974

STATE OF INDIANA)
)
VS)
)
CHAD SURBER)



REFER TO CONFIDENTIAL SECTION

NOTICE TO COURT

Comes now the State of Indiana by its undersigned Prosecuting Attorney and advises the Court that a charging information and probable cause affidavit has been submitted simultaneously with this notice and that:

- _____ the defendant has been arrested on a warrantless arrest and no warrant is required.
- _____ the defendant is at large and an arrest warrant is requested by the State of Indiana.
- X the State is requesting a criminal summons be issued for the defendant's appearance in Court.
- _____ the defendant has been arrested on a warrantless arrest and bonded out of jail, no warrant is required.
- _____ the defendant is at large and an arrest warrant (CASH ONLY BOND) is requested by the state of Indiana.



Deputy Prosecuting Attorney
Attorney No: 28137-49

APPEARANCE FORM (CRIMINAL)
State of Indiana

Case Number: 32D02-1508-CM

974

1. Name of Defendant: Chad Surber

2. Case Type of proceeding:

☐ MR - Murder	☐ FA - Class A Felony
☐ F1 - Level 1 Felony	☐ FB - Class B Felony
☐ F2 - Level 2 Felony	☐ FC - Class C Felony
☐ F3 - Level 3 Felony	☐ FD - Class D Felony
☐ F4 - Level 4 Felony	☒ CM - Criminal Misdemeanor
☐ F5 - Level 5 Felony	☐ MC - Miscellaneous Criminal
☐ F6 - Level 6 Felony	

3. Prosecuting Attorney information:

Patricia Ann Baldwin
55th Judicial Circuit
6 South Jefferson Street
Danville, Indiana 46122

Attorney Number: 3677-32
Phone: (317) 745-9283
FAX: (317) 745-9290

4. Attorney assigned to case: Brian Woodard 28137-49

5. State will NOT accept service by FAX.

6. Arrest report number (Originating Agency Case Number): 000069475760 DPD

7. Transaction Control Number: Not Available
State I.D. Number: [REDACTED]

8. Additional information required by state or local rules: _____

STATE OF INDIANA)
) SS:
COUNTY OF HENDRICKS)

IN THE HENDRICKS SUPERIOR COURT

CAUSE NO. 32 *DOZ-1508-CM-974*

STATE OF INDIANA

INFORMATION

VS

COUNT /

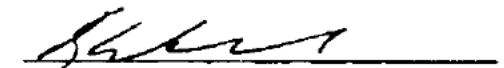
CHAD A. SURBER

DRIVING WHILE SUSPENDED - PRIOR
CLASS A MISDEMEANOR
I.C. 9-24-19-2

I swear or affirm under the penalties of perjury that:

On August 6, 2015, in Hendricks County, Indiana, Chad A. Surber did operate a motor vehicle upon a highway knowing that the person's driving privilege was suspended, when less than 10 years had elapsed since the date a judgment was entered against the person for a prior unrelated driving while suspended violation under I.C. 9-24-19-1 or -2.


Officer Daniel Birt
Danville Police Department


Approved by Dep. Prosecuting Attorney
55th Judicial Circuit

CHRONOLOGICAL CASE SUMMARY
CASE SUMMARY
CASE NO. 32C01-0806-CM-000040

State of Indiana

§
§
§
§

Location: **Hendricks Circuit Court**
 Judicial Officer: **Boles, Jeffrey V**
 Filed on: **06/02/2008**

vs.

Chad Anthony Surber

Offense	Deg	Date	Case Type: CM - Criminal Misdemeanor
1. POSS OF MARIJUANA	MA	05/30/2008	Case Status: 11/19/2008 Decided
Arrest: 05/30/2008			
Statistical Closures			
11/20/2008	Dismissed		

Current Case Assignment

Case Number	32C01-0806-CM-000040
Court	Hendricks Circuit Court
Date Assigned	09/03/2011 3:50 PM
Judicial Officer	Boles, Jeffrey V

State Plaintiff State of Indiana

Attorneys
Starkey, Tyler O'Neal
 317-718-8112(F)
 317-745-5200(W)
 Hendricks Co Prosecutor
 Office
 1 Courthouse Square
 Danville, IN 46112

Defendant Surber, Chad Anthony

Wood, Gary Lee
 Retained
 317-718-5216(F)
 317-745-3034(W)
 135 South Washington
 Street
 Po Box 490
 Danville, IN 46122-0490

Bail Agent **Ploughe, Patrick E**
 Danville Bail Bonds
 910 N. Green Street
 Brownsburg, IN 46112

06/02/2008	Converted Event Information and Probable Cause Affid filed. APPEARANCE FORM FILED BY TYLER STARKEY. MAP
06/03/2008	Converted Event \$1500.00 ON 5-30-08 Commercial Bond Posted by INTERNATIONAL FIDELITY INS CO - PATRICK PLOUGHE. MAP
06/03/2008	Converted Event \$5.00 Assessed BF BOND FEE Chg001 DEF 0001

CHRONOLOGICAL CASE SUMMARY
CASE SUMMARY
CASE No. 32C01-0806-CM-000040

06/05/2008	Converted Event 06/04/08 Gary Wood files Appearance on behalf of Chad Surber jkw
06/05/2008	Converted Event Parties appear, defendant to hire attorney w/in 10 days. Entry and Order re: Initial Hearing entered, bench trial set for 7-2-08 at 9 a.m., released on bond previously posted. bkm ORDER RJO
06/09/2008	Converted Event 06/06/08 State's Response To Court Ordered Discovery filed. jkw
06/10/2008	Converted Event NTFD: PA, G WOOD & PLOUGHE W/ORDER. G WOOD W/ CCS & COPY OF FILE MAP NOTICE RJO
06/16/2008	Converted Event 06/13/08 Defendant's Motion For Rescuing Of Bench Trial filed. Order Rescuing Bench Trial for 16 July, 2008, at 9:00 a.m. Entered. jkw ORDER
06/17/2008	Converted Event NTFD: PA, G WOOD & PLOUGHE W/ ORDER. MAP NOTICE
07/02/2008	Converted Event 07/01/08 Defendant files Notice Of Conditional Discharge Agreement And Order Thereon. Order setting Plea Hearing for 16 July, 2008, at 9:00 a.m. Entered. jkw ORDER
07/07/2008	Converted Event NTFD: PA, G WOOD & PLOUGHE W/ ORDER. MAP NOTICE
07/16/2008	Converted Event State by Mr. Starley, Probation by Ms. Sears, def. w/ Mr. G. Wood, Conditional Discharge submitted, guilty to possession of marijuana, A Misd., 6 months probation w/ fees of \$175, substance abuse eval., standard rules of probation, 20 hours community service, \$200 countermeasure fee, \$164 court costs, approved & made order setting review hearing for 1-16-09 9 a.m. Probation Order entered. dks ORDER RJO
07/16/2008	Converted Event Case Transferred Case 32C01-0806-CM-000040-0001 of Hendricks County Courts to Case 32C01-0806-CM-000040-0001 of Hendricks Co. Probation Dept
07/18/2008	Converted Event NTFD: PA, PROB, HCSO, G WOOD & PLOUGHE W/ORDERS. MAP NOTICE RJO
07/21/2008	Converted Event 200.00 Assessed CMF COUNTERMEASURE FEE Chg001 DEF 0001
07/21/2008	Converted Event 164.00 Assessed CRI CRIMINAL FEE Chg001 DEF 0001
07/21/2008	Converted Event 320.00 Assessed PSM PROB SUPERIOR MISD 7 Chg001 DEF 0001
09/17/2008	Converted Event 320.00- Rev Assessed PROBATION DEF 0001
09/17/2008	Converted Event 175.00 Assessed PCM PROB CIRCUIT MISD 7- Chg001 DEF 0001
09/17/2008	Converted Event 20.00 Assessed CUS CIRCUIT URINE SCREEN Chg001 DEF 0001

CHRONOLOGICAL CASE SUMMARY
CASE SUMMARY
CASE NO. 32C01-0806-CM-000040

09/17/2008	Converted Event 90.00 Total Payment MO 1957PB REC 297432 DEF 0001
10/03/2008	Converted Event 100.00 Total Payment MO 5809PB REC 298037 DEF 0001
11/13/2008	Converted Event 374.00 Total Payment CA CAPB REC 299257 DEF 0001
11/20/2008	Converted Event 11-19-08 Minute Sheet submitted by State & Probation advising all terms have been completed. probation terminated and charges dismissed. approved & made order of Court. Petition To Release From Probation filed. Order granting same entered. CAUSE DISPOSED dks ORDER RJO
11/20/2008	Judgment Conversion 1. POSS OF MARIJUANA Conversion Unknown
11/21/2008	Converted Event 20.00 Assessed CUS CIRCUIT URINE SCREEN Chg001 DEF 0001
11/21/2008	Converted Event 20.00 Total Payment CA CAPB REC 299558 DEF 0001
11/24/2008	Converted Event NTFD: PA. PROB. G WOOD & PLOUGHIE W/ ORDER. MAP NOTICE RJO

Defendant Surber, Chad Anthony
Total Charges
Total Payments and Credits
Balance Due as of 5/25/2012

584.00
584.00
0.00

STATE OF INDIANA)

HENDRICKS CIRCUIT COURT

)SS

2008 TERM

COUNTY OF HENDRICKS)

CASE NO. 32C01-0806-CM-40

STATE OF INDIANA)

VS)

CHAD SURBER)

FILED

JUL 16 2008

CONDITIONAL DISCHARGE*Jeffrey V. Blevins*
JUDGE HENDRICKS CIRCUIT COURT

The State of Indiana, by counsel, and the Defendant agree that pursuant to Ind. Code 35-48-4-12 further proceedings (prosecution) in this case will be withheld and ultimately dismissed subject to the Defendant complying with the following conditions:

MJ from Jacob Moore in Co @ Avon Hendys

- ☒ 1. The Defendant does hereby plead guilty to the possession of marijuana as a Class "A" Misdemeanor. *1 day credit*
- ☒ 2. The Defendant is hereby placed under the custody of the Court, through its Probation Department for a period of 6 (six) months. Defendant agrees that if he violates the terms of this agreement and or probation, he will execute a minimum of 30 days in jail.
- ☒ 3. The Defendant shall be evaluated for substance abuse problems by the Probation Department and shall successfully complete and pay for substance abuse counseling if instructed to do so by the Probation Department.
- ☒ 4. Defendant shall pay all probation user fees.
- ☒ 5. The Defendant shall comply with all rules and requirements of the Probation Department as per the standard rules and requirements issued for convicted defendants.
- ☒ 6. The Defendant shall serve and complete 20 hours of community service per the direction of the Probation Department.
- ☐ 7. The Defendant shall pay pauper attorney fees
- ☒ 8. The Defendant shall pay drug and alcohol countermeasures fee \$200.00.
- ☒ 9. The Defendant shall comply with the following listed other terms:
No alcohol or illegal drugs.
- ☒ 10. STATE WILL DISMISS ALL OTHER REMAINING COUNTS *92*
- ☒ 11. COURT COSTS OF \$1600.00.

Upon the Defendant's successful completion of the above listed conditions during the period of custody, the Court will dismiss the charges against the Defendant.

Upon Violation of any and/or all of the conditions of custody, the Court may enter a judgement of conviction for the offense of Possession of Marijuana and sentence the defendant accordingly.

AGREED THIS 16th DAY OF July, 2008.

STATE OF INDIANA

BY: [Signature]
PROSECUTOR

[Signature]
DEFENDANT
[Signature] # 2220-32
COUNSEL FOR DEFENDANT

The Court having reviewed the terms and condition as set forth above does NOW APPROVE and ADOPT them and does hereby ORDER that further proceedings in this case be with-held pending the completion of the terms of the CONDITIONAL DISCHARGE.

And the Court now sets this matter for a review hearing on the 16 day of Jan, 2008 at 9 o'clock A m..

SO ORDERED ON THIS _____ DAY OF _____

[Signature]
JUDGE, HENDRICKS CIRCUIT CT.

*Notice to all
Attorneys &
Bondsmen*

NO PRIOR

STATE OF INDIANA)
) SS:
 COUNTY OF HENDRICKS)

HENDRICKS

Circuit Court

CASE NO. *32C01-0806-CM-40*
 INFORMATION FOR: POSSESSION OF

MARIJUANA

I.C. 35-48-4-11

CLASS "A" MISDEMEANOR

COUNT 1

STATE OF INDIANA

VS

NAME: Surber, Chad Anthony

ADDRESS: [REDACTED]

The undersigned affiant does hereby swear or affirm under the penalties of perjury that:

On or about May 30, 2008 at [REDACTED], in Hendricks County, State of Indiana, Chad A. Surber did knowingly possess marijuana in an amount less than thirty (30) grams

All which is contrary to the laws of the State of Indiana.

Date 5-30-2008

Signed, [Signature]

Printed Daniel J. Parrott

Agency Case # 08-1371

Approved

[Signature]
 Prosecuting Attorney
 55TH Judicial Circuit

States Witnesses:

Deputy D. Donaldson HCSD

STATE OF INDIANA

Case#

COUNTY OF HENDRICKS

PROBABLE CAUSE AFFIDAVIT

I Daniel J. Parrott being first duly sworn states that I am a Deputy Sheriff for Hendricks County, State of Indiana and was acting in my official capacity during all times material. On 5-30-2008 I was sitting in the Wendys restaurant at CR 525E and US 36. I observed a blue and white 2 door SUV drive past the front of the building. I observed a white male in the rear seat holding something pinched between his middle finger and thumb. This is how persons typically hold and smoke marijuana cigarettes. It had smoke rising from it and appeared to be very small. He then placed it to his mouth. It was then passed to a front seat passenger but I did not see who took it. The vehicle entered the drive through window lane. I then exited the building and approached the vehicle. When I began speaking with the driver I smelled the odor of marijuana coming from the vehicle. I asked what the rear seat passenger had been smoking and he advised nothing at all. I then requested that he exit the vehicle. The driver exited to allow him to do so. When they exited I smelled the odor of burnt marijuana on the clothing of both subjects. When I asked the passenger if there was any marijuana in the car the driver advised that he had some in his pocket. He then removed a small plastic baggie from his right front pants pocket. It contained a greenish brown dried vegetation identifiable as marijuana. The driver was then identified as Jacob W. Moore [REDACTED] and the rear passenger was identified as Chad A. Surber [REDACTED]. I also spoke with the front seat passenger a 15 year old female. She had symptoms of marijuana ingestion as well. She was subsequently released to her parent and admitted to smoking marijuana with Surber and Moore. I then located a small end of a marijuana cigarette in the ashtray for the front seat of the vehicle that I believe was the one I had seen Surber smoking. Both Surber and Moore were taken to the Hendricks County Jail on the charge of possession of Marijuana under 30 grams as a class "A" misdemeanor. I am requesting the court find probable cause for the arrests of the defendants. I swear (affirm) under penalty of perjury as specified by I.C. 35-44-2-1 that the foregoing representations are true

SIGNATURE

Daniel J. Parrott

DATE 05-31-2008

NAMES OF WITNESSES

Deputy D. Donaldson ECSD

STATE OF INDIANA
VS
CHAD SURBER

HENDRICKS CIRCUIT COURT
32C01-0806-CM-40

Probation Order

had conditional discharge entered on
The Defendant having ~~been convicted of~~ Count # 1, POSSESSION OF MARIJUANA, Class "A" MISDEMEANOR,
and sentenced to: 365 days; 365 suspended _____ actual days credit _____ days to be
served; HCT; and is hereby placed on probation for a period of 180 days. *(Conditional Discharge)*

Conditions of Probation

1. You shall obey all laws and not be arrested or convicted of any local, state or federal law and you shall notify your probation officer within 24 hours if arrested. You shall obey any and all Court orders of this or any other Court directed towards you.
2. You shall report as directed to the Probation Office for appointments and truthfully answer all inquiries by your Probation Officer. You shall notify your Probation Officer within 24 hours if you change your place of employment, residence, or phone number. YOU SHALL NOT LEAVE THE STATE OF INDIANA WITHOUT A COURT ORDER AND WAIVER OF EXTRADITION.
3. According to Indiana Code, if you are convicted of a felony, you MUST submit a DNA sample as directed by the Probation Department.
4. You shall allow the probation officer to visit you at reasonable times in your home, work or elsewhere.
5. You shall permit authorized representatives of the Probation Department to enter your residence and you shall submit to a search of your person, vehicle or property at any time. This includes the premise or properties of any person with whom you are residing.
6. You shall seek and maintain full-time employment unless excused by the Probation Officer.
7. You shall not associate with anyone who is on probation, was with you when you committed this crime or who is likely to influence you to violate these conditions including anyone while they are using illegal drugs.
8. You shall not possess a firearm, destructive device or other dangerous weapon on your person, in your home or in your vehicle.
9. You shall not use any drugs unless prescribed by a physician. Any drugs prescribed by a physician must be taken as directed.
10. You must not consume or possess any alcoholic beverage or unprescribed drugs.
11. You shall submit to any blood, urine, hair or breath test at the discretion of the Probation Department and you shall pay the costs incurred for such testing. All tests submitted must not yield a positive result. Any attempts to falsify, alter, or dilute any specimen given will be considered a violation of your probation and will result in new charges being filed against you.

12. You shall pay: ~~\$100.00~~ Fine \$160.00 Court Costs \$200.00 Drug Counter Measure Fee

~~\$100.00~~ Pauper Atty. \$ _____ Domestic Violence Fee \$ _____ Child Abuse Prevention Fee

\$ 50.00 Probation Administration Fee \$ 50.00 Initial Probation Fee \$ 15.00 Monthly Probation User Fees for the duration of Probation

\$ _____ Restitution to _____

*Fees must be paid on a monthly basis in the amount of \$123.00 which will insure all fees are paid in full by the end of the term of probation.

Special Conditions of Probation

- ☒ Substance Abuse Evaluation/Counseling (Must be completed within 45 days of today and defendant must successfully complete and pay for any program to which they are referred. You must provide authorization for release of information to the Probation Department and Court)
- ☐ Mental Health Evaluation/Counseling (Must be completed within 45 days of today and defendant must successfully complete and pay for any program to which they are referred. You must provide authorization for release of information to the Probation Department and Court)
- ☐ Must obtain high school diploma/GED
- ☐ Pay weekly child support in the amount of \$ _____ current \$ _____ arrears
- ☒ Perform 20 hours community service
- ☐ Attend approved Theft Class
- ☐ Abide by all sex offender conditions (see attached)
- ☐ Protective order to continue through probation period for _____
- ☐ Driver's License suspended for _____ days
- ☐ Attend and successfully complete domestic violence counseling
- ☐ Attend and successfully complete anger control counseling
- ☐ Upon successful completion of probation with no violations, may petition to modify conviction to a Class "A" Misdemeanor.
- ☒ Other UPON ANY VIOLATION OF PROBATION, DEFENDANT MUST EXECUTE 30 DAYS AT THE HENDRICKS COUNTY JAIL

I have received a copy of the above conditions of probation which I have read or have been read to me. I understand that if I violate a condition of probation, a petition to revoke my probation may be filed. I also understand that a petition to revoke my probation may be filed up to one (1) year after my probation ends for a violation which occurred during my period of probation. I understand that the Probation Department must file the petition to revoke probation within forty-five (45) days after it receives notice of the violation.

Chad Surber
Probationer's Signature

SO ORDERED THROUGH
JUL 16 2008

1604 day of

July

2008

(RJO)

John U. Surber
JUDGE HENDRICKS CIRCUIT COURT

Judge

10B

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 <u>03180</u>	☐ 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: <u>Pharma Source Direct, Inc</u>		
Physical Address: <u>8591 Prairie Trail Dr, C-600</u>		
City: <u>Englewood</u> State: <u>CO</u> Zip: <u>80112</u>		
Mailing Address (if different from physical address): _____		
City: _____ State: _____ Zip: _____		
Telephone: _____ Website: _____		
Name of Designated Representative (DR): <u>Matthew Johnson</u>		
Licensing Company Email: <u>Matt@PharmaSD.com</u> DR Email: <u>Matt@PharmaSD.com</u>		
Entities the Wholesaler will Serve (✓ all applicable)	Products to be Handled or Wholesaled (✓ all applicable)	Type of Wholesaling (✓ all applicable)
☒ Pharmacies ☐ Practitioners ☐ Hospitals ☐ Wholesalers ☐ Veterinarians ☐ Others:	☒ Dangerous Drugs ☒ Controlled Substances ☐ *Medical devices, equipment, supplies, gases ☐ Others:	☐ Manufacturer ☐ Repacker ☐ Reverse Distributor ☐ Warehouse ☒ Retail pharmacy wholesale distributor ☐ 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)

6/30/23
 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: SpecGx LLC - FDA FEI# 1940521

 Address: 3600 N. 2nd Street City: St. Louis State: MO Zip: 63147

 Name: Jiangsu Jiaerke Pharmaceuticals Group Corp., Ltd. - FDA FEI# 3001599766

 Address: No. 302, Huzhuangtou, Sanhuangmiao, Zhenglu, Tianning City: Changzhou, Jiangsu State: China Zip: 213111

 Name: Wavelength Enterprises LTD - FDA FEI# 3002806718

 Address: Neot Hovav, Eco Industrial Park City: Beer Sheva State: Israel Zip: 8413502

 Name: Zhejiang Xianju Pharmaceutical Co., Ltd. (Yangfu API) - FDA FEI# 3003663256

 Address: 15 West Fengxi Road, Modern Industrial Park, Xianju City: Taizhou, Zhejiang State: China Zip: 317300
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: Colorado

 Parent Company (if any): N/A

 Corporation/Organization Name: Pharma Source Direct, Inc.

 Mailing Address: 8591 Prairie Trail Dr, C-600

 City: Englewood State: CO Zip: 80112

 Telephone: 303-997-5506 Email: Mike@PharmaSD.com

 Contact Person Name: Michael Maccarone
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 <u>all</u> Officers and Directors.	✓	✓		
• List the <u>top four</u> corporation shareholders and their percent ownership.	✓			
• List of <u>all</u> corporation shareholders and their percent ownership.		✓		
• List of <u>all</u> partners and their percent ownership.			✓	
• Certificate of Corporate Status or Certificate of Good Standing obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last 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.

Pharma Source Direct, Inc.

Facility Name

Matthew Johnson

Print Name of Authorized Person Submitting Application



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

6/30/23

Date

Board Use Only

Date Received: 7/3/23

Amount: 1000 - CK - 1244



Corporate Officers/Owners & Employee List

06/20/2023

Nevada Board of Pharmacy
Out of State Wholesaler – Ownership Change Application

Company/Corporate Officers & Board of Directors

Name	Title	Ownership
Matthew Johnson	President	50%
*Jason Dassinger	Vice President	50%
Emily Johnson	Secretary	0%

* Please note: Personal History Application was provided with the original Wholesaler Application for license **WH03180**. A copy has been included with this application.

Employees

Name	Title
Michael Maccarone	Director of Quality
Ian McBride	Sales Manager
Lisha Baurkot	Operations Manager
Christian Hahn	Business Specialist
Mason Green	Account Manager

[Drug Databases \(https://www.fda.gov/Drugs/InformationOnDrugs/default.htm\)](https://www.fda.gov/Drugs/InformationOnDrugs/default.htm)

Drug Establishments Current Registration Site

[New Search \(default.cfm\)](#)

Search Results for Pharma Source Direct

[CSVExcel](#)

Filter:

*Verified
7.5.23
BB*

Firm Name	FDA Establishment Identifier	DUNS	Business Operations	Address	Expiration Date
Pharma Source Direct, Inc.	3021082449	111533296	PACK; RELABEL; REPACK;	8591 Prairie Trail Drive Ste# C-600, Englewood, Colorado (CO) 80112, United States (USA)	12/31/2023

Showing 1 to 1 of 1 entries

[Previous](#)[Next](#)

Data Current through: Monday, Jun 19, 2023

[Return to Drug Firm Annual Registration Status Home Page \(default.cfm\)](#)

OFFICE OF THE SECRETARY OF STATE
OF THE STATE OF COLORADO

CERTIFICATE OF FACT OF GOOD STANDING

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

Pharma Source Direct, Inc.

is a

Corporation

formed or registered on 07/23/2021 under the law of Colorado, has complied with all applicable requirements of this office, and is in good standing with this office. This entity has been assigned entity identification number 20211671210 .

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 06/16/2023 that have been posted, and by documents delivered to this office electronically through 06/20/2023 @ 15:39:13 .

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed, and issued this official certificate at Denver, Colorado on 06/20/2023 @ 15:39:13 in accordance with applicable law. This certificate is assigned Confirmation Number 15082025 .



Jena Griswold

Secretary of State of the State of Colorado

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

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



Lookup Detail View

Licensee Information

This serves as primary source verification of the license.*

**Primary source verification: License information provided by the Colorado Division of Professions and Occupations, established by 24-34-102 C.R.S.*

Name	DBA	Public Address
Pharma Source Direct, Inc		8591 Prairie Trail Drive C-600 Englewood, CO 80112

Credential Information

License Number	License Method	License Type	License Status	Original Issue Date	Effective Date	Expiration Date
WHI.0006123	Original	Wholesaler In-State	Active	11/04/2021	11/01/2022	10/31/2024

Board/Program Actions

Discipline
There is no Discipline or Board Actions on file for this credential.



COLORADO

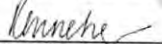
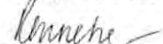
Department of
Regulatory Agencies

Division of Professions and Occupations

Below are your electronic wallet cards to use as proof of your license. You can also print your license at any time by visiting www.colorado.gov/dora/DPO_Print_License and following the instructions listed.

If you would like a more durable wallet card option, you can order one for a fee by visiting www.nasbastore.org and selecting the "Colorado License Cards" link on the left hand side of the page. If you prefer, you can also contact NASBA by phone at 1-888-925-5237 or by email at nasbastore@nasba.org.

Should you have questions about your credential, or need other information please contact our Customer Service Team at 303-894-7800 or dora_dpo_licensing@state.co.us.

Colorado Department of Regulatory Agencies Division of Professions and Occupations		Colorado Department of Regulatory Agencies Division of Professions and Occupations	
State Board of Pharmacy Pharma Source Direct, Inc		State Board of Pharmacy Pharma Source Direct, Inc	
Wholesaler In-State		Wholesaler In-State	
WHI.0006123 Number	11/01/2022 Issue Date	WHI.0006123 Number	11/01/2022 Issue Date
Active Credential Status	10/31/2024 Expire Date	Active Credential Status	10/31/2024 Expire Date
Verify this credential at: dpo.colorado.gov		Verify this credential at: dpo.colorado.gov	
 Division Director: Ronne Hines		 Division Director: Ronne Hines	
Credential Holder Signature		Credential Holder Signature	



DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
RP0614455	03-31-2024	\$3699
SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	MANUFACTURER	02-06-2023
PHARMA SOURCE DIRECT, INC 8591 PRAIRIE TRAIL DR # C600 ENGLEWOOD, CO 801127075		

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
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PHARMA SOURCE DIRECT, INC 8591 PRAIRIE TRAIL DR # C600 ENGLEWOOD, CO 801127075		

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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)

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. 107569254

Application/License No. _____

PHARMA SOURCE DIRECT, INC. _____, doing or intending to do business as a
Applicant/Principal
 pharmaceutical wholesaler, whose address for purposes of service is
8591 PRAIRIE TRAIL DR., #C600, ENGLEWOOD, CO 80112, 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 06103 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 APRIL 12TH, 2022.
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.

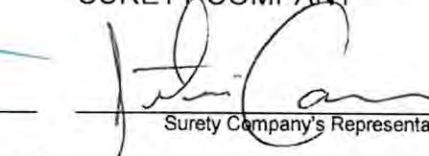
In witness whereof, each party to this bond has caused it to be executed on this
12TH day of APRIL, 2022.

APPLICANT/PRINCIPAL



 Authorized Representative

SURETY COMPANY



 Surety Company's Representative
Justin Cowan, Attorney-in-fact
 print name

SIGNED and SEALED in the presence of:



 Witness

SIGNED and SEALED in the presence of:

SEAN MACHT

 Witness

Witness



 Witness

Countersigned by:

 Nevada Resident Agent





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 **JUSTIN M COWAN** of **GREENWOOD VILLAGE**, Colorado, 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.

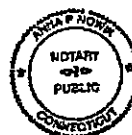
By: _____

Robert L. Raney
 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

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 12th day of April, 2022.



Kevin E. Hughes
 Kevin E. Hughes, Assistant Secretary

To verify the authenticity of this Power of Attorney, please call us at 1-800-421-3880.
 Please refer to the above-named Attorney(s)-in-Fact and the details of the bond to which this Power of Attorney is attached.

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 InformationName of Pharmacy/Wholesaler Pharma Source Direct, Inc.Pharmacy/Wholesaler License # (if applicable) WH03180Physical Address 8591 Prairie Trail Dr, Ste# C600City Englewood State CO Zip 80112

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 303-997-5506 Website www.PharmaSD.comLicensing Company Email Matt@PharmaSD.com**Section 2: Personal Information**First Matthew Middle T Last Johnson

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

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

Mailing Address [REDACTED]

City Aurora State CO Zip 80016Telephone [REDACTED] Email Matt@PharmaSD.comAre you a citizen of the United States? ☒ Yes ☐ No

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

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)		
Eaglecrest Highschool		08/94 - 08/97		
Address	City	State	Zip	
5100 S Picadilly St	Aurora	CO	80115	
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
05/13 - Current		Aurora	CO	80016
From - To (MM/YY - MM/YY)	Address	City	State	Zip
05/05 - 05/13		Aurora	CO	80015
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	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 Pharma Source Direct, Inc.		From - To (MM/YY – MM/YY) 01/22 - Current	
Business Address 8591 Prairie Trail Dr, Ste# C600	City Englewood	State CO	Zip 80112
Phone 303-97-5506	Title President	Number of Employed Hours 3120	
Description of Duties Oversee all business activities			
Business Name VPI Compounding Pharmacy		From - To (MM/YY – MM/YY) 09/21 - 12/21	
Business Address 7265 S Revere Pkwy, Ste# 902	City Centennial	State CO	Zip 80112
Phone 720-389-7597	Title Chief Strategy Officer	Number of Employed Hours 720	
Description of Duties Various tasks in business development and product sourcing			
Business Name B&B Pharmaceuticals, Inc.		From - To (MM/YY – MM/YY) 12/01 - 08/21	
Business Address 8591 Prairie Trail Dr, STE# C600	City Englewood	State CO	Zip 80112
Phone 800-499-3100	Title Various - Ended as General Manager/President	Number of Employed Hours 41,600	
Description of Duties Various duties over the years: Sales/Operations Management/Procurement/AP and AR/General 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			
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 manufacture or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?	✓	
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

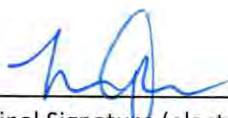
Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. **A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement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

This is in response to Question # 6. Provide all the following where applicable:

Date of Event/Arrest 06/2019	Disposition Date 06/2020	State AL	City Birmingham	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court Alabama Board of Pharmacy		
Reason/Charge Violation of BOP Code of Conduct				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity B&B Pharmaceuticals, Inc				

Provide explanation below:

B&B Pharmaceuticals, Inc. received a warning letter from the FDA on 06/04/2019. The warning letter indicated concerns regarding B&B's adherence to cGMP guidelines. B&B received a closeout letter from the FDA on 02/10/2020 and subsequent ISO 9001:2015 certification in July of 2020. The Alabama Board of Pharmacy, however, had issue with the warning letter. They claimed that violating the cGMP guidelines constituted a violation of their code of conduct, which subjected B&B to penalties. Although I did appear before the Alabama board, the parent organization of B&B shut down the company before a settlement was made, so far as I know.


Original Signature (electronic, copies or stamps not accepted)

4/30/23
Date

I, Matthew T. Johnson, certify that as the designated representative for
Pharma Source Direct, Inc.

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. MTJ I am at least 21 years of age;
3. MTJ 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. MTJ I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. MTJ I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. MTJ 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. MTJ I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Matthew Johnson

Print Name (First, Last)

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

6/30/23
 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.

Matthew Johnson

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

Date

6/30/23

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

State of Colorado, ss. County of Douglas

I, Matthew 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

Date

6/30/23

Subscribed and Sworn to before me this 30 day of June, 2023

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 (05/18/2023)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site Pharma Source Direct, Inc.

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable) WH03180

Physical Address 8591 Prairie Trail Dr, Ste# C-600

City Englewood State CO Zip 80112

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone _____ Website _____

Licensing Company Email _____

Section 2: Personal Information

First Matthew Middle Thomas Last Johnson

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

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

Mailing Address [REDACTED]

City Aurora State CO Zip 80016

Telephone [REDACTED] Email matt@pharmasd.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 Eaglecrest High School		From - To (MM/YY - MM/YY) 08/94 - 05/97	
Address 5100 S Picadilly St	City Barcelona	State CO	Zip 80015
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) 03/13 - Present	Address [REDACTED]	City Aurora	State CO	Zip 80016
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	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 Pharma Source Direct, Inc		From - To (MM/YY - MM/YY) 01/22 - Present	
Business Address 8591 Prairie Trail Drive, #C600	City Englewood	State CO	Zip 80112
Phone 303-997-5506	Title Vice President (01/22 - 07/23), President/CEO (as of 07/01/2023)		
Description of Duties Manage day to day operations, oversee personnel, quality and compliance			
Business Name VPI Compounding Pharmacy		From - To (MM/YY - MM/YY) 09/21 - 01/22	
Business Address 7625 S Revere Pkwy, Ste 902	City Centennial	State CO	Zip 80112
Phone 720-389-7597	Title Chief Strategy Officer		
Description of Duties Oversee business development and cost control			
Business Name B&B Pharmaceuticals, Inc.		From - To (MM/YY - MM/YY) 12/01 - 08/21	
Business Address 8591 Prairie Trail Drive, #C600	City Englewood	State CO	Zip 80112
Phone 800-499-3100	Title Various - Ended as General Manager/President		
Description of Duties Manage day to day operations, oversee sales and personnel, quality and compliance			
Business Name		From - To (MM/YY - MM/YY)	
Business Address	City	State	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			

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

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

B&B Pharmaceuticals, Inc. received a warning letter from the FDA on 06/04/2019. The warning letter indicated concerns regarding B&B's adherence to cGMP guidelines. B&B received a closeout letter from the FDA on 02/10/2020 and subsequent ISO 9001:2015 certification in July of 2020. The Alabama Board of Pharmacy, however, had issue with the warning letter. They claimed that violating the cGMP guidelines constituted a violation of their code of conduct, which subjected B&B to penalties. Although I did appear before the Alabama board, the parent organization of B&B shut down the company before a settlement was made, so far as I know.


 Original Signature (electronic, copies or stamps not accepted)

6/30/23
 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.

Matthew Johnson

Print Name (First, Last)



Original Signature (electronic, copies or stamps not accepted)

6/30/23

Date

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

State of Colorado, ss. County of Douglas

I, Matthew 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.

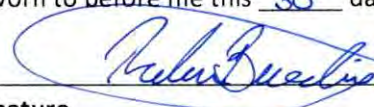


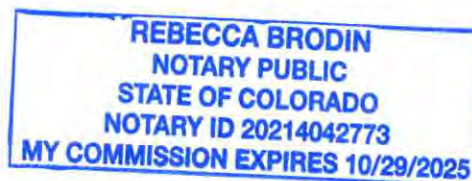
Original Signature

6/30/23

Date

Subscribed and Sworn to before me this 30 day of June, 2023.


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 (04/22/2021)

Section 1: Pharmacy/ MDEG/Wholesaler InformationName of Pharmacy/MDEG/Wholesaler Pharma Source Direct, Inc.Physical Address 8591 Prairie Trail DriveCity EnglewoodState COZip 80112

Mailing Address (If different from physical address) _____

City _____

State _____

Zip _____

Telephone 303-997-5506Website www.PharmaSD.comLicensing Company Email Jason@PharmaSD.com**Section 2: Personal Information**First JasonMiddle LeeLast Dassinger

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

Date of Birth _____

SSN or ITIN _____

Sex ☒ M ☐ F ☐ X

Mailing Address _____

City CentennialState COZip 80112

Telephone _____

Email Jason@PharmaSD.comAre you a citizen of the United States? ☒ Yes ☐ No

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

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

Applicant's initials

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)				
School Name Eaglecrest Highschool			From - To (MM/YY - MM/YY) 08/94-08/97	
Address 5100 S Picadilly St		City Aurora	State CO	Zip 80115
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) 10/12-Current	Address [REDACTED]	City Centennial	State CO	Zip 80016
From - To (MM/YY - MM/YY) 06/06-10/12	Address [REDACTED]	City Aurora	State CO	Zip 80016
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	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 Pharma Source Direct, Inc.		From - To (MM/YY – MM/YY) 09/21-Current	
Business Address 8591 Prairie Trail Drive Ste# C600	City Englewood	State CO	Zip 80112
Phone 303-997-5506	Title President/Owner		
Description of Duties Oversees all business activities and all finance operations.			
Business Name Retired		From - To (MM/YY – MM/YY) 08/17-08/21	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			
Business Name B&B Pharmaceuticals, Inc.		From - To (MM/YY – MM/YY) 07/97-08/17	
Business Address 8591 Prairie Trail Drive Ste# C600	City Englewood	State CO	Zip 80112
Phone 800-499-3100	Title President/General Manager		
Description of Duties Oversaw all business activities / regulatory affairs			
Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			
Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			
Continue on next page if additional space is needed.			

Applicant's initials

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

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

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

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

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

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

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

Applicant's initials



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

Applicant's initials



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

This is in response to Question # ⁶ _____. Provide all the following where applicable:

Date of Event/Arrest 2011	Disposition Date	State NV	City Las Vegas	County Las Vegas
Case #	Governing, licensing, Arresting Presiding Body/Agency/Court NV Board of Pharmacy			
Reason/Charge Not being licensed in the state of Nevada as a wholesaler				
Plaintiff/Defendant/Claimant/Respondent N/A			Lawsuit/Arbitration/Bankruptcy N/A	
Name of Business/Industry/Entity B&B Pharmaceuticals, Inc.				

Provide explanation below:

We received notification from the NV Board of Pharmacy to cease business operations in NV until we had obtained a proper license. The application was immediately submitted and I was called to the Board Meeting to explain. The board issued our license #WH01747 for B&B and did not impose any disciplinary action.

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.

Jason Dassinger

Print Name (First, Last)

Original Signature (electronic copies or stamps not accepted)

Date

4/14/22

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

State of Colorado

ss. County of Asapahoc

I, Jason Dassinger, 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

4/14/2022

Subscribed and Sworn to before me this 14th day of April 2022.

Notary Public Signature

ALEXANDER S CONTIGUGLIA
NOTARY PUBLIC
STATE OF COLORADO
NOTARY ID 20214043393
MY COMMISSION EXPIRES 11/03/2025

(Seal)

Applicant's Initials

JD 7

10C

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: <u>Strides Pharma, Inc.</u>		
Physical Address: <u>One Ram Ridge Road</u>		
City: <u>Chestnut Ridge</u> State: <u>NY</u> Zip: <u>10977</u>		
Mailing Address (if different from physical address): <u>c/o State License Servicing, 1751 State Route 17A, Suite 3</u>		
City: <u>Florida</u> State: <u>NY</u> Zip: <u>10921</u>		
Telephone: <u>(845) 544-2482</u> Website: <u>www.stridesarco.com</u>		
Name of Designated Representative (DR): <u>Kenneth W. Waibel</u>		
Licensing Company Email: <u>SPI@slsny.com</u> DR Email: <u>kenneth.waibel@stridesusa.com</u>		
Entities the Wholesaler will Serve (✓ all applicable)	Products to be Handled or Wholesaled (✓ all applicable)	Type of Wholesaling (✓ all applicable)
☐ Pharmacies ☐ Practitioners ☐ Hospitals ☐ Wholesalers ☐ Veterinarians ☒ Others: Distribution sites with organization; Distribution sites within organization	☒ Dangerous Drugs ☒ Controlled Substances ☒ *Medical devices, equipment, supplies, gases ☒ Others: <u>Opoids; Drugs (Human OTC)</u>	☒ Manufacturer ☐ Repacker ☐ Reverse Distributor ☐ Warehouse ☐ Retail pharmacy wholesale distributor ☐ 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 03/03/2020	Disposition Date N/A	State NV	City Carson City	County N/A
Case # N/A	Governing, licensing, Arresting Presiding Body/Agency/Court Nevada Department of Health and Human Services			
Reason/Charge Notice of Noncompliance with Nevada Revised Statutes (NRS) 439B.635				
Plaintiff/Defendant/Claimant/Respondent N/A			Lawsuit/Arbitration/Bankruptcy N/A	
Name of Business/Industry/Entity Strides Pharma, Inc.				

Provide explanation below:

See attached

Original Signature (electronic, copies or stamps not accepted)

Terrence David Fullem

Date

10/12/23



Pharma Tech Law

Privileged and Confidential

March 7, 2022

To Whom it May Concern:

I am U.S. outside counsel to Strides Pharma Inc. (the "Company") and have been for at least three years. The purpose of this Privileged and Confidential communication is to confirm the history and the outcome of the deficiency fines assessed against the Company by the state of Nevada.

I was the outside general counsel for the Company when the Nevada Department of Human Services letter dated September 30, 2019 (the "Letter") was received by the Company and is attached hereto as Exhibit A. The Company rectified the deficiency on October 14, 2019 by filing all of the required sales data with the state.

As you know, the Letter initially cited reporting failures on behalf of one product the Company sold into the state of Nevada. The Letter initially sanctioned a fine of \$910,000 against the Company (the "Penalty"), to which the Company took exception. After discussing and preparing a thorough defense to this Penalty, we conducted several internal meetings and prepared for a dispute resolution meeting with the state. We next had an informal dispute resolution meeting on January 9, 2020, where we were partially successful and lowered the Penalty to \$271,350 (the "New Penalty") as set forth in a letter from the state of Nevada dated February 6, 2020 and attached here as Exhibit B.

The Company next sent a check in the full amount of the New Penalty to the state of Nevada on March 4, 2020. The check was cashed by the state and is attached hereto as Exhibit C. That was the last we heard of this matter, and to my knowledge, this matter is resolved with the state of Nevada and does not impact any future sales into the state. Also to my knowledge, the Company has been filing timely reports of products it sells into the state of Nevada since this incident.

If you should have any questions, or if I may be of further assistance, please don't hesitate to contact me at 914-772-9973 or via email at: da@pharmatechlaw.com

Kind regards,

Dimitrios J. Angelis, Esq.



Pharma Tech Law

Exhibit A



DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIRECTOR'S OFFICE
4126 Technology Way, Suite 100
Carson City, NV 89706
Telephone (775) 684-4000 • Fax (775) 684-4010
<http://dhhs.nv.gov>

September 30, 2019

CERTIFIED MAIL: 9171 9690 0935 0218 7061 59

Strides Pharma, Inc.
2 Tower Center Blvd., Suite 1102
East Brunswick NJ, 08816

NOTICE OF ADMINISTRATIVE PENALTY

YOU ARE HEREBY NOTIFIED that the Department of Health and Human Services (DHHS) is imposing upon your organization an administrative penalty of \$910,000 for violation of Nevada Revised Statutes (NRS) 439B.635-640. Due to continued noncompliance with reporting requirements, DHHS reserves the right to impose additional penalties until you come into compliance with reporting requirements according to NRS 439B.695(2).

Statutory Authority

DHHS is imposing a penalty in accordance with NRS 439B.695(2), that states:

If a manufacturer fails to provide to the Department the information required by NRS 439B.635, 439B.640 or 439B.660, a pharmacy benefit manager fails to provide to the Department the information required by NRS 439B.645, a nonprofit organization fails to post or provide to the Department, as applicable, the information required by NRS 439B.665 or a manufacturer, pharmacy benefit manager or nonprofit organization fails to post or provide, as applicable, such information on a timely basis, and the failure was not caused by excusable neglect, technical problems or other extenuating circumstances, the Department may impose against the manufacturer, pharmacy benefit manager or nonprofit organization, as applicable, an administrative penalty of not more than \$5,000 for each day of such failure.

Facts Supporting the Administrative Penalty

As mandated by NRS 439B.635-640, manufacturers of prescription drugs that appear on the 2019 list compiled by DHHS pursuant to NRS 439B.630 were required to prepare and submit an annual report on or before April 1, 2019. By the required submission date, DHHS did not receive a report from your organization even though your organization manufactured drugs that appeared on the beforementioned list. Additionally, DHHS verified that your company's essential diabetes drugs were purchased by Medicaid patients in Nevada in 2018. Your organization was notified on 8/23/2019 of noncompliance with pharmaceutical drug manufacturer reporting requirements outlined in Nevada Revised Statutes (NRS) 439B.635-640. Your organization has not yet responded

*Nevada Department of Health and Human Services
Helping People -- It's Who We Are And What We Do*



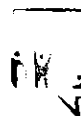
Pharma Tech Law

Exhibit B

**DEPARTMENT OF
HEALTH AND HUMAN SERVICES**

Director's Office

DEPARTMENT OF HEALTH AND HUMAN SERVICES



February 6, 2020

CERTIFIED MAIL: #9171 9690 0935 0218 7065 31

Strides Pharma
2 Tower Center Blvd, Suite 1102
East Brunswick, NJ 08816

Re: Penalty for non-compliance with reporting requirements of Nevada Revised Statutes (NRS) 439B.695

To Whom It May Concern:

Thank you for participating in the Nevada Department of Health and Human Services (DHHS) informal dispute resolution meeting on 1/9/2020. This letter will serve to notify you that you were out of compliance with Nevada Revised Statutes (NRS) 439B.635-640; memorialize the actions taken by DHHS to resolve noncompliance; and inform you of the immediate steps which are necessary for resolution.

Nevada Revised Statutes (NRS) 439B.635-640 requires manufacturers that produce essential diabetes drugs defined by DHHS to submit information to the Department. Additionally, if a drug on the list had a significant price increase, manufacturers are also required to submit a report describing the reasons for the increase in price.

Your organization is defined as the manufacturer of drugs included in the 2019 DHHS Essential Diabetes Drug List for which a report was due on April 1, 2019. By the required submission date, DHHS did not receive a report from Strides Pharma. On 8/23/2019, your organization was notified of non-compliance with pharmaceutical drug manufacturer reporting requirements and on 10/14/2019 DHHS received your complete report.

NRS 439B.695 gives DHHS the authority to impose a penalty of \$5,000 per day to drug manufacturers for failure to comply with the requirements stated. Based on your organization's noncompliance with the report due date, the timeliness of completion of the required report and information provided at the informal dispute resolution meeting, a penalty in the amount of \$271,350.00 will be assessed against Strides Pharma.

Payment of the aforementioned amount is due to DHHS by March 6, 2020. Payment should be submitted to the following address and checks can be addressed to "Department of Health and Human Services."

Department of Health and Human Services
Director's Office
4126 Technology Way, Suite 100
Carson City, NV 89706

If the payment is not received by March 6, 2020, DHHS will refer the case to the State of Nevada Attorney General's Office to produce a court order to obtain the penalty.

Sincerely,

Richard Whitley, MS
Director

4126 Technology Way, Suite 100 • Carson City, Nevada 89706
775-684-4000 • Fax 775-684-6010 • dhhs.nv.gov



Pharma Tech Law

Exhibit CBank of America 

03/04/2020

SPI Regular Checking 9724: Account Activity Transaction Details

Check number: 00000004727

Post date: 03/04/2020

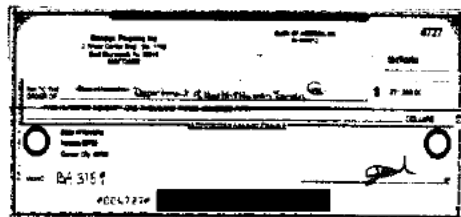
Amount: -271,350.00

Type: Check

Description: Check

Merchant name: Check

Transaction category: Cash, Checks & Misc: Checks



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 07/01/2019	Disposition Date N/A	State N/A	City N/A	County N/A
Case # Warning Letter 320-19-28		Governing, licensing, Arresting Presiding Body/Agency/Court FDA		
Reason/Charge Warning letter for violations of current good manufacturing practice (CGMP) regulations for finished pharmaceuticals.				
Plaintiff/Defendant/Claimant/Respondent N/A			Lawsuit/Arbitration/Bankruptcy N/A	
Name of Business/Industry/Entity Strides Pharma Science Limited				

Provide explanation below:

See attached


Original Signature (electronic, copies or stamps not accepted)

Terrence David Fullem

10/12/23
Date

WARNING LETTER

Strides Pharma Science Limited

MARCS-CMS 576722 – JULY 01, 2019

Delivery Method:

UPS

Product:

Drugs

Recipient:

Mr. Arun Kumar
Chief Executive Officer/Managing Director
Strides Pharma Science Limited
Strides House, Bilekahalli
Bannerghatta Road
Bangalore 560076
India

Issuing Office:

Center for Drug Evaluation and Research
10903 New Hampshire Avenue
Silver Spring, MD 20993
United States

UPS

Warning Letter 320-19-28

Return Receipt Requested

July 01, 2019

Mr. Arun Kumar
Chief Executive Officer/Managing Director

Strides Pharma Science Limited

Strides House, Bilekahalli

Bannerghatta Road

Bangalore 560076

India

Dear Mr. Kumar:

The U.S. Food and Drug Administration (FDA) inspected your drug manufacturing facility, Strides Pharma Science Limited at Unit-II, R. S. No.: 32, 33 & 34 PIMS Road Periyakalpet, Puducherry, from January 28 to February 5, 2019.

This warning letter summarizes significant violations of current good manufacturing practice (CGMP) regulations for finished pharmaceuticals. See 21 CFR, parts 210 and 211.

Because your methods, facilities, or controls for manufacturing, processing, packing, or holding do not conform to CGMP, your drug products are adulterated within the meaning of section 501(a)(2)(B) of the Federal Food, Drug, and Cosmetic Act (FD&C Act), 21 U.S.C. 351(a)(2)(B).

We reviewed your February 26, 2019, response in detail and acknowledge receipt of your subsequent correspondence.

During our inspection, our investigators observed specific violations including, but not limited to, the following.

1. Your firm failed to establish an adequate quality control unit with the responsibility and authority to approve or reject all components, drug product containers, closures, in-process materials, packaging materials, labeling, and drug products (21 CFR 211.22(a)).

Your quality unit (QU) lacks appropriate responsibility and control over your drug manufacturing operations.

During the inspection, our investigator observed discarded CGMP documents and evidence of uncontrolled shredding of documents. For example, multiple bags of uncontrolled CGMP documents with color coding indicating they were from drug production, quality, and laboratory operations were awaiting shredding. Our investigator also found a blue binder containing CGMP records, including batch records for U.S. drug products, discarded with other records in a 55-gallon drum in your scrap yard. CGMP documents in the binder were dated as recently as January 21, 2019: seven days before our inspection. Your QU did not review or check these documents prior to disposal.

Your QU is responsible for the oversight of your drug manufacturing operations, including the review and approval of documents and document controls, to ensure a complete contemporaneous record of each batch of drug product manufactured. That record is retained for CGMP purposes including annual review. In addition, your QU is responsible for ensuring your production areas are adequately monitored and that employees understand your firm's procedures and their assigned tasks.

The uncontrolled destruction of CGMP records, and your lack of adequate documentation practices, raise questions about the effectiveness of your QU and the integrity and accuracy of your CGMP records.

In your response you state the binder of CGMP documents in your scrap yard was "inadvertently come [sic] to scrap yard" and that you were investigating the issue. You also committed to using bound log books and restricting printing to reduce uncontrolled documents. In addition, you committed to strengthen your training program to include instructor-led classes geared towards good documentation practices.

Your response is inadequate because, while you acknowledge the binder of CGMP records in your scrap yard, you did not assess other documents found in the scrapyard, nor did you assess how poor documentation practices affected distributed drug product or how you would strengthen your QU oversight.

Your firm's quality systems are inadequate. See FDA's guidance document *Quality Systems Approach to Pharmaceutical CGMP Regulations* for help implementing quality systems and risk management approaches to meet the requirements of CGMP regulations 21 CFR, parts 210 and 211 at <https://www.fda.gov/media/71023/download> (<https://www.fda.gov/media/71023/download%0d>)

2. Your firm failed to thoroughly investigate any unexplained discrepancy or failure of a batch or any of its components to meet any of its specifications, whether or not the batch has already been distributed (21 CFR 211.192).

Your firm's investigations of out-of-specification (OOS) results were closed without adequate scientific justification. For example, you opened an OOS investigation for (b)(4) USP active pharmaceutical ingredient (API) for an unknown impurity which exceeded your specification. Your investigation identified an "old reagent" as a root cause, despite your inability to reproduce the unknown impurity. You subsequently retested a new sample with fresh reagents and used the passing results to release the API for use in producing your (b)(4) USP drug product. You did not evaluate the original failing API sample. Your root cause determination and investigation were not scientifically justified.

In your response you acknowledged that the original sample should have been tested as part of your investigation to determine a root cause and that the final root cause was not definitively concluded. You analyzed reserve samples for the lots of drug product manufactured with the API and found them to meet specifications. You also provided a retrospective review for all of your previous "invalidated" OOS results for products manufactured between January 2017 and March 2019.

Your response is inadequate. You failed to include the data that supports your reserve sample testing for batches manufactured containing the lot of API identified in your OOS investigation. In addition, you identified nine additional OOS investigations in which your root cause determination and investigation were not scientifically justified. You did not extend your investigation to include any associated reserve samples of batches that may have been manufactured using OOS materials.

In response to this letter:

- For any OOS results with inconclusive or no root cause identified in the laboratory, include a thorough review of production (e.g., batch manufacturing records, adequacy of the manufacturing steps, raw materials, process capability, deviation history, batch failure history). Provide a corrective action and preventive action (CAPA) plan that identifies root causes and specifies meaningful improvements.
- Provide all reserve sample testing results. Include all analytical data for the API and drug product batches, including any batches manufactured using API with associated OOS results with inconclusive or no root cause.

For more information about proper handling of OOS results and documenting your investigations, refer to the FDA guidance for industry *Investigating OOS Test Results for Pharmaceutical Production* at

<https://www.fda.gov/downloads/Drugs/GuidanceComplianceRegulatoryInformation/Guidances/UCM070287.pdf> (<https://www.fda.gov/downloads/Drugs/GuidanceComplianceRegulatoryInformation/Guidances/UCM070287.pdf>)

Data Integrity Remediation

Your quality system does not adequately ensure the accuracy and integrity of data to support the safety, effectiveness, and quality of the drugs you manufacture. See FDA's guidance document *Data Integrity and Compliance With Drug CGMP* for guidance on establishing and following CGMP-compliant data integrity practices at <https://www.fda.gov/downloads/Drugs/GuidanceComplianceRegulatoryInformation/Guidances/UCM495891.pdf> (<https://www.fda.gov/downloads/Drugs/GuidanceComplianceRegulatoryInformation/Guidances/UCM495891.pdf>).

We strongly recommend that you retain a qualified consultant to assist in your remediation.

In response to this letter, provide the following:

- A. An assessment of the extent of data integrity deficiencies at your facility. Identify omissions, alterations, deletions, record destruction, non-contemporaneous record completion, and other deficiencies. Describe all parts of your facility's operations in which you discovered data integrity lapses.
- B. A current risk assessment of the potential effects of the observed failures on the quality of your drugs. Your assessment should include analyses of the risks to patients caused by the release of drugs affected by a lapse of data integrity and analyses of the risks posed by ongoing operations.
- C. A management strategy for your firm that includes the details of your global corrective action and preventive action plan. The detailed corrective action plan should describe how you intend to ensure the reliability and completeness of all data generated by your firm, including microbiological and analytical data, manufacturing records, and all data submitted to FDA.

Conclusion

Violations cited in this letter are not intended as an all-inclusive list. You are responsible for investigating these violations, for determining the causes, for preventing their recurrence, and for preventing other violations in all your facilities.

If you are considering an action that is likely to lead to a disruption in the supply of drugs produced at your facility, FDA requests that you contact CDER's Drug Shortages Staff immediately, at drugshortages@fda.hhs.gov, so that FDA can work with you on the most effective way to bring your operations into compliance with the law. Contacting the Drug Shortages Staff also allows you to meet any obligations you may have to report discontinuances or interruptions in your drug manufacture under 21 U.S.C. 356C(b) and allows FDA to consider, as soon as possible, what actions, if any, may be needed to avoid shortages and protect the health of patients who depend on your products.

Until you correct all violations completely and we confirm your compliance with CGMP, FDA may withhold approval of any new applications or supplements listing your firm as a drug manufacturer.

Failure to correct these violations may also result in FDA refusing admission of articles manufactured at Strides Pharma Science Limited, FEI 3012448465, at Unit-II, R. S. No.: 32, 33 & 34 PIMS Road Periyakalapet, Puducherry into the United States under section 801(a)(3) of the FD&C Act, 21 U.S.C. 381(a)(3). Under the same authority, articles may be subject to refusal of admission, in that the methods and controls used in their manufacture do not appear to conform to CGMP within the meaning of section 501(a)(2)(B) of the FD&C Act, 21 U.S.C. 351(a)(2)(B).

After you receive this letter, respond to this office in writing within 15 working days. Specify what you have done since our inspection to correct your violations and to prevent their recurrence. If you cannot complete corrective actions within 15 working days, state your reasons for delay and your schedule for completion.

Send your electronic reply to CDER-OC-OMQ-Communications@fda.hhs.gov (<mailto:CDER-OC-OMQ-Communications@fda.hhs.gov>) or mail your reply to:

Carla Norris

Compliance Officer

U.S. Food and Drug Administration
White Oak Building 51, Room 4359
10903 New Hampshire Avenue
Silver Spring, MD 20993
USA

Please identify your response with FEI 3012448465.

Sincerely,

/S/

Francis Godwin
Director
Office of Manufacturing Quality
Office of Compliance
Center for Drug Evaluation and Research

cc:

Mr. Umesh Kale
President & Chief Quality Officer
Strides Pharma Science Limited
Strides House, Bilekahalli
Bannerghatta Road
Bangalore 560076
India

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: Colorcon Inc.
 Address: 412443 Colorcon Inc City: Harleysville State: PA Zip: 19438
 Name: Stepan Company Global Technology Center
 Address: 22 W Frontage Rd City: Northfield State: IL Zip: 60093
 Name: Siegfried USA
 Address: 33 Industrial Park Rd City: Pennsville State: NJ Zip: 08070
 Name: Pfizer Inc
 Address: 7000 Portage Rd City: Kalamazoo State: MI Zip: 49001

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: NJ
 Parent Company (if any): Strides Arcolab International Ltd
 Corporation/Organization Name: Strides 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: SPI@slny.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: _____

SPI-1RR-NV

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: FDA: 2434223	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 <u>all</u> Officers and Directors.	✓	✓		
X List the <u>top four</u> corporation shareholders and their percent ownership.	✓			
• List of <u>all</u> corporation shareholders and their percent ownership. See company particulars		✓		
X List of <u>all</u> partners and their percent ownership.			✓	
• Certificate of Corporate Status or Certificate of Good Standing obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last 12 months.	✓	✓	✓	✓
• Designated Representative form must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
X 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/ 100% sole ownership		✓	✓	✓
• Copy of DEA certificate if handling controlled substances	✓	✓	✓	✓
X 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)				
X Submit Fingerprints following instructions found at: http://bop.nv.gov/uploadedFiles/bopnv.gov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf .		✓	✓	✓
X 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/ .		✓	✓	✓

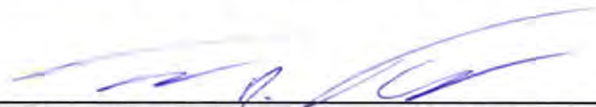
I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application 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.

Strides Pharma, Inc.

Facility Name

Terrence David Fullem

Print Name of Authorized Person Submitting Application


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

10/11/23
Date

Board Use Only	Date Received: <u>10/30/23</u>	Amount: <u>Handwritten check # 8856</u> ✓
----------------	--------------------------------	---

/ [Drug Establishments Current Registration Site \(default.cfm\)](#)

Drug Establishments Current Registration Site

[New Search \(default.cfm\)](#)Search Results for **strides pharma**[CSVExcel](#)

Filter:

Firm Name	FDA Establishment Identifier	DUNS	Business Operations	Address	Expiration Date
Strides Pharma Science Limited	3004554612	918513263	ANALYSIS; MANUFACTURE; PACK;	No 36/7, Suragajakkanahalli, Indlavadi Cross, Anekal Taluk, Bengaluru, Karnataka 562106, India (IND)	12/31/2023
Strides Pharma Science Limited	3012448465	871402375	ANALYSIS; MANUFACTURE; PACK;	R. S. No. 32, 33/11 and 34/2, PIMS Road, Periyakalpet, Puducherry, Puducherry 605014, India (IND)	12/31/2023
Strides Pharma, Inc	2434223	118344504	ANALYSIS; MANUFACTURE; PACK;	1 Ram Ridge Rd, Chestnut Ridge, New York (NY) 10977-6714, United States (USA)	12/31/2023

Showing 1 to 3 of 3 entries

[Previous](#)[Next](#)

Data Current through: Wednesday, Apr 5, 2023

[Return to Drug Firm Annual Registration Status Home Page \(default.cfm\)](#)

✓
Verified
M.H. 11/9/23



LIST OF OFFICERS

Following is a list of officers of the Company as on date:

#	Name	Designation
1.	Mr. Terrence D Fullem	President – US Business Operations
2.	Mr. Raj Tripathi	Senior Director - Finance, Secretary & Treasurer

Dated: November 16, 2022

Strides Pharma, Inc.



Corporate Address: Strides Pharma, Inc., 2 Tower Center Blvd. Suite 1102, East Brunswick, NJ 08816 USA
FEIN: 46-2953153
www.stridesarop.com

Drug Labeler Code: 42543, 64380
Incorporation State: NJ
Incorporation Date: 6/11/2013

FACILITY INFORMATION

Code	Address	FDA	DEA	DUNS	VAWD	Phone	Fax
1RR	One Ram Ridge Road Chestnut Ridge, NY 10977 County: Rockland	2434223	RS0614203	11-834-4504	No	(845) 682-3222	(845) 682-3222

FACILITY DESIGNATED REPRESENTATIVES

Name	Address	Title	Prescribing Authority	SSN	DOB	Driver's License
Kenneth W Walbel		Designated Representative				

OWNERSHIP

Name	Address	Title	Percent of Ownership	Prescribing Authority	FEIN/SSN	DOB	Driver's License
Strides Arcolab International Ltd	Unit 4, Metro Centre, Dwight Road, Tolpits Lane Watford, Hertfordshire, WD18 9SS United Kingdom	N/A	100	N/A		N/A	N/A

LIST OF OFFICERS

Name	Address	Title	Prescribing Authority	SSN	DOB	Driver's License
Terrence David Fullen		President, US Business Operations				
Rajkumar Kallashdutt Tripathi		Secretary				

REGISTERED AGENT IN ALL APPLICABLE STATES

Name	SSN	DOB	Driver's License
Incorp Services, Inc.			

3PLS

Name	Address	Title	Prescribing Authority	SSN	DOB	Driver's License
UPS Supply Chain Solutions	1860 Outer Loop Louisville, KY 40219					
UPS Supply Chain Solutions	2260 Outer Loop Louisville, KY 40219					

Disciplinary History: NV 2020

STATE OF NEW JERSEY
DEPARTMENT OF THE TREASURY
DIVISION OF REVENUE AND ENTERPRISE SERVICES
SHORT FORM STANDING

STRIDES PHARMA, INC.
0400580219

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic For-Profit Corporation was registered by this office on June 11, 2013.

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:

INCORP SERVICES INC
208 WEST STATE STREET
TRENTON, NJ 08608-1002



IN TESTIMONY WHEREOF, I have
hereunto set my hand and affixed
my Official Seal at Trenton, this
2nd day of March, 2023

Elizabeth Maher Muoio
State Treasurer

Certificate Number : 6140817196

Verify this certificate online at

https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp

STRIDES PHARMA, INC.

x

GENERAL INFO

ENFORCEMENT ACTIONS

Type	Manufacturer
Legal Name	STRIDES PHARMA, INC.
Trade Name	---
Street Address	1 RAM RIDGE RD. CHESTNUT RIDGE NY 10977
Registration No	039075
Date First Registered	November 18, 2021
Registration Begins	November 18, 2021
Registered Through	October 31, 2024
Supervisor	BHARGAVA SUMEER
Establishment Status	Active
Successor	NONE



October 26, 2023 02:18 PM (ET)

<https://www.op.nysed.gov/verification-search?pharmacyRegistrationNumber=039075&professionCode=020>

Verification Search

[Home](#) > [Verification Search](#)

Verification Search

[Registration Renewal](#)

[Retrieve Your Pin](#)

[Update Physician Profile](#)

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[Physician Affidavit of Non-Compensation](#)

[General Information & Policies](#)

The information furnished on this website is from the Office of the Professions' official database, which is updated daily. This is considered to be a secure, primary source for license verification. However, the database is currently under maintenance for enhancement and you may encounter issues with search results. Any issues should be reported using our [Website Feedback Form](#).

If the database search fields are not displaying below, please clear your cache (or browser data) and/or access the database using another browser (see instructions for clearing browser cache: [Chrome](#) ; [Edge](#) ; [Firefox](#) ; [Safari](#)). Please note, Internet Explorer is not supported for this database, so an alternative browser will be needed to perform a search.

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Search By

Physician Establishment by Registration Number

039075



Clear

STRIDES PHARMA, INC.

X

GENERAL INFO

ENFORCEMENT ACTIONS

Registration No:

039075

No Enforcement Actions Found



October 26, 2023 02:18 PM (ET)

<https://www.op.nysed.gov/verification-search?pharmacyRegistrationNumber=039075&professionCode=020>

THE UNIVERSITY OF THE STATE OF NEW YORK
EDUCATION DEPARTMENT

2261

NEW YORK STATE BOARD OF PHARMACY

NAME OF SUPERVISOR
TERRANCE J. COUGHLIN



2021-24

THIS IS TO CERTIFY
STRIDES PHARMA, INC.
1 RAM RIDGE RD.
CHESTNUT RIDGE, NY 10977

is duly recorded as a

REGISTERED MANUFACTURER
OF DRUGS AND/OR DEVICES

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

THIS CERTIFICATE IS EFFECTIVE ON THE EIGHTEENTH DAY OF NOVEMBER, 2021.
THIS CERTIFICATE EXPIRES ON THE THIRTY-FIRST DAY OF OCTOBER, 2024.

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

039075



Dana J. [Signature]
EXECUTIVE SECRETARY
STATE BOARD OF PHARMACY

NY Permit

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	REG FEE
RS0614203	02-29-2024	\$3699
SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,L1	MANUFACTURER	02-02-2023
STRIDES PHARMA INC. 1 RAM RIDGE RD. CHESTNUT RIDGE, NY 109776714		

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.**

REPORT
CHANGES
FROM THE

1. visit our web site at deaddiversion.usdoj.gov - or
2. submit your change(s) in writing to:
 Attention: Director, Drug Diversion Unit
 1101 20th Street
 Springfield, VA 22152-2610
 See Title 21 Code of Federal Regulations, Section 1301.51

You have been registered to handle the following chemical/drug codes:

Drug Codes

1100 1724 2012 2100 4000 8112 8113 9050 9143 9193 9220 9300 9652 9801



CERTIFICATE OF LIABILITY INSURANCE

2263

DATE (MM/DD/YYYY)

03/03/2023

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 Brown & Brown of Florida, Inc. 83 Park Place Blvd, Suite 101 Clearwater FL 33759		CONTACT NAME: Sharon Burton-Hicks PHONE (A/C, No., Ext): (813) 226-1325 FAX (A/C, No.): (813) 226-1313 E-MAIL ADDRESS: Sharon.Burton-Hicks@bbrown.com	
INSURED Strides Pharma, Inc. 2 Tower Center Blvd, Suite 1102 East Brunswick NJ 08816		INSURER(S) AFFORDING COVERAGE INSURER A: Endurance Assurance Corporation INSURER B: Sompo America Fire & Marine Insurance Company INSURER C: The Charter Oak Fire Insurance Company INSURER D: INSURER E: INSURER F:	
		NAIC # 11551 38997 25615	

COVERAGES**CERTIFICATE NUMBER:** 23-24 COI**REVISION NUMBER:**

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: ☒ POLICY ☐ PRO-JECT ☐ LOC ☐ OTHER:			LGM30000968701	03/01/2023	03/01/2024	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ Excluded Employee Benefits \$ 1,000,000
	☐ AUTOMOBILE LIABILITY ☐ ANY AUTO ☐ OWNED AUTOS ONLY ☒ HIRED AUTOS ONLY ☐ SCHEDULED AUTOS ☒ NON-OWNED AUTOS ONLY			LAM30028074701	03/01/2023	03/01/2024	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	☒ UMBRELLA LIAB ☒ OCCUR ☐ EXCESS LIAB ☐ CLAIMS-MADE DED ☐ RETENTION \$ 0			AUS30016637501	03/01/2023	03/01/2024	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000
	☒ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below Y/N ☒ N N/A			UB8T833607-22-12-V	12/31/2022	12/31/2023	☒ PER STATUTE ☐ OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

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

CERTIFICATE HOLDER**CANCELLATION**

FOR INFORMATION ONLY

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

AUTHORIZED REPRESENTATIVE

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ACORD 25 (2016/03)

The ACORD name and logo are registered marks of ACORD



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

RIDER

Attached to and forming part of Bond # 21BSBIF1606 ,
on behalf of Strides Pharma Inc.
of 2 Tower Center Boulevard, East Brunswick, NJ 08816
in favor of Nevada State Board of Pharmacy
and in the amount of Twenty Five Thousand (\$25,000.00) Dollars.

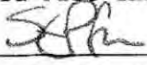
It is understood and agreed that effective September 19, 2023
the following location address shall be added:

One Ram Ridge Rd, Chestnut Ridge, NY 10977

All other conditions and terms remain as originally written.

Signed, Sealed, and Dated September 19, 2023

Hartford Fire Insurance Company

By: 
Stephen P. Farmer, Attorney-in-Fact

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

POWER OF ATTORNEY

KNOW ALL PERSONS BY THESE PRESENTS THAT:

Agency Name: BROWN & BROWN OF FLORIDA INC

Agency Code: 21-220889

- ☒ Hartford Fire Insurance Company, a corporation duly organized under the laws of the State of Connecticut
- ☒ Hartford Casualty Insurance Company, a corporation duly organized under the laws of the State of Indiana
- ☒ Hartford Accident and Indemnity Company, a corporation duly organized under the laws of the State of Connecticut
- ☐ Hartford Underwriters Insurance Company, a corporation duly organized under the laws of the State of Connecticut
- ☐ Twin City Fire Insurance Company, a corporation duly organized under the laws of the State of Indiana
- ☐ Hartford Insurance Company of Illinois, a corporation duly organized under the laws of the State of Illinois
- ☐ Hartford Insurance Company of the Midwest, a corporation duly organized under the laws of the State of Indiana
- ☐ Hartford Insurance Company of the Southeast, a corporation duly organized under the laws of the State of Florida

having their home office in Hartford, Connecticut, (hereinafter collectively referred to as the "Companies") do hereby make, constitute and appoint, up to the amount of Unlimited:

Tyler D. DeBord, Stephen P. Farmer, Pamela J. Thompson of DAYTONA BEACH, Florida

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 6, 2015 the Companies have caused these presents to be signed by its Senior Vice President and its corporate seals to be hereto affixed, duly attested by its Assistant Secretary. Further, pursuant to Resolution of the Board of Directors of the Companies, the Companies hereby unambiguously affirm that they are and will be bound by any mechanically applied signatures applied to this Power of Attorney.



John Gray

John Gray, Assistant Secretary

M. Ross Fisher

M. Ross Fisher, Senior Vice President

STATE OF CONNECTICUT

ss. Hartford

COUNTY OF HARTFORD

On this 5th day of January, 2018, before me personally came M. Ross Fisher, to me known, who being by me duly sworn, did depose and say: that he resides in the County of Hartford, State of Connecticut; that he is the Senior Vice President of the Companies, the corporations described in and which executed the above instrument; that he knows the seals of the said corporations; that the seals affixed to the said instrument are such corporate seals; that they were so affixed by authority of the Boards of Directors of said corporations and that he signed his name thereto by like authority.



CERTIFICATE

Kathleen T. Maynard

Kathleen T. Maynard
Notary Public

My Commission Expires July 31, 2021

I, the undersigned, Assistant Vice President of the Companies, DO HEREBY CERTIFY that the above and foregoing is a true and correct copy of the Power of Attorney executed by said Companies, which is still in full force effective as of September 10, 2023

Signed and sealed at the City of Hartford.



Kevin Heckman

Kevin Heckman, Assistant Vice President

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206

Reno, NV 89521

(775) 850-1440

Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BONDBond No. 83BSBIF1606

Application/License No. _____

STRIDES PHARMA, INC., doing or intending to do business as a
Applicant/Principal
 pharmaceutical wholesaler, whose address for purposes of service is
2 Tower Center Blvd. Suite 1102 East Brunswick, NJ 08816, as
Address of Applicant/Principal
PRINCIPAL, and HARTFORD FIRE INSURANCE COMPANY, a
Surety Company
 corporation organized under the laws of the state of CT
State of Incorporation
 and authorized to transact a general surety business in the State of

Nevada, whose address for purposes of service is
One Hartford Plaza, Hartford CT 06155 as
Address of Surety

SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of 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 2/24/2020.
Effective Date

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

THIS BOND is subject to the following conditions:

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

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

In witness whereof, each party to this bond has caused it to be executed on this
24th day of February, 2020.

APPLICANT/PRINCIPAL
 STRIDES PHARMA, INC.

Authorized Representative

SURETY COMPANY
 HARTFORD FIRE INSURANCE COMPANY

Surety Company's Representative

Aerie Walton, Attorney-in-fact
 print name

SIGNED and SEALED in the presence of:

Witness

SIGNED and SEALED in the presence of:

Witness

Titus Simons III

Witness

Witness

Samantha Chierici

Countersigned by:

Derek James Elston, Nevada Non-Resident Agent



Posted February 20, 2020

POWER OF ATTORNEY

Direct Inquiries/Claims to:

THE HARTFORD

BOND, T-12

One Hartford Plaza

Hartford, Connecticut 06155

Bond.Claims@thehartford.com

call: 888-266-3488 or fax: 860-757-5835

KNOW ALL PERSONS BY THESE PRESENTS THAT:

Agency Name: AON RISK SERVICES CENTRAL INC
Agency Code: 83-553702

- | | |
|-------------------------------------|--|
| ☒ | Hartford Fire Insurance Company, a corporation duly organized under the laws of the State of Connecticut |
| ☒ | Hartford Casualty Insurance Company, a corporation duly organized under the laws of the State of Indiana |
| ☒ | Hartford Accident and Indemnity Company, a corporation duly organized under the laws of the State of Connecticut |
| ☐ | Hartford Underwriters Insurance Company, a corporation duly organized under the laws of the State of Connecticut |
| ☐ | Twin City Fire Insurance Company, a corporation duly organized under the laws of the State of Indiana |
| ☐ | Hartford Insurance Company of Illinois, a corporation duly organized under the laws of the State of Illinois |
| ☐ | Hartford Insurance Company of the Midwest, a corporation duly organized under the laws of the State of Indiana |
| ☐ | Hartford Insurance Company of the Southeast, a corporation duly organized under the laws of the State of Florida |

having their home office in Hartford, Connecticut, (hereinafter collectively referred to as the "Companies") do hereby make, constitute and appoint, **up to the amount of Unlimited :**

Derek J. Elston, Ann Mullins, Christopher P. Troha, Marcia K. Cesafsky, Jennifer L. Jakaitis, Bartlomiej Siepierski, Aerie Walton of CHICAGO, Illinois

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 6, 2015 the Companies have caused these presents to be signed by its Senior Vice President and its corporate seals to be hereto affixed, duly attested by its Assistant Secretary. Further, pursuant to Resolution of the Board of Directors of the Companies, the Companies hereby unambiguously affirm that they are and will be bound by any mechanically applied signatures applied to this Power of Attorney.



John Gray

John Gray, Assistant Secretary

M. Ross Fisher

M. Ross Fisher, Senior Vice President

STATE OF CONNECTICUT

COUNTY OF HARTFORD

ss. Hartford

On this 5th day of January, 2018, before me personally came M. Ross Fisher, to me known, who being by me duly sworn, did depose and say: that he resides in the County of Hartford, State of Connecticut; that he is the Senior Vice President of the Companies, the corporations described in and which executed the above instrument; that he knows the seals of the said corporations; that the seals affixed to the said instrument are such corporate seals; that they were so affixed by authority of the Boards of Directors of said corporations and that he signed his name thereto by like authority.



CERTIFICATE

Kathleen T. Maynard

Kathleen T. Maynard
Notary Public

My Commission Expires July 31, 2021

I, the undersigned, Assistant Vice President of the Companies, DO HEREBY CERTIFY that the above and foregoing is a true and correct copy of the Power of Attorney executed by said Companies, which is still in full force effective as of 2/21/20
Signed and sealed at the City of Hartford.



Kevin Heckman

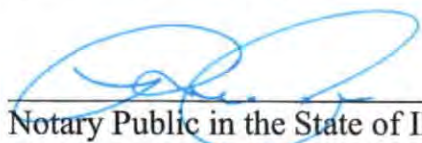
Kevin Heckman, Assistant Vice President

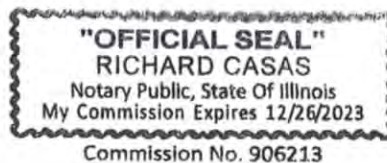
ACKNOWLEDGEMENT BY SURETY

STATE OF ILLINOIS
COUNTY OF COOK

On this 24th day of February, 2020, before me, Richard Casas, a Notary Public, within and for said County and State, personally appeared Aerie Walton to me personally known to be the Attorney-in-Fact of and for Hartford Fire Insurance Company and acknowledged that s/he executed the said instrument as the free act and deed of said Company

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal, at my office in the aforesaid County, the day and year in this certificate first above written.



Notary Public in the State of Illinois
County of Cook

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 Strides Pharma, Inc. MDEG License # (if applicable) N/A
 Physical Address One Ram Ridge Road
 City Chestnut Ridge State NY Zip 10977
 Mailing Address (if different from physical address) c/o State License Servicing c/o State License Servicing, 1751 State Route 17A, Suite 3
 City Florida State NY Zip 10921
 Telephone (845) 544-2482 Website www.stridesarco.com
 Licensing Company Email SPI@slny.com

Section 2: Personal Information

First Kenneth Middle W Last Waibel
 Alias(es, nicknames, name changes, etc.) N/A
 Date of Birth [REDACTED] SSN or ITIN [REDACTED] Sex ☒ M ☐ F ☐ X
 Mailing Address c/o State License Servicing 1751 State Route 17A, Suite 3
 City Florida State NY Zip 10921
 Telephone [REDACTED] Email kenneth.waibel@stridesusa.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

	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)		
New Jersey Institute of Technology		09/2011 - 05/2012		
Address	City	State	Zip	
323 Dr Martin Luther King Jr Blvd	Newark	NJ	07102	
Diploma/Degree obtained, if any				
Master of Science in Management, 2012				
School Name		From - To (MM/YY - MM/YY)		
Drexel University		1984 - 06/1989		
Address	City	State	Zip	
3141 Chestnut St	Philadelphia	PA	19104	
Diploma/Degree obtained, if any				
Bachelor of Science in Commerce and Engineering				
School Name		From - To (MM/YY - MM/YY)		
Pompton Lakes High School		1980 - 1984		
Address	City	State	Zip	
44 Lakeside Ave.	Pompton Lakes	NJ	07442	
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
1991 - Present		Pompton Lakes	NJ	07442
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	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 635.694)				
Business Name Strides Pharma, Inc.			From - To (MM/YY - MM/YY) 2021 - Present	
Business Address One Ram Ridge Road		City Chestnut Ridge	State NY	Zip 10977
Phone (845) 682-3292	Title Director - Manufacturing and Packaging		Number of Employed Hours ~ 5,890 hrs	
Description of Duties A member of the site leadership team in reporting to the site lead. Responsible for all Manufacturing Operations (Pharmacy, Granulation, Compression, Encapsulation and Coating) encompassing solid dosage, liquid and gel manufacturing as well as packaging.				
Business Name PAR PHARMA, an Endo International Company			From - To (MM/YY - MM/YY) 2019 - 2021	
Business Address 1 Ram Ridge Rd		City Chestnut Ridge	State NY	Zip 10977
Phone (845) 573-5500	Title Senior Manager-Manufacturing		Number of Employed Hours ~ 4,160 hrs	
Description of Duties Responsible for all Manufacturing Operations (Pharmacy, Granulation, Compression, Encapsulation and Coating) encompassing solid dosage, liquid and gel manufacturing.				
Business Name Collagen Matrix			From - To (MM/YY - MM/YY) 2016 - 2019	
Business Address 110 Commerce Dr		City Allendale	State NJ	Zip 07401
Phone (201) 786-9300	Title Manufacturing Manager - Colleen and Mineral Medical Devices		Number of Employed Hours ~ 6,240 hrs	
Description of Duties Manage the manufacturing and packaging of collagen and mineral based 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				

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. **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, Kenneth W Waibel, certify that as the MDEG Administrator for
Strides Pharma, Inc.

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

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

Kenneth W. Waibel

Print Name (First, Last)



Original Signature (electronic, copies or stamps not accepted)

10/12/2023

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 Strides Pharma, Inc.
 Pharmacy/Wholesaler License # (if applicable) Applying
 Physical Address One Ram Ridge Road
 City Chestnut Ridge State NY Zip 10977
 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.stridesarco.com
 Licensing Company Email SPI@slsny.com

Section 2: Personal Information

First Kenneth Middle W Last Waibel
 Alias(es, nicknames, name changes, etc.) N/A
 Date of Birth [REDACTED] SSN or ITIN [REDACTED] Sex ☒ M ☐ F ☐ X
 Mailing Address [REDACTED]
 City Pompton Lakes State NJ Zip 07442
 Telephone [REDACTED] Email kenneth.waibel@stridesusa.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 New Jersey Institute of Technology		From - To (MM/YY - MM/YY) 09/2011 - 05/2012	
Address 323 Dr Martin Luther King Jr Blvd	City Newark	State NJ	Zip 07102
Diploma/Degree obtained, if any Master of Science in Management, 2012			
School Name Drexel University		From - To (MM/YY - MM/YY) 1984 - 06/1989	
Address 3141 Chestnut St	City Philadelphia	State PA	Zip 19104
Diploma/Degree obtained, if any Bachelor of Science in Commerce and Engineering			
School Name Pompton Lakes High School		From - To (MM/YY - MM/YY) 1980 - 1989	
Address 44 Lakeside Ave	City Pompton Lakes	State NJ	Zip 07442
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) 1991 - Present	Address [REDACTED]	City Pompton Lakes	State NJ	Zip 07442
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	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 Strides Pharma, Inc.		From - To (MM/YY - MM/YY) 2021 - Present	
Business Address One Ram Ridge Road	City Chestnut Ridge	State NY	Zip 10977
Phone (845) 682-3222	Title Director - Manufacturing and Packaging	Number of Employed Hours ~ 5,890 hrs	

Description of Duties

A member of the site leadership team in reporting to the site lead. Responsible for all Manufacturing Operations (Pharmacy, Granulation, Compression, Encapsulation and Coating) encompassing solid dosage, liquid and gel manufacturing as well as packaging.

Business Name PAR PHARMA, an Endo International Company		From - To (MM/YY - MM/YY) 2019 - 2021	
Business Address 1 Ram Ridge Rd	City Chestnut Ridge	State NY	Zip 10977
Phone (845) 573-5500	Title Senior Manager-Manufacturing	Number of Employed Hours ~ 4,160 hrs	

Description of Duties

Responsible for all Manufacturing Operations (Pharmacy, Granulation, Compression, Encapsulation and Coating) encompassing solid dosage, liquid and gel manufacturing.

Business Name Collagen Matrix		From - To (MM/YY - MM/YY) 2016 - 2019	
Business Address 110 Commerce Dr	City Allendale	State NJ	Zip 07401
Phone (201) 786-9300	Title Manufacturing Manager - Colleen and Mineral Medical Devices	Number of Employed Hours ~ 6,240 hrs	

Description of Duties

Manage the manufacturing and packaging of collagen and mineral based 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

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 manufacture 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, Kenneth W Waibel, certify that as the designated representative for
Strides Pharma, Inc.

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.

Kenneth W Waibel

Print Name (First, Last)

KW Waibel

Original Signature (electronic, copies or stamps not accepted)

10 / 12 / 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.

Kenneth W Waibel

Print Name (First, Last)

Kenneth W Waibel
Original Signature (electronic, copies or stamps not accepted)

10 / 12 / 2023
Date

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

State of New York, ss. County of Rockland

I, Kenneth W Waibel, 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.

Kenneth W Waibel
Original Signature Kenneth W Waibel

10 / 12 / 2023
Date

Subscribed and Sworn to before me this 12 day of October, 2023

Jennifer B Fraser
Notary Public Signature



(Seal)

JENNIFER B. FRASER
NOTARY PUBLIC, STATE OF NEW YORK
No. 01FR6430401
Qualified in Rockland County
My Commission Expires 03/14/2026

Position ID	Payroll Name	Job Title Description	Home Department Description	Location Description
	Aiston, Ernest	Operator II, Manufacturing	Manufacturing	New York-Chestnut Ridge
	Alvarez, Carlos	Senior Technician, Reliability	Packaging	New York-Chestnut Ridge
	Antala, Rachana	Associate Director, Contracts & Pricing	Customer Service	New York-Chestnut Ridge
	Auguste, Martine	Operator III, Packaging	Packaging	New York-Chestnut Ridge
	Baliwala, Suman	Operator III, Packaging	Packaging	New York-Chestnut Ridge
	Barragan, Rafael	Senior Supervisor, Manufacturing	Manufacturing	New York-Chestnut Ridge
	Bellara, Hema D	Associate Director, Supply Chain	Supply Chain	New York-Chestnut Ridge
	Bhalara, Himmat	Operator III, Manufacturing	Manufacturing	New York-Chestnut Ridge
	Bhavsar, Dharmesh	Operator III, Manufacturing	Manufacturing	New York-Chestnut Ridge
	Brady, Timothy John	Technician III, Reliability	Packaging	New York-Chestnut Ridge
	Brahmbhatt, Kamlesh	Group Lead, Manufacturing Technician	Manufacturing	New York-Chestnut Ridge
	Bunko, Kazimiera	Group Lead, Packaging	Packaging	New York-Chestnut Ridge
	Cassotis, Peter	Supervisor, Warehouse	Warehouse	New York-Chestnut Ridge
	Desai, Saumilkumar	Technician II, Pharmaceutical Technology	Technical Operations	New York-Chestnut Ridge
	Dseagu, Kenneth	Associate II, Quality Operations	Quality Assurance	New York-Chestnut Ridge
	Earl, Jerry	Senior Technician, Reliability	Facilities	New York-Chestnut Ridge
	Fehn, Tracey	Group Lead, Manufacturing Technician	Manufacturing	New York-Chestnut Ridge
	Feniger, Alexandria	Associate I, Project Management	Technical Operations	New York-Chestnut Ridge
	Fraser, Jennifer B	Senior Manager, Environmental Health & Safety	Facilities	New York-Chestnut Ridge
	Fraser, Nicholas C	Associate I, DEA Compliance	Management	New York-Chestnut Ridge
	Fuller, Patrice	Manager, Account Receivable	Finance	New York-Chestnut Ridge
	Gaspard, Pierre	Operator I, Warehouse	Warehouse	New York-Chestnut Ridge
	Greene, Cathyan Allison	Associate I, Quality Operations	Quality Assurance	New York-Chestnut Ridge
	Hageman, Clark C.	Associate I, Process Engineer	Technical Operations	New York-Chestnut Ridge
	Hamill, Astrida	Engineer, Information Technology	Information Technology	New York-Chestnut Ridge
	Hamza, Kareem	Senior Technician, Manufacturing	Manufacturing	New York-Chestnut Ridge
	Harris, Robert	Operator I, Packaging	Packaging	New York-Chestnut Ridge
	Jani, Kirit K	Manager, Quality Assurance Compliance	Quality Assurance	New York-Chestnut Ridge
	Jilla, Shamanth	Specialist, Computer System Validation	Engineering Services	New York-Chestnut Ridge
	Johnson, Anthony L	Operator I, Warehouse	Warehouse	New York-Chestnut Ridge
	Joshi, Alpa	Group Lead, Packaging	Packaging	New York-Chestnut Ridge
	Joshi, Bhadrash	Group Lead, Labeling Technician	Packaging	New York-Chestnut Ridge
	Justiniano, Christopher	Analyst, Accounts Payable	Finance	New York-Chestnut Ridge
	Kaloshi, Benjamin	Operator II, Manufacturing	Manufacturing	New York-Chestnut Ridge
	Kaur, Paramjit	Line Lead, Packaging	Packaging	New York-Chestnut Ridge
	Kelly, Austin Francis	Associate II, Quality Operations	Quality Assurance	New York-Chestnut Ridge
	Khatri, Umesh manilal	Senior Technician, Manufacturing	Manufacturing	New York-Chestnut Ridge
	Kolano, Pawel	Associate Director, Supply Chain	Supply Chain	New York-Chestnut Ridge
	Lapsia, Varsha	Associate Director, Human Resources	Human Resources	New York-Chestnut Ridge
	Larysz, Adam	Associate III, Quality Operations	Quality Assurance	New York-Chestnut Ridge
	Legeme, Ydem	Operator II, Manufacturing	Manufacturing	New York-Chestnut Ridge
	Lopez, Rous	Senior Operator, Packaging	Packaging	New York-Chestnut Ridge
	Lowery, Antonio	Operator I, Warehouse	Warehouse	New York-Chestnut Ridge
	MacLeod, Brianna C	Engineer I, Process	Technical Operations	New York-Chestnut Ridge
	Maldonado, Pedro	Supervisor, Packaging	Packaging	New York-Chestnut Ridge
	Marano, Marissa	Associate Director, Program Management	Technical Operations	New York-Chestnut Ridge
	Marshall, John	Group Lead, Reliability Technician	Packaging	New York-Chestnut Ridge
	McCarthy, Richard	Associate II, Quality Batch Record Review	Quality Assurance	New York-Chestnut Ridge
	McLaughlin, Rita E	Chargeback & Rebate Analyst, Finance	Finance	New York-Chestnut Ridge
	Mistry, Kaushlya	Operator II, Packaging	Packaging	New York-Chestnut Ridge
	Mistry, Suresh	Operator II, Manufacturing	Manufacturing	New York-Chestnut Ridge
	Oloo, Elizabeth	Group Lead, Packaging	Packaging	New York-Chestnut Ridge
	Osenenko, Nicole A.	Specialist, Human Resources	Human Resources	New York-Chestnut Ridge
	Parikh, Upendra	Operator III, Manufacturing	Manufacturing	New York-Chestnut Ridge
	Parsons, Stewart	Site Leader	Management	New York-Chestnut Ridge
	Patel, Ashok	Senior Technician, Manufacturing	Manufacturing	New York-Chestnut Ridge
	Patel, Beena	Technician I, Packaging	Packaging	New York-Chestnut Ridge
	Patel, Gita A	Operator III, Packaging	Packaging	New York-Chestnut Ridge
	Patel, Lalajibhai S	Operator III, Manufacturing	Manufacturing	New York-Chestnut Ridge
	Patel, Mahesh A	Senior Specialist, Quality	Quality Assurance	New York-Chestnut Ridge
	Patel, Manjula	Operator II, Packaging	Packaging	New York-Chestnut Ridge
	Patel, Nikesh	Senior Operator, Manufacturing	Manufacturing	New York-Chestnut Ridge

Patel, Nutan	Operator III, Packaging	Packaging	New York-Chestnut Ridge
Patel, Palak	Specialist, Operations ERP Documentation	Manufacturing	New York-Chestnut Ridge
Patel, Ramesh N.	Group Lead, Manufacturing Technician	Manufacturing	New York-Chestnut Ridge
Patel, Sangita	Operator II, Packaging Labelling	Packaging	New York-Chestnut Ridge
Patel, Sanjay K	Operator III, Packaging	Packaging	New York-Chestnut Ridge
Patel, Shital A	Operator II, Packaging	Packaging	New York-Chestnut Ridge
Patel, Shobhana	Group Lead, Packaging	Packaging	New York-Chestnut Ridge
Patel, Sunil	Associate Director, Pharmaceutical Technology	Technical Operations	New York-Chestnut Ridge
Pillai, Adhith Raviraj	Financial Analyst	Finance	New York-Chestnut Ridge
Pinciotti, Stephen James	Director, Engineering Services	Engineering Services	New York-Chestnut Ridge
Placek, Robert	Senior Specialist, Contracts	Facilities	New York-Chestnut Ridge
Poli, Conrad	Associate III, Quality Operations	Quality Assurance	New York-Chestnut Ridge
Raje, Anuj	Engineer I, Validation	Engineering Services	New York-Chestnut Ridge
Ramirez Silverio, Jean Carlos	Technician II, Reliability	Packaging	New York-Chestnut Ridge
Rana, Kalpendu R	Operator II, Manufacturing	Manufacturing	New York-Chestnut Ridge
Rana, Rakeshkumar P	Operator III, Manufacturing	Manufacturing	New York-Chestnut Ridge
Rana, Urvi	Engineer I, Validation	Engineering Services	New York-Chestnut Ridge
Ribot, Christopher	Engineer I, Serialization	Engineering Services	New York-Chestnut Ridge
Rodriguez, Carlos	Group Lead, Manufacturing Technician	Manufacturing	New York-Chestnut Ridge
Roman, Sonia	Senior Specialist, Quality Compliance	Quality Assurance	New York-Chestnut Ridge
Ryan, Geoffrey	Technician III, Reliability	Packaging	New York-Chestnut Ridge
Saad, Samir	Operator I, Packaging	Packaging	New York-Chestnut Ridge
Savalia, Satish	Operator I, Packaging	Packaging	New York-Chestnut Ridge
Shah, Kaushal	Associate III, Quality Operations	Quality Assurance	New York-Chestnut Ridge
Shah, Kirit	Group Lead, Manufacturing Technician	Manufacturing	New York-Chestnut Ridge
Shah, Mukesh M	Operator III, Manufacturing	Manufacturing	New York-Chestnut Ridge
Shah, Pravin	Senior Associate III, Quality Batch Review	Quality Assurance	New York-Chestnut Ridge
Shah, Suman	Operator III, Manufacturing	Manufacturing	New York-Chestnut Ridge
Shah, Usha	Senior Technician, Packaging	Packaging	New York-Chestnut Ridge
Smith, Darryl	Operator I, Packaging	Packaging	New York-Chestnut Ridge
Stojkanovic, Mira	Senior Operator, Packaging	Packaging	New York-Chestnut Ridge
Stover, Samuel G	Technician III, Reliability	Facilities	New York-Chestnut Ridge
Talati, Madhusudan	Senior Technician, Manufacturing	Manufacturing	New York-Chestnut Ridge
Tamazian, Edward	Operator II, Manufacturing	Manufacturing	New York-Chestnut Ridge
Thomas, Skaria	Senior Technician, Manufacturing	Manufacturing	New York-Chestnut Ridge
Thomas, Tonyalisa	Buyer/Planner, Production Planning	Supply Chain	New York-Chestnut Ridge
Tibra, Avinash	Senior Director, Finance	Finance	New York-Chestnut Ridge
Urena, Antonia	Operator III, Packaging	Packaging	New York-Chestnut Ridge
Valsaint, Wilfrid	Operator III, Manufacturing	Manufacturing	New York-Chestnut Ridge
Velasquez, Orlando	Senior Technician, Reliability	Facilities	New York-Chestnut Ridge
Vinukonda, Anjaneyulu	Scientist, Formulation & Process Development	Technical Operations	New York-Chestnut Ridge
Waheedullah, Ali	Supervisor, Maintenance Engineering	Facilities	New York-Chestnut Ridge
Waibel, Kenneth	Director, Manufacturing & Packaging	Production	New York-Chestnut Ridge
Welch, Thomas	Senior Security Officer	Facilities	New York-Chestnut Ridge
Yang, David Boyang	Senior Supervisor, Quality Assurance (Operati	Quality Assurance	New York-Chestnut Ridge
Zaki, Rada	Operator III, Manufacturing	Manufacturing	New York-Chestnut Ridge

11

11A

Renewal Application
Pharmacist

Application Fee : \$200.00
Convenience Fee : \$10.00
License Number : 16142
License Type : Pharmacist
New Expiration Date : 10/31/2025

Renewal Type

Please confirm the status that you are renewing before moving to the next section.

☒ Active ☐ Inactive

[Proceed to Renew](#)

Personal Information

First Name : HaiDuong

Middle (initial only) :

Last Name : Ngo

License # : 16142

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 :

Military Address : ☐

Street : WATERBURY LN

Country : United States

City : HUNTINGTON BEACH

State : California

Zip : 92646

Practice Phone : (XXX) XXX-XXXX

Practice Fax : (XXX) XXX-XXXX

☐ Select if the Practice Address is your mailing address

The address you select as the mailing address will be shown on the certificate

Home Address :

Military Address : ☐

Street : Waterbury Lane

Country : United States

City : Huntington Beach

State : California

Zip : 92646

Home Phone : (XXX) XXX-XXXX

Cell Phone :

Email Address :

Fax : (XXX) XXX-XXXX

☒ Select if the Home Address is your mailing address

The address you select as the mailing address will be shown on the certificate

Sex : Female

Practice License Number:

Specialty:

Nevada Business License Information - Check appropriate answer

2289

- ☒ I DO NOT have a Nevada Business license number.
- ☐ I HAVE APPLIED for a Nevada Business License with the Nevada Secretary of State in Compliance with provisions of NRS Chapter 76 and my application is pending.
- ☐ I have a Nevada Business License number assigned by the Secretary of State in compliance with the provisions of NRS Chapter 76789066.

Name on Business License :

Business License # :

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 conditions 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

Legal Information

- 2290
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 while completed or pending in any state? ☐ Yes ☒ No
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

The California State Board of Pharmacy has placed my CA RPH license on probation for 5 years effective 4/21/2022. My CA RPH license is placed on probation as a result of the Stipulated Settlement of CA Board Accusation case #7025. The AC #7025 case was primarily a case about failure to comply with the RPH Corresponding Responsibilities regarding controlled substances. I was part owner, and PIC of Top Drugs Pharmacy from 2018 to 2022 when I was audited by the CA Board of pharmacy inspector during a routine pharmacy inspection in 2020. The Board Inspector audited my controlled prescriptions, and discovered that I was not in compliance with the RPH Corresponding Responsibilities and Red Flags in filling controlled prescriptions.

Document Name	Document Type	Date	Link	Action
AC 7025, HaiDuong Ngo	Legal - Question 4	10/28/2023	Document Details	

Document Name :

Document Type :

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 :

Date :

Case # :

Criminal Action :

State :

Date :

Case # :

County :

Court :

CE Hours

Active ☒ By checking this box you certify you have completed ALL required CE Hours due for the 2021/2023 Renewal period. (Dated from Nov. 1, 2021 – Oct. 31, 2023; 1.25hrs per mo.). The exemption period is 2yrs after graduation only

Acknowledgement and Declaration

I understand that it is a violation of Nevada law to falsify this application, and sanctions may be imposed for fraud or misrepresentation. I affirm that I have read this application and the statements made are true and correct. I understand and will comply with the guidelines of the Centers for Disease Control and Prevention concerning the prevention of transmission of infectious agents through safe injection practices. I understand that NRS 432B.220 requires that if, in my professional capacity, I know or have reason to believe that a child has been abused or neglected, I am mandated to report the abuse/neglect to an agency which provides child welfare services or to a local law enforcement agency.

Signature :

Date Of Application :

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 11/1/2023 to 10/31/2025	License Renewal Fee	\$200.00
	Convenience Fee	\$10.00
	Late Fee	\$0.00
	Total :	\$210.00

Fee and Payment

2291

Payment Method : Credit / Debit Card ▼

Application Fees : 200

Reinstatement Fee : 0

Transaction Fee : 10

Late Fees : 0

Reference Number : 120083113498

InvoiceDate : 10/28/2023

Paid

Pay & Submit

**BEFORE THE
BOARD OF PHARMACY
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA**

In the Matter of the Accusation Against:

**TOP DRUGS PHARMACY, INC., dba
TOP DRUGS PHARMACY;
TOM THUY PHUNG, CEO, CFO, PRES, DIR, SEC, TREAS;
HAIDUONG NGO, VP, DIR,
Pharmacy Permit No. PHY 55878;**

**HAIDUONG NGO,
Pharmacist License No. RPH 54675;**

and

**TOM THUY PHUNG,
Pharmacist License No. 52739**

Respondents.

Agency Case No. 7025

OAH No. 2021061004

DECISION AND ORDER

The attached Stipulated Settlement and Disciplinary Order is hereby adopted by the Board of Pharmacy, Department of Consumer Affairs, as its Decision in this matter.

This Decision shall become effective at 5:00 p.m. on April 21, 2022.

It is so ORDERED on March 22, 2022.

BOARD OF PHARMACY
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

A handwritten signature in black ink, appearing to read "Seung W. Oh". The signature is fluid and cursive, with the first name "Seung" and last name "Oh" being the most prominent parts.

Seung W. Oh, Pharm.D.
Board President

ROB BONTA
 Attorney General of California
 CARL M. SONNE
 Senior Assistant Attorney General
 ERIN M. SUNSERI
 Supervising Deputy Attorney General
 State Bar No. 207031
 600 West Broadway, Suite 1800
 San Diego, CA 92101
 P.O. Box 85266
 San Diego, CA 92186-5266
 Telephone: (619) 738-9419
 Facsimile: (619) 645-2061
Attorneys for Complainant

**BEFORE THE
 BOARD OF PHARMACY
 DEPARTMENT OF CONSUMER AFFAIRS
 STATE OF CALIFORNIA**

In the Matter of the Accusation Against:

**TOP DRUGS PHARMACY, INC.,
 DBA TOP DRUGS PHARMACY;
 TOM THUY PHUNG, CEO, CFO, PRES,
 DIR, SEC, TREAS;
 HAIDUONG NGO, VP, DIR
 11010 Magnolia St.,
 Garden Grove, CA 92841**

Pharmacy Permit Number No. PHY 55878,

**HAIDUONG NGO
 [REDACTED] Waterbury Ln.,
 Huntington Beach, CA 92646**

Pharmacist License No. RPH 54675,

and

**TOM THUY PHUNG
 [REDACTED] Waterbury Ln.,
 Huntington Beach, CA 92646**

Pharmacist License No. RPH 52739

Respondents.

Case No. 7025

OAH No. 2021061004

**STIPULATED SETTLEMENT AND
 DISCIPLINARY ORDER AS TO
 HAIDUONG NGO, ONLY**

1 IT IS HEREBY STIPULATED AND AGREED by and between parties Complainant Anne
2 Sodergren and Respondent Haiduong Ngo to the above-entitled proceedings that the following
3 matters are true:

4 **PARTIES**

5 1. Anne Sodergren (Complainant) is the Executive Officer of the Board of Pharmacy
6 (Board). She brought this action solely in her official capacity and is represented in this matter by
7 Rob Bonta, Attorney General of the State of California, by Erin M. Sunseri, Supervising Deputy
8 Attorney General.

9 2. Respondent is represented in this proceeding by Adam B. Brown of the Law Offices
10 of Brown & Brown, 3848 Carson Street, Suite 206, Torrance, California 90503.

11 3. On or about August 21, 2003, the Board of Pharmacy issued Pharmacist License
12 Number RPH 54675 to Haiduong Ngo (Respondent). The Pharmacist License was in full force
13 and effect at all times relevant to the charges brought herein and will expire on February 28,
14 2023, unless renewed.

15 **JURISDICTION**

16 4. Accusation No. 7025 was filed before the Board, and is currently pending against
17 Respondent. The Accusation and all other statutorily required documents were properly served
18 on Respondent on February 1, 2021. Respondent timely filed her Notice of Defense contesting
19 the Accusation.

20 5. A copy of Accusation No. 7025 is attached as Exhibit A and incorporated herein by
21 reference.

22 **ADVISEMENT AND WAIVERS**

23 6. Respondent has carefully read, fully discussed with counsel, and understands the
24 charges and allegations in Accusation No. 7025. Respondent has also carefully read, fully
25 discussed with counsel, and understands the effects of this Stipulated Settlement and Disciplinary
26 Order.

27 7. Respondent is fully aware of her legal rights in this matter, including the right to a
28 hearing on the charges and allegations in the Accusation; the right to confront and cross-examine

1 the witnesses against her; the right to present evidence and to testify on her own behalf; the right
2 to the issuance of subpoenas to compel the attendance of witnesses and the production of
3 documents; the right to reconsideration and court review of an adverse decision; and all other
4 rights accorded by the California Administrative Procedure Act and other applicable laws.

5 8. Respondent voluntarily, knowingly, and intelligently waives and gives up each and
6 every right set forth above.

7 **CULPABILITY**

8 9. Respondent understands and agrees that the charges and allegations in Accusation
9 No. 7025, if proven at a hearing, constitute cause for imposing discipline upon her Pharmacist
10 License.

11 10. For the purpose of resolving the Accusation without the expense and uncertainty of
12 further proceedings, Respondent agrees that, at a hearing, Complainant could establish a factual
13 basis for the charges in the Accusation, and that Respondent hereby gives up her right to contest
14 those charges.

15 11. Respondent agrees that her Pharmacist License is subject to discipline and she agrees
16 to be bound by the Board's probationary terms as set forth in the Disciplinary Order below.

17 **CONTINGENCY**

18 12. This stipulation shall be subject to approval by the Board of Pharmacy. Respondent
19 understands and agrees that counsel for Complainant and the staff of the Board of Pharmacy may
20 communicate directly with the Board regarding this stipulation and settlement, without notice to
21 or participation by Respondent or its counsel. By signing the stipulation, Respondent understands
22 and agrees that she may not withdraw its agreement or seek to rescind the stipulation prior to the
23 time the Board considers and acts upon it. If the Board fails to adopt this stipulation as its
24 Decision and Order, the Stipulated Settlement and Disciplinary Order shall be of no force or
25 effect, except for this paragraph, it shall be inadmissible in any legal action between the parties,
26 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. This Stipulated Settlement and Disciplinary Order is intended by the parties to be an integrated writing representing the complete, final, and exclusive embodiment of their agreement. It supersedes any and all prior or contemporaneous agreements, understandings, discussions, negotiations, and commitments (written or oral). This Stipulated Settlement and Disciplinary Order may not be altered, amended, modified, supplemented, or otherwise changed except by a writing executed by an authorized representative of each of the parties.

15. 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 Pharmacist License No. RPH 54675 issued to Respondent Haiduong Ngo is revoked. However, the revocation is stayed and Respondent is placed on probation for five (5) years on the following terms and conditions:

1. Obey All Laws

Respondent shall obey all state and federal laws and regulations.

Respondent shall report any of the following occurrences to the board, in writing, within seventy- two (72) hours of such occurrence:

- an arrest or issuance of a criminal complaint for violation of any provision of the Pharmacy Law, state and federal food and drug laws, or state and federal controlled substances laws
- a plea of guilty, or nolo contendere, no contest, or similar, in any state or federal criminal proceeding to any criminal complaint, information or indictment
- a conviction of any crime
- the filing of a disciplinary pleading, issuance of a citation, or initiation of another administrative action filed by any state or federal agency which involves

Respondent's license or which is related to the practice of pharmacy or the manufacturing, obtaining, handling, distributing, billing, or charging for any drug, device or controlled substance.

Failure to timely report such occurrence shall be considered a violation of probation.

2. Report to the Board

Respondent shall report to the board quarterly, on a schedule as directed by the board or its designee. The report shall be made either in person or in writing, as directed. Among other requirements, Respondent shall state in each report under penalty of perjury whether there has been compliance with all the terms and conditions of probation.

Failure to submit timely reports in a form as directed shall be considered a violation of probation. Any period(s) of delinquency in submission of reports as directed may be added to the total period of probation. Moreover, if the final probation report is not made as directed, probation shall be automatically extended until such time as the final report is made and accepted by the board.

3. Interview with the Board

Upon receipt of reasonable prior notice, Respondent shall appear in person for interviews with the board or its designee, at such intervals and locations as are determined by the board or its designee. Failure to appear for any scheduled interview without prior notification to board staff, or failure to appear for two (2) or more scheduled interviews with the board or its designee during the period of probation, shall be considered a violation of probation.

4. Cooperate with Board Staff

Respondent shall timely cooperate with the board's inspection program and with the board's monitoring and investigation of Respondent's compliance with the terms and conditions of her probation, including but not limited to: timely responses to requests for information by board staff; timely compliance with directives from board staff regarding requirements of any term or condition of probation; and timely completion of documentation pertaining to a term or condition of probation. Failure to timely cooperate shall be considered a violation of probation.

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1 **5. Continuing Education**

2 Respondent shall provide evidence of efforts to maintain skill and knowledge as a
3 pharmacist as directed by the board or its designee.

4 **6. Reporting of Employment and Notice to Employers**

5 During the period of probation, Respondent shall notify all present and prospective
6 employers of the decision in case number 7025 and the terms, conditions and restrictions imposed
7 on respondent by the decision, as follows:

8 Within thirty (30) days of the effective date of this decision, and within ten (10) days of
9 undertaking any new employment, Respondent shall report to the board in writing the name,
10 physical address, and mailing address of each of her employer(s), and the name(s) and telephone
11 number(s) of all of her direct supervisor(s), as well as any pharmacist(s)-in-charge, designated
12 representative(s)-in-charge, responsible manager, or other compliance supervisor(s) and the work
13 schedule, if known. Respondent shall also include the reason(s) for leaving the prior
14 employment. Respondent shall sign and return to the board a written consent authorizing the
15 board or its designee to communicate with all of Respondent's employer(s) and supervisor(s), and
16 authorizing those employer(s) or supervisor(s) to communicate with the board or its designee,
17 concerning respondent's work status, performance, and monitoring. Failure to comply with the
18 requirements or deadlines of this condition shall be considered a violation of probation.

19 Within thirty (30) days of the effective date of this decision, and within fifteen (15) days of
20 Respondent undertaking any new employment, Respondent shall cause (a) her direct supervisor,
21 (b) her pharmacist-in-charge, designated representative-in-charge, responsible manager, or other
22 compliance supervisor, and (c) the owner or owner representative of her employer, to report to the
23 board in writing acknowledging that the listed individual(s) has/have read the decision in case
24 number 7025, and terms and conditions imposed thereby. If one person serves in more than one
25 role described in (a), (b), or (c), the acknowledgment shall so state. It shall be Respondent's
26 responsibility to ensure that these acknowledgment(s) are timely submitted to the board. In the
27 event of a change in the person(s) serving the role(s) described in (a), (b), or (c) during the term
28 of probation, Respondent shall cause the person(s) taking over the role(s) to report to the board in

1 writing within fifteen (15) days of the change acknowledging that he or she has read the decision
2 in case number 7025, and the terms and conditions imposed thereby.

3 If Respondent works for or is employed by or through an employment service, Respondent
4 must notify the person(s) described in (a), (b), and (c) above at every entity licensed by the board
5 of the decision in case number 7025, and the terms and conditions imposed thereby in advance of
6 respondent commencing work at such licensed entity. A record of this notification must be
7 provided to the board upon request.

8 Furthermore, within thirty (30) days of the effective date of this decision, and within fifteen
9 (15) days of respondent undertaking any new employment by or through an employment service,
10 Respondent shall cause the person(s) described in (a), (b), and (c) above at the employment
11 service to report to the board in writing acknowledging that he or she has read the decision in case
12 number, and the terms and conditions imposed thereby. It shall be Respondent's responsibility to
13 ensure that these acknowledgment(s) are timely submitted to the board.

14 Failure to timely notify present or prospective employer(s) or failure to cause the identified
15 person(s) with that/those employer(s) to submit timely written acknowledgments to the board
16 shall be considered a violation of probation.

17 "Employment" within the meaning of this provision includes any full-time, part-time,
18 temporary, relief, or employment/management service position as a pharmacist, or any position
19 for which a pharmacist is a requirement or criterion for employment, whether Respondent is an
20 employee, independent contractor or volunteer.

21 **7. Notification of Change(s) in Name, Address(es), or Phone Number(s)**

22 Respondent shall further notify the board in writing within ten (10) days of any change in
23 name, residence address, mailing address, e-mail address or phone number.

24 Failure to timely notify the board of any change in employer, name, address, or phone
25 number shall be considered a violation of probation.

26 **8. Restrictions on Supervision and Oversight of Licensed Facilities**

27 During the period of probation, Respondent shall not supervise any intern pharmacist, be
28 the pharmacist-in-charge, designated representative-in-charge, responsible manager or other

1 compliance supervisor of any entity licensed by the board, nor serve as a consultant. Assumption
2 of any such unauthorized supervision responsibilities shall be considered a violation of probation.

3 **9. Reimbursement of Board Costs**

4 As a condition precedent to successful completion of probation, Respondent shall pay to the
5 board its costs of investigation and prosecution in the amount of \$15,000.00 and shall be jointly
6 and severally liable for those costs with Respondents Tom Thuy Phung and Top Drugs Pharmacy,
7 Inc., dba Top Drugs Pharmacy. Respondent shall be permitted to pay these costs in a payment
8 plan approved by the board or its designee, so long as full payment is completed no later than one
9 (1) year prior to the end date of probation. There shall be no deviation from this schedule absent
10 prior written approval by the board or its designee. Failure to pay costs by the deadline(s) as
11 directed shall be considered a violation of probation.

12 **10. Probation Monitoring Costs**

13 Respondent shall pay any costs associated with probation monitoring as determined by the
14 board each and every year of probation. Such costs shall be payable to the board on a schedule as
15 directed by the board or its designee. Failure to pay such costs by the deadline(s) as directed shall
16 be considered a violation of probation.

17 **11. Status of License**

18 Respondent shall, at all times while on probation, maintain an active, current Pharmacist
19 License with the board, including any period during which suspension or probation is tolled.
20 Failure to maintain an active, current Pharmacist License shall be considered a violation of
21 probation.

22 If Respondent's Pharmacist License expires or is cancelled by operation of law or otherwise
23 at any time during the period of probation, including any extensions thereof due to tolling or
24 otherwise, upon renewal or reapplication Respondent's license shall be subject to all terms and
25 conditions of this probation not previously satisfied.

26 ///

27 ///

28 ///

1 **12. License Surrender While on Probation/Suspension**

2 Following the effective date of this decision, should Respondent cease practice due to
3 retirement or health, or be otherwise unable to satisfy the terms and conditions of probation,
4 Respondent may relinquish her license, including any indicia of licensure issued by the board,
5 along with a request to surrender the license. The board or its designee shall have the discretion
6 whether to accept the surrender or take any other action it deems appropriate and reasonable.
7 Upon formal acceptance of the surrender of the license, Respondent will no longer be subject to
8 the terms and conditions of probation. This surrender constitutes a record of discipline and shall
9 become a part of Respondent's license history with the board.

10 Upon acceptance of the surrender, Respondent shall relinquish her pocket and/or wall
11 license, including any indicia of licensure not previously provided to the board within ten (10)
12 days of notification by the board that the surrender is accepted if not already provided.
13 Respondent may not reapply for any license from the board for three (3) years from the effective
14 date of the surrender. Respondent shall meet all requirements applicable to the license sought as
15 of the date the application for that license is submitted to the board, including any outstanding
16 costs.

17 **13. Practice Requirement – Extension of Probation**

18 Except during periods of suspension, Respondent shall, at all times while on probation, be
19 employed as a pharmacist in California for a minimum of 120 hours per calendar month. Any
20 month during which this minimum is not met shall extend the period of probation by one month.
21 During any such period of insufficient employment, Respondent must nonetheless comply with
22 all terms and conditions of probation, unless Respondent receives a waiver in writing from the
23 board or its designee.

24 If Respondent does not practice as a pharmacist in California for the minimum number of
25 hours in any calendar month, for any reason (including vacation), Respondent shall notify the
26 board in writing within ten (10) days of the conclusion of that calendar month. This notification
27 shall include at least: the date(s), location(s), and hours of last practice; the reason(s) for the
28 interruption or reduction in practice; and the anticipated date(s) on which Respondent will resume

1 practice at the required level. Respondent shall further notify the board in writing within ten (10)
2 days following the next calendar month during which respondent practices as a pharmacist in
3 California for the minimum of hours. Any failure to timely provide such notification(s) shall be
4 considered a violation of probation.

5 It is a violation of probation for Respondent's probation to be extended pursuant to the
6 provisions of this condition for a total period, counting consecutive and non-consecutive months,
7 exceeding thirty-six (36) months. The board or its designee may post a notice of the extended
8 probation period on its website.

9 14. Violation of Probation

10 If Respondent has not complied with any term or condition of probation, the board shall
11 have continuing jurisdiction over Respondent, and the board shall provide notice to Respondent
12 that probation shall automatically be extended, until all terms and conditions have been satisfied
13 or the board has taken other action as deemed appropriate to treat the failure to comply as a
14 violation of probation, to terminate probation, and to impose the penalty that was stayed. The
15 board or its designee may post a notice of the extended probation period on its website.

16 If Respondent violates probation in any respect, the board, after giving Respondent notice
17 and an opportunity to be heard, may revoke probation and carry out the disciplinary order that
18 was stayed. If a petition to revoke probation or an accusation is filed against Respondent during
19 probation, or the preparation of an accusation or petition to revoke probation is requested from
20 the Office of the Attorney General, the board shall have continuing jurisdiction and the period of
21 probation shall be automatically extended until the petition to revoke probation or accusation is
22 heard and decided, and the charges and allegations in Accusation No. 7025 shall be deemed true
23 and correct.

24 15. Completion of Probation

25 Upon written notice by the board or its designee indicating successful completion of
26 probation, Respondent's license will be fully restored.

27 ///

28 ///

1 **16. Remedial Education**

2 Within thirty (30) days of the effective date of this decision, Respondent shall submit to the
3 board or its designee, for prior approval, an appropriate program of remedial education related to
4 corresponding responsibility. The program of remedial education shall consist of at least ten
5 hours completed each year of probation. All remedial education shall be in addition to, and shall
6 not be credited toward, continuing education (CE) courses used for license renewal purposes for
7 pharmacists.

8 Failure to timely submit for approval or complete the approved remedial education shall be
9 considered a violation of probation. The period of probation will be automatically extended until
10 such remedial education is successfully completed and written proof, in a form acceptable to the
11 board, is provided to the board or its designee.

12 Following the completion of each course, the board or its designee may require
13 Respondent, at her own expense, to take an approved examination to test Respondent's
14 knowledge of the course. If Respondent does not achieve a passing score on the examination that
15 course shall not count towards satisfaction of this term. Respondent shall take another course
16 approved by the board in the same subject area.

17 **17. Board's One-Day Training Program**

18 Within the first year of probation, Respondent shall enroll in the Board's one-day, six (6)
19 hour training program, "Preventing Prescription Drug Abuse and Drug Diversion," at
20 Respondent's expense. Respondent shall provide proof of enrollment upon request. Within thirty
21 (30) days of completion, Respondent shall submit a copy of the certificate of completion to the
22 Board or its designee. Failure to timely enroll in the training program, to initiate the training
23 program during the first year of probation, to successfully complete it before the second year of
24 probation, or to timely submit proof of completion to the Board or its designee, shall be
25 considered a violation of probation.

26 **18. Ethics Course**

27 Within sixty (60) calendar days of the effective date of this decision, Respondent shall
28 enroll in a course in ethics, at Respondent's expense, approved in advance by the board or its

designee that complies with Title 16 California Code of Regulations section 1773.5. Respondent shall provide proof of enrollment upon request. Within five (5) days of completion, Respondent shall submit a copy of the certificate of completion to the board or its designee. Failure to timely enroll in an approved ethics course, to initiate the course during the first year of probation, to successfully complete it before the end of the second year of probation, or to timely submit proof of completion to the board or its designee, shall be considered a violation of probation.

19. **Supervised Practice**

Within thirty (30) days of the effective date of this decision, Respondent shall submit to the board or its designee, for prior approval, the name of a pharmacist by and not on probation with the board, to serve as Respondent's practice supervisor. As part of the documentation submitted, Respondent shall cause the proposed practice supervisor to report to the board in writing acknowledging that he or she has read the decision in case number 7025, and is familiar with the terms and conditions imposed thereby, including the level of supervision required by the board or its designee. This level will be determined by the board or its designee, will be communicated to Respondent on or before the effective date of this decision and shall be one of the following:

Continuous – At least 75% of a work week

Substantial - At least 50% of a work week

Partial - At least 25% of a work week

Daily Review - Supervisor's review of probationer's daily activities within 24 hours

Respondent may practice only under the required level of supervision by an approved practice supervisor. If, for any reason, including change of employment, Respondent is no longer supervised at the required level by an approved practice supervisor, within ten (10) days of this change in supervision Respondent shall submit to the board or its designee, for prior approval, the name of a pharmacist by and not on probation with the board, to serve as Respondent's replacement practice supervisor. As part of the documentation submitted, Respondent shall cause the proposed replacement practice supervisor to report to the board in writing acknowledging that he or she has read the decision in case number 7025, and is familiar with the terms and conditions imposed thereby, including the level of supervision required.

Any of the following shall result in the automatic suspension of practice by Respondent and shall be considered a violation of probation:

Failure to nominate an initial practice supervisor, and to have that practice supervisor report to the board in writing acknowledging the decision, terms and conditions, and supervision level, within thirty (30) days;

Failure to nominate a replacement practice supervisor, and to have that practice supervisor report to the board in writing acknowledging the decision, terms and conditions, and supervision level, within ten (10) days;

Practicing in the absence of an approved practice supervisor beyond the initial or replacement nomination period; or

Any failure to adhere to the required level of supervision.

Respondent shall not resume practice until notified in writing by the board or its designee.

During any suspension, Respondent shall not enter any pharmacy area or any portion of the licensed premises of a wholesaler, third-party logistics provider, veterinary food-animal drug retailer or any other distributor of drugs which is licensed by the board, or any manufacturer, or any area where dangerous drugs and/or dangerous devices or controlled substances are maintained. Respondent shall not practice pharmacy nor do any act involving drug selection, selection of stock, manufacturing, compounding, dispensing or patient consultation; nor shall respondent manage, administer, or be a consultant to any licensee of the board, or have access to or control the ordering, distributing, manufacturing or dispensing of dangerous drugs and/or dangerous devices or controlled substances.

During any suspension, Respondent shall not engage in any activity that requires the professional judgment and/or licensure as a pharmacist. Respondent shall not direct or control any aspect of the practice of pharmacy or of the manufacture, distribution, wholesaling, or retailing of dangerous drugs and/or dangerous devices or controlled substances.

Failure to comply with any suspension shall be considered a violation of probation.

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20. **No Ownership or Management of Licensed Premises**

Respondent shall not own, have any legal or beneficial interest in, nor serve as a manager, administrator, member, officer, director, trustee, associate, or partner of any business, firm, partnership, or corporation currently or hereinafter licensed by the board. Respondent shall sell or transfer any legal or beneficial interest in any entity licensed by the board within ninety (90) days following the effective date of this decision and shall immediately thereafter provide written proof thereof to the board. Failure to timely divest any legal or beneficial interest(s) or provide documentation thereof shall be considered a violation of probation.

ACCEPTANCE

I have carefully read the above Stipulated Settlement and Disciplinary Order and have fully discussed it with my attorney, Adam B. Brown. I understand the stipulation and the effect it will have on my Pharmacist License. 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 Board of Pharmacy.

DATED: _____
HAIDUONG NGO
Respondent

I have read and fully discussed with Respondent Haiduong Ngo the terms and conditions and other matters contained in the above Stipulated Settlement and Disciplinary Order. I approve its form and content.

DATED: _____
ADAM B. BROWN
Attorney for Respondent

///

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20. **No Ownership or Management of Licensed Premises**

Respondent shall not own, have any legal or beneficial interest in, nor serve as a manager, administrator, member, officer, director, trustee, associate, or partner of any business, firm, partnership, or corporation currently or hereinafter licensed by the board. Respondent shall sell or transfer any legal or beneficial interest in any entity licensed by the board within ninety (90) days following the effective date of this decision and shall immediately thereafter provide written proof thereof to the board. Failure to timely divest any legal or beneficial interest(s) or provide documentation thereof shall be considered a violation of probation.

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DATED: 12/30/2021

Hai Duong Ngo
HAIDUONG NGO
Respondent

I have read and fully discussed with Respondent Haiduong Ngo the terms and conditions and other matters contained in the above Stipulated Settlement and Disciplinary Order. I approve its form and content.

DATED: 12-30-21

Adam B. Brown
ADAM B. BROWN
Attorney for Respondent

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ENDORSEMENT

The foregoing Stipulated Settlement and Disciplinary Order is hereby respectfully submitted for consideration by the Board of Pharmacy.

DATED: _____

Respectfully submitted,

ROB BONTA
Attorney General of California
CARL M. SONNE
Senior Assistant Attorney General

ERIN M. SUNSERI
Supervising Deputy Attorney General
Attorneys for Complainant

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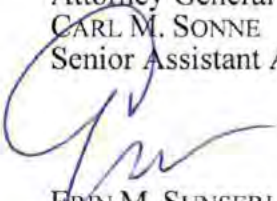
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ERIN M. SUNSERI
Supervising Deputy Attorney General
Attorneys for Complainant

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Exhibit A

Accusation No. 7025

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Attorneys for Complainant

**BEFORE THE
 BOARD OF PHARMACY
 DEPARTMENT OF CONSUMER AFFAIRS
 STATE OF CALIFORNIA**

In the Matter of the Accusation Against:

Case No. 7025

**TOP DRUGS PHARMACY, INC.,
 DBA TOP DRUGS PHARMACY;
 TOM THUY PHUNG, CEO, CFO, PRES,
 DIR, SEC, TREAS;
 HAIDUONG NGO, VP, DIR
 11010 Magnolia St.,
 Garden Grove, CA 92841**

ACCUSATION

Pharmacy Permit Number No. PHY 55878,

**HAIDUONG NGO
 [REDACTED] Waterbury Ln.,
 Huntington Beach, CA 92646**

Pharmacist License No. RPH 54675,

and

**TOM THUY PHUNG
 [REDACTED] Waterbury Ln.,
 Huntington Beach, CA 92646**

Pharmacist License No. RPH 52739

Respondents.

PARTIES

1. Anne Sodergren (Complainant) brings this Accusation solely in her official capacity as the Executive Officer of the Board of Pharmacy, Department of Consumer Affairs.

2. On or about August 21, 2003, the Board of Pharmacy issued Pharmacy Permit Number PHY 55878 to Top drugs Pharmacy, Inc., dba Top Drugs Pharmacy (Respondent Top Drugs Pharmacy). The Pharmacy Permit was in full force and effect at all times relevant to the charges brought herein and will expire on January 1, 2022, unless renewed.

3. On or about January 21, 2003, the Board of Pharmacy issued Pharmacist License Number RPH 54675 to Haiduong Ngo (Respondent Ngo). The Pharmacist License was in full force and effect at all times relevant to the charges brought herein and will expire on February 28, 2021, unless renewed.

4. On or about September 4, 2001, the Board of Pharmacy issued Pharmacist License Number RPH 52739 to Tom Thuy Phung (Respondent Phung). The Pharmacist License was in full force and effect at all times relevant to the charges brought herein and will expire on February 28, 2021, unless renewed.

JURISDICTION

5. This Accusation is brought before the Board of Pharmacy (Board), Department of Consumer Affairs, under the authority of the following laws. All section references are to the Business and Professions Code (Code) unless otherwise indicated.

6. Section 4011 of the Code provides that the Board shall administer and enforce both the Pharmacy Law (Bus. & Prof. Code, § 11000 *et seq.*).

7. Code section 4300, subdivision (a), provides that every license issued by the Board may be suspended or revoked.

8. Code section 4300.1 states:

The expiration, cancellation, forfeiture, or suspension of a board-issued license by operation of law or by order or decision of the board or a court of law, the placement of a license on a retired status, or the voluntary surrender of a license by a licensee shall not deprive the board of jurisdiction to commence or proceed with any investigation of, or action or disciplinary proceeding against, the licensee or to render a decision suspending or revoking the license.

STATUTORY PROVISIONS

9. Code section 4022 states:

“Dangerous drug” or “dangerous device” means any drug or device unsafe for self-use in humans or animals, and includes the following:

(a) Any drug that bears the legend: “Caution: federal law prohibits dispensing without prescription,” “Rx only,” or words of similar import.

(b) Any device that bears the statement: “Caution: federal law restricts this device to sale by or on the order of a _____” “Rx only,” or words of similar import, the blank to be filled in with the designation of the practitioner licensed to use or order use of the device.

(c) Any other drug or device that by federal or state law can be lawfully dispensed only on prescription or furnished pursuant to Section 4006.

10. Code section 4113, subdivision (c) states:

The pharmacist-in-charge shall be responsible for a pharmacy’s compliance with all state and federal laws and regulations pertaining to the practice of pharmacy.

11. Code section 4301 states in pertinent part:

The board shall take action against any holder of a license who is guilty of unprofessional conduct or whose license has been procured by fraud or misrepresentation or issued by mistake. Unprofessional conduct shall include, but is not limited to, any of the following:

...

(c) Gross negligence.

(d) The clearly excessive furnishing of controlled substances in violation of subdivision (a) of Section 11153 of the Health and Safety Code.

...

(j) The violation of any of the statutes of this state, or any other state, or of the United States regulating controlled substances and dangerous drugs.

...

(o) 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 any other state or federal regulatory agency.

...

12. Code section 4306.5, subdivisions (a) and (b) states:

Unprofessional conduct for a pharmacist may include any of the following:

(a) Acts or omissions that involve, in whole or in part, the inappropriate exercise of his or her education, training, or experience as a pharmacist, whether or not the act or omission arises in the course of the practice of pharmacy or the ownership, management, administration, or operation of a pharmacy or other entity licensed by the board.

(b) Acts or omissions that involve, in whole or in part, the failure to exercise or implement his or her best professional judgment or corresponding responsibility with regard to the dispensing or furnishing of controlled substances, dangerous drugs, or dangerous devices, or with regard to the provision of services.

(c) Acts or omissions that involve, in whole or in part, the failure to consult appropriate patient, prescription, and other records pertaining to the performance of any pharmacy function.

(d) Acts or omissions that involve, in whole or in part, the failure to fully maintain and retain appropriate patient specific information pertaining to the performance of any pharmacy function.

13. Code section 4307, subdivision (a) states:

Any person who has been denied a license or whose license has been revoked or is under suspension, or who has failed to renew his or her license while it was under suspension, or who has been a manager, administrator, owner member, officer, director, associate, or partner of any partnership, corporation, firm, or association whose application for a license has been denied or revoked, is under suspension or has been placed on probation, and while acting as the manger, administrator, owner, member, officer, director, associate, or partner had knowledge or knowingly participated in any conduct for which the license was denied, revoked, suspended, or placed on probation, shall be prohibited from serving as a manger, administrator, owner, member, officer, director, associate, or partner of a licensee as follows:

(1) Where a probationary license is issued or where an existing license is placed on probation, this prohibition shall remain in effect for a period not to exceed five years.

(2) Where the license is denied or revoked, the prohibition shall continue until the license is issued or reinstated.

14. Health and Safety Code section 11153, subdivision (a), states:

A prescription for a controlled substance shall only be issued for a legitimate medical purpose by an individual practitioner acting in the usual course of his or her professional practice. The responsibility for the proper prescribing and dispensing of controlled substances is upon the prescribing practitioner, but a corresponding responsibility rests with the pharmacist who fills the prescription. Except as authorized by this division, the following are not legal prescriptions: (1) an order purporting to be a prescription which is issued not in the usual course of professional treatment or in legitimate and authorized research; or (2) an order for an addict or

1 habitual user of controlled substances, which is issued not in the course of
2 professional treatment or as part of an authorized narcotic treatment program, for the
3 purpose of providing the user with controlled substances, sufficient to keep him or her
4 comfortable by maintaining customary use.

5 **REGULATORY PROVISIONS**

6 15. Code of Federal Regulations, Title 21, section 1306.04, subdivision (a), states:

7 A prescription for a controlled substance to be effective must be issued for a
8 legitimate medical purpose by an individual practitioner acting in the usual course of
9 his professional practice. The responsibility for the proper prescribing and dispensing
10 of controlled substances is upon the prescribing practitioner, but a corresponding
11 responsibility rests with the pharmacist who fills the prescription. An order
12 purporting to be a prescription issued not in the usual course of professional treatment
13 or in legitimate and authorized research is not a prescription within the meaning and
14 intent of section 309 of the Act (21 U.S.C. 829) and the person knowingly filling such
15 a purported prescription, as well as the person issuing it, shall be subject to the
16 penalties provided for violations of the provisions of law relating to controlled
17 substances.

18 16. California Code of Regulations, title 16, section 1761 states:

19 (a) No pharmacist shall compound or dispense any prescription which contains
20 any significant error, omission, irregularity, uncertainty, ambiguity or alteration.
21 Upon receipt of any such prescription, the pharmacist shall contact the prescriber to
22 obtain the information needed to validate the prescription.

23 (b) Even after conferring with the prescriber, a pharmacist shall not compound
24 or dispense a controlled substance prescription where the pharmacist knows or has
25 objective reason to know that said prescription was not issued for a legitimate
26 medical purpose.

27 **COST RECOVERY**

28 17. Section 125.3 of the Code provides, in pertinent part, that the Board may request the
administrative law judge to direct a licensee found to have committed a violation or violations of
the licensing act to pay a sum not to exceed the reasonable costs of the investigation and
enforcement of the case.

DRUGS

18 18. Xanax is the brand name for alprazolam, a Schedule IV controlled substance pursuant
19 to Health and Safety Code section 11057, subdivision (d)(1), and is a dangerous drug as defined
20 by Business and Professions Code section 4022.

19. Adderall is the brand name for amphetamine salts, a Schedule II controlled substance pursuant to Health and Safety Code section 11055, subdivision (d)(1) and a dangerous drug as defined by Business and Professions Code section 4022.

20. Norco/Lortab is the brand name for hydrocodone/acetaminophen (APAP), a Schedule II controlled substance pursuant to Health and Safety Code section 11055, subdivision (I)(i), and Title 21 CFR 1308.12 and a dangerous drug as defined by Business and Professions Code section 4022.

21. Percolone/Roxicodone is the brand name for oxycodone, a Schedule II controlled substance pursuant to Health and Safety Code section 11055, subdivision (b)(1)(M) and a dangerous drug as defined by Business and Professions Code section 4022.

22. Phenergan with Codeine Syrup is the brand name for promethazine/codeine syrup, a Schedule V controlled substance pursuant to Health and Safety Code section 11058, subdivision (c)(1) and a dangerous drug as defined by Business and Professions Code section 4022.

FACTUAL ALLEGATIONS

23. At all relevant times, Respondent Top Drugs Pharmacy was an independent community pharmacy located in Garden Grove, California. At all relevant times, Respondent Ngo was the Pharmacist-in-Charge and owner of 25% of Respondent Top Drugs Pharmacy, and Respondent Phung was the owner of 75% of Respondent Top Drugs Pharmacy.

24. On or about February 13, 2020, a Board of Pharmacy inspector conducted an inspection of Top Drugs Pharmacy. Respondent Ngo, pharmacist-in-charge, was present during the inspection. Based on the facts set forth below, their educational and professional background and knowledge of pharmacy and drug laws, the Board's inspectors found a pattern of dispensing controlled substance prescriptions with red flags of illegitimacy, and determined that on numerous occasions, Respondents failed to exercise their corresponding responsibility and best professional judgment to dispense only controlled substance prescriptions issued for legitimate medical purposes.

25. The inspectors focused on five prescribers, Dr. E.D., Dr. J.D., Dr. S.C., Dr. A.F., and Physician Assistant (PA) J.E. The inspector found those prescribers' prescriptions contained

significant irregularities and “red flags,” suggesting that prescriptions were not written or filled for a legitimate medical purpose. Respondents’ prescribing profiles for these physicians indicated that alprazolam, amphetamine salts, promethazine with codeine and/or oxycodone 30 mg immediate-release, drugs associated with high rates of abuse and diversion, were the most commonly prescribed drugs for these prescribers. Most, if not all of the prescriptions from these prescribers exhibited obvious red flags of drug abuse that Respondents ignored when filling them, in spite of the Respondents’ corresponding responsibility to ensure that all prescriptions dispensed were for a legitimate medical purpose.

Those red flags included:

- Multiple patients at the same or similar address;
- Cash payments;
- Prescriptions written for an unusually large quantity of drugs;
- Prescriptions written for potentially duplicative drugs;
- The same combinations of drugs prescribed for multiple patients;
- Initial prescriptions written for strong opiates;
- Long distances traveled from the patient’s home to the prescriber’s office or pharmacy;
- Irregularities in the prescriber’s qualifications in relation to the medication(s) prescribed;
- Prescriptions that are written outside of the prescriber’s medical specialty;
- Prescriptions for medications with no logical connection to diagnosis or treatment.

26. From January 22, 2018 through April 30, 2020, Respondents dispensed 10,298 prescriptions for non-controlled substances, comprising 90.3% of the total prescriptions dispensed. With many more medical conditions requiring treatment with non-controlled medications than controlled medications, this distribution is expected for a community pharmacy such as Respondent Top Drugs Pharmacy. The low percentages of controlled substance prescriptions dispensed would cause patterns of irregularities from particular prescribers to stand out, especially if multiple identical or similar prescriptions were presented on the same day, or

close to the same day. Of the top ten drugs (controlled and non-controlled) dispensed by Respondent Top Drugs Pharmacy, oxycodone 30 mg was the third most commonly dispensed, with a total amount paid by patients (out-of-pocket price) of \$84,439. The second highest total amount paid by patients (out-of-pocket price) was \$925.00, for ibuprofen 600 mg. The top five highest cash pay drugs dispensed by Respondent Top Drugs Pharmacy were oxycodone 30 mg, amphetamine salts 30 mg, promethazine/codeine syrup (ml), Narcan 4 mg spray, and alprazolam 2 mg. The percentage of cash payment for controlled substances dispensed by Respondent Top Drugs Pharmacy was more than three to five times that of non-controlled substances. This high percentage of cash payment for controlled substances was irregular for a retail pharmacy.

27. Top Drugs Pharmacy dispensed the following:

Oxycodone:

Drug	Number of prescriptions	Percent of total	Number with cash payment	Percent with cash payment
oxycodone 5 mg	0	0	0	0%
oxycodone 10 mg	1	0.5%	0	0%
oxycodone 15 mg	32	14.5%	0	0%
oxycodone 20 mg	4	1.8%	1	25%
oxycodone 30 mg	183	83.2%	165	90.2%
Total	220		166	

Oxycodone 30 mg prescriptions stood out as a group as having the following irregularities:

Higher percentage of oxycodone 30 mg compared to lower strengths;

Higher cash payment percentage for 30 mg strength than lower strengths of oxycodone, and more than most other controlled substances;

Large amounts of money charged to patients for these prescriptions, more than any other drug.

Alprazolam

Drug	Number of prescriptions	Percent of total	Number with cash payment	Percent with cash payment
alprazolam 0.25 mg	3	3.1%	0	0%
alprazolam 0.5 mg	10	10.2%	0	0%
alprazolam 1 mg	10	10.2%	0	0%
alprazolam 2 mg	75	76.5%	73	97.3%
Total	98		73	

Alprazolam 2 mg prescriptions stood out as a group as having the following irregularities:

Higher percentage of alprazolam 2 mg compared to lower strengths;
Higher cash payment percentage for 2 mg strength than lower strengths of
alprazolam, and more than most other controlled substances.

Amphetamine salts

Drug	Number of prescriptions	Percent of total	Number with cash payment	Percent with cash payment
Amphetamine salts 30 mg	68	100%	68	100%

Amphetamine salts 30 mg prescriptions stood out as a group as having the following irregularities:

Only the highest available strength was dispensed;

All were from one prescriber;

All were for cash payment.

28. Dosing for oxycodone, alprazolam, and amphetamine salts was inconsistent with the principles of safe dosing, and titrating patients individually up from the lowest effective dose. This factor of irregularity would need to be resolved before dispensing controlled substances in the highest strengths, particularly if other red flags of illegitimacy existed. These patterns of irregularities from particular prescribers would stand out, especially if multiple identical or similar prescriptions were presented on the same day, or in the same time periods.

29. The above highest strength controlled substances, as well as promethazine/codeine, are very well known to be commonly sought after for abuse. The following prescribers contributed to the vast majority of these drugs dispensed by Respondent Top Drugs Pharmacy:

Prescriber	Drug	Number of prescriptions	Percent of total prescriptions dispensed of these drugs from each prescriber
Dr. S.C.	oxycodone 30 mg	31	16.9%
Dr. J.D.	oxycodone 30 mg	53	29.0%
Dr. E.D.		62	82.7%
		68	100%
PA J.E.	alprazolam 2 mg	11	14.7%

Dr. A.F.	oxycodone 30 mg	55	30.1%
	promethazine-codeine	98	87.5%
	oxycodone 30 mg	42	23.0%
	promethazine-codeine	8	7.1%

Just these five prescribers accounted for the following totals:

Drug	Number of prescriptions	Total percent of prescriptions dispensed from above prescribers
Oxycodone 30 mg	183	98.9%
Amphetamine salts 30 mg	68	100%
Promethazine/codeine syrup	112	94.6%
Alprazolam 2 mg	73	97.3%

30. From January 22, 2018 through April 30, 2020, Respondents dispensed **436** prescriptions for controlled substances under the prescribing authority of the above five prescribers. Having nearly all of these commonly sought drugs of abuse prescribed by just these five prescribers was a factor of irregularity.

PA J.E.

31. PA J.E. prescribed, and Respondents dispensed, the following: 29,019 mL of promethazine with codeine; 6,370 tablets of oxycodone immediate-release 30 mg; 900 tablets of alprazolam 2 mg; and 480 tablets of hydrocodone/APAP 10/325 mg. The two most common controlled substances prescribed by PA J.E. and dispensed by Respondents were promethazine/codeine and oxycodone 30 mg (the highest immediate release tablet available).

32. The uniformity of treatment is very irregular. There is patient variability in medical conditions, with not all being of the same cause, and thus requiring a variety of treatments. There was no adjustment in the oxycodone prescribing pattern from PA J.E. for age, weight, diagnosis,

1 drug allergies, medical histories, the severity of symptoms being treated, tolerance to drugs, or
2 other patient related factors.

3 33. The patterns of controlled substances dispensed, per prescriptions from PA J.E., by
4 Respondents, presented at least the following factors of irregularity, and contrasted with
5 legitimate prescribing and dispensing of controlled substances:

6 All oxycodone prescriptions were for 30 mg, the highest strength available;

7 All controlled substance prescriptions were for cash payment;

8 23 of the 30 patients (76%) were prescribed oxycodone 30 mg;

9 25 of the 30 patients (83%) were prescribed promethazine/codeine;

10 Uniformity of treatment for multiple patients receiving similar or identical controlled
11 substances on the same day;

12 Multiple patients dispensed overlapping treatment with oxycodone and

13 promethazine/codeine, for which there is a boxed warning of serious risks;

14 Multiple patients dispensed overlapping treatment with oxycodone and alprazolam,
15 for which there is a boxed warning of serious risks;

16 Numerous patients were repeatedly prescribed promethazine/codeine (indicated for
17 the temporary relief of cough), some with full pint bottles, paying up to \$200.00
18 cash for a bottle of cough syrup.

19 Dr. J.D.

20 34. Dr. J.D. prescribed, and Respondents dispensed, 4,950 tablets of oxycodone
21 immediate-release 30 mg. The only controlled substance prescribed by Dr. J.D. and dispensed by
22 Respondents was oxycodone 30 mg. This drug is very well known to be sought for abuse. Most
23 irregular were the following factors:

24 20 out of 20 (100%) of the oxycodone prescriptions were for 30 mg, the highest
25 strength available;

26 20 out of the 20 different patients from Dr. J.D. were prescribed oxycodone;

27 All were for cash payment, with some patients paying as much \$720.00 for their
28 prescription,

35. The uniformity of treatment is very irregular. There is patient variability in medical conditions, with not all being of the same cause, and thus requiring a variety of treatments. Due to the various presentations of pain symptoms, medications with differing mechanisms of actions are typically prescribed for the legitimate treatment of pain. There was no adjustment in the prescribing pattern from Dr. J.D. for age, weight, diagnosis, drug allergies, medical histories, the severity of symptoms being treated, tolerance to drugs, or other patient related factors.

Dr. A.F.

36. Dr. A.F. prescribed, and Respondents dispensed, the following: 1,920 mL of promethazine with codeine; 3,860 tablets of oxycodone immediate-release 30 mg; 84 tablets of oxycodone immediate-release 20 mg; and 120 tablets of hydrocodone/APAP 10/325 mg.

37. The uniformity of treatment is very irregular. There is patient variability in medical conditions, with not all being of the same cause, and thus requiring a variety of treatments. Due to the various presentations of pain symptoms, medications with differing mechanisms of actions are typically prescribed for legitimate treatment of pain. There was almost no adjustment in the oxycodone prescribing pattern from Dr. A.F. for age, weight, diagnosis, drug allergies, medical histories, the severity of symptoms being treated, tolerance to drugs, or other patient related factors.

38. The patterns of controlled substances dispensed per prescriptions from Dr. A.F. by Respondents, presented at least the following factors of irregularity, and contrasted with legitimate prescribing and dispensing of controlled substances:

42 of the 43 oxycodone prescriptions were for 30 mg, the highest strength available;

22 of the 27 different patients from Dr. A.F. were prescribed oxycodone 30 mg;

Over 80% of the prescriptions were paid with cash;

Sudden influx for multiple patients for the same drug;

Dr. S.C.

39. Dr. S.C. prescribed, and Respondents dispensed, 3,510 tablets of oxycodone immediate-release 30 mg.

40. The uniformity of treatment is very irregular. There is patient variability in medical conditions, with not all being of the same cause, and thus requiring a variety of treatments. Due to the various presentations of pain symptoms, medications with differing mechanisms of actions are typically prescribed for legitimate treatment of pain. There was no adjustment in the oxycodone prescribing pattern from Dr. S.C. for age, weight, diagnosis, drug allergies, medical histories, the severity of symptoms being treated, tolerance to drugs, or other patient related factors.

41. The patterns of controlled substances dispensed per prescriptions from Dr. S.C. by Respondents, presented at least the following factors of irregularity, and contrasted with legitimate prescribing and dispensing of controlled substances:

All of the oxycodone prescriptions were for 30 mg, the highest strength available;

All 10 different patients from Dr. S.C. were prescribed oxycodone 30 mg;

Over 74% of the prescriptions were paid with cash, with some patients paying as much \$720.00 for their prescription;

It is irregular for a family and sports medicine doctor to prescribe oxycodone to all patients.

Dr. E.D.

42. Dr. E.D. prescribed, and Respondents dispensed, the following: 6,120 tablets of amphetamine salts 30 mg, and 5,730 tablets of alprazolam 2 mg.

43. The patterns of controlled substances dispensed per prescriptions from Dr. E.D. by Respondents, presented at least the following factors of irregularity, and contrasted with legitimate prescribing and dispensing of controlled substances:

All of the prescriptions were for the highest strengths available; All

15 different patients were prescribed amphetamine salts 30 mg; All

15 different patients were prescribed to take three tablets daily; 14

of the 15 patients were also prescribed alprazolam 2 mg;

All were for cash payment.

44. Additionally, amphetamine salts is to be labeled to be dosed in two to three divided doses. All of the amphetamine salts prescriptions were written by Dr. E.D., and dispensed, with

1 instructions to take three tablets daily. There were no notes or other documentation to indicate if
2 the prescriber wrote this in error, and actually meant to prescribe one tablet three times per day.
3 These patients could reasonably assume this meant to take the three tablets all at once, once per
4 day, especially since all but one patient were also prescribed alprazolam 2 mg with contrasting
5 directions to take one tablet three to four times per day. This is exactly the type of intervention
6 which should have occurred in the usual course of professional pharmacy practice to prevent
7 patients from taking drugs incorrectly; however, Respondents failed to intervene.

8 45. Many patients being treated by Dr. E.D. were also apparently treated with oxycodone
9 and promethazine/codeine.

10 46. The uniformity of treatment is very irregular. There is patient variability in medical
11 conditions, with not all being of the same cause, and thus requiring a variety of treatments. Due to
12 the various presentations of pain symptoms, medications with differing mechanisms of actions are
13 typically prescribed for legitimate treatment of pain. There was almost no adjustment in the
14 oxycodone prescribing pattern from Dr. E.D. for age, weight, diagnosis, drug allergies, medical
15 histories, the severity of symptoms being treated, tolerance to drugs, or other patient related
16 factors.

17 47. It was a factor of irregularity for multiple patients from one prescriber to also receive
18 treatment with interacting drugs from other prescribers. There was no indication or
19 documentation to show any attempts to ensure this type of treatment was legitimate and being
20 coordinated with all involved prescribers, despite exhibiting the following irregularities:

21 Identical, or similar addresses for many patients;

22 Identical or similar treatments for ADHD, anxiety, pain, and cough for many patients;

23 11 of the 15 patients were also dispensed prescriptions from PA Edwards.

24 48. Respondents dispensed controlled substances without ensuring they were for a
25 legitimate medical use when obvious, objective, and systemic signs of irregularities and red flags
26 of illegitimacy existed as detailed above.

27 49. Respondents dispensed controlled substances even though customers from certain
28 prescribers paid for a large percentage of these medications in cash even though pharmacists

1 know that almost all patients seek reimbursement from insurance companies or government
2 agencies for medications.

3 50. Although there are no restrictions or limits in pharmacy law for the price charged by
4 drugs for pharmacies, the cash price for oxycodone 30 mg (up to \$540.00 for 90 tablets, and
5 \$720.00 for 120 tablets) charged by Respondent Top Drugs Pharmacy appears to be much higher
6 than amounts charged by other pharmacies. This would make the irregularity of cash payment
7 particularly stand out as multiple patients paid large sums of money for certain controlled
8 substances.

9 51. Normal pricing structures at pharmacies have the same price for a drug, regardless of
10 the prescriber. Between September and December of 2019, Respondent Top Drugs Pharmacy
11 charged patients of Dr. S.C. \$2.00 per tablet on cash prescriptions for oxycodone 30 mg;
12 however, Respondent charged patients of Dr. J.D. and Dr. A.F. \$6.00 per tablet on cash
13 prescriptions for oxycodone 30 mg. Charging three times as much for oxycodone 30 mg from
14 certain prescribers is a factor of irregularity for these prescriptions.

15 52. Respondents filled prescriptions in which patients received oxycodone 30 mg tablets
16 at dosages which were at least twice the recommended starting, or restarting, dose. The CURES
17 reports showed that these patients had not received an opioid over a time, and in an amount,
18 which would make appropriate dosing with oxycodone 30 mg to patients who were not opioid
19 tolerant.

20 53. Respondents are required to maintain records of all prescriptions dispensed, and a
21 review of prescriptions written by the prescribers detailed above would have been possible.
22 Respondents failed to review the readily available patient and prescription records which would
23 supply necessary information to use their best professional judgment in making appropriate
24 dispensing decisions. When the sudden influx of these prescriptions occurred at Respondent Top
25 Drugs Pharmacy, reasonable and prudent pharmacists would have had enough objective
26 information to identify these prescriptions as not being issued in the usual course of professional
27 practice. These prescriptions were exactly as would be expected for illegitimate prescriptions.
28

54. The data illustrated that Respondents failed to fulfill their corresponding responsibility by dispensing the following excessive amounts of controlled substances:

Totals dispensed from prescribers with red flags of illegitimacy

Drug	Number of prescriptions	Number of doses
alprazolam 2 mg	73	6,630
amphetamine 30 mg	68	6,120
oxycodone 30 mg	181	18,690
Promethazine/codeine (5 ml/dose)	106	6,187
Total	428	37,627

These prescriptions were presented with many factors of irregularity and red flags of illegitimacy, and Respondents failed to use available records and professional judgment when dispensing these controlled substances. The objective factors included but were not limited to:

Cash payment for controlled substances was three to five times more common than non-controlled substances;

Oxycodone 30 mg was the third most common drug (including non-controlled) dispensed;

Over six times as much money paid by patients for oxycodone 30 mg than any other drug;

Oxycodone 30 mg accounted for much more (83%) compared to lower strengths of oxycodone;

Oxycodone 30 mg cash payment was much more (90%) compared to lower strengths of oxycodone;

Oxycodone 30 mg cash price was three times higher for certain prescribers from September through December, 2019;

Oxycodone 30 mg was dispensed to the vast majority (76-100%) of patients from certain prescribers;

Higher percentage of alprazolam 2 mg (76%) compared to other lower strengths;

Higher cash payments for alprazolam 2 mg (97%) compared to other lower strengths;

Amphetamine 30 mg was the only strength dispensed, no lower strengths;

1 Amphetamine 30 mg was only dispensed for cash payment;
2 All patients from one prescriber treated with amphetamine, with only the highest 30
3 mg strength;
4 Commonly sought drugs of abuse predominately (94-100%) prescribed by just a few
5 prescribers;
6 Promethazine/codeine dispensed to vast majority (83%) of patients from one
7 prescriber;
8 Commonly sought drugs of abuse dispensed with other interacting controlled
9 substances, including oxycodone with promethazine/codeine, and oxycodone with
10 alprazolam;
11 Multiple patients receiving similar or identical treatment with promethazine/codeine
12 on the same days;
13 Sudden influx of commonly sought drugs of abuse from certain prescribers with red
14 flag patterns;
15 Uniformity of treatment for many patients, with no individually based treatment;
16 17 patients restarted on at least over twice the safe starting dose of oxycodone on 19
17 occasions.

FIRST CAUSE FOR DISCIPLINE

(Unprofessional Conduct-Gross Negligence Against All Respondents)

20 55. Respondents are subject to disciplinary action under Code sections 4301, subdivision
21 (c), in that Respondents owned, managed, and operated Top Drugs Pharmacy in an
22 unprofessional manner with the inappropriate exercise, training, or experience and best
23 professional judgment in that they:

24 a. Dispensed, or allowed to be dispensed, controlled substance prescriptions and
25 ignored, or wasn't aware of, objective signs of irregularity and abuse;

26 b. Dispensed, or allowed to be dispensed, controlled substance prescriptions without
27 ensuring they were issued for a legitimate medical purpose and the usual course of professional
28 practice;

1 c. Failed to consult appropriate patient, prescription, and other records to prevent the
2 dispensing of illegitimate prescriptions.

3 56. As described above, Respondents repeatedly furnished prescriptions for controlled
4 substances even though obvious and systemic “red flags” were present to indicate those
5 prescriptions were not issued for a legitimate medical purpose. Respondents’ conduct was a gross
6 deviation from the standard of safe pharmacy practice, and could cause harm to patients or other
7 persons.

8 **SECOND CAUSE FOR DISCIPLINE**

9 **(Unprofessional Conduct-Excessive Prescribing Against All Respondents)**

10 57. Respondents are subject to disciplinary action under Code sections 4301, subdivision
11 (d), for violating Health and Safety Code section 11153, subdivision (a), for the clearly excessive
12 furnishing of controlled substances, as follows:

13 a. Dispensed, or allowed to be dispensed, controlled substance prescriptions and
14 ignored, or wasn’t aware of, objective signs of irregularity and abuse;

15 b. Dispensed, or allowed to be dispensed, controlled substance prescriptions without
16 ensuring they were issued for a legitimate medical purpose and the usual course of professional
17 practice;

18 c. Failed to consult appropriate patient, prescription, and other records to prevent the
19 dispensing of illegitimate prescriptions.

20 58. As described above, Respondents repeatedly furnished prescriptions for controlled
21 substances even though obvious and systemic “red flags” were present to indicate those
22 prescriptions were not issued for a legitimate medical purpose.

23 **THIRD CAUSE FOR DISCIPLINE**

24 **(Unprofessional Conduct-Failing to Comply with Corresponding Responsibility 25 for Controlled Substance Prescriptions Against All Respondents)**

26 59. Respondents are subject to disciplinary action under Code sections 4301, subdivisions
27 (j) and (o), for violating Health and Safety Code section 11153, subdivision (a), and Code of
28 Federal Regulations, Title 21, section 1306.04, subdivision (a), because they failed to comply

1 with their corresponding responsibility to ensure that controlled substances were dispensed for a
2 legitimate medical purpose. As described above, Respondents repeatedly furnished prescriptions
3 for controlled substances even though obvious and systemic “red flags” were present to indicate
4 those prescriptions were not issued for a legitimate medical purpose.

5 **FOURTH CAUSE FOR DISCIPLINE**

6 **(Failing to Exercise or Implement Best Professional Judgment or Corresponding**
7 **Responsibility when Dispensing Controlled Substances**
8 **Against Respondents Haiduong Ngo and Tom Thuy Phung)**

9 60. Respondents Haiduong Ngo and Tom Thuy Phung are subject to disciplinary action
10 under Code section 4301, subdivision (o), for violating Business and Professions Code section
11 4306.5, subdivisions (a) and (b), because they failed to exercise or implement their best
12 professional judgment or corresponding responsibility when dispensing controlled substances, as
13 described above.

14 **FIFTH CAUSE FOR DISCIPLINE**

15 **(Unprofessional Conduct against All Respondents)**

16 61. Respondents are subject to disciplinary action under Code section 4301 for
17 unprofessional conduct because they engaged in the activities described above.

18 **OTHER MATTERS**

19 62. Pursuant to Code section 4307, if discipline is imposed on Pharmacy Permit No. PHY
20 55878 issued to Top Drugs Pharmacy, it shall be prohibited from serving as a manager,
21 administrator, owner, member, officer, director, associate, or partner of a licensee for five years if
22 Pharmacy Permit Number PHY 55878 is placed on probation or until the Pharmacy Permit is
23 reinstated if it is revoked.

24 63. Pursuant to Code section 4307, if discipline is imposed on Pharmacy Permit No. PHY
25 55878 issued to Top Drugs Pharmacy, while Haiduong Ngo has been an owner or manager and
26 had knowledge of or knowingly participated in any conduct for which the licensee was
27 disciplined, she shall be prohibited from serving as a manager, administrator, owner, member,
28

officer, director, associate, or partner of a licensee for five years if the Pharmacy Permit is placed on probation or until the Pharmacy Permit is reinstated, if it is revoked.

64. Pursuant to Code section 4307, if discipline is imposed on Pharmacy Permit No. PHY 55878 issued to Top Drugs Pharmacy while Tom Thuy Phung has been an owner or manager and had knowledge of or knowingly participated in any conduct for which the licensee was disciplined, he shall be prohibited from serving as a manager, administrator, owner, member, officer, director, associate, or partner of a licensee for five years if the Pharmacy Permit is placed on probation or until the Pharmacy Permit is reinstated, if it is revoked.

65. Pursuant to Code section 4307, if discipline is imposed on Pharmacist License No. RPH 54675 issued to Haiduong Ngo, she shall be prohibited from serving as a manager, administrator, owner, member, officer, director, associate, or partner of a licensee for five years if the Pharmacist License is placed on probation or until the Pharmacist License is reinstated, if it is revoked.

66. Pursuant to Code section 4307, if discipline is imposed on Pharmacist License No. RPH 52739 issued to Tom Thuy Phung, he shall be prohibited from serving as a manager, administrator, owner, member, officer, director, associate, or partner of a licensee for five years if the Pharmacist License is placed on probation or until the Pharmacist License is reinstated, if it is revoked.

PRAYER

WHEREFORE, Complainant requests that a hearing be held on the matters herein alleged, and that following the hearing, the Board of Pharmacy issue a decision:

1. Revoking or suspending Permit Number PHY 55878, issued to Top Drugs Pharmacy Inc., dba Top Drugs Pharmacy;

2. Revoking or suspending Pharmacist License Number RPH 54675, issued to Haiduong Ngo;

3. Revoking or suspending Pharmacist License Number RPH 52739, issued to Tom Thuy Phung;

4. Prohibiting Top Drugs Pharmacy, Inc., dba Top Drugs Pharmacy from serving as a manager, administrator, owner, member, officer, director, associate, or partner of a licensee for five years if Pharmacy Permit Number PHY 55878 is placed on probation or until the Pharmacy Permit is reinstated, if it is revoked;

5. Prohibiting Haiduong Ngo from serving as a manager, administrator, owner, member, officer, director, associate, or partner of a licensee for five years if Pharmacy Permit Number PHY 55878 is placed on probation or until the Pharmacy Permit is reinstated, if it is revoked;

6. Prohibiting Tom Thuy Phung from serving as a manager, administrator, owner, member, officer, director, associate, or partner of a licensee for five years if Pharmacy Permit Number PHY 55878 is placed on probation or until the Pharmacy Permit is reinstated, if it is revoked;

7. Prohibiting Haiduong Ngo from serving as a manager, administrator, owner, member, officer, director, associate, or partner of a licensee for five years if Pharmacist License Number RPH 54675 is placed on probation or until the Pharmacist License is reinstated, if it is revoked;

8. Prohibiting Tom Thuy Phung from serving as a manager, administrator, owner, member, officer, director, associate, or partner of a licensee for five years if Pharmacist License Number RPH 52739 is placed on probation or until the Pharmacist License is reinstated, if it is revoked;

9. Ordering Top Drugs Pharmacy, Inc., dba Top Drugs Pharmacy, Haiduong Ngo and Tom Thuy Phung to pay the Board of Pharmacy the reasonable costs of the investigation and enforcement of this case, pursuant to Business and Professions Code section 125.3; and,

10. Taking such other and further action as deemed necessary and proper.

DATED: 1/31/2021

Signature on File

ANNE SODERGREN
Executive Officer
Board of Pharmacy
Department of Consumer Affairs
State of California
Complainant

SD2020801222
82702137.docx

11B

Renewal Application
Pharmacist

Application Fee : \$200.00
Convenience Fee : \$10.00
License Number : 12186
License Type : Pharmacist
New Expiration Date : 10/31/2025

2334

Renewal Type

Please confirm the status that you are renewing before moving to the next section.

☒ Active ☐ Inactive

Proceed to Renew

Personal Information

First Name : Roland

Middle (initial only) :

Last Name : Israel

License # : 12186

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 :

Military Address : ☐

Street : MARYLAND DR

Country : United States

City : LOS ANGELES

State : California

Zip : 90048

Practice Phone : (XXX) XXX-XXXX

Practice Fax : (XXX) XXX-XXXX

☐ Select if the Practice Address is your mailing address

The address you select as the mailing address will be shown on the certificate

Home Address :

Military Address : ☐

Street : maryland drive

Country : United States

City : Los Angeles

State : California

Zip : 90048

Home Phone :

Cell Phone :

Email Address :

Fax : (XXX) XXX-XXXX

☒ Select if the Home Address is your mailing address

The address you select as the mailing address will be shown on the certificate

Sex : Male

Practice License Number:

Specialty:

Nevada Business License Information - Check appropriate answer

2335

- ☒ I DO NOT have a Nevada Business license number.
- ☐ I HAVE APPLIED for a Nevada Business License with the Nevada Secretary of State in Compliance with provisions of NRS Chapter 76 and my application is pending.
- ☐ I have a Nevada Business License number assigned by the Secretary of State in compliance with the provisions of NRS Chapter 76789066.

Name on Business License :

Business License # :

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 conditions 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

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? 2336
☐ 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 while completed or pending in any state? ☒ Yes ☐ No

Stipulated settlement

Document Name	Document Type	Date	Link	Action
AC case 7042	Legal - Question 3	10/19/2023	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 :

Date : 08/04/2022

Case # : ac 7042

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

stipulated settlement

Document Name	Document Type	Date	Link	Action
AC 7042	Legal - Question 4	10/19/2023	Document Details	

Document Name :

Document Type : Legal - Question 4

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 :

Date : 08/04/2022

Case # : ac case 7042

Criminal Action :

State :

Date : MM/DD/YYYY

Case # :

County :

Court :

CE Hours

Active ☒ By checking this box you certify you have completed ALL required CE Hours due for the 2021/2023 Renewal period. (Dated from Nov. 1, 2021 – Oct. 31, 2023; 1.25hrs per mo). The exemption period is 2yrs after graduation only

Acknowledgement and Declaration

2337

I understand that it is a violation of Nevada law to falsify this application, and sanctions may be imposed for fraud or misrepresentation. I affirm that I have read this application and the statements made are true and correct. I understand and will comply with the guidelines of the Centers for Disease Control and Prevention concerning the prevention of transmission of infectious agents through safe injection practices. I understand that NRS 432B.220 requires that if, in my professional capacity, I know or have reason to believe that a child has been abused or neglected, I am mandated to report the abuse/neglect to an agency which provides child welfare services or to a local law enforcement agency.

Signature : Roland Israel

Date Of Application : 10/19/2023

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 11/1/2023 to 10/31/2025	License Renewal Fee	\$200.00
	Convenience Fee	\$10.00
	Late Fee	\$0.00
	Total :	\$210.00

Fee and Payment

Payment Method : Credit / Debit Card

Application Fees : 200

Reinstatement Fee : 0

Transaction Fee : 10

Late Fees : 0

Reference Number : 120068651543

InvoiceDate : 10/19/2023

Paid

Pay & Submit

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 3 THOMAS L. RINALDI
 4 Supervising Deputy Attorney General
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 6 Deputy Attorney General
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Attorneys for Complainant

8
 9 **BEFORE THE**
 10 **BOARD OF PHARMACY**
 11 **DEPARTMENT OF CONSUMER AFFAIRS**
 12 **STATE OF CALIFORNIA**

13 In the Matter of the Accusation Against:

Case No. 7042

14 **SCRIPTSRUS, CORP. DBA**
 15 **SCRIPTSRUS PHARMACY,**
 16 **ROLAND ISRAEL**
 17 **15630 Ventura Blvd**
 18 **Encino, CA 91436**

ACCUSATION

19 **Pharmacy Permit No. PHY 52078,**

20 **and**

21 **ROLAND ISRAEL**
 22 **██████████ Maryland Drive**
 23 **Los Angeles, CA 90048**

24 **Pharmacist License No. RPH 47379,**

25 **Respondents.**

26 **PARTIES**

27 1. Anne Sodergren (Complainant) brings this Accusation solely in her official capacity as
 28 the Executive Officer of the Board of Pharmacy (Board), Department of Consumer Affairs.

29 2. On or about December 1, 2014, the Board issued Permit Number PHY 52078 to
 30 Scriptsrus, Corp. dba Scriptsrus Pharmacy, Roland Israel (Respondent Scriptsrus). The Permit was

1 in full force and effect at all times relevant to the charges brought herein and will expire on
2 December 1, 2021, unless renewed.

3 3. On or about August 5, 1994, the Board issued Pharmacist License Number RPH 47379
4 to Respondent Pharmacist-in-Charge, Roland Israel (Respondent Israel). The Pharmacist License
5 was in full force and effect at all times relevant to the charges brought herein and will expire on
6 June 30, 2022, unless renewed. Respondent Israel is and has been the Pharmacist-in-Charge,
7 President, Partner, and Secretary of Respondent Scriptsrus since September 8, 2014.

8 JURISDICTION

9 4. This Accusation is brought before the Board under the authority of the following laws.
10 All section references are to the Business and Professions Code (Code) unless otherwise indicated.

11 5. Section 118, subdivision (b), of the Code states that the suspension, expiration,
12 surrender, cancellation of a license shall not deprive the Board, Registrar/Director of jurisdiction,
13 to proceed with a disciplinary action during the period within which the license may be renewed,
14 restored, reissued or reinstated.

15 6. Section 4300 of the Code states:

16 (a) Every license issued may be suspended or revoked.

17 (b) The board shall discipline the holder of any license issued by the board, whose
18 default has been entered or whose case has been heard by the board and found guilty, by
19 any of the following methods:

20 (1) Suspending judgment.

21 (2) Placing him or her upon probation.

22 (3) Suspending his or her right to practice for a period not exceeding one year.

23 (4) Revoking his or her license.

24 (5) Taking any other action in relation to disciplining him or her as the board in its
25 discretion may deem proper.

26 ...

27 (e) The proceedings under this article shall be conducted in accordance with
28 Chapter 5 (commencing with Section 11500) of Part 1 of Division 3 of the Government
Code, and the board shall have all the powers granted therein. The action shall be final,

1 except that the propriety of the action is subject to review by the superior court pursuant
2 to Section 1094.5 of the Code of Civil Procedure.

3 7. Section 4300.1 of the Code states:

4 The expiration, cancellation, forfeiture, or suspension of a board-issued license
5 by operation of law or by order or decision of the board or a court of law, the placement
6 of a license on a retired status, or the voluntary surrender of a license by a licensee shall
7 not deprive the board of jurisdiction to commence or proceed with any investigation
8 of, or action or disciplinary proceeding against, the licensee or to render a decision
9 suspending or revoking the license.

10 8. Section 4302 of the Code states:

11 The board may deny, suspend, or revoke any license where conditions exist in
12 relation to any person holding 10 percent or more of the ownership interest or where
13 conditions exist in relation to any officer, director, or other person with management
14 or control of the license that would constitute grounds for disciplinary action against a
15 licensee.

16 9. Section 4307 of the Code states:

17 (a) Any person who has been denied a license or whose license has been revoked
18 or is under suspension, or who has failed to renew his or her license while it was under
19 suspension, or who has been a manager, administrator, owner, member, officer,
20 director, associate, partner, or any other person with management or control of any
21 partnership, corporation, trust, firm, or association whose application for a license has
22 been denied or revoked, is under suspension or has been placed on probation, and while
23 acting as the manager, administrator, owner, member, officer, director, associate,
24 partner, or any other person with management or control had knowledge of or
25 knowingly participated in any conduct for which the license was denied, revoked,
26 suspended, or placed on probation, shall be prohibited from serving as a manager,
27 administrator, owner, member, officer, director, associate, partner, or in any other
28 position with management or control of a licensee as follows:

(1) Where a probationary license is issued or where an existing license is placed
on probation, this prohibition shall remain in effect for a period not to exceed five
years.

(2) Where the license is denied or revoked, the prohibition shall continue until
the license is issued or reinstated.

(b) "Manager, administrator, owner, member, officer, director, associate,
partner, or any other person with management or control of a license" as used in this
section and Section 4308, may refer to a pharmacist or to any other person who serves
in such capacity in or for a licensee.

(c) The provisions of subdivision (a) may be alleged in any pleading filed
pursuant to Chapter 5 (commencing with Section 11500) of Part 1 of Division 3 of the

Government Code. However, no order may be issued in that case except as to a person who is named in the caption, as to whom the pleading alleges the applicability of this section, and where the person has been given notice of the proceeding as required by Chapter 5 (commencing with Section 11500) of Part 1 of Division 3 of the Government Code. The authority to proceed as provided by this subdivision shall be in addition to the board's authority to proceed under Section 4339 or any other provision of law.

BUSINESS AND PROFESSIONS CODE PROVISIONS

10. Section 4021 of the Code states:

"Controlled substance" means any substance listed in Chapter 2 (commencing with Section 11053) of Division 10 of the Health and Safety Code.

11. Section 4022 of the Codes states:

"Dangerous drug" or "dangerous device" means any drug or device unsafe for self-use in humans or animals, and includes the following:

(a) Any drug that bears the legend: "Caution: federal law prohibits dispensing without prescription," "Rx only," or words of similar import.

...

12. Section 4113 of the Code states:

...

(c) The pharmacist-in-charge shall be responsible for a pharmacy's compliance with all state and federal laws and regulations pertaining to the practice of pharmacy.

13. Section 4156 of the Code states:

A pharmacy corporation shall not do, or fail to do, any act where doing or failing to do the act would constitute unprofessional conduct under any statute or regulation. In the conduct of its practice, a pharmacy corporation shall observe and be bound by the laws and regulations that apply to a person licensed under this chapter.

14. Section 4301 of the Code states:

The board shall take action against any holder of a license who is guilty of unprofessional conduct or whose license has been issued by mistake. Unprofessional conduct shall include, but is not limited to, any of the following:

...

(c) Gross negligence.

(d) The clearly excessive furnishing of controlled substances in violation of subdivision (a) of Section 11153 of the Health and Safety Code.

1 ...
 2 (j) The violation of any of the statutes of this state, of any other state, or of the
 3 United States regulating controlled substances and dangerous drugs.
 4 ...

5 (o) Violating or attempting to violate, directly or indirectly, or assisting in or
 6 abetting the violation of or conspiring to violate any provision or term of this chapter
 7 or of the applicable federal and state laws and regulations governing pharmacy,
 8 including regulations established by the board or by any other state or federal
 9 regulatory agency.
 10 ...

11 15. Section 4306.5 of the Code states:

12 Unprofessional conduct for a pharmacist may include any of the following:

13 (a) Acts or omissions that involve, in whole or in part, the inappropriate exercise
 14 of his or her education, training, or experience as a pharmacist, whether or not the act
 15 or omission arises in the course of the practice of pharmacy or the ownership,
 16 management, administration, or operation of a pharmacy or other entity licensed by the
 17 board.

18 (b) Acts or omissions that involve, in whole or in part, the failure to exercise or
 19 implement his or her best professional judgment or corresponding responsibility with
 20 regard to the dispensing or furnishing of controlled substances, dangerous drugs, or
 21 dangerous devices, or with regard to the provision of services

22 (c) Acts or omissions that involve, in whole or in part, the failure to consult
 23 appropriate patient, prescription, and other records pertaining to the performance of
 24 any pharmacy function.

25 (d) Acts or omissions that involve, in whole or in part, the failure to fully
 26 maintain and retain appropriate patient-specific information pertaining to the
 27 performance of any pharmacy function.

28 HEALTH AND SAFETY CODE PROVISIONS

16. Section 11152 of the Code states:

No person shall write, issue, fill, compound, or dispense a prescription that does
 not conform to this division.

17. Section 11153 of the Code states:

(a) A prescription for a controlled substance shall only be issued for a legitimate
 medical purpose by an individual practitioner acting in the usual course of his or her
 professional practice. The responsibility for the proper prescribing and dispensing of
 controlled substances is upon the prescribing practitioner, but a corresponding

responsibility rests with the pharmacist who fills the prescription. Except as authorized by this division, the following are not legal prescriptions: (1) an order purporting to be a prescription which is issued not in the usual course of professional treatment or in legitimate and authorized research; or (2) an order for an addict or habitual user of controlled substances, which is issued not in the course of professional treatment or as part of an authorized narcotic treatment program, for the purpose of providing the user with controlled substances, sufficient to keep him or her comfortable by maintaining customary use.

...

18. Section 11162.1 of the Code states:

(a) The prescription forms for controlled substances shall be printed with the following features:

...

(2) A watermark shall be printed on the backside of the prescription blank; the watermark shall consist of the words "California Security Prescription."

...

(6) A description of the security features included on each prescription form.

...

(9) The preprinted name, category of licensure, license number, federal controlled substance registration number, and address of the prescribing practitioner.

...

(15) A uniquely serialized number, in a manner prescribed by the Department of Justice in accordance with Section 11162.2.

(b) Each batch of controlled substance prescription forms shall have the lot number printed on the form and each form within that batch shall be numbered sequentially beginning with the numeral one.

19. Section 11164 of the Code states:

Except as provided in Section 11167, no person shall prescribe a controlled substance, nor shall any person fill, compound, or dispense a prescription for a controlled substance, unless it complies with the requirements of this section.

(a) Each prescription for a controlled substance classified in Schedule II, III, IV, or V, except as authorized by subdivision (b), shall be made on a controlled substance prescription form as specified in Section 11162.1, ...

///

///

STATE REGULATORY PROVISION

20. Section 1761 of the California Code of Regulations, title 16, states:

(a) No pharmacist shall compound or dispense any prescription which contains any significant error, omission, irregularity, uncertainty, ambiguity or alteration. Upon receipt of any such prescription, the pharmacist shall contact the prescriber to obtain the information needed to validate the prescription.

(b) Even after conferring with the prescriber, a pharmacist shall not compound or dispense a controlled substance prescription where the pharmacist knows or has objective reason to know that said prescription was not issued for a legitimate medical purpose.

COST RECOVERY

21. Section 125.3 of the Code states, in pertinent part, that the Board may request the administrative law judge to direct a licensee found to have committed a violation or violations of the licensing act to pay a sum not to exceed the reasonable costs of the investigation and enforcement of the case.

DRUG CLASSIFICATIONS

BRAND NAME	GENERIC NAME	DANGEROUS DRUG PER B&PC § 4022	CONTROLLED SUBSTANCE PER H&SC	INDICATIONS FOR USE
Xanax	Alprazolam	Yes	Yes – Schedule IV, H&SC § 11057(d)(1)	Anxiety
Adderall	Amphetamine Salts	Yes	Yes – Schedule II, H&SC § 11055(d)(1)	ADD/ADHD
Norco/Lortab	Hydrocodone/ Acetaminophen (APAP)	Yes	Yes – Schedule II, H&SC § 11055(l)(i) Yes – Schedule II, Title 21 CFR § 1308.12	Pain
Percolone/ Roxicodone	Oxycodone	Yes	Yes – Schedule II, H&SC § 11055(b)(1)(M)	Pain
Phenergan with Codeine Syrup	Promethazine/ Codeine Syrup	Yes	Yes, Schedule V, H&SC § 11058(c)(1)	Cough

FACTUAL ALLEGATIONS

22. On May 1, 2020, a Board Inspector emailed Respondent Israel a request for pharmacy records and original prescriptions for Respondent Scriptsrus. Subsequently, the Inspector received Respondent Scriptsrus' dispensing records for April 30, 2017 through April 30, 2020, and copies of prescription documents instead of originals. On June 10, 2020, the Inspector received the original prescriptions, after a second request, and unsolicited documents not previously provided.

Doctors MB, DB, and JK

23. The Board's investigation revealed that from June 29, 2017 through March 1, 2019, Respondent Scriptsrus and Respondent Israel (collectively Respondents) dispensed 63 controlled substance prescriptions from prescribers Dr. MB, Dr. DB, and Dr. JK on invalid security prescription forms for Alprazolam, Amphetamine Salts, and Oxycodone classified as Schedule IV controlled substances and Promethazine/Codeine classified as a Schedule V controlled substance, which were missing required features described as follows, but not limited to:

- (a) Prescription documents were missing a watermark printed on the backside of the prescription, which reads: "California Security Prescription."
- (b) Repeat sequential form numbers were used on some prescriptions.
- (c) Dr. MB's prescriptions lacked a valid DEA number.

24. These prescriptions had enough red flags of illegitimacy to be recognized as the illegal distribution of controlled substances for diversion and abuse.

25. The Board's investigation also revealed that Respondents failed to exercise their corresponding responsibility from April 30, 2017 through April 30, 2020, as to 89 prescriptions of Alprazolam 2mg for 7,620 doses, 99 prescriptions of Amphetamine Salts 30 mg for 8,400 doses, 154 prescriptions of Oxycodone 30 mg for 14,880 doses, and 15 prescriptions of Promethazine/Codeine (5ml/dose) for 1,232 doses for a total number of 357 prescriptions and 37,063 total number of doses as described below.

26. Specifically, Respondents dispensed 63 controlled substance prescriptions from Dr. MB, Dr. DB, and Dr. JK after ignoring or failing to recognize multiple objective factors which

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showed the prescriptions were irregular and not medically legitimate prescriptions. The objective factors of illegitimacy, irregularity and abuse include, but were not limited to the following:

- (a) Long distances traveled from patient homes in Van Nuys to prescribers Dr. MB's office in Santa Ana and Dr. DB's office in West Hollywood.
- (b) Patients had appointments on the same day with prescribers in different cities.
- (c) Patients issued the same prescriptions on the same day at different offices.
- (d) Initial prescriptions were written for high starting doses described below:
 - i. 07/09/2018 for Oxycodone 30 mg, RX 106466, by Dr. DB, to patient NS.
 - ii. 10/03/2018 for Alprazolam 2 mg, RX 107321, by Dr. MB, to patient NS.
 - iii. 08/06/2018 for Oxycodone 30 mg, RX 106725, by Dr. DB, to patient RS.

27. Also, prescribers Dr. MB, Dr. DB, and Dr. JK only prescribed the highest strength of controlled substances¹ described below:

PREScriBER	DRUG	NUMBER OF RXs	TOTAL QUANTITY
MB	Alprazolam 2 mg	14	840
	Amphetamine Salts 30 mg	16	960
DB	Oxycodone 30 mg	17	2,040
JK	Alprazolam 2 mg	6	600
	Amphetamine Salts 30 mg	6	540
	Oxycodone 30 mg	4	480
	Total	63	5,460

28. These 63 fraudulent prescriptions had enough red flags of illegitimacy to be recognized as the illegal distribution of controlled substances. None of the prescription documents submitted indicated resolution of the irregularities of prescribing controlled substances.

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¹ Alprazolam is available in 0.25 mg to 2 mg immediate release tablets. Amphetamine Salts are available in various strengths from 5 mg to 30 mg immediate release tablets. Oxycodone is available in 5, 10, 15, 20, and 30 mg immediate release tablets.

1 Dr. JMK

2 29. In addition, the investigation revealed that from April 30, 2018 through April 30, 2020,
3 Respondents dispensed 82 controlled substance prescriptions from prescriber Dr. JMK with
4 patterns of irregularities and red flags of abuse without ensuring the prescriptions to patients VT,
5 PF, AA, AB, SE, AE, FL, and RT were issued for a legitimate medical purpose in the usual course
6 of professional practice. The objective factors of illegitimacy, irregularity and abuse include, but
7 were not limited to the following:

8 (a) All 82 Oxycodone prescriptions for 7,160 tablets were for 30 mg, the highest
9 strength available.

10 (b) Every patient was prescribed Oxycodone 30 mg without adjustment to varying
11 patient demographic data.

12 30. These patterns are apparent deviations from the usual course of professional practice.

13 Physician Assistant JME

14 31. The investigation records further revealed that from January 31, 2019 through April
15 16, 2020, Respondents dispensed 212 controlled substances from prescriber Physician Assistant
16 JME with patterns of irregularities and red flags of abuse without ensuring the prescriptions to
17 patients JB, EM, SR, LF, NS, RF, JC, TA, PO, and IS were issued for a legitimate medical purpose
18 in the usual course of professional practice, described as follows:

19 (a) All 51 Oxycodone prescriptions were for 30 mg for 5,200 tablets, the highest
20 strength available.

21 (b) All 77 Amphetamine Salts prescriptions were for 30 mg for 6,900 tablets, the
22 highest strength available.

23 (c) All 69 Alprazolam prescriptions were for 2 mg for 6,180 tablets, the highest
24 strength available.

25 (d) High percentage of cash payments for controlled substances.

26 (e) Numerous patients prescribed Oxycodone, Amphetamine Salts, Alprazolam, and
27 or Promethazine/Codeine in a pattern of overlapping treatment, for which there
28 is a boxed warning of serious risks.

(f) Each of the 15 Promethazine/Codeine prescriptions was prescribed with Oxycodone 30 mg.

(g) Most of the 15 Promethazine/Codeine prescriptions were for 473 ml, a full pint size bottle.

(h) Multiple patients issued similar or identical controlled substances prescriptions on the same day regardless of patient demographic data.

32. These patterns are apparent deviations from the usual course of professional practice.

Initial Prescriptions Written for Strong Controlled Substances and Other Irregularities

33. Furthermore, the investigation revealed that from June 7, 2018 through March 18, 2020, Respondents dispensed controlled substance prescriptions from prescribers Dr. JMK, Dr. MB, Dr. DB, Dr. MG, and Dr. AF with the following additional patterns of irregularities and red flags of abuse:

(a) Prescriptions dispensed days and even weeks after the date prescribed.

(b) Cash payments.

(c) Patients were not tolerant to opioids.

(d) High Oxycodone doses greater than 90 MME/day.²

(e) High Alprazolam doses.

(f) High Amphetamine Salts doses.

(g) Out of area patients (between 25-50 miles away).

(h) Out of area prescribers (25 miles away).

(i) Patients JC and TA were dispensed almost identical prescriptions on the same day.

34. In addition, these eleven patients were dispensed unusually high doses at least twice the recommended safe dose of Oxycodone, Amphetamine Salts, and or Alprazolam without any documentation of effective intervention by a pharmacist. Also, ten of eleven patients were started or restarted on opioid doses above the CDC recommendation limit of 90 MME/day for opioids.

² According to the Centers for Disease Control and Prevention (CDC), higher opioid doses are associated with a higher risk of overdose and death. The concept of Morphine Milligram Equivalent (MME) has come into everyday use to facilitate dosing decisions. The CDC guidelines recommend caution when prescribing opioids at any dosage. Doses above 90 MME/day (60 mg/day of Oxycodone) should be avoided or carefully justified and titrated accordingly.

(Requirements of Controlled Substance Prescriptions)

35. Respondent Scripturus and Respondent Israel are subject to disciplinary action under Code section 4301, subdivisions (j) and (o), for violating Health and Safety Code sections 11152, 11162.1 and 11164, in conjunction with California Code of Regulations, title 16, section 1761, in that Respondents dispensed controlled substances written on deficient and noncompliant prescription forms by prescribers Dr. MB, Dr. DB, and Dr. JK for a total of 63 prescriptions. Complainant refers to, and by reference, incorporates the allegations set forth above in paragraphs 22 through 24, as though set forth fully.

(Failure to Exercise Corresponding Responsibility)

36. Respondent Scriptus and Respondent Israel are subject to disciplinary action under Code section 4301, subdivisions (c), (d), (j), and (o), and section 4306.5, in conjunction with the Health and Safety Code section 11153, subdivision (a), and California Code of Regulations, title 16, section 1761, in that between April 30, 2017 through April 30, 2020, Respondents operated in a grossly negligent manner, which constituted unprofessional conduct by excessively furnishing 357 prescriptions and 37,063 doses of controlled substances, despite multiple cues of irregularity and uncertainty related to patient and prescriber factors, and in failing to comply with their corresponding responsibility to ensure that controlled substances were dispensed for a legitimate medical purpose. Complainant refers to, and by this reference, incorporates the allegations set forth above in paragraphs 22 through 34, as though set forth fully.

(Unprofessional Conduct - Respondent Israel)

37. Respondent Israel is subject to disciplinary action under Code sections 4301, 4113, subdivision (c), and 4306.5, in that between April 30, 2017 through April 30, 2020, as the Pharmacist-in-Charge of Respondent Scriptsrus Pharmacy, Respondent Israel committed acts of unprofessional conduct when he failed to ensure that Respondent Scriptsrus exercised its corresponding responsibility to ensure the legitimacy of controlled substance prescriptions.

1 dispensed. Respondent Israel approved to be dispensed 357 prescriptions and 37,063 doses of
2 controlled substances, despite multiple cues of irregularity and uncertainty related to patient and
3 prescriber factors, and failed to ensure that controlled substances were dispensed for a legitimate
4 medical purpose. Complainant refers to, and by this reference, incorporates the allegations set forth
5 above in paragraphs 22 through 34, as though set forth fully.

6 **OTHER MATTERS**

7 38. Pursuant to section 4307 of the Code, if discipline is imposed on Pharmacy Permit
8 Number PHY 52078 issued to Scriptsrus Pharmacy, Corp. dba Scriptsrus Pharmacy, Roland Isreal,
9 Scriptsrus Pharmacy, Corp. dba Scriptsrus Pharmacy, Roland Isreal shall be prohibited from
10 serving as a manager, administrator, owner, member, officer, director, associate, partner, or any
11 other person with management or control of a licensee for five years if Pharmacy Permit Number
12 PHY 52078 is placed on probation or until Pharmacy Permit Number PHY 52078 is reinstated if it
13 is revoked.

14 39. Pursuant to section 4307 of the Code, if discipline is imposed on Pharmacy Permit
15 Number PHY 52078, issued to Scriptsrus, Corp. dba Scriptsrus Pharmacy, Roland Israel, for
16 conduct that occurred while Respondent Israel, a Pharmacist-in-Charge, President, Partner, and
17 Secretary, had knowledge of or knowingly participated in the conduct for which Respondent
18 Scriptsrus was disciplined, then Respondent Israel shall be prohibited from serving as a manager,
19 administrator, owner, member, officer, director, associate, partner, or any other person with
20 management or control of a licensee for five years if Pharmacy Permit Number PHY 52078 is
21 placed on probation or until Pharmacy Permit Number PHY 52078 is reinstated if it is revoked.

22 40. Pursuant to section 4307 of the Code, if discipline is imposed on Pharmacist License
23 Number RPH 47379 issued to Roland Israel, Roland Isreal shall be prohibited from serving as a
24 manager, administrator, owner, member, officer, director, associate, partner, or any other person
25 with management or control of a licensee for five years if Pharmacist License Number RPH 47379
26 is placed on probation or until Pharmacist License Number RPH 47379 is reinstated if it is revoked.

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28 ///

PRAYER

WHEREFORE, Complainant requests that a hearing be held on the matters herein alleged, and that following the hearing, the California State Board of Pharmacy issue a decision:

1. Revoking or suspending Permit Number PHY 52078, issued to Scriptsrus Pharmacy, Corp. dba Scriptsrus Pharmacy, Roland Israel;

2. Revoking or suspending Pharmacist License Number RPH 47379, issued to Roland Israel;

3. Prohibiting Scriptsrus Pharmacy Corp., dba Scriptsrus Pharmacy, Roland Israel from serving as a manager, administrator, owner, member, officer, director, associate, partner, or any other person with management or control of a licensee for five years if Pharmacy Permit Number PHY 52078 is placed on probation or until Pharmacy Permit Number PHY 52078 is reinstated if Pharmacy Permit Number PHY 52078 issued to Scriptsrus Pharmacy, Corp. dba Scriptsrus Pharmacy, Roland Israel is revoked;

4. Prohibiting Roland Israel from serving as a manager, administrator, owner, member, officer, director, associate, partner, or any other person with management or control of a licensee for five years if Pharmacy Permit Number PHY 52078 is placed on probation or until Pharmacy Permit Number PHY 52078 is reinstated if Pharmacy Permit Number PHY 52078 issued to Scriptsrus Pharmacy, Corp. dba Scriptsrus Pharmacy, Roland Israel is revoked;

5. Prohibiting Roland Israel from serving as a manager, administrator, owner, member, officer, director, associate, partner, or any other person with management or control of a licensee for five years if Pharmacist License Number RPH 47379 is placed on probation or until Pharmacist License Number RPH 47379 is reinstated if Pharmacist License Number RPH 47379 issued to Roland Israel is revoked;

6. Ordering Scriptsrus Pharmacy, Corp. dba Scriptsrus Pharmacy and Roland Israel to pay the Board of Pharmacy the reasonable costs of the investigation and enforcement of this case, pursuant to Business and Professions Code section 125.3; and,

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7. Taking such other and further action as deemed necessary and proper.

DATED: 5/4/2021

Sodergren,
Anne@DCA

Digitally signed by
Sodergren, Anne@DCA
Date: 2021.05.04 22:09:57
-07'00'

ANNE SODERGREN
Executive Officer
Board of Pharmacy
Department of Consumer Affairs
State of California
Complainant

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 13 *Attorneys for Complainant*

14 **BEFORE THE**
 15 **BOARD OF PHARMACY**
 16 **DEPARTMENT OF CONSUMER AFFAIRS**
 17 **STATE OF CALIFORNIA**

18 In the Matter of the Accusation Against:

Case No. 7042

19 **SCRIPTSRUS CORP. DBA SCRIPTSRUS**
 20 **PHARMACY, ROLAND ISRAEL**
 21 **15630 Ventura Blvd.**
 22 **Encino, CA 91436**

OAH No. 2021080317

23 **Pharmacy Permit No. PHY 52078**

STIPULATED SETTLEMENT AND
DISCIPLINARY ORDER AS TO
SCRIPTSRUS CORP. DBA SCRIPTSRUS
PHARMACY, PHARMACY PERMIT
NO. 52078 ONLY

24 **and**

25 **ROLAND ISRAEL**
 26 **██████████ Maryland Drive**
 27 **Los Angeles, CA 90048**

28 **Pharmacist License No. RPH 47379**

Respondents.

IT IS HEREBY STIPULATED AND AGREED by and between the parties to the above-entitled proceedings that the following matters are true:

PARTIES

1. Anne Sodergren (Complainant) is the Executive Officer of the Board of Pharmacy (Board). She brought this action solely in her official capacity and is represented in this matter by

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1 Rob Bonta, Attorney General of the State of California, by Sheronda L. Edwards, Deputy
2 Attorney General.

3 2. Respondent Scriptsrus Corp. dba Scriptsrus Pharmacy, Roland Israel (Respondent) is
4 represented in this proceeding by attorney Armond Marcarian, whose address is: Marcarian Law
5 Firm, 21650 Oxnard Street, Suite 1980, Woodland Hills, CA 91367-7853.

6 3. On or about December 1, 2014, the Board issued Pharmacy Permit No. PHY 52078 to
7 Respondent. The Pharmacy Permit was in full force and effect at all times relevant to the charges
8 brought in Accusation No. 7042, and will expire on December 1, 2022, unless renewed.

9 **JURISDICTION**

10 4. Accusation No. 7042 was filed before the Board, and is currently pending against
11 Respondent. The Accusation and all other statutorily required documents were properly served on
12 Respondent on May 13, 2021. Respondent timely filed its Notice of Defense contesting the
13 Accusation.

14 5. A copy of Accusation No. 7042 is attached as exhibit A and incorporated herein by
15 reference.

16 **ADVISEMENT AND WAIVERS**

17 6. Respondent has carefully read, fully discussed with counsel, and understands the
18 charges and allegations in Accusation No. 7042. Respondent has also carefully read, fully
19 discussed with counsel, and understands the effects of this Stipulated Settlement and Disciplinary
20 Order.

21 7. Respondent is fully aware of its legal rights in this matter, including the right to a
22 hearing on the charges and allegations in the Accusation; the right to confront and cross-examine
23 the witnesses against it; the right to present evidence and to testify on its own behalf; the right to
24 the issuance of subpoenas to compel the attendance of witnesses and the production of
25 documents; the right to reconsideration and court review of an adverse decision; and all other
26 rights accorded by the California Administrative Procedure Act and other applicable laws.

27 8. Respondent voluntarily, knowingly, and intelligently waives and gives up each and
28 every right set forth above.

CULPABILITY

9. Respondent understands and agrees that the charges and allegations in Accusation No. 7042, if proven at a hearing, constitute cause for imposing discipline upon its Pharmacy Permit.

10. For the purpose of resolving the Accusation without the expense and uncertainty of further proceedings, Respondent agrees that, at a hearing, Complainant could establish a factual basis for the charges in the Accusation, and that Respondent hereby gives up its right to contest those charges.

11. Respondent agrees that its Pharmacy Permit is subject to discipline and they agree 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 Board. Respondent understands and agrees that counsel for Complainant and the staff of the Board may communicate directly with the Board regarding this stipulation and settlement, without notice to or participation by Respondent or its counsel. By signing the stipulation, Respondent understands and agrees that it may not withdraw its 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. This Stipulated Settlement and Disciplinary Order is intended by the parties to be an integrated writing representing the complete, final, and exclusive embodiment of their agreement. It supersedes any and all prior or contemporaneous agreements, understandings, discussions, negotiations, and commitments (written or oral). This Stipulated Settlement and Disciplinary

III

Order may not be altered, amended, modified, supplemented, or otherwise changed except by a writing executed by an authorized representative of each of the parties.

15. 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 Pharmacy Permit No. PHY 52078 issued to Respondent Scriptsrus Corp. dba Scriptsrus Pharmacy, Roland Israel, is revoked. However, the revocation is stayed, and Respondent is placed on probation for five (5) years on the following terms and conditions:

1. Definition: Respondent

For the purposes of these terms and conditions, "Respondent" shall refer to Scriptsrus Corp. dba Scriptsrus Pharmacy. All terms and conditions stated herein shall bind and be applicable to the licensed premises and to all owners, managers, officers, administrators, members, directors, trustees, associates, or partners thereof. For purposes of compliance with any term or condition, any report, submission, filing, payment, or appearance required to be made by Respondent to or before the Board or its designee shall be made by an owner or executive officer with authority to act on behalf of and legally bind the licensed entity.

2. Obey All Laws

Respondent shall obey all state and federal laws and regulations.

Respondent shall report any of the following occurrences to the Board, in writing, within seventy-two (72) hours of such occurrence:

- an arrest or issuance of a criminal complaint for violation of any provision of the Pharmacy Law, state and federal food and drug laws, or state and federal controlled substances laws;
- a plea of guilty, or nolo contendere, no contest, or similar, in any state or federal criminal proceeding to any criminal complaint, information or indictment;
- a conviction of any crime; or

- discipline, citation, or other administrative action filed by any state or federal agency which involves Respondent's Pharmacy Permit No. PHY 52078 or which is related to the practice of pharmacy or the manufacturing, obtaining, handling or distributing, billing, or charging for any dangerous drug, and/or dangerous device or controlled substance.

Failure to timely report any such occurrence shall be considered a violation of probation.

3. Report to the Board

Respondent shall report to the Board quarterly, on a schedule as directed by the Board or its designee. The report shall be made either in person or in writing, as directed. Among other requirements, Respondent shall state in each report under penalty of perjury whether there has been compliance with all the terms and conditions of probation. Failure to submit timely reports in a form as directed shall be considered a violation of probation. Any period(s) of delinquency in submission of reports as directed may be added to the total period of probation. Moreover, if the final probation report is not made as directed, probation shall be automatically extended until such time as the final report is made and accepted by the Board.

4. Interview with the Board

Upon receipt of reasonable prior notice, Respondent shall appear in person for interviews with the Board or its designee, at such intervals and locations as are determined by the Board or its designee. Failure to appear for any scheduled interview without prior notification to Board staff, or failure to appear for two (2) or more scheduled interviews with the Board or its designee during the period of probation, shall be considered a violation of probation.

5. Cooperate with Board Staff

Respondent shall timely cooperate with the Board's inspection program and with the Board's monitoring and investigation of Respondent's compliance with the terms and conditions of the probation, including but not limited to: timely responses to requests for information by Board staff; timely compliance with directives from Board staff regarding requirements of any term or condition of probation; and timely completion of documentation pertaining to a term or condition of probation. Failure to timely cooperate shall be considered a violation of probation.

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1 **6. Reimbursement of Board Costs**

2 As a condition precedent to successful completion of probation, Respondent shall be jointly
3 and severally responsible with Respondent Roland Israel to pay to the Board its costs of
4 investigation and prosecution in the amount of \$15,513.51. Respondent shall make said payments
5 monthly to commence within thirty (30) days of the effective date of this Decision pursuant to the
6 following terms:

7 There shall be no deviation from this schedule absent prior written approval by the Board or
8 its designee. Failure to pay costs by the deadline(s) as directed shall be considered a violation of
9 probation.

10 Respondent shall be permitted to pay these costs in a payment plan approved by the Board
11 or its designee, so long as full payment is completed no later than three (3) years prior to the end
12 date of probation.

13 **7. Probation Monitoring Costs**

14 Respondent shall pay any costs associated with probation monitoring as determined by the
15 Board each and every year of probation. Such costs shall be payable to the Board on a schedule as
16 directed by the Board or its designee. Failure to pay such costs by the deadline(s) as directed shall
17 be considered a violation of probation.

18 **8. Status of License**

19 Respondent shall, at all times while on probation, maintain current Pharmacy Permit with
20 the Board. Failure to maintain current licensure shall be considered a violation of probation.

21 If Respondent's Pharmacy Permit expires or is cancelled by operation of law or otherwise
22 at any time during the period of probation, including any extensions thereof or otherwise, upon
23 renewal or reapplication Respondent's Pharmacy Permit shall be subject to all terms and
24 conditions of this probation not previously satisfied.

25 **9. License Surrender While on Probation/Suspension**

26 Following the effective date of this decision, should Respondent wish to discontinue
27 business, Respondent may tender the premises license to the Board for surrender. The Board or its
28 designee shall have the discretion whether to grant the request for surrender or take any other

1 action it deems appropriate and reasonable. Upon formal acceptance of the surrender of the
2 license, Respondent will no longer be subject to the terms and conditions of probation.

3 Respondent may not apply for any new license from the Board for three (3) years from the
4 effective date of the surrender. Respondent shall meet all requirements applicable to the license
5 sought as of the date the application for that license is submitted to the Board.

6 Respondent further stipulates that it shall reimburse the Board for its costs of investigation
7 and prosecution prior to the acceptance of the surrender.

8 Upon acceptance of the surrender, Respondent shall relinquish the premises wall and
9 renewal license to the Board within ten (10) days of notification by the Board that the surrender is
10 accepted. Respondent shall further submit a completed Discontinuance of Business form
11 according to Board guidelines and shall notify the Board of the records inventory transfer within
12 five (5) days. Respondent shall further arrange for the transfer of all records of acquisition and
13 disposition of dangerous drugs and/or devices to premises licensed and approved by the Board.

14 Respondent shall also, by the effective date of this decision, arrange for the continuation of
15 care for ongoing patients of the pharmacy by, at minimum, providing a written notice to ongoing
16 patients that specifies the anticipated closing date of the pharmacy and that identifies one or more
17 area pharmacies capable of taking up the patients' care, and by cooperating as may be necessary
18 in the transfer of records or prescriptions for ongoing patients. Within five (5) days of its
19 provision to the pharmacy's ongoing patients, Respondent shall provide a copy of the written
20 notice to the Board. For the purposes of this provision, "ongoing patients" means those patients
21 for whom the pharmacy has on file a prescription with one or more refills outstanding, or for
22 whom the pharmacy has filled a prescription within the preceding sixty (60) days.

23 **10. Sale or Discontinuance of Business**

24 During the period of probation, should Respondent sell, trade or transfer all or part of the
25 ownership of the licensed entity, discontinue doing business under the license issued to
26 Respondent, or should practice at that location be assumed by another full or partial owner,
27 person, firm, business, or entity, under the same or a different premises license number, the Board
28 or its designee shall have the sole discretion to determine whether to exercise continuing

1 jurisdiction over the licensed location, under the current or new premises license number, and/or
2 carry the remaining period of probation forward to be applicable to the current or new premises
3 license number of the new owner.

4 **11. Notice to Employees**

5 Respondent shall, upon or before the effective date of this decision, ensure that all
6 employees involved in permit operations are made aware of all the terms and conditions of
7 probation, either by posting a notice of the terms and conditions, circulating such notice, or both.
8 If the notice required by this provision is posted, it shall be posted in a prominent place and shall
9 remain posted throughout the probation period. Respondent shall ensure that any employees hired
10 or used after the effective date of this decision are made aware of the terms and conditions of
11 probation by posting a notice, circulating a notice, or both. Additionally, Respondent shall submit
12 written notification to the Board, within fifteen (15) days of the effective date of this decision,
13 that this term has been satisfied. Failure to timely provide such notification to employees, or to
14 timely submit such notification to the Board shall be considered a violation of probation.

15 “Employees” as used in this provision includes all full-time, part-time,
16 volunteer, temporary, relief employees, and independent contractors employed or
17 hired at any time during probation.

18 **12. Owners and Officers: Knowledge of the Law**

19 Respondent shall provide, within thirty (30) days after the effective date of this decision,
20 signed and dated statements from its owners, including any owner or holder of ten percent (10%)
21 or more of the interest in Respondent or Respondent’s stock, and all of its officer, stating under
22 penalty of perjury that said individuals have read and are familiar with state and federal laws and
23 regulations governing the practice of pharmacy. The failure to timely provide said statements
24 under penalty of perjury shall be considered a violation of probation.

25 **13. Premises Open for Business**

26 Respondent shall remain open and engaged in its ordinary business as a Pharmacy in
27 California for a minimum of 80 hours per calendar month. Any month during which this
28 minimum is not met shall toll the period of probation, i.e., the period of probation shall be

1 extended by one month for each month during which this minimum is not met. During any such
 2 period of tolling of probation, Respondent must nonetheless comply with all terms and conditions
 3 of probation, unless Respondent is informed otherwise in writing by the Board or its designee. If
 4 Respondent is not open and engaged in its ordinary business as a Pharmacy for a minimum of 80
 5 hours in any calendar month, for any reason (including vacation), Respondent shall notify the
 6 Board in writing within ten (10) days of the conclusion of that calendar month. This notification
 7 shall include at minimum all of the following: the date(s) and hours Respondent was open; the
 8 reason(s) for the interruption or why business was not conducted; and the anticipated date(s) on
 9 which Respondent will resume business as required. Respondent shall further notify the Board in
 10 writing with ten (10) days following the next calendar month during which Respondent is open
 11 and engaged in its ordinary business as a Pharmacy in California for a minimum of 80 hours. Any
 12 failure to timely provide such notification(s) shall be considered a violation of probation.

13 14. **Posted Notice of Probation**

14 Respondent shall prominently post a probation notice provided by the Board or its designee
 15 in a place conspicuous to and readable by the public within two (2) days of receipt thereof from
 16 the Board or its designee. Failure to timely post such notice, or to maintain the posting during the
 17 entire period of probation, shall be considered a violation of probation.

18 Respondent shall not, directly or indirectly, engage in any conduct or make any statement
 19 which is intended to mislead or is likely to have the effect of misleading any patient, customer,
 20 member of the public, or other person(s) as to the nature of and reason for the probation of the
 21 licensed entity.

22 15. **Violation of Probation**

23 If a Respondent has not complied with any term or condition of probation, the Board shall
 24 have continuing jurisdiction over Respondent, and probation shall be automatically extended,
 25 until all terms and conditions have been satisfied or the Board has taken other action as deemed
 26 appropriate to treat the failure to comply as a violation of probation, to terminate probation, and
 27 to impose the penalty that was stayed.

28 ///

1 If Respondent violates probation in any respect, the Board, after giving Respondent notice
 2 and an opportunity to be heard, may revoke probation and carry out the disciplinary order that
 3 was stayed. If a petition to revoke probation or an accusation is filed against Respondent during
 4 probation, the Board shall have continuing jurisdiction and the period of probation shall be
 5 automatically extended until the petition to revoke probation or accusation is heard and decided,
 6 and the charges and allegations in Accusation No. 7042 shall be deemed true and correct.

7 16. Completion of Probation

8 Upon written notice by the Board or its designee indicating successful completion of
 9 probation, Respondent's Pharmacy Permit will be fully restored.

10 17. No Additional Ownership or Management of Licensed Premises

11 Respondent shall not acquire any additional ownership, legal or beneficial interest in, nor
 12 serve as a manager, administrator, member, officer, director, associate, partner or any business,
 13 firm, partnership, or corporation currently or hereinafter licensed by the Board except as approved
 14 by the Board or its designee. Violations of this restriction shall be considered a violation of
 15 probation.

16 17. Consultant Review of Pharmacy Operations

17 During the period of probation, Respondent Pharmacy shall retain an independent
 18 consultant at its own expense who shall be responsible for conducting an inspection to review
 19 the operations of Respondent Pharmacy on a monthly basis for compliance by Respondent
 20 Pharmacy with state and federal laws and regulations governing the practice of pharmacy, and
 21 compliance by Respondent. During the period of probation, the Board or its designee, retains the
 22 discretion to modify the frequency of the inspection of the pharmacist consultant's review.

23 The consultant shall be a pharmacist licensed by and not on probation with the Board
 24 and whose name shall be submitted to the Board or its designee, for prior approval, within
 25 thirty (30) days of the effective date of this decision.

26 Failure to timely retain, seek approval of, or ensure timely reporting by the consultant
 27 shall be considered a violation of probation.

28 ///

ACCEPTANCE

I have carefully read the above Stipulated Settlement and Disciplinary Order and have fully discussed it with my attorney, Armond Marcarian. I understand the stipulation and the effect it will have on my Pharmacy Permit. 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 Board of Pharmacy.

DATED: _____

SCRIPTSRUS CORP. DBA SCRIPTSRUS
PHARMACY, ROLAND ISRAEL
Respondent

I have read and fully discussed with Respondent Scriptsrus Corp. dba Scriptsrus Pharmacy, Roland Israel the terms and conditions and other matters contained in the above Stipulated Settlement and Disciplinary Order. I approve its form and content.

DATED: _____

ARMOND MARCARIAN
Attorney for Respondent

ACCEPTANCE

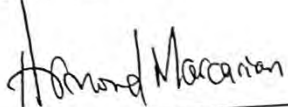
I have carefully read the above Stipulated Settlement and Disciplinary Order and have fully discussed it with my attorney, Armond Marcarian. I understand the stipulation and the effect it will have on my Pharmacy Permit. I enter into this Stipulated Settlement and Disciplinary Order voluntarily, knowingly, and intelligently, and agree to be bound by the Decision and Order of the Board of Pharmacy.

DATED: 4-21-22


 SCRIPTSRUS CORP. DBA SCRIPTSRUS
 PHARMACY, ROLAND ISRAEL
Respondent

I have read and fully discussed with Respondent Scriptsrus Corp. dba Scriptsrus Pharmacy, Roland Israel the terms and conditions and other matters contained in the above Stipulated Settlement and Disciplinary Order. I approve its form and content.

DATED: April 22, 2022


 ARMOND MARCARIAN
Attorney for Respondent

ENDORSEMENT

The foregoing Stipulated Settlement and Disciplinary Order is hereby respectfully submitted for consideration by the Board of Pharmacy.

DATED: _____

Respectfully submitted,

ROB BONTA
Attorney General of California
THOMAS L. RINALDI
Supervising Deputy Attorney General

SHERONDA L. EDWARDS
Deputy Attorney General
Attorneys for Complainant

LA2020603082
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11C

Renewal Application
Pharmacist

Application Fee : \$200.00
Convenience Fee : \$10.00
License Number : 22166
License Type : Pharmacist
New Expiration Date : 10/31/2025

2367

Renewal Type

Please confirm the status that you are renewing before moving to the next section.

☒ Active ☐ Inactive

Proceed to Renew

Personal Information

First Name : Tony

Middle (initial only) : Hieu

Last Name : La

License # : 22166

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 : Ameripharma

Military Address : ☐

Street : 132 S Anita Dr 2nd Floor

Country : United States

City : Orange

State : California

Zip : 92868

Practice Phone : (XXX) XXX-XXXX

Practice Fax : (XXX) XXX-XXXX

☐ Select if the Practice Address is your mailing address

The address you select as the mailing address will be shown on the certificate

Home Address :

Military Address : ☐

Street : Veterans Way

Country : United States

City : Tustin

State : California

Zip : 92782

Home Phone : (XXX) XXX-XXXX

Cell Phone :

Email Address :

Fax : (XXX) XXX-XXXX

☒ Select if the Home Address is your mailing address

The address you select as the mailing address will be shown on the certificate

Sex : Male

Practice License Number:

Specialty:

Nevada Business License Information - Check appropriate answer

2368

- ☒ I DO NOT have a Nevada Business license number.
- ☐ I HAVE APPLIED for a Nevada Business License with the Nevada Secretary of State in Compliance with provisions of NRS Chapter 76 and my application is pending.
- ☐ I have a Nevada Business License number assigned by the Secretary of State in compliance with the provisions of NRS Chapter 76789066.

Name on Business License :

Business License # :

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 conditions 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

Legal Information

- 2369
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

Cited by California Board of Pharmacy for unlicensed activity, insurance fraud, unprofessional conduct, obstruction of prescriptions. Settled case with probation

Document Name	Document Type	Date	Link	Action
Signed stipulation La (1)	Legal - Question 3	10/02/2023	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 :

Date : 05/17/2023

Case # : 7019

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

California pharmacist license currently on probation

Document Name	Document Type	Date	Link	Action
stipulations	Legal - Question 4	10/02/2023	Document Details	

Document Name :

Document Type : Legal - Question 4

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 :

Date : 05/17/2023

Case # : 7019

Criminal Action :

State :

Date : MM/DD/YYYY

Case # :

County :

Court :

CE Hours

Active ☒ By checking this box you certify you have completed ALL required CE Hours due for the 2021/2023 Renewal period. (Dated from Nov. 1, 2021 – Oct. 31, 2023; 1.25hrs per mo). The exemption period is 2yrs after graduation only

Acknowledgement and Declaration

2370

I understand that it is a violation of Nevada law to falsify this application, and sanctions may be imposed for fraud or misrepresentation. I affirm that I have read this application and the statements made are true and correct. I understand and will comply with the guidelines of the Centers for Disease Control and Prevention concerning the prevention of transmission of infectious agents through safe injection practices. I understand that NRS 432B.220 requires that if, in my professional capacity, I know or have reason to believe that a child has been abused or neglected, I am mandated to report the abuse/neglect to an agency which provides child welfare services or to a local law enforcement agency.

Signature : Tony La

Date Of Application : 10/02/2023

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 11/1/2023 to 10/31/2025	License Renewal Fee	\$200.00
	Convenience Fee	\$10.00
	Late Fee	\$0.00
	Total :	\$210.00

Fee and Payment

Payment Method : Credit / Debit Card

Application Fees : 200

Reinstatement Fee : 0

Transaction Fee : 10

Late Fees : 0

Reference Number : 120037707883

InvoiceDate : 10/02/2023

Paid

Pay & Submit

1 ROB BONTA
 Attorney General of California
 2 MARICHELLE S. TAHIMIC
 Supervising Deputy Attorney General
 3 DIONNE MOCHON
 Deputy Attorney General
 4 State Bar No. 203092
 600 West Broadway, Suite 1800
 5 San Diego, CA 92101
 P.O. Box 85266
 6 San Diego, CA 92186-5266
 Telephone: (619) 738-9012
 7 Facsimile: (619) 645-2061
 E-mail: Dionne.Mochon@doj.ca.gov
 8 *Attorneys for Complainant*

9
 10 **BEFORE THE**
BOARD OF PHARMACY
 11 **DEPARTMENT OF CONSUMER AFFAIRS**
STATE OF CALIFORNIA

12 In the Matter of the Accusation Against:

13 **PREFERRED PHARMACY, INC.;**
SCOTT LEROY MONTGOMERY, CEO
 14 **3303 Harbor Blvd., Ste. H7**
Costa Mesa, CA 92626.

Case No. 7019

ACCUSATION

15
16 **Original Permit No. PHY 54453**

17 **and**

18 **TONY HIEU LA**
 19 **■ Abrazo Aisle**
Irvine, CA 92614

20 **Registered Pharmacist License No. RPH**
73904

21 **and**

22 **MICHAEL JEAN OLIVIE AGBASSI**
 23 **■ Alamo Way**
 24 **Oceanside, CA 92057**

25 **Registered Pharmacist License No. RPH**
80700

26
27 Respondents.

PARTIES

1
2 1. Anne Sodergren (Complainant) brings this Accusation solely in her official capacity
3 as the Executive Officer of the Board of Pharmacy, Department of Consumer Affairs (Board).

4 2. On or about June 1, 2016, the Board issued Original Permit Number PHY 54453 to
5 Preferred Pharmacy, Inc. (Respondent Pharmacy), Scott Leroy Montgomery, CEO (Respondent
6 Montgomery). The Original Permit was in full force and effect at all times relevant to the charges
7 brought herein and will expire on June 1, 2023, unless renewed.

8 3. On or about November 3, 2015, the Board issued Registered Pharmacist License
9 Number RPH 73904 to Tony Hieu La (Respondent La). The Registered Pharmacist License was
10 in full force and effect at all times relevant to the charges brought herein and will expire on July
11 31, 2023, unless renewed.

12 4. On or about July 31, 2019, the Board issued Registered Pharmacist License Number
13 RPH 80700 to Michael Jean Olivie Agbassi (Respondent Agbassi). The Registered Pharmacist
14 License was in full force and effect at all times relevant to the charges brought herein and will
15 expire on September 30, 2022, unless renewed.

JURISDICTION

16
17 5. This Accusation is brought before the Board under the authority of the following
18 laws. All section references are to the Business and Professions Code (Code) unless otherwise
19 indicated.

20 6. Section 4300 of the Code states:

21 (a) Every license issued may be suspended or revoked.

22 (b) The board shall discipline the holder of any license issued by the board, whose
23 default has been entered or whose case has been heard by the board and found guilty,
by any of the following methods:

24 (1) Suspending judgment.

25 (2) Placing him or her upon probation.

26 (3) Suspending his or her right to practice for a period not exceeding on year.

27 (4) Revoking his or her license.

28 ///

(5) Taking any other action in relation to disciplining him or her as the board in its discretion may deem proper.

...

(e) The proceedings under this article shall be conducted in accordance with Chapter 5 (commencing with Section 11500) of Part 1 of Division 3 of the Government Code, and the board shall have all the powers granted therein. The action shall be final, except that the propriety of the action is subject to review by the superior court pursuant to Section 1094.5 of the Code of Civil Procedure.

7. Section 4300.1 of the Code states:

The expiration, cancellation, forfeiture, or suspension of a board-issued license by operation of law or by order or decision of the board or a court of law, the placement of a license on a retired status, or the voluntary surrender of a license by a licensee shall not deprive the board of jurisdiction to commence or proceed with any investigation of, or action or disciplinary proceeding against, the licensee or to render a decision suspending or revoking the license.

8. Section 4307 of the Code states:

(a) Any person who has been denied a license or whose license has been revoked or is under suspension, or who has failed to renew his or her license while it was under suspension, or who has been a manager, administrator, owner, member, officer, director, associate, partner, or any other person with management or control of any partnership, corporation, trust, firm, or association whose application for a license has been denied or revoked, is under suspension or has been placed on probation, and while acting as the manager, administrator, owner, member, officer, director, associate, partner, or any other person with management or control had knowledge of or knowingly participated in any conduct for which the license was denied, revoked, suspended, or placed on probation, shall be prohibited from serving as a manager, administrator, owner, member, officer, director, associate, partner, or in any other position with management or control of a licensee as follows:

(1) Where a probationary license is issued or where an existing license is placed on probation, this prohibition shall remain in effect for a period not to exceed five years.

(2) Where the license is denied or revoked, the prohibition shall continue until the license is issued or reinstated.

(b) "Manager, administrator, owner, member, officer, director, associate, or partner," as used in this section and Section 4308, may refer to a pharmacist or to any other person who serves in that capacity in or for a licensee.

(c) The provisions of subdivision (a) may be alleged in any pleading filed pursuant to Chapter 5 (commencing with Section 11500) of Part 1 of Division 3 of the Government Code. However, no order may be issued in that case except as to a person who is named in the caption, as to whom the pleading alleges the applicability of this section, and where the person has been given notice of the proceeding as required by Chapter 5 (commencing with Section 11500) of Part 1 of Division 3 of the Government Code. The authority to proceed as provided by this subdivision shall

be in addition to the board's authority to proceed under Section 4339 or any other provision of law.

STATUTORY PROVISIONS

9. Section 733 of the Code states:

(a) A licentiate shall not obstruct a patient in obtaining a prescription drug or device that has been legally prescribed or ordered for that patient. A violation of this section constitutes unprofessional conduct by the licentiate and shall subject the licentiate to disciplinary or administrative action by his or her licensing agency.

(b) Notwithstanding any other law, a licentiate shall dispense drugs and devices, as described in subdivision (a) of Section 4024, pursuant to a lawful order or prescription unless one of the following circumstances exists:

(1) Based solely on the licentiate's professional training and judgment, dispensing pursuant to the order or the prescription is contrary to law, or the licentiate determines that the prescribed drug or device would cause a harmful drug interaction or would otherwise adversely affect the patient's medical condition.

(2) The prescription drug or device is not in stock. If an order, other than an order described in Section 4019, or prescription cannot be dispensed because the drug or device is not in stock, the licentiate shall take one of the following actions:

(A) Immediately notify the patient and arrange for the drug or device to be delivered to the site or directly to the patient in a timely manner.

(B) Promptly transfer the prescription to another pharmacy known to stock the prescription drug or device that is near enough to the site from which the prescription or order is transferred, to ensure the patient has timely access to the drug or device.

(C) Return the prescription to the patient and refer the patient. The licentiate shall make a reasonable effort to refer the patient to a pharmacy that stocks the prescription drug or device that is near enough to the referring site to ensure that the patient has timely access to the drug or device.

(3) The licentiate refuses on ethical, moral, or religious grounds to dispense a drug or device pursuant to an order or prescription. A licentiate may decline to dispense a prescription drug or device on this basis only if the licentiate has previously notified his or her employer, in writing, of the drug or class of drugs to which he or she objects, and the licentiate's employer can, without creating undue hardship, provide a reasonable accommodation of the licentiate's objection. The licentiate's employer shall establish protocols that ensure that the patient has timely access to the prescribed drug or device despite the licentiate's refusal to dispense the prescription or order. For purposes of this section, "reasonable accommodation" and "undue hardship" shall have the same meaning as applied to those terms pursuant to subdivision (l) of Section 12940 of the Government Code.

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10. Section 810 of the Code states:

...

(b) It shall constitute cause for revocation or suspension of a license or certificate for a health care professional to engage in any conduct prohibited under Section 1871.4 of the Insurance Code or Section 549 or 550 of the Penal Code.

11. Section 4040 of the Code states:

(a) "Prescription" means an oral, written, or electronic transmission order that is both of the following:

(1) Given individually for the person or persons for whom ordered that includes all of the following:

(A) The name or names and address of the patient or patients.

(B) The name and quantity of the drug or device prescribed and the directions for use.

(C) The date of issue.

(D) Either rubber stamped, typed, or printed by hand or typeset, the name, address, and telephone number of the prescriber, his or her license classification, and his or her federal registry number, if a controlled substance is prescribed.

(E) A legible, clear notice of the condition or purpose for which the drug is being prescribed, if requested by the patient or patients.

(F) If in writing, signed by the prescriber issuing the order, or the certified nurse-midwife, nurse practitioner, physician assistant, or naturopathic doctor who issues a drug order pursuant to Section 2746.51 , 2836.1 , 3502.1 , or 3640.5 , respectively, or the pharmacist who issues a drug order pursuant to Section 4052.1 , 4052.2 , or 4052.6.

(2) Issued by a physician, dentist, optometrist, podiatrist, veterinarian, or naturopathic doctor pursuant to Section 3640.7 or, if a drug order is issued pursuant to Section 2746.51 , 2836.1 , 3502.1 , or 3460.5, by a certified nurse-midwife, nurse practitioner, physician assistant, or naturopathic doctor licensed in this state, or pursuant to Section 4052.1 , 4052.2 , or 4052.6 by a pharmacist licensed in this state.

(b) Notwithstanding subdivision (a), a written order of the prescriber for a dangerous drug, except for any Schedule II controlled substance, that contains at least the name and signature of the prescriber, the name and address of the patient in a manner consistent with paragraph (2) of subdivision (a) of Section 11164 of the Health and Safety Code , the name and quantity of the drug prescribed, directions for use, and the date of issue may be treated as a prescription by the dispensing pharmacist as long as any additional information required by subdivision (a) is readily retrievable in the pharmacy. In the event of a conflict between this subdivision and Section 11164 of the Health and Safety Code , Section 11164 of the Health and Safety Code shall prevail.

(c) "Electronic transmission prescription" includes both image and data prescriptions. "Electronic image transmission prescription" means any prescription

order for which a facsimile of the order is received by a pharmacy from a licensed prescriber. "Electronic data transmission prescription" means any prescription order, other than an electronic image transmission prescription, that is electronically transmitted from a licensed prescriber to a pharmacy.

(d) The use of commonly used abbreviations shall not invalidate an otherwise valid prescription.

(e) Nothing in the amendments made to this section (formerly Section 4036) at the 1969 Regular Session of the Legislature shall be construed as expanding or limiting the right that a chiropractor, while acting within the scope of his or her license, may have to prescribe a device.

12. Section 4059.5 of the Code states:

...

(e) A dangerous drug or dangerous device shall not be transferred, sold, or delivered to a person outside this state, whether foreign or domestic, unless the transferor, seller, or deliverer does so in compliance with the laws of this state and of the United States and of the state or country to which the dangerous drugs or dangerous devices are to be transferred, sold, or delivered. Compliance with the laws of this state and the United States and of the state or country to which the dangerous drugs or dangerous devices are to be delivered shall include, but not be limited to, determining that the recipient of the dangerous drugs or dangerous devices is authorized by law to receive the dangerous drugs or dangerous devices.

...

13. Section 4110 of the Code states:

(a) No person shall conduct a pharmacy in the State of California unless he or she has obtained a license from the board. A license shall be required for each pharmacy owned or operated by a specific person. A separate license shall be required for each of the premises of any person operating a pharmacy in more than one location. The license shall be renewed annually. The board may, by regulation, determine the circumstances under which a license may be transferred.

...

14. Section 4116 of the Code states:

(a) No person other than a pharmacist, an intern pharmacist, an authorized officer of the law, or a person authorized to prescribe shall be permitted in that area, place, or premises described in the license issued by the board wherein controlled substances or dangerous drugs or dangerous devices are stored, possessed, prepared, manufactured, derived, compounded, dispensed, or repackaged. However, a pharmacist shall be responsible for any individual who enters the pharmacy for the purposes of receiving consultation from the pharmacist or performing clerical, inventory control, housekeeping, delivery, maintenance, or similar functions relating to the pharmacy if the pharmacist remains present in the pharmacy during all times as the authorized individual is present.

...

15. Section 4156 of the Code states:

A pharmacy corporation shall not do, or fail to do, any act where doing or failing to do the act would constitute unprofessional conduct under any statute or regulation. In the conduct of its practice, a pharmacy corporation shall observe and be bound by the laws and regulations that apply to a person licensed under this chapter.

16. Section 4169 of the Code states:

(a) A person or entity shall not do any of the following:

(1) Purchase, trade, sell, warehouse, distribute, or transfer dangerous drugs or dangerous devices at wholesale with a person or entity that is not licensed with the board as a wholesaler, third-party logistics provider, or pharmacy.

(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 Section 4301 of the Code states:

17. Section 4301 of the Code states:

The board shall take action against any holder of a license who is guilty of unprofessional conduct or whose license has been issued by mistake. Unprofessional conduct includes, but is not limited to, any of the following:

...

(f) The commission of any act involving moral turpitude, dishonesty, fraud, deceit, or corruption, whether the act is committed in the course of relations as a licensee or otherwise, and whether the act is a felony or misdemeanor or not.

(g) Knowingly making or signing any certificate or other document that falsely represents the existence or nonexistence of a state of facts.

...

(j) 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.

...

(o) 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.

...

(q) Engaging in any conduct that subverts or attempts to subvert an investigation of the board. ...

18. Section 4330 of the Code states:

...

(b) Any nonpharmacist owner who commits any act that would subvert or tend to subvert the efforts of the pharmacist in charge to comply with the laws governing the operation of the pharmacy is guilty of a misdemeanor.

...

REGULATORY PROVISIONS

19. California Code of Regulations, title 16, section 1709.1 states:

(a) The pharmacist-in-charge of a pharmacy shall be employed at that location and shall have responsibility for the daily operation of the pharmacy.

(b) The pharmacy owner shall vest the pharmacist-in-charge with adequate authority to assure compliance with the laws governing the operation of a pharmacy.

...

20. California Code of Regulations, title 16, section 1714 states:

...

(c) The pharmacy and fixtures and equipment shall be maintained in a clean and orderly condition. The pharmacy shall be dry, well-ventilated, free from rodents and insects, and properly lighted. The pharmacy shall be equipped with a sink with hot and cold running water for pharmaceutical purposes.

(d) Each pharmacist while on duty shall be responsible for the security of the prescription department, including provisions for effective control against theft or diversion of dangerous drugs and devices, and records for such drugs and devices. Possession of a key to the pharmacy where dangerous drugs and controlled substances are stored shall be restricted to a pharmacist.

...

21. California Code of Regulations, title 16, section 1764 states:

No pharmacist shall exhibit, discuss, or reveal the contents of any prescription, the therapeutic effect thereof, the nature, extent, or degree of illness suffered by any patient or any medical information furnished by the prescriber with any person other than the patient or his or her authorized representative, the prescriber or other licensed practitioner then caring for the patient, another licensed pharmacist serving the

///

///

///

CODE OF FEDERAL REGULATIONS

22. Title 42, Code of Federal Regulations, (CFR) section 424.57 states:

...

c) *Application certification standards.* The supplier must meet and must certify in its application for billing privileges that it meets and will continue to meet the following standards:

...

(11) Must agree not to contact a beneficiary by telephone when supplying a Medicare-covered item unless one of the following applies:

(i) The individual has given written permission to the supplier to contact them by telephone concerning the furnishing of a Medicare-covered item that is to be rented or purchased.

(ii) The supplier has furnished a Medicare-covered item to the individual and the supplier is contacting the individual to coordinate the delivery of the item.

(iii) If the contact concerns the furnishing of a Medicare-covered item other than a covered item already furnished to the individual, the supplier has furnished at least one covered item to the individual during the 15-month period preceding the date on which the supplier makes such contact.

PENAL CODE SECTIONS

23. California Penal Code section 550 states:

...

(a) It is unlawful to do any of the following, or to aid, abet, solicit, or conspire with any person to do any of the following:

...

(6) Knowingly make or cause to be made any false or fraudulent claim for payment of a health care benefit.

(7) Knowingly submit a claim for a health care benefit that was not used by, or on behalf of, the claimant.

...

CALIFORNIA CIVIL CODE SECTION

24. California Civil Code section 56.10, subdivision (a) states:

(a) A provider of health care, health care service plan, or contractor shall not disclose medical information regarding a patient of the provider of health care or an enrollee or subscriber of a health care service plan without first obtaining an authorization, except as provided in subdivision (b) or (c).

HEALTH AND SAFETY CODE

25. California Health and Safety Code section 111255 states:

Any drug or device is adulterated if it has been produced, prepared, packed, or held under conditions whereby it may have been contaminated with filth, or whereby it may have been rendered injurious to health.

26. California Health and Safety Code section 111295 states:

It is unlawful for any person to manufacture, sell, deliver, hold, or offer for sale any drug or device that is adulterated.

COST RECOVERY

27. Section 125.3 of the Code states, in pertinent part, that the Board may request the administrative law judge to direct a licensee found to have committed a violation or violations of the licensing act to pay a sum not to exceed the reasonable costs of the investigation and enforcement of the case.

FACTUAL ALLEGATIONS

28. Respondent Pharmacy is a pharmacy located in Costa Mesa, California. Respondent Pharmacy primarily dispenses diabetic test strips, test meters, lancets and lancing devices, and topical creams. The Board received multiple complaints alleging Preferred Pharmacy cold-called patients in an attempt to fill prescriptions, and/or filled patient prescriptions, without authorization. Board investigations confirmed that Respondent Pharmacy cold-called patients, test-billed prescriptions, filled prescriptions without patient knowledge, and utilized an unlicensed call center to solicit potential patients to fill prescriptions.

29. Respondent La was the Pharmacist in Charge (PIC) of Respondent Pharmacy from February 1, 2017 to October 7, 2019.

30. Respondent Agbassi was the PIC of Respondent Pharmacy since October 3, 2019 until present.

31. Respondent Montgomery owns and operates a variety of businesses and pharmacies including Respondent Pharmacy, located at 2202 Harbor Blvd., Suite D, Costa Mesa, California. Respondent Montgomery is not a licensed pharmacist. RXMSO is an entity associated with

Respondent Montgomery and is located in the same building complex as Respondent Pharmacy. The Board received information that RXMSO had call centers located in California, Florida, and the Philippines. RXMSO hired affiliates that obtained patient information and sold the information to RXMSO.

COMPLAINTS TO THE BOARD

32. On or around April 4, 2018, the Board received a complaint from Pharmacist MK on behalf of a homeless patient. The patient required daily insulin and any delay in the ability to test her blood sugar could result in hospitalization. The patient learned that she could not refill her prescription for diabetic test strips through her insurance because Respondent Pharmacy previously completed and billed her insurance for the prescription test strips. The patient did not request nor receive diabetic test strips from Respondent Pharmacy and had no knowledge that the prescription was placed on her behalf. Pharmacist MK researched Respondent Pharmacy's location and determined that Respondent Pharmacy was approximately 150 miles away from the patient. Pharmacist MK called Respondent Pharmacy and was informed that Respondent Pharmacy received signature confirmation for delivery. Pharmacist MK believed that this signature could not be the patient's signature as the patient was homeless.

33. On or about September 21, 2018, the Board received an anonymous complaint alleging that a patient received a telephone call from Respondent Pharmacy. The anonymous complainant stated that the caller asked the patient to describe their pain and to provide the name of the patient's care provider so that Respondent Pharmacy could call the provider and initiate prescriptions. The patient did not know how Respondent Pharmacy received the patient's information and did not provide the requested information.

34. On or about April 17, 2020, the Board received a complaint from a former employee of RXMSO. The employee, identified as YM, believed Respondent Montgomery operated RXMSO. YM confirmed RXMSO worked with approximately seven pharmacies including Respondent Pharmacy. YM stated that Respondent Pharmacy held patient information without patient authorization. YM alleged that RXMSO employed call center agents in the Philippines, Florida, and California. None of the agents was a licensed pharmacist or pharmacy technician.

1 YM stated that the call centers initiated contact with prospective patients and identified
2 themselves as “with the Health Care Department.” The agent offered prospective patients such
3 things as cookbooks or coupons for free meals to obtain patient information, including the
4 patient’s full name, date of birth, treating physician information, and last four numbers of the
5 patient’s social security number.

6 35. On or around September 9, 2020, the Board received an online complaint from MI, a
7 nurse practitioner for Sutter Health. MI stated that he received a prescription request for a
8 Medicare patient, TW, from Respondent Pharmacy. MI indicated that the patient had never been
9 to, nor requested services from, Respondent Pharmacy.

10 **BOARD INVESTIGATIONS**

11 36. Based on the complaints, the Board conducted investigations and inspections of
12 Respondent Pharmacy.

13 37. On or around March 6, 2019, Board Inspectors BM and CW conducted an inspection
14 of Respondent Pharmacy located at 3303 Harbor Blvd., Suite H7, Costa Mesa, California.
15 Respondent La assisted in the inspection. The pharmacy stocked UPS boxes and UPS label
16 sleeves. The pharmacy’s stock was comprised mostly of topical creams and diabetic products.
17 The pharmacy Daily Fill Log appeared to be mostly diabetes supplies, including over the counter
18 alcohol pads, lancets, meters, and strips. Inspector BM noted that one computer monitor had a
19 screen that stated, “Allow Remote Control” and “Control Remote Computer.” Respondent La
20 confirmed that Respondent Pharmacy held an Arizona non-resident pharmacy license. Board
21 Inspector BM viewed an expired Nevada Pharmacy license on the wall.

22 38. During the inspection, Board Inspectors BM and CW issued corrections for the
23 following violations:

24 a.) California Code of Regulations 1707.5(d), for the pharmacy not having
25 interpretive services;

26 b.) California Code of Regulations 1714(c), for the pharmacy not having a sink
27 with hot water;

28 ///

1 c.) California Code of Regulations 1715.65(c), for the pharmacy not having
2 completed an inventory reconciliation of Schedule II controlled substances; and

3 d.) Business and Professions Code 4070(a), for e-fax prescriptions not being
4 reduced to hard copy form and maintained.

5 39. As part of the inspection, Inspector BM interviewed Respondent La who stated the
6 following:

7 a.) Respondent Montgomery knew more about the pharmacy procedures than
8 Respondent La.

9 b.) Respondent La did not know about the marketing procedures and did not know
10 if Respondent Pharmacy cold-called patients.

11 c.) Respondent Pharmacy received prescriptions via e-script or e-fax and
12 automatically placed patient prescriptions on auto refill.

13 d.) E-scripts came directly from the prescribers via a Faxage server.¹ Inspector
14 BM could not locate printed E-faxed prescriptions.

15 e.) Respondent Pharmacy used a delivery driver and did not mail prescriptions.
16 Approximately half of Respondent's patients walked into the premises to fill prescriptions and
17 prescriptions were set for auto refills. Respondent La did not know exactly how the prescriptions
18 were delivered to locations several hours from Respondent Pharmacy's location.

19 40. Inspector BM asked Respondent La to log into Respondent Pharmacy's computer
20 system. Respondent La could not log in to the fax server and called Respondent Montgomery.
21 Once Respondent La gained access, Board Inspector BM reviewed prescriptions received by fax.
22 The system organized prescriptions by the prescriber fax number and date/time. While reviewing
23 Respondent Pharmacy's prescriptions, Board Inspector BM found:

24 a.) Respondent Pharmacy stocked preprinted prescriptions that appeared to be
25 created by Respondent Pharmacy or a marketing company and included a fine print disclaimer

26
27 ¹ A faxage server is a third-party faxing vendor fax that collects the prescriptions from doctors
28 which then gets entered into a computer system, instead of the prescription being sent directly to the
pharmacy.

1 that the prescriber's signature authorized the pharmacy to "substitute as necessary any
2 comparable cream formulation, patch, gel, or kit."

3 b.) Inspector BM pulled two examples of preprinted prescriptions. One
4 prescription was for Patient RD for lidocaine 5% ointment with three refills, and the other
5 prescription was for CP for calcipotriene 0.005% cream with 5 refills. The prescriptions appeared
6 to be created by Respondent Pharmacy or a marketing group and requested the prescription be
7 faxed back to an unidentified toll free number. The prescriptions contained a disclaimer in fine
8 print at the bottom that indicated that the prescriber's signature authorized the pharmacy to
9 "substitute as necessary any comparable cream formulation, patch, gel, or kit."

10 c.) A review of Patient TW's file included a pre-printed fax that appeared to have
11 been created by Respondent Pharmacy, although the prescription did not include the pharmacy
12 name. The prescription included preprinted information such as the patient name, address, date of
13 birth, and the prescriber name, address, phone number, fax number, and National Provider
14 Identifier (NPI). The prescription advised the prescriber to fax the prescription back to an
15 unidentified toll free number. The prescription contained generic prescriptions of diabetic test
16 strips, lancets, alcohol prep pads, lancet device, glucose meter, control solution, and syringes, all
17 with a 90-day quantity or single device listed in the quantity. The prescription included a section
18 for refills, but three refills appeared to be already electronically circled on the prescription. The
19 prescription was signed and dated June 24, 2017, however a signature log for the patient was not
20 retrievable during inspection. Patient TW resided in Bakersfield. Respondent La stated that
21 distant deliveries used a different system and that he did not have access to that system.

22 d.) Respondent La could not pull additional sample signatures for delivery when
23 asked to do so by Board Inspector BM.

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Marketing Relationship with RXMSO

41. RXMSO is an entity associated with Respondent Montgomery and is located in the same building complex as Respondent Pharmacy. RXMSO includes a call center that contacted prescribers and patients to obtain prescriptions, demographics, and insurance information and access pharmacy systems to upload patient and prescription information on behalf of Respondent Pharmacy. There was no pharmacist overseeing RXMSO.

42. RXMSO company training documents included a coverage check process, a script for calling patients, RXMSO training, and a store contact list. The training document described the "Doc Chase" process, where after the pharmacy "approves a prescription," the RXMSO employee would attempt to obtain a prescription from the provider. Training documents included a prepared script for the employee to use when calling the prescriber. The training material instructed the employee to attempt to obtain a prescription by contacting the prescriber twice a day for approximately seven days. The documents described another process, the "Reverse Que," in which the agent would reverse or "credit return" billed prescriptions and then rebill them. The materials used by RXMSO were provided to employees of Respondent Pharmacy.

43. Beginning with the COVID-19 pandemic, call center employees worked from home. RXMSO affiliates cold-called patients and identified themselves as from the "health department." Once the affiliates obtained patient information, "coverage checkers" verified prescription profitability. If patients requested refills of prescriptions deemed "not profitable" to the pharmacy, the pharmacy would inform the patient "their insurance was telling the pharmacy to have the patient use a local community pharmacy" even though the pharmacy had not spoken with the patient's insurance company. If the claim was approved, the patient would move to the "doc chase" department. Members of the "doc chase" department would call prescribers and inform the prescriber that they previously spoke with the patient, even though the "doc chase" employee had not spoken with the patient. The "doc chase" employees received commissions based on how many prescriptions they obtained.

44. On or around August 19, 2020, Board Inspectors traveled to Respondent Pharmacy to tour the call center and to conduct a follow up interview of Respondent Agbassi. Respondent

1 Agbassi indicated that the call center ceased onsite operations and that he did not have access to
2 the call center space. Respondent Agbassi stated that the company recently downsized and had
3 only one call center employee. Respondent Agbassi believed Respondent Montgomery previously
4 had access to the call center and oversaw the operations on occasion.

5 45. During the Board investigator's interview with Respondent Agbassi, Respondent
6 Montgomery arrived. Inspector BM interviewed Respondent Montgomery. Respondent
7 Montgomery admitted that Respondent Pharmacy bought patient leads from a marketer, or
8 Management Services Organization in this case, RXMSO. The call center employed
9 approximately five employees who worked from home due to COVID-19 shelter-in-place orders.

10 **Test Billing and Solicitation of Prescriptions**

11 46. A review of Respondent Pharmacy's data indicated as follows:

12 a.) The data was comprised of approximately 50,000 prescriptions.

13 b.) Respondent Pharmacy marked approximately 31,680 prescriptions as
14 "completed."

15 c.) Respondent Pharmacy reversed billing in approximately 18,318 prescriptions,
16 resulting in approximately 37% of prescriptions being cancelled.

17 d.) Respondent Pharmacy data reflected that there were approximately 5,333
18 patients who only had prescriptions that were in cancelled status, indicating that Respondent
19 Pharmacy typed and attempted to process prescriptions for 5,333 patients for whom Respondent
20 Pharmacy had never filled prescriptions. This is a red flag that indicated Respondent test billed
21 prescriptions, that is, Respondent Pharmacy submitted fraudulent insurance claims to determine if
22 the prescription would result in a profit for the pharmacy.

23 e.) Data from February 1, 2017, through October 7, 2019, indicated that
24 Respondent La verified approximately 30,323 prescriptions as PIC, while Respondent Agbassi
25 verified approximately 976 prescriptions as PIC. Over 18,000 prescriptions did not list a
26 pharmacist in the verified by column, indicating no pharmacist reviewed or dispensed the
27 prescription.
28

f.) Although Respondent La alleged that Respondent Pharmacy only utilized a delivery driver for delivering prescriptions, Respondent Pharmacy held prescriptions for patients from 821 separate California cities. Respondent Pharmacy only completed approximately 30 prescriptions in Costa Mesa, where Respondent Pharmacy was located, representing 0.11% of Respondent's prescriptions. The top cities where Respondent Pharmacy completed prescriptions are as follows:

Patient City	Distance from Costa Mesa (approximate miles)	Count of Rx Number	Percentage of Total Rx's
Sacramento	427	1894	5.98%
Los Angeles	41	1591	5.02%
Fresno	261	1294	4.08%
San Diego	87	850	2.68%
Bakersfield	154	814	2.57%
Long Beach	28	646	2.04%
Modesto	354	592	1.87%
Lancaster	113	549	1.73%
San Bernardino	56	424	1.34%
Victorville	88	413	1.30%

47. Dr. LM appeared in approximately 2,489 prescriptions. Of these prescriptions, approximately 2,445 prescriptions were cancelled and only 44 were completed. Dr. LM's address of record was approximately fifty miles from the pharmacy. The patients listed as Dr. LM's "patients" resided throughout the state and not near Respondent Pharmacy nor Dr. LM's office. Dr. LM's office confirmed via questionnaire that out of the approximately 2,445 prescriptions provided by Inspector BM, only 19 of those patients (~~27 total prescriptions~~) were under Dr. LM's care. The remaining approximately 2,171 separate patients had prescriptions created by Preferred Pharmacy that were not patients of Dr. LM. Thus, approximately 2,426 separate prescriptions were created by Preferred Pharmacy using Dr. LM's name. Dr. LM stated that he had not authorized the pharmacy to create prescriptions for the patients that were not his patients. Dr. LM did note that he had sent some prescriptions to the pharmacy for the 19 patients under his care but stated that Respondent Pharmacy test billed approximately 2,426 prescriptions under Dr. LM's name without his authorization.

1 48. Dr. DS confirmed that Respondent Pharmacy test billed 56 prescriptions that were not
2 authorized. Dr. DS stated that he was not familiar with Respondent Pharmacy, did not prescribe
3 these types of prescriptions (test strips, lancets, alcohol pads), had not authorized Respondent
4 Pharmacy to test bill prescriptions under his name, and that the patients on the list of prescriptions
5 provided were not his patients. Dr. DS's office confirmed 56 prescriptions had not been
6 authorized by the prescriber.

7 49. Dr. DD confirmed that he did not authorize approximately 19 prescriptions that were
8 test billed by Respondent Pharmacy. Dr. DD retired on January 25, 2019, and he confirmed that
9 he did not write any prescriptions after that date. Additionally, Dr. DD stated that he was not
10 familiar with Respondent Pharmacy, was located more than 500 miles from Respondent
11 Pharmacy, did not perform telemedicine, and only saw patients in person. Thus, it was unlikely
12 that he authorized any prescriptions for patients located outside of Paradise, California.

13 50. An employee of Respondent Pharmacy and RXMSO confirmed that Respondent
14 Pharmacy test billed prescriptions to ensure that the prescriptions were profitable. The employee
15 explained that if Respondent Pharmacy could make \$35.00 from the patient's prescription, then it
16 would pursue obtaining the prescription. The employee confirmed that if the patient wanted a
17 refill or a prescription but the profit was less than \$35.00, or if the patient had a high copay,
18 Respondent Pharmacy would lie to the patient and tell the patient that their insurance informed
19 Respondent Pharmacy to have the patient use a local community pharmacy instead.

20 51. Inspector BM contacted patients that received prescriptions from Respondent
21 Pharmacy. Responding patients indicated that Respondent Pharmacy billed their insurance in
22 some instances, that they received cold calls in an attempt to obtain authorization to bill and
23 obtain prescriptions for the patient, that they had not contacted Respondent Pharmacy directly to
24 fill prescriptions. By way of example, the following patients stated the following:

25 a.) Patient DJ stated that she received supplies from Respondent Pharmacy that she
26 had not requested. She had not been to the pharmacy and did not know how Respondent
27 Pharmacy obtained her information. Patient DJ confirmed that she was cold-called by
28

1 Respondent Pharmacy. She further confirmed that she did not authorize Respondent Pharmacy to
2 bill her insurance.

3 b.) Patient RP indicated that she received prescriptions from Respondent Pharmacy
4 but that she had not been to, did not provide a prescription to, and did not know how Respondent
5 Pharmacy obtained her contact information. Patient RP confirmed that Respondent Pharmacy
6 cold-called her.

7 c.) Patient JM stated that he had not received or requested prescriptions from
8 Respondent Pharmacy. Patient JM stated that he did not authorize Respondent Pharmacy to bill
9 his insurance. Patient JM's prescription was listed as "cancelled" in the computer system.

10 d.) Respondent Pharmacy declined to fill a prescription for S.O. after her insurance
11 changed and the pharmacy noted "New Insurance no longer meets margin, will D/C Patient In
12 Pioneers" according to a screenshot provided.

13 52. On or around November 21, 2019, Respondent La participated in a conference call
14 with Board Inspectors and confirmed that Respondent Pharmacy used "RXMSO" employees
15 known as "chasers." Contrary to what Respondent La previously stated, Respondent Pharmacy
16 mailed about 90% of the prescriptions. Patients called and asked why they received prescriptions
17 from Respondent Pharmacy. "RXMSO" staff that called these patients were different from the
18 "chasers." Respondent Pharmacy sometimes received returns from patients. Those prescriptions
19 were returned for destruction and reversed from billing. Respondent La explained the
20 prescription would be filled typically by him, given to the clerk who would label it for shipping,
21 and the driver would collect the boxes for delivery via "DCS."

22 **Adulterated Prescriptions**

23 53. Respondent Pharmacy accepted prescriptions returned by patients. If a patient
24 returned a prescription, Respondent Agbassi would reverse the insurance charge and examine the
25 product. If the product appeared intact and still sealed, Respondents would re-dispense the
26 product despite having no knowledge of the conditions in which the products were kept.

27 ///

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Lack of Pharmacy Security

54. On or around September 9, 2019, Inspector BM conducted another inspection of Respondent Pharmacy. Upon entering the pharmacy, Inspector BM found that two clerks and pharmacy technicians EL and YT were present in the pharmacy with computers running and patient profiles visible on one screen and without a pharmacist present. Pharmacy technicians possessed keys to enter the pharmacy. Although the pharmacy maintained a small stock of dangerous drugs in the front locked room, test strips, pharmacy computers, and patient prescriptions were located in the main pharmacy area.

FIRST CAUSE FOR DISCIPLINE

(Interference with Pharmacist in Charge

Against Respondent Pharmacy and Respondent Montgomery)

55. Respondent Pharmacy and Respondent Montgomery are subject to disciplinary action under Code sections 4301 subdivision (o), for violating California Code of Regulations, title 16, section 1709.1, subdivision (b), and Code section 4330, subdivision (b), in that Respondent Pharmacy and Respondent Montgomery utilized an unlicensed, offsite call center to contact patients and prescribers; maintained fax servers to receive prescriptions that the Pharmacist-in-Charge could neither access nor locate; and, used delivery systems that the Pharmacist-in-Charge did not have knowledge of, access to, nor control over, as described above in paragraphs 28 through 54 which are incorporated herein by reference.

SECOND CAUSE FOR DISCIPLINE

(Unlicensed Activity Against All Respondents)

56. Respondents are subject to disciplinary action under Code sections 4301, subdivision (o), for violating Code section 4110, subdivision (a), in that Respondents utilized an unlicensed entity, RXMSO, to run a call center to contact prescribers and patients to obtain prescriptions and access pharmacy systems to upload patient and prescription information. This location was not supervised by a pharmacist and was not licensed by the Board, as described above in paragraphs 28 through 54, which are incorporated herein by reference.

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THIRD CAUSE FOR DISCIPLINE**(Unauthorized Disclosure of Prescription Information****Against Respondent Pharmacy and Respondent Montgomery)**

57. Respondents are subject to disciplinary action under Code sections 4301 subdivisions (j) and (o), for violating California Code of Regulations, title 16, section 1764, and California Civil Code section 56.10, subdivision (a), in that Respondent Pharmacy and Respondent Montgomery ran an unlicensed call center that contacted prescribers and patients to obtain prescriptions, demographics, and insurance information and accessed pharmacy systems to upload patient and prescription information. The call center was not supervised by a pharmacist and was manned by unlicensed staff, as described above in paragraphs 28 through 54, which are incorporated herein by reference.

FOURTH CAUSE FOR DISCIPLINE**(Insurance Fraud Against All Respondents)**

58. Respondents are subject to disciplinary action under Code sections 4301 subdivisions (j) and (o), for violating Code section 810, subdivision (b) and Penal Code section 550 subdivision (a)(6) and (7), in that Respondent Pharmacy knowingly made or caused to be made any false or fraudulent claim for payment of a health care benefit and knowingly submitted a claim for a health care benefit that was not used by, or on behalf of, the claimant. Specifically, and as more fully set forth in paragraphs 46 through 52 above, between February 1, 2017, and November 7, 2019, Respondents cancelled 18,318 prescriptions in the computer system and had approximately 5,333 patients who only had prescriptions that were in the cancelled status (the pharmacy entered a prescription for them but never dispensed drugs or products). These 18,318 claims represented approximately 37% of Respondent Pharmacy's typed prescriptions and suggests that Respondent Pharmacy was test-billing and soliciting prescriptions it knew it would not be dispensing. Additionally, patients confirmed that Respondent Pharmacy cold-called patients and billed their insurance either without the patient's authorization and/or without the patient requesting prescriptions be filled by Respondent Pharmacy.

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FIFTH CAUSE FOR DISCIPLINE

(Unprofessional Conduct Against All Respondents)

59. Respondent Pharmacy is subject to disciplinary action under Code sections 4301 subdivisions (f), (g) and (o) in that Respondent Pharmacy test-billed insurance claims the patient did not receive, billed patient's insurance without authorization, ran an unlicensed call center that accessed patient prescription information, cold-called patients, and lied about cold calling patients, as described above in paragraphs 44 through 52, which are incorporated herein by reference.

SIXTH CAUSE FOR DISCIPLINE

(Unprofessional Conduct-Subverting an Investigation

Against Respondent Pharmacy, Respondent Montgomery and Respondent La)

60. Respondent Pharmacy and Respondent Montgomery are subject to disciplinary action under Code sections 4301, subdivision (q), in that Respondent Pharmacy, Respondent Montgomery and Respondent La each signed a written statement denying that patients were cold-called, stating that pharmacy personnel delivered prescriptions despite prescriptions being shipped hundreds of miles away, and denying that marketers had access to pharmacy records despite marketers calling patients and prescribers regarding their prescriptions, as described above in paragraphs 28 through 54, which are incorporated herein by reference.

SEVENTH CAUSE FOR DISCIPLINE

(Unprofessional Conduct by a Corporation

Against Respondent Pharmacy and Respondent Montgomery)

61. Respondent Pharmacy and Respondent Montgomery are subject to disciplinary action under Code sections 4301, subdivision (o), in conjunction with Code section 4156 in that Respondent Pharmacy and Respondent Montgomery test-billed insurance claims for prescriptions the patients did not receive, billed patients' insurance without authorization, ran an unlicensed call center that accessed patient prescription information, cold-called patients, and lied about cold calling patients, as described above in paragraphs 28 through 54, which are incorporated herein by reference.

EIGHTH CAUSE FOR DISCIPLINE

(Obstruction of Prescriptions Against All Respondents)

62. Respondents are subject to disciplinary action under Code sections 4301, subdivisions (f) and (o), and Code section 733, subdivision (a) and (b), in that Respondents' policies and procedures confirmed the pharmacy would not ship a patient their prescription if the prescription did not meet a set profit margin, including if the patient was receiving a refill for a prescription previously filled by the pharmacy. In addition, Respondents declined to fill prescriptions for Patient SO after her insurance changed and her file noted "new insurance no longer meets margin," as described above in paragraphs 28 through 54, which are incorporated herein by reference.

NINTH CAUSE FOR DISCIPLINE

(Adulterated Drugs Against all Respondent Pharmacy and Respondent Agbassi)

63. Respondent Pharmacy, Respondent Montgomery and Respondent Agbassi are subject to disciplinary action under Code sections 4301, subdivision (j), Code section 4169, subdivision (a)(1) and (2), and Health and Safety Code sections 111255 and 111295 in that Respondents sold, delivered, held, or offered for sale an adulterated drug, as described above in paragraphs 28 through 54, which are incorporated herein by reference.

TENTH CAUSE FOR DISCIPLINE

(Lack of Pharmacy Security

Against Respondent Pharmacy and Respondent Agbassi)

64. Respondent Pharmacy, Respondent Montgomery and Respondent Agbassi are subject to disciplinary action under Code sections 4301 subdivision (j), Code section 4116, subdivision (a) and California Code of Regulations, title 16, section 1714, subdivision (d), in that non-pharmacist personnel had a key to the pharmacy premises, which allowed access to pharmacy computer systems and records an hour prior to the arrival of the pharmacist, as described above in paragraph 54, which is incorporated herein by reference.

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OTHER MATTERS

65. Pursuant to Section 4307, if Pharmacy Permit Number PHY 54453 issued to Preferred Pharmacy, Inc. is suspended, revoked or placed on probation, Respondent Pharmacy shall be prohibited from serving as a manager, administrator, owner, member, officer, director, associate, or partner of a licensee of the Board.

66. Pursuant to Section 4307, if Pharmacy Permit Number PHY 54453 issued to Preferred Pharmacy, Inc. is suspended, revoked or placed on probation, and Respondent Agbassi, while acting as the manager, administrator, owner, member, officer, director, associate, or partner, had knowledge of or knowingly participated in any conduct for which Pharmacy Permit Number PHY 54453 was revoked, suspended, or placed on probation, Respondent Agbassi shall be prohibited from serving as a manager, administrator, owner, member, officer, director, associate, or partner of a licensee of the Board.

67. Pursuant to Section 4307, if Pharmacy Permit Number PHY54453 issued to Preferred Pharmacy, Inc. is suspended, revoked or placed on probation, and Respondent Montgomery, while acting as the manager, administrator, owner, member, officer, director, associate, or partner, had knowledge of or knowingly participated in any conduct for which Pharmacy Permit Number PHY 54453 was revoked, suspended, or placed on probation, Respondent Montgomery shall be prohibited from serving as a manager, administrator, owner, member, officer, director, associate, or partner of a licensee of the Board.

68. Pursuant to Section 4307, if Pharmacist License Number RPH 73904 issued to Tony Hieu La is suspended or revoked, Respondent La shall be prohibited from serving as a manager, administrator, owner, member, officer, director, associate, or partner of a licensee.

69. Pursuant to Section 4307, if Pharmacist License Number RPH 80700 issued to Michael Jean Olivie Agbassi is suspended or revoked, Respondent Agbassi shall be prohibited from serving as a manager, administrator, owner, member, officer, director, associate, or partner of a licensee.

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PRAYER

WHEREFORE, Complainant requests that a hearing be held on the matters herein alleged, and that following the hearing, the Board of Pharmacy issue a decision:

1. Revoking or suspending Original Permit Number PHY 54453, issued to Preferred Pharmacy, Inc.; Scott Leroy Montgomery, CEO;

2. Revoking or suspending Registered Pharmacist License Number RPH 73904, issued to Tony Hieu La;

3. Revoking or suspending Registered Pharmacist License Number RPH 80700, issued to Michael Jean Olivie Agbassi;

4. Ordering Tony Hieu La, Michael Jean Olivier Agbassi and Scott Leroy Montgomery to pay the Board of Pharmacy the reasonable costs of the investigation and enforcement of this case, pursuant to Business and Professions Code section 125.3;

5. Prohibiting Preferred Pharmacy, Inc. from serving as a manager, administrator, owner, member, officer, director, associate, or partner of a licensee for five years if Pharmacy Permit Number PHY 54453 is placed on probation or until Pharmacy Permit Number PHY 54453 is reinstated if Pharmacy Permit Number PHY 54453 issued to Preferred Pharmacy is revoked;

6. Prohibiting Scott Montgomery from serving as a manager, administrator, owner, member, officer, director, associate, or partner of a licensee for five years if Pharmacy Permit Number PHY 54453 is placed on probation or until Pharmacy Permit Number PHY 54453 is reinstated if it is revoked;

7. Prohibiting Tony Hieu La from serving as a manager, administrator, owner, member, officer, director, associate, or partner of a licensee for five years if Registered Pharmacist License Number RPH 73904 is placed on probation or until Registered Pharmacist License Number RPH 73904 is reinstated if it is revoked; and,

8. Prohibiting Michael Jean Olivie Agbassi from serving as a manager, administrator, owner, member, officer, director, associate, or partner of a licensee for five years if Registered Pharmacist License Number RPH 80700 is placed on probation or until Registered Pharmacist License Number RPH 80700 is reinstated if it is revoked; and,

1 9. Taking such other and further action as deemed necessary and proper.

2
3
4 DATED: 8 31 2022

Signature on File

ANNE SODERGREN
Executive Officer
Board of Pharmacy
Department of Consumer Affairs
State of California
Complainant

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Attorneys for Complainant
 8

9 **BEFORE THE**
BOARD OF PHARMACY
 10 **DEPARTMENT OF CONSUMER AFFAIRS**
 11 **STATE OF CALIFORNIA**
 12

13 In the Matter of the Accusation Against:

Case No. 7019

14 **PREFERRED PHARMACY, INC.;**
SCOTT LEROY MONTGOMERY, CEO
 15 **3303 Harbor Blvd., Ste. H7**
Costa Mesa, CA 92626.
 16

OAH No. 2022110412

STIPULATED SETTLEMENT AND
DISCIPLINARY ORDER AS TO
RESPONDENT TONY HIEU LA ONLY

17 **Original Permit No. PHY 54453**

18 **and**

19 **TONY HIEU LA**
 20 **■ Abrazo Aisle**
Irvine, CA 92614
 21

22 **Registered Pharmacist License No. RPH**
73904
 23

24 **and**

25 **MICHAEL JEAN OLIVIE AGBASSI**
 26 **■ Alamo Way**
Oceanside, CA 92057
 27

28 **Registered Pharmacist License No. RPH**
80700

Respondents.

1 IT IS HEREBY STIPULATED AND AGREED by and between the parties to the above-
2 entitled proceedings that the following matters are true:

3 **PARTIES**

4 1. Anne Sodergren (Complainant) is the Executive Officer of the Board of Pharmacy
5 (Board). She brought this action solely in her official capacity and is represented in this matter by
6 Rob Bonta, Attorney General of the State of California, by Dionne Mochon, Deputy Attorney
7 General.

8 2. Tony Hieu La (Respondent) is represented in this proceeding by attorney Luis Andre
9 P. Vizcocho, whose address is: 9090 Irvine Center Drive, Irvine, California 92618.

10 3. On or about July 31, 2019, the Board issued Registered Pharmacist License No. RPH
11 73904 to Respondent La. The Registered Pharmacist License was in full force and effect at all
12 times relevant to the charges brought in Accusation No. 7019, and will expire on July 31, 2023,
13 unless renewed.

14 **JURISDICTION**

15 4. Accusation No. 7019 was filed before the Board, and is currently pending against
16 Respondent. The Accusation and all other statutorily required documents were properly served
17 on Respondent on September 2, 2022. Respondent timely filed his Notice of Defense contesting
18 the Accusation.

19 5. A copy of Accusation No. 7019 is attached as Exhibit A and incorporated herein by
20 reference.

21 **ADVISEMENT AND WAIVERS**

22 6. Respondent has carefully read, fully discussed with counsel, and understands the
23 charges and allegations in Accusation No. 7019. Respondent has also carefully read, fully
24 discussed with counsel, and understands the effects of this Stipulated Settlement and Disciplinary
25 Order.

26 7. Respondent is fully aware of his legal rights in this matter, including the right to a
27 hearing on the charges and allegations in the Accusation; the right to confront and cross-examine
28 the witnesses against him; the right to present evidence and to testify on his own behalf; the right

1 to the issuance of subpoenas to compel the attendance of witnesses and the production of
2 documents; the right to reconsideration and court review of an adverse decision; and all other
3 rights accorded by the California Administrative Procedure Act and other applicable laws.

4 8. Respondent voluntarily, knowingly, and intelligently waives and gives up each and
5 every right set forth above.

6 **CULPABILITY**

7 9. Respondent understands and agrees that the charges and allegations in Accusation
8 No. 7019, if proven at a hearing, constitute cause for imposing discipline upon his Pharmacist
9 License.

10 10. For the purpose of resolving the Accusation without the expense and uncertainty of
11 further proceedings, Respondent agrees that, at a hearing, Complainant could establish a factual
12 basis for the charges in the Accusation, and Respondent hereby gives up his right to contest those
13 charges.

14 11. Respondent agrees that his Pharmacist License is subject to discipline and he agrees
15 to be bound by the Board's probationary terms as set forth in the Disciplinary Order below.

16 **CONTINGENCY**

17 12. This stipulation shall be subject to approval by the Board of Pharmacy. Respondent
18 understands and agrees that counsel for Complainant and the staff of the Board of Pharmacy may
19 communicate directly with the Board regarding this stipulation and settlement, without notice to
20 or participation by Respondent or his counsel. By signing the stipulation, Respondent
21 understands and agrees that he may not withdraw his agreement or seek to rescind the stipulation
22 prior to the time the Board considers and acts upon it. If the Board fails to adopt this stipulation
23 as its Decision and Order, the Stipulated Settlement and Disciplinary Order shall be of no force or
24 effect, except for this paragraph, it shall be inadmissible in any legal action between the parties,
25 and the Board shall not be disqualified from further action by having considered this matter.

26 13. The parties understand and agree that Portable Document Format (PDF) and facsimile
27 copies of this Stipulated Settlement and Disciplinary Order, including PDF and facsimile
28 signatures thereto, shall have the same force and effect as the originals.

14. This Stipulated Settlement and Disciplinary Order is intended by the parties to be an integrated writing representing the complete, final, and exclusive embodiment of their agreement. It supersedes any and all prior or contemporaneous agreements, understandings, discussions, negotiations, and commitments (written or oral). This Stipulated Settlement and Disciplinary Order may not be altered, amended, modified, supplemented, or otherwise changed except by a writing executed by an authorized representative of each of the parties.

15. 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 Registered Pharmacist License No. RPH 73904 issued to Respondent Tony Hieu La is revoked. However, the revocation is stayed and Respondent is placed on probation for four (4) years on the following terms and conditions:

1. Obey All Laws

Respondent shall obey all state and federal laws and regulations.

Respondent shall report any of the following occurrences to the board, in writing, within seventy- two (72) hours of such occurrence:

- an arrest or issuance of a criminal complaint for violation of any provision of the Pharmacy Law, state and federal food and drug laws, or state and federal controlled substances laws
- a plea of guilty, or nolo contendere, no contest, or similar, in any state or federal criminal proceeding to any criminal complaint, information or indictment
- a conviction of any crime
- the filing of a disciplinary pleading, issuance of a citation, or initiation of another administrative action filed by any state or federal agency which involves Respondent's license or which is related to the practice of pharmacy or the manufacturing, obtaining, handling, distributing, billing, or charging for any drug, device or controlled substance.

1 Failure to timely report such occurrence shall be considered a violation of probation.

2 **2. Report to the Board**

3 Respondent shall report to the board quarterly, on a schedule as directed by the board or its
4 designee. The report shall be made either in person or in writing, as directed. Among other
5 requirements, Respondent shall state in each report under penalty of perjury whether there has
6 been compliance with all the terms and conditions of probation.

7 Failure to submit timely reports in a form as directed shall be considered a violation of
8 probation. Any period(s) of delinquency in submission of reports as directed may be added to the
9 total period of probation. Moreover, if the final probation report is not made as directed,
10 probation shall be automatically extended until such time as the final report is made and accepted
11 by the board.

12 **3. Interview with the Board**

13 Upon receipt of reasonable prior notice, Respondent shall appear in person for interviews
14 with the board or its designee, at such intervals and locations as are determined by the board or its
15 designee. Failure to appear for any scheduled interview without prior notification to board staff,
16 or failure to appear for two (2) or more scheduled interviews with the board or its designee during
17 the period of probation, shall be considered a violation of probation.

18 **4. Cooperate with Board Staff**

19 Respondent shall timely cooperate with the board's inspection program and with the board's
20 monitoring and investigation of Respondent's compliance with the terms and conditions of his
21 probation, including but not limited to: timely responses to requests for information by board
22 staff; timely compliance with directives from board staff regarding requirements of any term or
23 condition of probation; and timely completion of documentation pertaining to a term or condition
24 of probation. Failure to timely cooperate shall be considered a violation of probation.

25 ///

26 ///

27 ///

28 ///

5. Continuing Education

Respondent shall provide evidence of efforts to maintain skill and knowledge as a pharmacist as directed by the board or its designee.

6. Reporting of Employment and Notice to Employers

During the period of probation, Respondent shall notify all present and prospective employers of the decision in case number 7019 and the terms, conditions and restrictions imposed on Respondent by the decision, as follows:

Within thirty (30) days of the effective date of this decision, and within ten (10) days of undertaking any new employment, Respondent shall report to the board in writing the name, physical address, and mailing address of each of Respondent's employer(s), and the name(s) and telephone number(s) of all of Respondent's direct supervisor(s), as well as any pharmacist(s)-in-charge, designated representative(s)-in-charge, responsible manager, or other compliance supervisor(s) and the work schedule, if known. Respondent shall also include the reason(s) for leaving the prior employment. Respondent shall sign and return to the board a written consent authorizing the board or its designee to communicate with all of Respondent's employer(s) and supervisor(s), and authorizing those employer(s) or supervisor(s) to communicate with the board or its designee, concerning Respondent's work status, performance, and monitoring. Failure to comply with the requirements or deadlines of this condition shall be considered a violation of probation.

Within thirty (30) days of the effective date of this decision, and within fifteen (15) days of Respondent undertaking any new employment, Respondent shall cause (a) Respondent's direct supervisor, (b) Respondent's pharmacist-in-charge, designated representative-in-charge, responsible manager, or other compliance supervisor, and (c) the owner or owner representative of Respondent's employer, to report to the board in writing acknowledging that the listed individual(s) has/have read the decision in case number 7019, and terms and conditions imposed thereby. If one person serves in more than one role described in (a), (b), or (c), the acknowledgment shall so state. It shall be the Respondent's responsibility to ensure that these acknowledgment(s) are timely submitted to the board. In the event of a change in the

1 person(s) serving the role(s) described in (a), (b), or (c) during the term of probation, Respondent
2 shall cause the person(s) taking over the role(s) to report to the board in writing within
3 fifteen (15) days of the change acknowledging that he or she has read the decision in case number
4 7019, and the terms and conditions imposed thereby.

5 If Respondent works for or is employed by or through an employment service, Respondent
6 must notify the person(s) described in (a), (b), and (c) above at every entity licensed by the board
7 of the decision in case number 7019, and the terms and conditions imposed thereby in advance of
8 Respondent commencing work at such licensed entity. A record of this notification must be
9 provided to the board upon request.

10 Furthermore, within thirty (30) days of the effective date of this decision, and within fifteen
11 (15) days of Respondent undertaking any new employment by or through an employment service,
12 Respondent shall cause the person(s) described in (a), (b), and (c) above at the employment
13 service to report to the board in writing acknowledging that he or she has read the decision in case
14 number, and the terms and conditions imposed thereby. It shall be Respondent's responsibility to
15 ensure that these acknowledgment(s) are timely submitted to the board.

16 Failure to timely notify present or prospective employer(s) or failure to cause the identified
17 person(s) with that/those employer(s) to submit timely written acknowledgments to the board
18 shall be considered a violation of probation.

19 "Employment" within the meaning of this provision includes any full-time, part-time,
20 temporary, relief, or employment/management service position as a pharmacist, or any position
21 for which a pharmacist is a requirement or criterion for employment, whether the Respondent is
22 an employee, independent contractor or volunteer.

23 **7. Notification of Change(s) in Name, Address(es), or Phone Number(s)**

24 Respondent shall further notify the board in writing within ten (10) days of any change in
25 name, residence address, mailing address, e-mail address or phone number.

26 Failure to timely notify the board of any change in employer, name, address, or phone
27 number shall be considered a violation of probation.

28 ///

1 **8. Restrictions on Supervision and Oversight of Licensed Facilities –**

2 During the period of probation, Respondent shall not supervise any intern pharmacist, be
3 the pharmacist-in-charge, designated representative-in-charge, responsible manager or other
4 compliance supervisor of any entity licensed by the board, nor serve as a consultant. Assumption
5 of any such unauthorized supervision responsibilities shall be considered a violation of probation.

6 **9. Reimbursement of Board Costs**

7 As a condition precedent to successful completion of probation, Respondent shall pay to the
8 board its costs of investigation and prosecution in the amount of \$20,000.00. Failure to pay costs
9 by the deadline(s) as directed shall be considered a violation of probation.

10 Respondent shall be permitted to pay these costs in a payment plan approved by the board
11 or his designee, so long as full payment is completed no later than one (1) year prior to the end
12 date of probation.

13 **10. Probation Monitoring Costs**

14 Respondent shall pay any costs associated with probation monitoring as determined by the
15 board each and every year of probation. Such costs shall be payable to the board on a schedule as
16 directed by the board or its designee. Failure to pay such costs by the deadline(s) as directed shall
17 be considered a violation of probation.

18 **11. Status of License**

19 Respondent shall, at all times while on probation, maintain an active, current Registered
20 Pharmacist License with the board, including any period during which suspension or probation is
21 tolled. Failure to maintain an active, current Registered Pharmacist License shall be considered a
22 violation of probation.

23 If Respondent's Registered Pharmacist License expires or is cancelled by operation of law
24 or otherwise at any time during the period of probation, including any extensions thereof due to
25 tolling or otherwise, upon renewal or reapplication Respondent's license shall be subject to all
26 terms and conditions of this probation not previously satisfied.

27 ///

28 ///

1 **12. License Surrender While on Probation/Suspension**

2 Following the effective date of this decision, should Respondent cease practice due to
3 retirement or health, or be otherwise unable to satisfy the terms and conditions of probation,
4 Respondent may relinquish his license, including any indicia of licensure issued by the board,
5 along with a request to surrender the license. The board or its designee shall have the discretion
6 whether to accept the surrender or take any other action it deems appropriate and reasonable.
7 Upon formal acceptance of the surrender of the license, Respondent will no longer be subject to
8 the terms and conditions of probation. This surrender constitutes a record of discipline and shall
9 become a part of the Respondent's license history with the board.

10 Upon acceptance of the surrender, Respondent shall relinquish his pocket and/or wall license,
11 including any indicia of licensure not previously provided to the board within ten (10) days of
12 notification by the board that the surrender is accepted if not already provided. Respondent may
13 not reapply for any license from the board for three (3) years from the effective date of the
14 surrender. Respondent shall meet all requirements applicable to the license sought as of the date
15 the application for that license is submitted to the board, including any outstanding costs.

16 **13. Practice Requirement – Extension of Probation**

17 Except during periods of suspension, Respondent shall, at all times while on probation, be
18 employed as a pharmacist in California for a minimum of 100 hours per calendar month. Any
19 month during which this minimum is not met shall extend the period of probation by one month.
20 During any such period of insufficient employment, Respondent must nonetheless comply with
21 all terms and conditions of probation, unless Respondent receives a waiver in writing from the
22 board or its designee.

23 If Respondent does not practice as a pharmacist in California for the minimum number of
24 hours in any calendar month, for any reason (including vacation), Respondent shall notify the
25 board in writing within ten (10) days of the conclusion of that calendar month. This notification
26 shall include at least: the date(s), location(s), and hours of last practice; the reason(s) for the
27 interruption or reduction in practice; and the anticipated date(s) on which Respondent will resume
28 practice at the required level. Respondent shall further notify the board in writing within ten (10)

1 days following the next calendar month during which Respondent practices as a pharmacist in
2 California for the minimum of hours. Any failure to timely provide such notification(s) shall be
3 considered a violation of probation.

4 It is a violation of probation for Respondent's probation to be extended pursuant to the
5 provisions of this condition for a total period, counting consecutive and non-consecutive months,
6 exceeding thirty-six (36) months. The board or its designee may post a notice of the extended
7 probation period on its website.

8 **14. Violation of Probation**

9 If Respondent has not complied with any term or condition of probation, the board shall
10 have continuing jurisdiction over Respondent, and the board shall provide notice to Respondent
11 that probation shall automatically be extended, until all terms and conditions have been satisfied
12 or the board has taken other action as deemed appropriate to treat the failure to comply as a
13 violation of probation, to terminate probation, and to impose the penalty that was stayed. The
14 board or its designee may post a notice of the extended probation period on its website.

15 If Respondent violates probation in any respect, the board, after giving Respondent notice
16 and an opportunity to be heard, may revoke probation and carry out the disciplinary order that
17 was stayed. If a petition to revoke probation or an accusation is filed against Respondent during
18 probation, or the preparation of an accusation or petition to revoke probation is requested from
19 the Office of the Attorney General, the board shall have continuing jurisdiction and the period of
20 probation shall be automatically extended until the petition to revoke probation or accusation is
21 heard and decided and the charges and allegations in Accusation No. 7019 shall be deemed true
22 and correct.

23 **15. Completion of Probation**

24 Upon written notice by the board or its designee indicating successful completion of
25 probation, Respondent's license will be fully restored.

26 **16. Ethics Course**

27 Within sixty (60) calendar days of the effective date of this decision, Respondent shall
28 enroll in a course in ethics, at Respondent's expense, approved in advance by the board or its

designee that complies with Title 16 California Code of Regulations section 1773.5. Respondent shall provide proof of enrollment upon request. Within five (5) days of completion, Respondent shall submit a copy of the certificate of completion to the board or its designee. Failure to timely enroll in an approved ethics course, to initiate the course during the first year of probation, to successfully complete it before the end of the second year of probation, or to timely submit proof of completion to the board or its designee, shall be considered a violation of probation.

Respondent shall be given credit for the live portion of the ethics course that was completed within twelve (12) months prior to the effective date of this Decision and Order, so long as Respondent provides sufficient documentation confirming completion of that portion of the course.

17. No Ownership or Management of Licensed Premises

Respondent shall not own, have any legal or beneficial interest in, nor serve as a manager, administrator, member, officer, director, trustee, associate, or partner of any business, firm, partnership, or corporation currently or hereinafter licensed by the board. Respondent shall sell or transfer any legal or beneficial interest in any entity licensed by the board within ninety (90) days following the effective date of this decision and shall immediately thereafter provide written proof thereof to the board. Failure to timely divest any legal or beneficial interest(s) or provide documentation thereof shall be considered a violation of probation.

ACCEPTANCE

I have carefully read the above Stipulated Settlement and Disciplinary Order and have fully discussed it with my attorney, Luis Andre P. Vizcocho. I understand the stipulation and the effect it will have on my Registered Pharmacist License. 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 Board of Pharmacy.

DATED: 3/15/23



TONY HIEU LA
Respondent

I have read and fully discussed with Respondent Tony Hieu La the terms and conditions and other matters contained in the above Stipulated Settlement and Disciplinary Order. I approve its form and content.

DATED: 03-15-2023



Luis Andre P. Vizcocho
Attorney for Respondent Tony Hieu La

ENDORSEMENT

The foregoing Stipulated Settlement and Disciplinary Order is hereby respectfully submitted for consideration by the Board of Pharmacy.

DATED: _____

Respectfully submitted,

ROB BONTA
Attorney General of California
MARICHELE S. TAHIMIC
Supervising Deputy Attorney General

DIONNE MOCHON
Deputy Attorney General
Attorneys for Complainant

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1 I have read and fully discussed with Respondent Tony Hieu La the terms and conditions
2 and other matters contained in the above Stipulated Settlement and Disciplinary Order. I approve
3 its form and content.

4
5 DATED: _____

Luis Andre P. Vizcocho
Attorney for Respondent Tony Hieu La

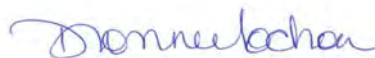
7
8 **ENDORSEMENT**

9 The foregoing Stipulated Settlement and Disciplinary Order is hereby respectfully
10 submitted for consideration by the Board of Pharmacy.

11
12 DATED: March 15, 2023

Respectfully submitted,

13 ROB BONTA
14 Attorney General of California
15 MARICHELLE S. TAHIMIC
Supervising Deputy Attorney General

16 

17
18
19 DIONNE MOCHON
20 Deputy Attorney General
Attorneys for Complainant

21
22
23 SD2020800973
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Exhibit A

Accusation No. 7019

**BEFORE THE
BOARD OF PHARMACY
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA**

In the Matter of the Accusation Against:

PREFERRED PHARMACY, INC.;
SCOTT LEROY MONTGOMERY, CEO
3303 Harbor Blvd., Ste. H7
Costa Mesa, CA 92626.

Original Permit No. PHY 54453

and

TONY HIEU LA
■ Abrazo Aisle
Irvine, CA 92614

Registered Pharmacist License No. RPH
73904

and

MICHAEL JEAN OLIVIE AGBASSI
■ Alamo Way
Oceanside, CA 92057

Registered Pharmacist License No. RPH
80700

Respondents.

Case No. 7019

OAH No. 2022110412

DECISION AND ORDER

The attached Stipulated Settlement and Disciplinary Order is hereby adopted by the Board of Pharmacy, Department of Consumer Affairs, as its Decision in this matter.

This Decision shall become effective on _____.

It is so ORDERED _____

FOR THE BOARD OF PHARMACY
DEPARTMENT OF CONSUMER AFFAIRS



California State Board of Pharmacy
2720 Gateway Oaks Drive, Ste. 100
Sacramento, CA 95833
Phone: (916) 518-3100 Fax: (916) 574-8618
www.pharmacy.ca.gov

2413
Business, Consumer Services and Housing Agency
Department of Consumer Affairs
Gavin Newsom, Governor



May 1, 2023

Tony La
■ Abrazo Aisle
Irvine, CA 92614

RE: Administrative Case 7019

Dear Tony La:

This letter is regarding the above referenced administrative case. I am the probation analyst that has been assigned to your case. I am in the process of setting up your file and planning your upcoming office conference.

Please email BOPProbation@dca.ca.gov with your name, current email address and contact telephone number. You will be notified by email and/or mail of your set office conference date and time.

If you have any questions, please feel free to contact me at Autumn.Ammann@dca.ca.gov.

Sincerely,

Autumn Ammann
Probation Analyst



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Sacramento, CA 95833
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www.pharmacy.ca.gov

2414
Business, Consumer Services and Housing Agency
Department of Consumer Affairs
Gavin Newsom, Governor



May 1, 2023

CERTIFIED & FIRST-CLASS

Tony La
Abrazo Aisle
Irvine, CA 92614

RE: AC 7019 – Office Conference

Dear Tony La,

In accordance with the terms and conditions of your probation, you are hereby required to report **IN PERSON** at an office conference. The office conference will be held via Microsoft Teams video conference on **May 15, 2023 at 1:30pm**.

This conference has been scheduled to introduce you to your probation team that will be assisting you through this probationary period, to advise you of their functions and responsibilities, and to review and clarify the terms of probation.

Instructions for joining the Microsoft Teams Video Conference:

- Please use a laptop or desktop computer with camera access. If you do not have access to a desktop computer with a camera, please notify your probation analyst prior to your scheduled conference.
- At your scheduled conference time, select "Click here to join the meeting" (link found below these instructions).
- Enter the "Meeting ID" and "Passcode".
- When prompted, select "Continue on this Browser/Internet/Web". *You do not need to download Microsoft Teams.*
- Ensure video and microphone/audio are enabled.
- Enter your first and last name, click "Join now", and wait to be admitted to the meeting.
- If you experience technical issues, please use the "call in for audio" instructions listed below for assistance.

Microsoft Teams meeting

Join on your computer or mobile app

[Click here to join the meeting](#)

or go to <https://www.microsoft.com/en-us/microsoft-teams/join-a-meeting?rtc=1>

Meeting ID: **253 523 169 323**

Meeting Passcode: **377P4i** (case sensitive)

At least 48 hours prior to your scheduled conference email BOPprobation@dca.ca.gov the following:

- Confirmation that you will be in attendance.
- Best contact information for the duration of probation (email, phone number, work phone number).

Please ensure the following for your scheduled video conference:

- Locate a quiet, distraction-free location for the duration of the conference.
- Ensure your electronic device is fully charged and have charging capabilities, if needed.
- Have the following documents in front of you for the duration of the conference, please review prior:
 - Your decision and order.
 - This letter with the ancillary forms and guidelines that were attached. These documents will be reviewed during the conference and additional directions will be provided.

Pursuant to the terms and conditions of your probation, you shall appear for interviews with the board upon request at various intervals. Failure to appear for a scheduled interview without prior notification to the board shall be considered a violation of probation.

Call in for audio (only if needed day of office conference)

Dial (916) 461-9649

Enter in conference ID: **971 495 437**

Press #

If you have any questions, you may contact your probation analyst at BOPProbation@dca.ca.gov.

Sincerely,



Autumn Ammann
Probation Analyst

DECLARATION OF SERVICE BY CERTIFIED MAIL

RE: Tony La, RPH 73904

I am over 18 years of age and not a party to the within entitled cause; my business address is 2720 Gateway Oaks Dr. Suite 100, Sacramento, CA 95833. I served the document below:

LETTER: NOTICE TO APPEAR

on each of the following, by placing same in an envelope addressed as follows:

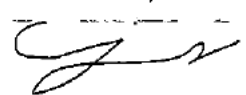
NAME**CERTIFIED MAIL NO.**

Tony La
Abrazo Aisle
Irvine, CA 92614

7017 0530 0000 3305 4648

And that said envelope was sealed and deposited in a designated location for collection by staff and for mailing by certified mail with postage fully prepaid thereon and return receipt service by the U.S. Postal Service in accordance with ordinary business practices.

I declare under penalty of perjury that the forgoing is true and correct. Executed on May 1, 2023, in Sacramento, California.



DECLARANT
Connor Shaughnessy
Probation Office Technician



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



Quarterly Report

UPDATED (6/9/2021)

The terms and conditions of your probation require that you report quarterly to the board during the period of probation. It is your responsibility to ensure that the board receives your reports by the **10th of January, April, July, and October** of each year of probation.

You are required to include the following information in each report in full detail:
(if not applicable please note N/A)

1. Your Personal Information:

- Name
- License number
- Case number
- Current home address
- Best contact number
- Email

2. Your Work Information:

- Pharmacy name
- Pharmacy license number
- Pharmacy license address
- Best contact number for your employer
- Name of pharmacist-in-charge
- Name of your supervisor (if not the PIC)

3. Information on your employment:

- Number of hours worked by month for the quarter
- Work schedule for the next quarter
- General description of your duties and responsibilities

**Please note, unpaid (volunteer) positions may not be used as hours worked to satisfy community service requirements.*

4. If you are not working in the field of pharmacy:

- Employer Name
- Employer Address
- Best contact number of your employer
- General description of your duties
- Hours worked per month
- Work schedule for the next quarter
- Your plans in obtaining employment in the field of pharmacy

5. Describe how you remain current with laws and regulations governing the practice of pharmacy. Provide a list of titles of pharmaceutical literature you have read and a list of continuing education courses you have completed.

**Please note, to receive credit for remedial education you must attach the corresponding approval letter to the copies of your certificates of completion or your official CPE transcripts and email to BOPprobation@dca.ca.gov (subject line should include your first name, last name, license number and "RE completion").*

6. List other professional activities.

7. Do you have any questions and/or problems adhering to pharmacy laws and regulations?

8. Include the following statement on each quarterly report. All reports must be signed and dated and must include the following statement:

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Email report as a **PDF attachment** to BOPprobation@dca.ca.gov

- Subject line must include first name, last name, license number and "quarterly report"
 - ex. Jane Doe RPH 55555 quarterly report
- Only pdf attachments will be accepted. All other formats will not be accepted, and your report will be considered as missing.

If you have any questions, please contact your Probation Analyst at BOPProbation@dca.ca.gov.



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Business, Consumer Services and Housing Agency
Department of Consumer Affairs
Gavin Newsom, Governor



VERIFICATION OF EMPLOYMENT

The licensee named below has been placed on probation with the Board of Pharmacy. Conditions of probation require that they notify you, the Pharmacist in Charge and owner/employer, of their probationary status by submitting a copy of the Board's decision to you.

Probationer's Information:

Name: _____ License #: _____
Probation period: From: _____ To: _____

This section below is to be completed by the Pharmacist in Charge and Owner/Employer

Probationer's work information:

Position title: _____ Date hired: _____
Full-time: _____ Part-time: _____
Hours per shift: _____ Approximate hours per month: _____

Physical location where probationer is working:

Pharmacy name: _____ Pharmacy license #: _____
Street address: _____
City: _____ State: _____ Zip code: _____

Pharmacist-In-Charge's information and acknowledgment:

Your signature verifies that you have read the board's decision that places this licensee on probation. You agree to ensure that the probationer's work environment is according to the terms and conditions of probation.

Name: _____ License #: _____

Email: _____ Telephone #: (____) _____

Signature: _____ Date: _____

Owner/Corporate Representative's acknowledgment:

Your signature verifies that you have read the board's decision that places this licensee on probation. You agree to ensure that the probationer's work environment is according to the terms and conditions of probation.

Print name: _____

Signature: _____ Date: _____

This section below is to be completed by the Probationer

I authorize the board or its designee's to communicate with my employer and supervisor(s), and authorize my employer or supervisor(s) to communicate with the board or its designee's concerning my work status, performance and monitoring.

I hereby certify under penalty of perjury under the laws of the state of California to the truth and accuracy of all statements, answers, and representations made in this document.

Print name: _____

Signature: _____ Date: _____



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Business, Consumer Services and Housing Agency ²⁴²¹
Department of Consumer Affairs
Gavin Newsom, Governor



NOTIFICATION OF EMPLOYMENT TERMINATION

Licenses on probation are required to provide written notification to the Board of change in employment status within 10 days of the cessation of the practice of pharmacy. Please complete this form and return it to the attention "Probation Monitor" at the Board office within 10 days of receipt.

Licenses Information

Licenses Name: _____ License #: _____

Mailing Address: _____

Last Place of Employment (with Pharmacy License required)

Name of Pharmacy: _____ License #: _____

Street Address: _____

City: _____ Zip Code: _____

*First Date of Employment: _____ Typical # Hours per Week: _____

*Last Date of Employment: _____

*Last Day Worked: _____

☐ Check box if you have never worked in the practice of pharmacy.

I represent to the Board that all of the statements provided by me on this form are true and correct.

Signature _____

Date _____

* List dates of last employment location where licensure was required regardless of whether employment was during probation period.



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Business, Consumer Services and Housing Agency²⁴²²
Department of Consumer Affairs
Gavin Newsom, Governor



Ethics Course

One of the terms of your probation is completion of an ethics course approved by the Board. This letter will provide you with information about available courses. According to Title 16 California Code of Regulations, section 1773.5, the ethics course must consist of at least 22 hours of specified components. A copy of the regulation describing these required components is provided on the following page.

Professional Boundaries Inc. offers ethics courses. The Board does not operate these courses or endorse the company. You may contact Professional Boundaries Inc., at (904) 800-1237 www.professionalboundaries.com. This provider has represented to the Board that they comply with the regulations as set forth in Title 16 California Code of Regulations, section 1773.5. Before enrolling in any course for the purposes of satisfying the terms and conditions of probation, please review the regulations to ensure the course will fulfill the requirements specified in the regulation.

Once you have enrolled in the course, please submit proof of enrollment to your Probation Analyst at the above address. As a reminder, a certificate of completion must be mailed to the Board office within five days after completing the course.

1773.5 Ethics Course Required as Condition of Probation.

When directed by the board, a pharmacist or intern pharmacist may be required to complete an ethics course that meets the requirements of this section as a condition of probation, license reinstatement or as abatement for a citation and fine. Board approval must be obtained prior to the commencement of an ethics course.

- a. The board will consider for approval an ethics course that at minimum satisfies the following requirements:
 - (1) Duration. The course shall consist of a minimum of 22 hours, of which at least 14 are contact hours and at least 8 additional hours are credited for preparation, evaluation and assessment.
 - (2) Faculty. Every instructor shall either possess a valid unrestricted California professional license or otherwise be qualified, by virtue of prior training, education and experience, to teach an ethics or professionalism course at a university or teaching institution.
 - (3) Educational Objectives. There are clearly stated educational objectives that can be realistically accomplished within the framework of the course.
 - (4) Methods of Instruction. The course shall describe the teaching methods for each component of the program, e.g., lecture, seminar, role-playing, group discussion, video, etc.
 - (5) Content. The course shall contain all of the following components:
 - (A) A background assessment to familiarize the provider and instructors with the factors that led to the prospective candidate's referral to the class.
 - (B) A baseline assessment of knowledge to determine the participant's knowledge/awareness of ethical and legal issues related to the practice of pharmacy in California, including but not limited to those legal and ethical issues related to the specific case(s) for which the participant has been referred to the program.
 - (C) An assessment of the participant's expectations of the program, recognition of need for change, and commitment to change.
 - (D) Didactic presentation of material related to those areas that were problems for the participants based upon the results of the background assessments and baseline assessments of knowledge.
 - (E) Experiential exercises that allow the participants to practice concepts and newly developed skills they have learned during the didactic section of the class.
 - (F) A longitudinal follow-up component that includes (1) a minimum of two contacts at spaced intervals (e.g., 6 months and 12 months) within one year after course completion or prior to completion of the participant's probationary period if probation is less than one year, to assess the participant's status; and (2) a status report submitted to the division within 10 calendar days after the last contact.
 - (6) Class Size. A class shall not exceed a maximum of 12 participants.
 - (7) Evaluation. The course shall include an evaluation method that documents that educational objectives have been met - e.g. written examination or written evaluation - and that provides for written follow-up evaluation at the conclusion of the longitudinal assessment.
 - (8) Records. The course provider shall maintain all records pertaining to the program, including a record of the attendance for each participant, for a minimum of 3 years and shall make those records available for inspection and copying by the board or its designee.
 - (9) Course Completion. The provider shall issue a certificate of completion to a participant who has successfully completed the program. The provider shall also notify the board or its designee in writing of its determination that a participant did not successfully complete the program. The provider shall fail a participant who either was not actively involved in the class or demonstrated behavior indicating a lack of insight (e.g., inappropriate comments, projection of blame). This notification shall be made within 10 calendar days of that determination and shall be accompanied by all documents supporting the determination.

California State Board of Pharmacy
Payment Plan Request

I, _____, license number _____

request the California Board of Pharmacy to approve a payment plan for cost of investigation and prosecution incurred for AC# _____. I request to pay \$_____ as indicated below.

☐ Pay amount in full by: _____

☐ Make monthly payments (due by the 10th of each month)

First payment of \$_____ to be made on _____ with the last payment of \$_____ to be made on _____.

Print Name _____

Signature _____

Date _____

Approved By: _____

Date: _____

Administrative Case: AC 7019

License #: RPH 73904

DATE: May 15, 2023

TIME: 1:30pm

DECLARATION

I, Tony La, declare that I have interviewed with the Board of Pharmacy representatives at the above date and time.

The terms and conditions of my probation have been fully explained to me by the Board representatives. I hereby acknowledge that I thoroughly understand these terms and conditions as set forth in the disciplinary action and that failure to comply may result in further disciplinary action.

Tony La, RPH 73904

DATE: _____

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12A

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: _____ SSN or ITIN: _____ Sex: ☒ M ☐ F ☐ X

Home Address: _____ Paradise Road Apt 103.

City: Las Vegas State: NV Zip: 89109

Telephone: _____ 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?		✓

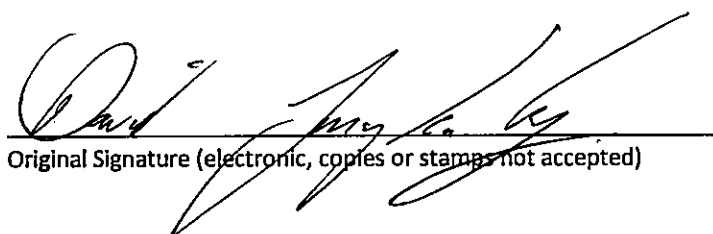
Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-4, you have marked "YES" to in section 5 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement 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 NV	City Las Vegas	County Clark
Case # 23-106	Governing, licensing, Arresting Presiding Body/Agency/Court Nevada State Board of Pharmacy			
Reason/Charge Pending case				
Plaintiff/Defendant/Claimant/Respondent David Lanzkowsky, M.D.			Lawsuit/Arbitration/Bankruptcy	
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)

8-18-2023

Original Signature (electronic, copies or stamps not accepted)

Date

Board Use Only: Date Processed: _____ Amount: 300.00

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13A

NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR ADVANCED PRACTICE REGISTERED NURSE TO PRESCRIBE

Rev (01/05/2023)

What types of drug(s) will you be prescribing?				
☐ Dangerous Drugs ONLY (Non-Refundable \$80 Fee) (PR)				
☒ Dangerous Drugs AND Controlled Substances (CS) I, II, III, IV and/or V (Non-Refundable \$200 Fee) (CS)				
Select the Controlled Substance Schedules you are applying to prescribe				
☒ Schedule I	☒ Schedule II	☒ Schedule III	☒ Schedule IV	☒ Schedule V

Section 1: Personal Information (NAC 639.850)

First: Chasity Middle: Denise Last: Beene
 Date of Birth: [REDACTED] SSN or ITIN: [REDACTED] Sex: ☐ M ☒ F ☐ X
 Home Address: [REDACTED] Cardinal Lane
 City: Florence State: AL Zip Code: 35634
 Telephone: [REDACTED] Email: [REDACTED]
 APRN License #: 868604 Specialty: Family
 (A current license and active-PRESCRIBING status with the Nevada State Board of Nursing is required to apply for and maintain a Prescribe or a CS Registration.)

Section 2: Practice Information (A practice address is required for processing of your application.)

Practice Name: City of Las Vegas Detention Center - 5088
 Practice Address: State (Nevada) 3300 Stewart Ave. Suite #: [REDACTED]
 City: Las Vegas State: NV Zip: 89101
 Telephone: 702 229-6508 Fax: [REDACTED] Email: [REDACTED]

Section 3: NRS 632.237 (Complete this section if you are applying to also prescribe SCHEDULED II CS).

An advanced practice registered nurse may apply to prescribe CS listed in schedule II if they meet one of the following qualifications (please mark that apply):

- ☒ I have at least 2 years or 2,000 hours of clinical experience; OR
- ☐ The CS will be prescribed pursuant to a protocol approved by a collaborating physician. (If you marked this answer, provide the information as requested below per NAC 639.850.)

Collaborating Physician Name: _____
 Collaborating Physician Practice Address: _____ Suite #: _____
 City: _____ State: _____ Zip: _____
 Telephone: _____ Fax: _____ Email: _____

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: 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: 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?		X
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in any state?		X

17 yr
Sobber
(+X
17 yr
ago)

not
as
CAMP
(as RN)

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 6 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+4. Provide all the following where applicable:

Date of Event/Arrest <u>2002/2006</u>	Disposition Data <u>Active Released 2011</u>	State <u>AL</u>	City <u>Montgomery</u>	County <u>Montgomery</u>
Case #	Governing, licensing, Arresting Presiding Body/Agency/Court <u>Alabama Board of Nursing</u>			
Reason/Charge <u>Suspected Substance Abuse.</u>				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy <u>NA</u>	
Name of Business/Industry/Entity				

Provide explanation below:

In 2002 my RN license was suspended. I entered treatment and completed all necessary requirements by the Alabama Board of Nursing, 2006 license was placed on probation for 5 years and after completion of the program, I was released with No restrictions & Active RN license in 2011. I went Back to CRNP school in 2017 & obtained my NP license in 2019. I currently have 17 years of sobriety, continue to go to AA, have sponsor and work with other women in sobriety.

I will Enclose my ABN Records & release letter.

I currently have DEA in Washington & Colorado & several other license in other states & am working tele health in the jails with inmates with Nephcare.

Chasity Beene

Original Signature (electronic, copies or stamps not accepted)

9/26/23

Date



Alabama Board of Nursing
Peggy Sellers Benson, MSN, RN, MSHA, NE-BC
Executive Officer

RSA Plaza, Suite 250
770 Washington Ave
Montgomery, AL 36104

www.abn.alabama.gov
(334) 293-5200
1-800-656-5338
Fax (334) 293-5201

Mailing address:
P.O. Box 303900
Montgomery, AL 36130-3900

Chasity Beene
[REDACTED]

RE: ABN Records of: **CHASITY DENISE BEENE MARTIN**

Dear Sir or Madam:

Please find attached certified copies of documents that are considered public record regarding disciplinary action against the following nurse(s): **CHASITY DENISE BEENE MARTIN, LICENSE NUMBER: 1-099287.**

Should you need further information, please contact our office

Sincerely,

Patty Mills

Patricia A. Mills
Legal Research Assistant

/pam
Enclosures



Alabama Board of Nursing
Peggy Sellers Benson, MSN, RN, MSHA, NE-BC
Executive Officer

RSA Plaza, Suite 250
770 Washington Ave
Montgomery, AL 36104

www.abn.alabama.gov
(334) 293-5200
1-800-656-5318
Fax (334) 293-5201

Mailing address:
P.O. Box 303900
Montgomery, AL 36130-3900

BEFORE THE ALABAMA BOARD OF NURSING

STATE OF ALABAMA)

MONTGOMERY COUNTY)

I, Peggy Sellers Benson, RN, MSHA, MSN, NE-BC, Executive Officer of the Alabama Board of Nursing, do hereby certify that I am the legal Custodian of Records for the Alabama Board of Nursing and that the attached are in record and on file in my office at Suite 250, RSA Plaza, 770 Washington Avenue in the City of Montgomery, County of Montgomery, State of Alabama, that the laws of the State require said records be kept and that the same are true and correct copies of said originals **CHASITY DENISE BEENE MARTIN**.

WITNESS my hand and seal of the Alabama Board of Nursing on the 14th day of April, 2023.

ALABAMA BOARD OF NURSING

PEGGY SELLERS BENSON RN, MSHA, MSN, NE-BC
EXECUTIVE OFFICER





ALABAMA BOARD OF NURSING

RSA Plaza, Ste 250
770 Washington Ave
Montgomery, AL 36104

Mailing Address:
P.O. Box 303900
Montgomery, AL 36130-3900

(334) 242-4060
1-800-656-5318
Fax (334) 242-4360

N. Genell Lee, MSN, RN, JD
Executive Officer
www.abn.alabama.gov

October 6, 2011

CHASITY DENISE BEENE
[REDACTED] MEREDITH DRIVE
MUSCLE SHOALS AL 35661

IN REPLY PLEASE REFER TO:

In The Matter Of:
License Number #: 1-099287

Dear Ms. Beene:

Your file has been reviewed for determination of your compliance with the Board's Order of March 24, 2006. Your probation status was cleared effective today. If you would return your wallet RN license card another one will be issued to you.

On behalf of the Board, we extend our best wishes for your future nursing career and personal endeavors. If we can ever be of assistance, do not hesitate to call.

Sincerely,

Dawn B. Daniel

Dawn B. Daniel, MSN, RN
Nurse Consultant
Probation/Monitoring

DBD:vm

BEFORE THE ALABAMA BOARD OF NURSING

IN THE MATTER OF:

CHASITY DENISE BEENE MARTIN

LICENSE NO. 1-099287

)
)
)
)
)

CONSENT ORDER

The Alabama Board of Nursing, hereinafter referred to as Board, having evidence that **CHASITY DENISE BEENE MARTIN**, hereinafter referred to as Respondent, is in violation of the Code of Alabama 1975, § 34-21-25, and the Alabama Board of Nursing Administrative Code, § 610-X-8; and Respondent, desiring to avoid the necessity of a formal hearing, do hereby enter into this Consent Order in lieu of proceeding with further disciplinary action. Respondent understands the right to a formal hearing in this matter and hereby knowingly waives such right. Respondent further understands and agrees that this is a non-appealable Order.

FINDINGS OF FACT

I.

On April 22, 2003, Respondent was licensed by the Alabama Board of Nursing as a Registered Nurse and was so licensed at all times relevant to matters stated herein. Respondent is currently licensed through December 31, 2006.

II.

On September 25, 2005, Respondent reported to work as a RN at Walker Baptist Medical Center, Jasper, Alabama, while under the influence of unknown chemicals. Respondent was described as stumbling, appearing disoriented, acting strange and almost falling out of a chair.

Multiple patients reported concerns about the Respondent's care as follows: failure to administer medications, dropping the MAR, and spilling water on a patient.

A urine drug screen conducted for cause was positive for methamphetamine and amphetamine. Respondent did not have a valid prescription for either drug. Respondent attributed her conduct to the one time use of methamphetamine prior to going to work.

CONCLUSIONS OF LAW

The conduct stated above constitutes sufficient grounds for the imposition of sanctions against Respondent's license to practice as a Registered Nurse in the State of Alabama pursuant to the Code of Alabama 1975, § 34-21-25, and the Alabama Board of Nursing Administrative Code, § 610-X-8-.03(4)(a)(e); (6)(a)(b)(f)(i)(ii)(iii)(m)(q)(v)(x).

ORDER

Respondent's Alabama Registered Nurse License, No. 1-099287, is hereby **SUSPENDED** until such time as the Board is in receipt of documentation of: (a) completion of required evaluations in accordance with Stipulation Number 4 below; (b) successful completion of the initial phase of an approved treatment program as specified in Stipulation Number 6 below, if treatment is recommended; (c) participation in an aftercare program as specified in Stipulation Number 7 below, if treatment is recommended; (d) negative random monthly drug screens as specified in Stipulation Number 15 below; (e) active participation in Twelve Step Programs as specified in Stipulation Number 9 below, if recommended; (f) accrual of requisite continuing education contact hours; and, (g) payment of appropriate fees. Should Respondent be deemed in need of treatment and upon documented completion of the above terms, Respondent's license will be reinstated on **PROBATION** for sixty (60) months pursuant to the following terms and conditions. If not deemed to be in need of treatment, Respondent's license will be placed on probation for twelve (12) months pursuant to the terms and conditions in this Order. In no event

will this period of suspension extend longer than TWELVE (12) MONTHS past the effective date of this Order. Should such occur, Respondent's licensure status will be considered as and listed as revoked.

1. **Return of Wallet ID Card**

Respondent's wallet ID card shall be **immediately** returned to the Alabama Board of Nursing office. Upon reinstatement, Respondent will be issued a wallet ID card which indicates probationary status.

2. **Fine**

Respondent shall pay a fine in the amount of **\$750** if treatment is recommended or **\$250** if treatment is not recommended. This fine must be paid within thirty (30) days of the effective date of Respondent's reinstatement. Respondent understands that failure to pay the fine is cause for additional disciplinary action by the Board of Nursing.

Should Respondent's probation extend beyond a period of thirty-six (36) months, Respondent shall pay an additional fine of \$250 prior to termination of this Order.

3. **Education – Completion of Course**
(If not deemed in need of chemical dependency treatment)

Respondent shall satisfactorily complete a Board-approved course/program on chemical dependency and provide documentation of completion to the Board. This course must be satisfactorily completed within three (3) months of the effective date of this Order.

4. **Evaluations (Chemical dependency)**

Respondent must submit the results of required comprehensive evaluations for chemical dependency, physical and mental illness from a Board-recognized treatment provider with Board consultation with the evaluating professional prior to making the assessment. Respondent must abide by any requests and recommendations from the providers that may include inpatient evaluation, outpatient evaluation, partial hospitalization evaluation and psychological testing.

Respondent is also required to undergo subsequent evaluations by a recognized provider with a healthcare professionals tract should such be requested by the Board following a relapse or for other cause. Respondent must follow all treatment recommendations from the provider including inpatient treatment, outpatient treatment, halfway house, residential long-term treatment, counseling, etc.

If not eligible for early release, the Respondent shall return to the original treatment provider(s) or other Board-approved provider for required comprehensive evaluations and a determination of readiness to practice without supervision and/or monitoring. Said evaluations must be performed within the ninety (90) day period immediately prior to the scheduled termination of this Order. Based upon the evaluations, the Board may extend the period of this Order and require additional treatment, counseling, etc.

5. **Duration of Order**

The duration of this Order is for a period of sixty (60) months unless extended pursuant to Stipulation Number 4 below. Respondent may apply for early release after thirty-six (36) months of satisfactory compliance with all the stipulations of this Order. If Respondent applies for early release, a comprehensive chemical dependency, physical and mental evaluation from a treatment provider with a healthcare professionals tract which supports early release shall be submitted to the Board. Said evaluation must be performed within the ninety (90) day period immediately prior to submission of the application for early release. The duration of this Order is for a period of twelve (12) months if deemed not in need of chemical dependency treatment. These time periods are subject to Stipulation Number 25 below.

6. **Treatment Program (If chemical dependency treatment recommended)**

The program must be a Board-recognized chemical dependency treatment program. Respondent shall cause the director of the treatment program to submit to the Board proof of Respondent's entry into a primary intensive alcohol/drug treatment program in accordance with the recommendations made during the evaluation process which may include inpatient treatment,

outpatient treatment, halfway house, residential long-term treatment and/or a combination thereof. Respondent shall also cause the program director to provide the Board with documentation concerning Respondent's successful completion of the program, readiness to return to the safe practice of nursing and recommendations and arrangements for appropriate follow-up.

7. **Aftercare Program (If chemical dependency treatment recommended)**

Unless otherwise recommended by the treatment provider and approved by the Board, the Respondent, within one (1) week of the completion of the initial phase of the treatment program, shall enter a Board-acceptable chemical dependency aftercare program with said program to meet on a weekly basis and to extend for a minimum of one (1) year. Respondent shall also cause the program to submit to the Board, in writing, and on the Board-approved form, documentation of the Respondent's attendance, participation and progress in the program. Such reports are due quarterly, according to schedule, for the duration of the probationary period or until successful completion of the aftercare program. In the event the Respondent is discharged from the aftercare program for noncompliance, the Respondent and the program are to immediately notify the Board, in writing, of such occurrence. This is required regardless of whether Respondent is employed in nursing.

8. **Individual/Group Counseling (If recommended by chemical dependency evaluation)**

Respondent shall participate regularly in a Board-acceptable counseling program contingent upon the recommendations of the original treatment program. Respondent shall continue in counseling for as long as deemed necessary by the counselor/therapist. This stipulation is in addition to meeting the stipulation requiring aftercare participation. Respondent shall have the counselor/therapist notify the Board when continued counseling is no longer indicated and Respondent is discharged or when there is a failure to complete or comply with the course of therapy. Respondent shall also cause the program to submit to the Board, in writing and on the Board-approved form, evidence of satisfactory participation and progress in counseling. Such reports are due quarterly, according to schedule, as long as indicated during

the period of this Order. This is required regardless of whether Respondent is employed in nursing.

9. **Twelve Step Meetings (If recommended by chemical dependency evaluation)**

Respondent shall attend and participate in a minimum of three (3) Twelve Step meetings per week for the duration of this Order. The Respondent shall submit meeting attendance verification sheets monthly, according to schedule, on the Board-approved form, for the duration of the Order period. It is required that Respondent have a sponsor during the period of this Order. If there is a sponsor, the Board should be provided sufficient information as how to contact this individual. This is required regardless of whether Respondent is employed in nursing.

10. **Self-Report**

Respondent shall submit a written status report to the Board on a Board-approved form. This is to be submitted on a monthly basis, according to schedule, and must contain a self-assessment of current status. This report is required regardless of whether Respondent is employed in nursing. At the Board's discretion, Respondent may be allowed to make verbal contact with Board staff in lieu of a written report.

11. **Primary Physician – Drug Use Exception**

The Respondent will have only one primary physician/group during the period of this Order. The primary physician must refer to any other physician, except in a documented emergency. All mood-altering medications or medications containing a mood-altering substance must be prescribed to Respondent by this primary physician for a bona fide medical condition, or if prescribed by the referred physician, must be immediately reported in writing by the Respondent to the primary physician with a copy to the Board. Respondent must notify the Board of the name, address, and telephone number of the primary physician within ten (10) days of the effective date of this Order and within ten (10) days in the case of a new physician. Respondent shall cause any and all prescriptions to be verified to the Board by the prescribing practitioner on a Board-provided form at the time of the issuance of a prescription and must also provide verification of all

medications prescribed prior to the Respondent's Board Order. No prescription over twelve (12) months old should be taken without an updated prescription verification. The Board or its designee may, at any time, request the practitioner to document the continued need for prescribed medications. Respondent shall keep a written record of medications taken, including over-the-counter drugs, and produce such record upon request by the Board. This is required regardless of whether Respondent is employed in nursing.

12. **Dentist – Drug Use Exception**

The Respondent will have only one dentist during the period of this Order. The primary dentist must refer to any other dentist or dental specialist, except in a documented emergency. All mood-altering medications or medications containing a mood-altering substance must be prescribed to Respondent by this primary dentist for a bona fide dental condition, or if prescribed by a referred dentist, must be immediately reported in writing by the Respondent to the primary dentist with a copy to the Board. Respondent must notify the Board of the name, address, and telephone number of the primary dentist within ten (10) days of the effective date of this Order. Respondent shall cause any and all prescriptions to be verified to the Board by the prescribing dentist on a Board-provided form at the time of the issuance of a prescription and must also provide verification of all medications prescribed prior to the Respondent's Board Order. No prescription over twelve (12) months old should be taken without an updated prescription verification. The Board or its designee may, at any time, request the practitioner to document the continued need for prescribed medications. Respondent shall keep a written record of medications taken, including over-the-counter drugs, and produce such record upon request by the Board. This is required regardless of whether Respondent is employed in nursing.

13. **Abstain from Alcohol Use**

Respondent shall abstain completely from the use of any substance containing alcohol.

14. **Abstain from Drug Use**

Respondent shall abstain completely from the non-prescribed use or possession of controlled substances as defined in the Alabama Uniform Controlled Substances Act, illegal drugs as defined by law, mood-altering substances, or any drugs requiring a prescription (legend) except as provided for in this Order.

15. **Drug Screening**

Respondent shall participate as directed in a Board-acceptable program for random drug testing. The drug screen will be a Board-approved drug screen and may include additional chemicals as designated by the Board or its designee. A minimum of one (1) random testing per month shall be done and may be required more frequently as requested by the Board or its designee. Further, the Board or its designee may at anytime require the Respondent to undergo additional drug screening of a type specified by the Board, including hair tests of a minimum of one time per year, to ensure that the Respondent is free of chemical substances. Refusal to provide a specimen suitable for testing within the requested time frame constitutes a violation of this Order and grounds for disciplinary action. Respondent waives any argument as to chain-of-custody of the sample or validity/accuracy of its testing regarding any positive screen received by the Board from an approved testing facility. The report of a positive drug screen which is not a result of documented, prescribed medications as provided for herein shall be considered a violation of this Order. This is required regardless of whether Respondent is employed in nursing.

16. **Employment - Monitoring**

Respondent shall practice only under the on-site monitoring of a Board-approved licensed health professional in good standing with their professional regulatory body. The employment monitor is not required to be on the same unit or ward as Respondent but should be on site and readily available to provide assistance and intervention in the event the Respondent appears impaired or otherwise unable to safely practice. The Respondent shall work only

regularly assigned, identified, and predetermined units. The on-site monitor shall be primarily one (1) person. The Respondent shall not be self-employed or contract for services.

17. **Employment-Increased Autonomy**

Following two (2) years of satisfactory compliance with stipulations, Respondent may request to work areas which have limited supervision. If such is granted, said employment will be with specified conditions as set forth by the Board. In no event may Respondent engage in unsupervised practice without prior written authorization from the Board or its designee.

18. **Restricted Employment**

Respondent shall not work for a nursing registry, traveling nurse agency, nursing float pool, hospice, home health agency, or temporary employment agency without prior written authorization from the Board or its designee.

19. **Employment - Supervision Restriction**

Respondent shall not be employed as a supervising nurse.

20. **Employment - Access to Drugs (if treatment recommended)**

Respondent shall not administer or have access to controlled substance medications for a minimum of six (6) months of employment, and shall not have access to or administer controlled substance medications until written permission is received from the Board stating this stipulation no longer applies. Respondent shall work in nursing a minimum of six (6) months without this restriction prior to completing the Order.

21. **Employment - Hours of Practice**

Respondent shall not work more than eighty (80) hours in a two (2) week period without prior written authorization from the Board or its designee.

22. **Employment - Notification**

Respondent shall provide all health care employers, collaborative and covering physicians (if CRNP/CNM) and schools of nursing with a copy of this Order and cause each to acknowledge to the Board that a copy of this Order has been provided to them. Said notification

shall be received by the Board no later than ten (10) days after the effective date of this Order or within ten (10) days of Respondent's employment or advanced practice approval or entry into school and must be on the Board-provided form.

23. **Employment - Change in Status**

Respondent shall not accept or change employment without prior written notification to the Board. Said notification must include the name and number of the person who will be Respondent's supervisor.

24. **Employment - Evaluation of Performance**

Respondent shall cause the employer to provide to the Board, on a Board-approved form, a written evaluation of Respondent's nursing performance. Such reports are due quarterly, according to schedule. The receipt of an unfavorable report may be considered to be a violation of this Order. If Respondent is not employed as a nurse, Respondent is required to inform the Board of employment status in the monthly self-report.

25. **Not Employed in Nursing**

In order to complete the terms of this Order, the Respondent must have been employed as a practicing nurse for a minimum period of eighteen (18) months if chemical dependency treatment is recommended. If treatment is not recommended, Respondent must be employed as a practicing nurse for a minimum of twelve (12) months. During periods of employment in fields other than nursing, Respondent is not relieved from compliance with all other terms and conditions of this Order.

26. **Alabama Licensure Status**

Respondent must maintain a current license at all times during the period of probation. If for any reason Respondent allows the nursing license to lapse/expire, such may be cause for disciplinary action.

27. Notification of Board

If Respondent is arrested by any law enforcement agency or is admitted as a patient to any institution in this state or elsewhere for treatment regarding the abuse of or dependence on any chemical substance, or for treatment for any emotional or psychological disorder, Respondent shall cause the Board to be notified immediately. Respondent also shall immediately report to the Board any relapse as well as any disciplinary action issued by an employer. Should Respondent test positive on any drug screen conducted by an employer, an employee assistance program, court referral program or other entity, the Respondent shall immediately report such to the Board.

28. Change of Address

Respondent shall immediately notify the Board, in writing, of any change of address.

29. Relocation

The Respondent must notify the Board of pending relocation outside the State of Alabama. If Respondent plans to relocate to another state, Respondent must inform that state's board of nursing as to licensure status and may request the Alabama Board to transfer monitoring to the other state. If monitored by another state, Respondent must successfully complete all requirements of the Board Order of the other jurisdiction in order to fulfill the terms of this Order. Respondent must submit to the Alabama Board a copy of the Order from the other state and official notification of successful completion or unsuccessful termination thereof. The Board retains the right to withdraw approval for out-of-state monitoring if circumstances indicate that such is appropriate.

30. Personal Interview

Respondent shall appear in person for interviews at the request of the Board or Board designee.

31. Obey the Laws

Respondent shall refrain from violation of any federal, state or local law or rule or Order of the Board. A conviction on any criminal charge pending at the time of the signing of this

Order may result in further disciplinary action. Any arrest subsequent to the signing of this Order may result in further disciplinary action.

32. **Release of Records and Information**

Respondent hereby authorizes the Board of Nursing to submit information and all records necessary to ensure compliance with the stipulations of this Order and public safety. This includes communication with Respondent's employer (existing and prospective) and members of Respondent's treatment team regarding noncompliance and/or possible relapse. Respondent also agrees to execute all appropriate release of information forms so as to allow all treatment providers, healthcare providers, employers and all other necessary persons to inform the Board, in writing, of Respondent's status and progress.

33. **Violation**

Any deviation from the requirements of this Order without the written consent of the Board shall constitute a violation of this Order and will be cause for disciplinary action.

34. **Subsequent Practice Act Violation**

Should supplemental cause for disciplinary action arise during the period of this Order such is cause for disciplinary action.

35. **Fraudulent Acts During Period of Order**

Submission of fraudulent documents or reports or misrepresentation of facts relating to the terms and conditions stated herein shall constitute a violation of this Order.

36. **Termination of Order**

This Order shall terminate only upon receipt of documents to satisfy all terms and conditions of this Order, including receipt of official court records documenting successful completion of court-ordered probation, pretrial diversionary-type program, drug court, etc., where applicable. This period of probation will not terminate until notification by the Board to Respondent in writing that all terms and conditions have been met and the probation has been completed.

37. Public Information

This Order is public information. All disciplinary actions of the Board will be reported to all required data banks.

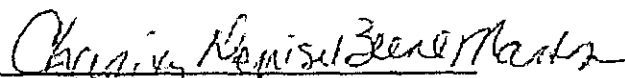
38. Effective Date

The effective date of this Order shall be the documented date of service or attempted service by certified mail or personal service.

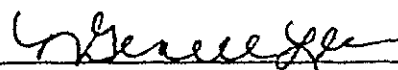
39. Final Order

This Order is subject to full Board consideration and acceptance before it shall be final.

EXECUTED on this the 12 day of January 2005


CHASITY DENISE BEENE MARTIN

APPROVED AND ACCEPTED by the ALABAMA BOARD OF NURSING on this the 24th
day of March 2006


N. GENELL LEE, RN, MSN, JD
EXECUTIVE OFFICER
ALABAMA BOARD OF NURSING

ViewReportHeaderTitle

Primary Source Board of Nursing Report Summary for

CHASITY DENISE BEENE

Thursday, October 05 2023 02:33:32 PM

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 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 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 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 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 and 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
BEENE, CHASITY DENISE	RN	868604	Inactive	06/15/2023	08/25/2023	NO

Primary Source Board of Nursing Messages & Notifications

- This temporary license is issued until the applicant meets all of the licensure requirements for a permanent license. A temporary license may not be extended or renewed.

Name on License	License / Certificate Type	License / Certificate Number	License Status	Original Issue Date	Current Expiration Date	2453 Discipline
BEENE, CHASITY DENISE	APRN-CNP	868604	Inactive	07/05/2023	08/25/2023	NO

Primary Source Board of Nursing Messages & Notifications

- This temporary license is issued until the applicant meets all of the licensure requirements for a permanent license. A temporary license may not be extended or renewed.

Advanced Practice license/recognition information

- Population Focus / Specialty:
 - Focus/Specialty: Family Across the Lifespan
 - Has discipline: NO
 - Expiration Date: 08/25/2023
 - Original Issuance Date: 07/05/2023
 - Current Issue Date: 07/05/2023
 - Certification expiration date: 01/06/2025

Name on License	License / Certificate Type	License / Certificate Number	License Status	Original Issue Date	Current Expiration Date	Discipline
BEENE, CHASITY DENISE	RN	868604	Active	08/25/2023	09/24/2024	NO

Name on License	License / Certificate Type	License / Certificate Number	License Status	Original Issue Date	Current Expiration Date	Discipline
BEENE, CHASITY DENISE	APRN-CNP	868604	Active Prescribing - CII	08/25/2023	09/24/2024	NO

Advanced Practice license/recognition Information

- Population Focus / Specialty:
 - Focus/Specialty: Family Across the Lifespan
 - Has discipline: NO
 - Expiration Date: 09/24/2024
 - Original Issuance Date: 08/25/2023
 - Current Issue Date: 08/25/2023
 - Certification expiration date: 01/06/2025

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

13B

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: Jacob Middle: Blything Last: Hedden

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

Home Address: 1 [REDACTED] SE 74th Ave

City: Portland State: OR Zip: 97215

Telephone: [REDACTED] Email: [REDACTED]

Degree: MD Practitioner License #: 24355 Specialty: Anesthesiology

(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): National Partners in Healthcare-Valley Anesthesiology

Practice Address: 10120 S Eastern Ave Suite #: 100

City: Henderson State: NV Zip: 89052

Telephone: 702-487-6880 Fax: 702-303-5821 Email: julie.chauncey@nphllc.com

Section 3: Military Service (NRS 622.120)

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

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)

- | | Yes | No |
|--|-----|-------------------------------------|
| 1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.) | | ☒ |
| 2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order? | | ☒ |

Section 5: Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?	✓	
2. Have you been charged, arrested or convicted of a felony or misdemeanor in <u>any</u> state?		✓
3. Have you been the subject of a board citation or an administrative action whether completed or pending in <u>any</u> state?		✓
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in <u>any</u> state?		✓

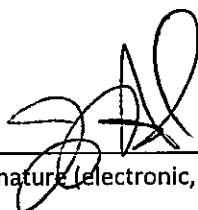
Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-4, you have marked "YES" to in section 5 of the application. **A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement 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 September of 2022, I self-referred to the Health Professionals Services Program (HPSP), a physician drug monitoring program in Oregon, for treatment of a substance use disorder. I began treatment at Serenity Lane, a drug and alcohol treatment center in Oregon, and completed 30 days of residential treatment (11/2/2022-12/2/2022), followed by 10 weeks of level 2.1 ASAM intensive outpatient treatment (12/5/2022-2/9/2023), followed by ongoing level 1 ASAM outpatient treatment to be continued through December of 2024. I have been compliant with all requirements of the monitoring agreement and have begun transferring monitoring responsibilities to the Physician Recovery Network (PRN) in Las Vegas, Nevada directed by Mark Chase, who has indicated he would send an email to the Board of Pharmacy to confirm my participation in his program. I am including with this submission copies of a recent letter from HPSP indicating my compliance with that program, my contract with PRN, and a return to duty letter from the medical director of Serenity Lane.



Original Signature (electronic, copies or stamps not accepted)

10/05/2023

Date

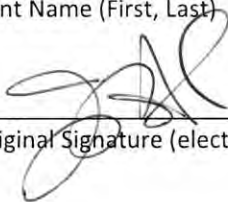
I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application 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.

Jacob Hedden

10/05/2023

Print Name (First, Last)

Date


Original Signature (electronic, copies or stamps not accepted)

10/05/2023

Date

Board Use Only: Date Processed: _____ Amount: 100.00



9.14.2023

To whom it may concern:

Dr. Hedden is in full compliance with the HPSP program. Dr. Hedden has had no positive toxicology and has met with me as scheduled each week. I have no concerns at this time. If you need anything more, please reach out.

James Dostert



Follow us:  <https://hpspmonitoring.com> <https://uprisehealthmonitoring.com>

James Dostert | HPSP Agreement Monitor
| MS, CADCI, QMHP
Personal Pronouns: he/his
Direct: 503.802.9837 Main:
888.802.2843 Fax: 503.961.7142
After-Hours Emergency: 503.802.9818
james.dostert@uprisehealth.com
Hours: Mon – Fri 7:30 am – 4:00 pm

PRN Medical Monitoring Contract

The Medical Monitoring Contract is a legal document that specifies the terms under which PRN agrees to counsel, aid, and monitor a medical professional within the program. The purpose of this contract is to prevent any misunderstanding of the terms and the time specified. It is specifically designed to meet the needs of the individual. All provisions may not apply to every individual; however, all provisions will apply unless indicated explicitly for the omission.

Provisions of the Contract

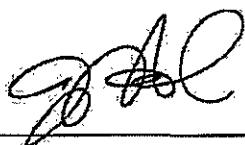
1. I agree to the terms of this contract for a period of **five** years from the date of **December 5, 2022**, with a reevaluation conducted annually. Dr. Hedden is transferring from Health Professionals Service Program (HPSP) in Oregon to PRN in Nevada.
2. I understand that all expenses connected with my treatment in the program are my responsibility. The PRN monthly fee is \$200.00, which includes random urine analysis screening, a monthly report to the Nevada Board of Medical Examiners, and a quarterly report to requesting hospitals.
3. I agree to participate in the ***In-Person Aftercare*** meeting with PRN on the first Wednesday of each month and ***Zoom Peer Support Counseling***, each Wednesday of each month, held at 1800 hours. Participants may be excused twice with prior approval and may miss a maximum of four Peer Group Counseling meetings per year. After the fourth absence, the governing Nevada State Board will be notified of the event.
4. I realize that my recovery is my responsibility, and to get the most from the program, I must follow the suggested guidelines.
5. I agree to abstain from any mood-altering drugs, including alcohol, completely. If a physician prescribes any medications, I will notify PRN and provide a copy of the prescription for my file.
6. I agree to pay all financial obligations, including PRN monitoring fees.
7. I agree to identify a primary care physician.
8. At the discretion of PRN, I agree to be evaluated by a psychiatrist/psychologist for a thorough examination and recommendations for therapy at any time during my contract.

PRN Medical Monitoring Contract

9. I agree to have no more than one individual counselor besides the PRN Clinical Director.
10. I agree to notify PRN within 72 hours of any changes to my address, phone number, employer, or work phone number.
11. I agree to submit to a urinalysis screening on a monthly random basis. You must report within four hours of notification. In cases where you cannot leave your place of employment, you must report within two hours of your shift ending.
12. I understand that the documentation of my progress will be kept confidential at PRN.
13. I understand that this contract is valid for five years from the date specified in this contract or until my termination from the PRN program, whichever is later.
14. I understand and agree that my failure to comply with any of this contract's provisions will result in notification to the governing Nevada State Board and my current employer. Furthermore, PRN is authorized to furnish the State Board copies of this contract, medical records, drug screen results, and other records pertinent to my treatment and aftercare.

I HAVE READ AND UNDERSTAND ALL OF THE ABOVE INFORMATION:

Signature



Jul 15, 2023

Date

Clinical Director



07-15-2023

Date

SERENITY LANE

Alcohol & Drug Treatment Services

Office Locations
4211 West 11th Ave.
Eugene, OR 97402
(541) 485-1577

Inpatient
91150 N. Coburg
Industrial Way
Coburg, OR 97408
(541) 687-1110

1050 Price Road SE
Albany, OR 97322
(541) 928-9681

920 Emkay Drive
Suite 104
Bend, OR 97702
(541) 383-0844

10920 SW Barbur Blvd.
Portland, OR 97219
(503) 244-4500

12662 SE Stark
Plaza 125, Bldg. A
Portland, OR 97233
(503) 244-4500

2575 NW Kline Street
Roseburg, OR 97471
(541) 673-3504

960 Liberty Street SE
Suite 120
Salem, OR 97302
(503) 588-2804

Administration
PO Box 8549
Coburg, OR 97408
(541) 687-1110

A Nonprofit Treatment
Center Dedicated to
Treating Substance
Use Disorders
serenitylane.org

February 6, 2023

Re: Jacob Hedden, MD
DOB: [REDACTED]

This letter is to update the Oregon Medical Board and HPSP that Dr. Hedden was admitted to Serenity Lane on November 2, 2022 [REDACTED]

[REDACTED] He did very well clinically and completed residential treatment on December 2, 2022. He transitioned to intensive outpatient treatment (IOP) beginning December 5, 2022 and continues to participate successfully as of February 8, 2023. He has enrolled in HPSP as you know without problems. Dr. Hedden is highly motivated internally for his ongoing life in recovery. He is fit for duty as of February 6, 2023 with the following recommendations:

1. Continuation professional monitoring for a period time acceptable to the Board and HPSP but no less than 5 years from December 5, 2022.
2. Completion of 10 weeks of IOP followed by 2 years of recovery support once weekly.
3. No restrictions of schedule or Hours.
4. No restrictions on access to controlled substances.
5. Once weekly community mutual-aid meeting preferably with healthcare professionals.

If I can answer any questions or provide you with any additional information, please call.

Sincerely

Eric L Geisler M.D., ABAM
Medical Director
Serenity Lane
(541) 284-8603
CC: Jacob Hedden, MD



Office Locations

4211 West 11th Ave.
Eugene, OR 97402
(541) 485-1577

Inpatient:
91150 N. Coburg
Industrial Way
Coburg, OR 97308
(541) 687-1110

1050 Price Road SE.
Albany, OR 97322
(541) 728-7681

920 Emkay Drive
Suite 104
Bend, OR 97702
(541) 383-0844

10920 SW Barbur Blvd.
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(503) 244-4500

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Plaza, Bldg. A
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(541) 673-3504

760 Liberty Street SE
Suite 120
Salem, OR 97302
(503) 583-2804

Administration
PO Box 8549
Coburg, OR 97408
(541) 687-1110

A Nonprofit Treatment
Center Dedicated To:
Treating Substance
Use Disorders

serenitylane.org

Attn: To Whom It May Concern
NEVADA STATE BOARD of PHARMACY

Serenity Lane, Portland Outpatient
10920 SW Barbur Blvd.
Portland, OR 97219

10/6/2023

RE: Jacob B. Hedden
DOB: [REDACTED]

To Whom It May Concern:

This letter recognizes that Jacob B. Hedden is a client in my care and is currently engaged in weekly Level I Outpatient group sessions on Thursdays, between 7:30 and 9:00 PM. "Jake," entered Level I Outpatient on 2/14/2023, after successfully completing Level 2.1 IOP treatment, on 2/13/23. Jacob has had excellent weekly attendance in Level I Outpatient treatment and is currently a very active participant in the group.

Prior to entering Level I Outpatient, "Jake," entered Level 2.1 Intensive Outpatient at our facility on 12/2/22; he successfully completed 10 weeks of IOP on 2/13/2023, and subsequently transferred to Level I Outpatient on 2/14/23. Prior to that, Jacob attended and completed Residential Day Treatment at the Serenity Lane campus in Coburg, Oregon, from 11/02/22 to 12/02/22. His current reported sober date is 9/05/2022. "Jake," has been an inspiring example of recovery to his peers during his participation in Outpatient group therapy. He often shares recovery positives & challenges and openly accepts feedback from the group. He also gives his peers encouraging and supportive feedback, based in his own sober experience.

[REDACTED] "Jake," continues to be an active participant in his group at this time.

Sincerely,

Nancy E. Sabol

Nancy E. Sabol, CADCI, QMHA
Outpatient Counselor

Jacob Blything Hedden

License Number: 24355
License Type: Medical Doctor
License Status: Active
Initial License Date: Sep-15-2023
Expiration Date: Jun-30-2025
Public Address: [REDACTED]
Public City: Portland
Public State: Oregon
Public ZIP Code: 97215
Public Country: United States
Public Phone Number: [REDACTED]
Credential: M.D.

Specialties

Specialty

Anesthesiology

Education History

Institution	Degree/Certificate	Date Enrolled	Date To
University of Oklahoma	Bachelor of Science	Aug-23-1999	May-10-2003
University of Oklahoma	Master of Science	Aug-18-2003	Aug-01-2005
Northwestern University Feinberg School of Medicine	Medical Doctor Degree	Aug-22-2005	May-14-2009

Postgraduate Training

Institution	Program Type	Specialty Type	Start Date	End Date
State University of New York Health Science Center at Brooklyn	Internship/Residency	Anesthesiology	Jul-01-2009	Jun-30-2013
Hospital for Special Surgery, New York-Presbyterian Hospital	Fellowship	Other	Jul-01-2013	Jul-01-2014

Board Actions

Summary

Attachments

None.

Current Employment Status / Conditions / Restrictions on License / Prior Malpractice Claims

Summary

Attachments

None.

Malpractice Information

Summary

Attachments

None.

14

SECRETARY OF STATE
FILING DATA

For Filing Administrative Regulations

R196-22

Agency: Nevada State

Board of Pharmacy

FILED, NV, SOS
2023 SEP 28 2466

FOR EMERGENCY
REGULATIONS ONLY

Effective date _____

Expiration date _____

Governor's signature

Classification:

PROPOSED

☒ ADOPTED BY AGENCY

☐ EMERGENCY

Authority citation other than 233B: §§ 1, 2 and 4, NRS 453.221, and 639.2177; § 3, NRS 639.070 and 639.170

Brief description of action:

Amendment to the Nevada Administrative Code ("NAC") 639. The proposed amendments relate to the licensing requirements for facilities for treatment with narcotics and provide other matters properly relating thereto. (LCB File No. R196-22)

Notice Date: August 8, 2023

Date of Adoption by Agency: September 7, 2023

Hearing Date: September 7, 2023

**APPROVED REGULATION OF THE
STATE BOARD OF PHARMACY**

LCB File No. R196-22

Filed September 29, 2023

EXPLANATION – Matter in *italics* is new; matter in brackets ~~omitted material~~ is material to be omitted.

AUTHORITY: §§ 1, 2 and 4, NRS 453.221, 639.070 and 639.2177; § 3, NRS 639.070 and 639.170.

A REGULATION relating to pharmacy; requiring a facility for treatment with narcotics to obtain a license to administer opioid agonist treatment medication; requiring a dispensing practitioner at such a facility to obtain informed consent before reporting certain information; prescribing certain fees; and providing other matters properly relating thereto.

Legislative Counsel's Digest:

Existing law authorizes the State Board of Pharmacy to adopt regulations relating to the registration and control of the dispensing of controlled substances in Nevada. (NRS 453.221) Existing law further authorizes the Board to adopt regulations that: (1) are necessary for the protection of the public relating to the practice of pharmacy; (2) authorize the Executive Secretary of the Board to issue certificates, licenses and permits required for the practice of pharmacy or for the dispensing of controlled substances; and (3) govern the dispensing of poisons, drugs, chemicals and medicines. (NRS 639.070) Existing regulations require a facility for treatment with narcotics, which is a facility certified by the federal government to treat addiction to narcotics using other narcotics, to be licensed by the Division of Public and Behavioral Health of the Department of Health and Human Services. (NAC 449.15445) **Section 1** of this regulation additionally requires a facility for treatment with narcotics to obtain a license from the Board to administer opioid agonist treatment medication and sets forth the requirements to obtain such a license. **Section 1** also requires dispensing practitioners at a facility for treatment with narcotics to obtain informed consent for the reporting of information to a program that tracks prescriptions of certain controlled substances. **Section 2** of this regulation defines certain terms.

Existing regulations prescribe fees for the issuance and biennial renewal of authorization of a facility for treatment with narcotics to prescribe or possess controlled substances. (NAC 639.220) **Section 3** of this regulation clarifies that such fees apply to the investigation or

issuance and biennial renewal of a license to administer opioid agonist treatment medication.

Section 4 of this regulation authorizes a facility for treatment with narcotics that is operating on the effective date of this regulation to continue to do so without obtaining such a license until 6 months after that date.

Section 1. Chapter 639 of NAC is hereby amended by adding thereto to a new section to read as follows:

1. A person or public or private facility shall not operate or provide the services of a facility for treatment with narcotics unless the person or facility holds a license to administer opioid agonist treatment medication issued by the Board pursuant to this section.

2. A person or public or private facility may apply to the Board for a license to administer opioid agonist treatment medication by submitting an application to the Board on a form prescribed by the Board. The Board shall issue such a license if the applicant meets the requirements sets forth in subsection 3 and pays the fee required by NAC 639.220.

3. An applicant for a license pursuant to subsection 2 must:

(a) Be certified by the Substance Abuse and Mental Health Services Administration of the United States Department of Health and Human Services pursuant to 42 C.F.R. § 8.11;

(b) Hold a license issued by the Division of Public and Behavioral Health of the Department of Health and Human Services pursuant to NAC 449.154 to 449.15485, inclusive, to operate a facility for treatment with narcotics;

(c) Be certified by the Division of Public and Behavioral Health of the Department of Health and Human Services pursuant to NRS 458.025; and

(d) Ensure that each practitioner who dispenses opioid agonist treatment medication at the facility is registered with the Board pursuant to NRS 453.231 and the Drug Enforcement Administration of the United States Department of Justice to dispense controlled substances.

4. Any license issued pursuant to this section is a revocable privilege and a holder of such a license does not acquire any vested right in such a license.

5. Each dispensing practitioner practicing at a facility for treatment with narcotics shall, to the extent required by 42 C.F.R. § 2.36, obtain informed consent for the reporting of information to the computerized program to track prescriptions for controlled substances established pursuant to NRS 453.162.

Sec. 2. NAC 639.010 is hereby amended to read as follows:

639.010 As used in this chapter, unless the context otherwise requires:

1. “Automated drug dispensing system” means a system that performs operations, other than compounding or administration, related to the storage and dispensing of drugs.

2. “Board” means the State Board of Pharmacy.

3. “Controlled substances” has the meaning ascribed to it in NRS 0.031.

4. “Dangerous drug” has the meaning ascribed to it in NRS 454.201.

5. “Direct supervision” means the direction given by a supervising pharmacist or dispensing practitioner who is:

(a) On the premises of the pharmacy or telepharmacy at all times when the person he or she is supervising is working at the pharmacy or telepharmacy or at a remote site or satellite consultation site; and

(b) Aware of the activities of that person related to the preparation and dispensing of medications, including the maintenance of appropriate records.

6. “Dispensing practitioner” means:

(a) A practitioner to whom the Board has issued a certificate of registration pursuant to NAC 639.742 to dispense controlled substances or dangerous drugs, or both, for human consumption; or

(b) A licensed veterinarian to whom the Board has issued a certificate of registration pursuant to NAC 639.7423 to dispense controlled substances or dangerous drugs, or both, not for human consumption.

7. “Dispensing technician” means a person who performs technical services in a pharmacy under the direct supervision of a dispensing practitioner and is registered with the Board pursuant to NAC 639.7425.

8. “Dispensing technician in training” means a person who is registered with the Board pursuant to section 1 of LCB File No. R178-22 in order to obtain the training and experience required to be a dispensing technician pursuant to subparagraph (1) of paragraph (c) of subsection 2 of NAC 639.7425.

9. “Executive Secretary” means the Executive Secretary employed by the Board pursuant to NRS 639.040.

10. *“Facility for treatment with narcotics” has the meaning ascribed to it in NAC 449.1542.*

11. *“Federally-qualified health center” has the meaning ascribed to it in 42 U.S.C. § 1396d(l)(2)(B).*

~~11.1~~ 12. “Federally-qualified health center vehicle” means a vehicle that meets the requirements of paragraph (c) of subsection 1 of section 3 of LCB File No. R004-19.

~~12.1~~ 13. “Licensed veterinarian” has the meaning ascribed to it in NRS 638.007.

~~13.1~~ 14. “Oncology group practice” means two or more dispensing practitioners who practice oncology in a group practice.

~~14.1~~ 15. “*Opioid agonist treatment medication*” has the meaning ascribed to it in 42 C.F.R. § 8.2.

16. “Pharmaceutical technician” means a person who performs technical services in a pharmacy under the direct supervision of a pharmacist and is registered with the Board pursuant to NAC 639.240.

~~15.1~~ 17. “Pharmaceutical technician in training” means a person who is registered with the Board pursuant to NAC 639.242 in order to obtain the training and experience required to be a pharmaceutical technician pursuant to subparagraph (3) of paragraph (d) of subsection 2 of NAC 639.240, or who is enrolled in a program of training for pharmaceutical technicians that is approved by the Board.

~~16.1~~ 18. “Practitioner” has the meaning ascribed to it in NRS 639.0125.

~~17.1~~ 19. “Prescription drug” means a drug or medicine as defined in NRS 639.007 which:

- (a) May be dispensed only upon a prescription order that is issued by a practitioner; and
- (b) Is labeled with the symbol “Rx only” pursuant to federal law or regulation.

~~18.1~~ 20. “Public or nonprofit agency” means a health center as defined in 42 U.S.C. § 254b(a) which:

- (a) Provides health care primarily to medically underserved persons in a community;

(b) Is receiving a grant issued pursuant to 42 U.S.C. § 254b or, although qualified to receive such a grant directly from the Federal Government, is receiving money from such a grant under a contract with the recipient of that grant; and

(c) Is not a medical facility as defined in NRS 449.0151.

~~19.1~~ 21. “Reproductive healthcare center” means a health facility owned and operated by a nonprofit corporation or a public health center, as defined in subsection 8 of NRS 449.260, principally engaged in providing family planning services and reproductive healthcare, including, without limitation, the testing, diagnosis and treatment of, or providing of medication to prevent, a sexually transmitted infection or other infection of the urogenital system.

~~20.1~~ 22. “Surgical center for ambulatory patients” has the meaning ascribed to it in NRS 449.019.

~~21.1~~ 23. “User-based access technology” means software or hardware that restricts access to an automated drug dispensing system to authorized users by requiring two-factor authentication. Authentication factors may include, without limitation, knowledge, hardware tokens or biometric information.

Sec. 3. NAC 639.220 is hereby amended to read as follows:

639.220 1. The Board hereby adopts the following schedule of fees:

For the examination of an applicant for registration as a pharmacist	Actual cost
	of the
	examination

For the investigation or registration of an applicant as a registered pharmacist.....	\$200
For the investigation, examination or registration of an applicant as a registered pharmacist by reciprocity.....	200
For the investigation or issuance of an original license to conduct a retail pharmacy	500
For the biennial renewal of a license to conduct a retail pharmacy	500
For the investigation or issuance of an original license to conduct an institutional pharmacy	500
For the biennial renewal of a license to conduct an institutional pharmacy	500
For the investigation or issuance of an original license to conduct a pharmacy in a correctional institution	500
For the biennial renewal of a license to conduct a pharmacy in a correctional institution.....	500
For the investigation or issuance of an original license to conduct a pharmacy in a recovery center or ambulatory surgical center licensed by the State Board of Health pursuant to NRS 449.0303	500
For the biennial renewal of a license to conduct a pharmacy in a recovery center or ambulatory surgical center licensed by the State Board of Health pursuant to NRS 449.0303	500

For the issuance of an original or duplicate certificate of registration as a registered pharmacist	50
For the biennial renewal of registration as a registered pharmacist	200
For the reinstatement of a lapsed registration (in addition to the fees for renewal for the period of lapse)	100
For the initial registration of a pharmaceutical technician, pharmaceutical technician in training, dispensing technician or dispensing technician in training	50
For the biennial renewal of registration of a pharmaceutical technician, pharmaceutical technician in training, dispensing technician or dispensing technician in training	50
For the investigation or registration of an intern pharmacist	40
For the biennial renewal of registration as an intern pharmacist	40
For the investigation or registration of an advanced practice registered nurse or a physician assistant to prescribe drugs that are not controlled substances	80
For the biennial renewal of registration of an advanced practice registered nurse or a physician assistant to prescribe drugs that are not controlled substances	80

For authorization of a physician, advanced practice registered nurse, physician assistant, euthanasia technician, [facility for treatment with narcotics.] researcher, instructional user or any other authorized person, except a practitioner who is a medical intern or resident physician, to prescribe or possess controlled substances	200
For the biennial renewal of authorization of a physician, advanced practice registered nurse, physician assistant, euthanasia technician, [facility for treatment with narcotics.] researcher, instructional user or any other authorized person, except a practitioner who is a medical intern or resident physician, to prescribe or possess controlled substances	200
For authorization of a practitioner who is a medical intern or resident physician to prescribe or possess controlled substances	80
For the biennial renewal of authorization of a practitioner who is a medical intern or resident physician to prescribe or possess controlled substances	80
For the investigation or issuance of an original license to engage in business as an authorized warehouse or medical products provider	500
For the biennial renewal of a license to engage in business as an authorized warehouse or medical products provider	500

For the investigation or issuance of an original license to a manufacturer or wholesaler.....	1,000
For the biennial renewal of a license for a manufacturer or wholesaler	1,000
For the reissuance of a license issued to a pharmacy, when no change of ownership is involved, but the license must be reissued because of a change in the information required thereon.....	50
For authorization of a practitioner, other than a licensed veterinarian, to dispense controlled substances or dangerous drugs, or both, for human consumption for each location where the practitioner will dispense controlled substances or dangerous drugs, or both, for human consumption.....	300
For the biennial renewal of authorization of a practitioner, other than a licensed veterinarian, to dispense controlled substances or dangerous drugs, or both, for human consumption for each location where the practitioner will dispense controlled substances or dangerous drugs, or both, for human consumption.....	300
For authorization of a licensed veterinarian to dispense controlled substances or dangerous drugs, or both, not for human consumption.....	150
For the biennial renewal of authorization of a licensed veterinarian to dispense controlled substances or dangerous drugs, or both, not for human consumption.....	150

For the investigation or issuance of an original license for an automated drug dispensing system.....	500
For the biennial renewal of a license for an automated drug dispensing system	500
For the investigation or issuance of an original license to a pharmacy authorizing the use of a mechanical device to furnish drugs and medications for administration to patients at a medical facility	250
For the biennial renewal of a license to a pharmacy authorizing the use of a mechanical device to furnish drugs and medications for administration to patients at a medical facility	250
<i>For the investigation or issuance of an original license for a facility for treatment with narcotics to administer opioid agonist treatment medication</i>	<i>80</i>
<i>For the biennial renewal of a license for a facility for treatment with narcotics to administer opioid agonist treatment medication</i>	<i>80</i>

2. The penalty for failure to pay the renewal fee for any license, permit or certificate within the statutory period, as provided in subsection 6 of NRS 639.170, is 50 percent of the renewal fee for each period of delinquency in addition to the renewal fee for each period of delinquency.

3. Any person who has been registered as a pharmacist in this State for at least 50 years is not required to pay the fee for the biennial renewal of a certificate of registration as a registered pharmacist.

4. The provisions of this section concerning the fee for the biennial renewal of the authorization to dispense controlled substances or dangerous drugs do not apply to an advanced practice registered nurse who is required to pay a fee pursuant to NAC 639.870.

5. A practitioner employed by or serving as an independent contractor of a health center:

(a) Which is a federally-qualified health center that provides health care primarily to medically underserved persons in a community; and

(b) Which is not a medical facility as defined in NRS 449.0151,

↪ is not required to pay a fee to the Board for a change of address or for an additional address at which the practitioner dispenses drugs.

6. A practitioner who is exempt from the payment of a fee pursuant to subsection 5 shall notify the Board in writing of each change of address or additional address, or both.

7. In addition to any other fees paid by an applicant for a certificate, license or permit issued pursuant to chapter 639 of NRS, the Board may require that the applicant pay actual costs of inspection incurred by the Board.

Sec. 4. 1. Notwithstanding the provisions of section 1 of this regulation, a person or public or private facility who is operating or providing the services of a facility for treatment with narcotics on the effective date of this regulation may continue to operate or provide the services of such a facility without obtaining a license to administer opioid agonist treatment medication pursuant to section 1 of this regulation until 6 months after the effective date of this regulation.

2. As used in this section:

(a) "Facility for treatment with narcotics" has the meaning ascribed to it in NAC 449.1542.

(b) “Opioid agonist treatment medication” has the meaning ascribed to it in 42 C.F.R. § 8.2.

NEVADA STATE BOARD OF PHARMACY

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

Narcotic Treatment Program (NTP) Application

Non-Refundable \$80 fee

Rev (11/07/2023)

This application cannot be returned by fax or email. An original signature and fee are required to process.

NAC 449.1542 “Facility for treatment with narcotics” defined. (NRS 449.0302, 449.0303) “Facility for treatment with narcotics” means any person or any public or private facility that provides a narcotic treatment program described in 42 C.F.R. Part 8.

42 C.F.R. § 8.2. “Opioid agonist treatment medication” means any opioid agonist drug that is approved by the Food and Drug Administration under section 505 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 355) for use in the treatment of opiate addiction.

NRS 639.0065 “Dispense” defined.

1. “Dispense” means to deliver a controlled substance or dangerous drug to an ultimate user, patient, or subject of research by or pursuant to the lawful order of a practitioner, including the prescribing by a practitioner, administering, packaging, labeling, or compounding necessary to prepare the substance for that delivery.
2. The term does not include the furnishing of a controlled substance by a hospital pharmacy for inpatients.

NRS 453.021 “Administer” defined. “Administer” means the direct application of a controlled substance, whether by injection, inhalation, ingestion, or any other means, to the body of a patient or research subject by:

1. A practitioner or, in the practitioner’s presence, by the practitioner’s authorized agent; or
2. The patient or research subject at the direction and in the presence of the practitioner.

A person or public or private facility may apply to the Board for a license to administer opioid agonist treatment medication by submitting an application to the Board. An applicant for a license must meet all of the following criteria:

1. Be certified by the Substance Abuse and Mental Health Services Administration of the United States Department of Health and Human Services pursuant to 42 C.F.R. § 8.11;
2. Hold a license issued by the Division of Public and Behavioral Health of the Department of Health and Human Services pursuant to NAC 449.154 to 449.15485, inclusive, to operate a facility for treatment with narcotics;
3. Be certified by the Division of Public and Behavioral Health of the Department of Health and Human Services pursuant to NRS 458.025;
4. Ensure that each practitioner who administer opioid agonist treatment medication at the facility is registered with the Board pursuant to NRS 453.231 and the Drug Enforcement Administration (DEA) of the United States Department of Justice to dispense controlled substances; AND
5. Be registered with the Drug Enforcement Administration (DEA) [Opioid Treatment Program \(OTP\) - How to Become Certified? | SAMHSA](https://www.samhsa.gov/medications-substance-use-disorders/become-accredited-opioid-treatment-program) (<https://www.samhsa.gov/medications-substance-use-disorders/become-accredited-opioid-treatment-program>), [eCFR :: 42 CFR 8.11 -- Opioid treatment program certification](https://www.ecfr.gov/current/title-42/chapter-I/subchapter-A/part-8/subpart-C/section-8.11). (<https://www.ecfr.gov/current/title-42/chapter-I/subchapter-A/part-8/subpart-C/section-8.11>).

Complete and mail the application that is **attached** to these instructions to the address indicated above with the required **non-refundable fee of \$80.00**. Fees can be paid 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**.

Upon approval of the application, a pre-opening inspection will be required. Information regarding the pre-opening inspection will be provided to you after the approval of your application.

Once an application is approved, the NTP receives a satisfactory pre-opening inspection and all other requirements of the board have been completed, a license will be issued.

A NTP registration expires OCTOBER 31, OF EVEN NUMBERED YEARS, despite when the registration is issued.

NEVADA STATE BOARD OF PHARMACY

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

Narcotic Treatment Program (NTP) Application

Non-Refundable \$80 fee

Rev (11/07/2023)

Section 1: Your Information

First: _____ Middle: _____ Last: _____

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

Home Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

If the owner of the facility is a practitioner, include the following:

Practitioner License #: _____ Specialty: _____

Controlled Substance (CS) Registration #: _____ DEA #: _____

Section 2: Facility Information (A practice address is required for processing of your application.)

Practice Name (if any): _____

Practice Address: _____ Suite #: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____ Email: _____

Please indicate if opioid agonist treatment medication(s) will be administered or administered and dispensed at the NTP:

☐ The NTP will **ONLY BE** administering opioid agonist treatment medications.

☐ The NTP will be administering **AND** dispensing opioid agonist treatment medications. (Each practitioner who intends to dispense opioid treatment medications must also obtain a dispensing registration with the Board (NAC 639.742).

Section 3: List the names of the practitioners that will be administering/dispensing opioid agonist treatment medications from the NTP. (Use a separate piece of paper if additional space is needed.)

Name: _____	CS Registration #: _____
Name: _____	CS Registration #: _____
Name: _____	CS Registration #: _____
Name: _____	CS Registration #: _____
Name: _____	CS Registration #: _____
Name: _____	CS Registration #: _____
Name: _____	CS Registration #: _____
Name: _____	CS Registration #: _____

Section 4: Provide the following documents with your application:

1. The NTP certification by the Substance Abuse and Mental Health Services Administration of the United States Department of Health and Human Services pursuant to 42 C.F.R. § 8.11;
2. The NTP license issued by the Division of Public and Behavioral Health of the Department of Health and Human Services pursuant to NAC 449.154 to 449.15485, inclusive, to operate a facility for treatment with narcotics;
3. The NTP certification by the Division of Public and Behavioral Health of the Department of Health and Human Services pursuant to NRS 458.025; AND

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)

Date

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: _____ _____ _____			

15

Jesette Phaynarikone

From: David Wuest
Sent: Thursday, December 28, 2023 2:17 PM
To: Jesette Phaynarikone
Cc: Darlene Nases; Erin Miller; Shirley Hunting; Yen Long; Candy Nally; Mark I. Sedar
Subject: FW: Humboldt General Hospital - NRS 639.220 Inquiry
Attachments: CMP - Joseph Simonsen IA00315.pdf

Jesette, you can include this email in the Board book for the appearance. Please also include the attached CMP and we should also receive another one for PH04461 - which should be included.

Candy/Mark please send it to Jesette when you receive it.

Dave

J. David Wuest
 Executive Secretary
 Nevada State Board of Pharmacy



From: Joseph T. Simonsen <simonsenj@hghospital.org>
Sent: Friday, December 22, 2023 10:16 AM
To: Yen Long <ylong@pharmacy.nv.gov>; David Wuest <dwuest@pharmacy.nv.gov>
Cc: Robyn Dunckhorst <dunckhorstr@hghospital.org>
Subject: Re: Humboldt General Hospital - NRS 639.220 Inquiry

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Sounds like a plan. Thank you for your assistance! Have a great end of the year, and I look forward to hearing an update on the 18th!

Cheers,
 J.T. Simonsen, B.S., Pharm.D.

From: Yen Long <ylong@pharmacy.nv.gov>
Sent: Friday, December 22, 2023 10:06 AM
To: Joseph T. Simonsen <simonsenj@hghospital.org>; David Wuest <dwuest@pharmacy.nv.gov>
Cc: Robyn Dunckhorst <dunckhorstr@hghospital.org>
Subject: RE: Humboldt General Hospital - NRS 639.220 Inquiry

CAUTION: This email originated from outside your organization. Exercise caution when opening attachments or clicking links, especially from unknown senders.

Hello JT,

You cannot be the managing pharmacist for two pharmacies unless it is approved by the Board. Since our next Board meeting is on January 18th, you will not receive the approval until then.

Thank you,

Yenh Long, Pharm.D., BCACP
Nevada State Board of Pharmacy
775-850-1440
Email: ylong@pharmacy.nv.gov

NOTICE: This information is provided as a courtesy on behalf of the Nevada State Board of Pharmacy. This information does not constitute legal advice and does not establish an attorney-client relationship. This information does not override the specific provisions of Nevada law as applied to a particular set of facts.

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From: Joseph T. Simonsen <simonsenj@hghospital.org>
Sent: Friday, December 22, 2023 10:00 AM
To: Yenh Long <ylong@pharmacy.nv.gov>; David Wuest <dwuest@pharmacy.nv.gov>
Cc: Robyn Dunckhorst <dunckhorstr@hghospital.org>
Subject: Re: Humboldt General Hospital - NRS 639.220 Inquiry

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And there'd be no problem with me being that interim managing pharmacist until the Board approves the waiver? Just making sure. As of 1/4/24 I'll be the only pharmacist employed on site, and perpetually on call, so NRS 639.220(1) and (2) would be sufficiently maintained. I guess I should also seek Board authorization for my two-hour meal period until we can get staffed sufficiently.

It is a small Patient Assistance Program exclusive outpatient pharmacy, but for continuity of care I would like to maintain functionality if at all possible.

~J.T.

From: Yenh Long <ylong@pharmacy.nv.gov>
Sent: Friday, December 22, 2023 9:50 AM
To: Joseph T. Simonsen <simonsenj@hghospital.org>; David Wuest <dwuest@pharmacy.nv.gov>
Cc: Robyn Dunckhorst <dunckhorstr@hghospital.org>
Subject: RE: Humboldt General Hospital - NRS 639.220 Inquiry

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Hello JT,

It is up to you if you want to cease dispensing from the outpatient pharmacy. Each pharmacy must have a managing pharmacist, so you may appoint an interim managing pharmacist if you want to continue dispensing from the outpatient pharmacy once Janie leaves or cease operations.

NRS 639.220 Management by registered pharmacist; exceptions; requirements for managing pharmacists; notice of change in managing pharmacist.

1. Except as otherwise provided in [NRS 639.2324](#), [639.2326](#), [639.2327](#) and [639.23277](#), each 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.

2. Except as otherwise provided in [NRS 639.2321](#), if the managing pharmacist is the only registered pharmacist employed in the pharmacy, the Board may authorize his or her absence each day for a total period of not to exceed 2 hours for the purpose of taking meals if:

(a) A registered pharmacist is on call during the absence;

(b) A sign, as prescribed by regulations of the Board, is posted for public view in the pharmacy indicating the absence of the pharmacist and the hours of the absence; and

(c) All drugs, poisons, chemical and restricted devices are kept safe in a manner prescribed by regulations of the Board.

↪ The authorization required from the Board must be in writing and be retained in the pharmacy and available for inspection.

3. Except as otherwise provided in this subsection and [NRS 639.23277](#):

(a) A person shall not act as a managing pharmacist for more than one licensed pharmacy.

(b) Each managing pharmacist shall be on duty in the pharmacy and active in the management of the pharmacy full-time, but the managing pharmacist need not be present during the time the pharmacy is open for business if he or she designates another pharmacist employed in the pharmacy to assume the managing pharmacist's duties in his or her absence.

(c) The managing pharmacist is responsible for the activities of the designee.

↪ A waiver from the limitation set forth in paragraph (a) may be granted by the Board to the managing pharmacist of a pharmacy located in a hospital with fewer than 100 beds or in a correctional institution housing fewer than 1,500 inmates.

4. The Board must be notified before there is a change in the managing pharmacist.

Thank you,

Yenh Long, Pharm.D., BCACP
Nevada State Board of Pharmacy
775-850-1440
Email: ylong@pharmacy.nv.gov

NOTICE: This information is provided as a courtesy on behalf of the Nevada State Board of Pharmacy. This information does not constitute legal advice and does not establish an attorney-client relationship. This information does not override the specific provisions of Nevada law as applied to a particular set of facts.

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From: Joseph T. Simonsen <simonsenj@hghospital.org>

Sent: Friday, December 22, 2023 9:29 AM

To: Yenh Long <ylong@pharmacy.nv.gov>; David Wuest <dwuest@pharmacy.nv.gov>

Cc: Robyn Dunckhorst <dunckhorstr@hghospital.org>

Subject: Re: Humboldt General Hospital - NRS 639.220 Inquiry

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

So, from 1/4/24 when Janie leaves Nevada until approved we would just cease dispensing functionality from the outpatient then, correct? Would she still be tagged as PIC until waiver was approved by the Board, and then we would do the PIC transfer once approved?

Thanks,
~J.T.

From: Yen Long <ylong@pharmacy.nv.gov>
Sent: Friday, December 22, 2023 9:21 AM
To: Joseph T. Simonsen <simonsenj@hghospital.org>; David Wuest <dwuest@pharmacy.nv.gov>
Cc: Robyn Dunckhorst <dunckhorstr@hghospital.org>
Subject: RE: Humboldt General Hospital - NRS 639.220 Inquiry

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Hello JT,

Thank you for the clarification. Your request will have to go before the Board for approval. I can place your request on the January 18th Board agenda.

Thank you,

Yen Long, Pharm.D., BCACP
 Nevada State Board of Pharmacy
 775-850-1440
 Email: ylong@pharmacy.nv.gov

NOTICE: This information is provided as a courtesy on behalf of the Nevada State Board of Pharmacy. This information does not constitute legal advice and does not establish an attorney-client relationship. This information does not override the specific provisions of Nevada law as applied to a particular set of facts.

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From: Joseph T. Simonsen <simonsenj@hghospital.org>
Sent: Friday, December 22, 2023 8:33 AM
To: Yen Long <ylong@pharmacy.nv.gov>; David Wuest <dwuest@pharmacy.nv.gov>
Cc: Robyn Dunckhorst <dunckhorstr@hghospital.org>
Subject: Re: Humboldt General Hospital - NRS 639.220 Inquiry

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Good Morning,

To clarify, yes, correct on all accounts. HGH inpatient pharmacy IA00315, currently listed having 67 beds in total, requesting a waiver for 3(a), and our current outpatient is license PH04461. This would be a temporary patch for our critical access hospital until we obtain a staff pharmacist who would then claim the PIC of the outpatient pharmacy.

Thanks,

J.T. Simonsen, B.S., Pharm.D.

From: Yen Long <ylong@pharmacy.nv.gov>

Sent: Friday, December 22, 2023 8:20 AM

To: Joseph T. Simonsen <simonsenj@hghospital.org>; David Wuest <dwuest@pharmacy.nv.gov>

Cc: Robyn Dunckhorst <dunckhorstr@hghospital.org>

Subject: RE: Humboldt General Hospital - NRS 639.220 Inquiry

CAUTION: This email originated from outside your organization. Exercise caution when opening attachments or clicking links, especially from unknown senders.

Hello JT,

I just need a couple of things clarified.

1. Are you the current managing pharmacist for the **inpatient pharmacy** at Humboldt General Hospital (HGH), license number IA00315?
2. Does HGH have less than 100 beds?
3. Are you requesting a waiver from the limitation set forth NRS 639.220(3)(a)?
4. Are you requesting to be the managing pharmacist for the **outpatient pharmacy** at HGH, license number PH04461?

NRS 639.220 Management by registered pharmacist; exceptions; requirements for managing pharmacists; notice of change in managing pharmacist.

1. Except as otherwise provided in [NRS 639.2324](#), [639.2326](#), [639.2327](#) and [639.23277](#), each 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.

2. Except as otherwise provided in [NRS 639.2321](#), if the managing pharmacist is the only registered pharmacist employed in the pharmacy, the Board may authorize his or her absence each day for a total period of not to exceed 2 hours for the purpose of taking meals if:

- (a) A registered pharmacist is on call during the absence;
- (b) A sign, as prescribed by regulations of the Board, is posted for public view in the pharmacy indicating the absence of the pharmacist and the hours of the absence; and

(c) All drugs, poisons, chemical and restricted devices are kept safe in a manner prescribed by regulations of the Board.

↪ The authorization required from the Board must be in writing and be retained in the pharmacy and available for inspection.

3. Except as otherwise provided in this subsection and [NRS 639.23277](#):

(a) A person shall not act as a managing pharmacist for more than one licensed pharmacy.

(b) Each managing pharmacist shall be on duty in the pharmacy and active in the management of the pharmacy full-time, but the managing pharmacist need not be present during the time the pharmacy is open for business if he or she designates another pharmacist employed in the pharmacy to assume the managing pharmacist's duties in his or her absence.

(c) The managing pharmacist is responsible for the activities of the designee.

↪ A waiver from the limitation set forth in paragraph (a) may be granted by the Board to the managing pharmacist of a pharmacy located in a hospital with fewer than 100 beds or in a correctional institution housing fewer than 1,500 inmates.

4. The Board must be notified before there is a change in the managing pharmacist.

The inpatient pharmacy cannot dispense unless it obtains an outpatient pharmacy license.

Thank you,

Yenh Long, Pharm.D., BCACP
Nevada State Board of Pharmacy
775-850-1440
Email: ylong@pharmacy.nv.gov

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From: Joseph T. Simonsen <simonsenj@hghospital.org>
Sent: Thursday, December 21, 2023 4:16 PM
To: Yenh Long <ylong@pharmacy.nv.gov>; David Wuest <dwuest@pharmacy.nv.gov>
Cc: Robyn Dunckhorst <dunckhorstr@hghospital.org>
Subject: Fw: Humboldt General Hospital - NRS 639.220 Inquiry

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Good Afternoon,

Forwarding to both Yenh and Dave for inclusivity, the original email didn't yield a response, but Robyn suggested I reach out to Dave today and Janie contacted Yenh at the same time, so now we're all here. Hello to all!

You can read below the original specifics, but I am needing to petition the Board of Pharmacy for a waiver to nullify the limitation in the NRS until such time that a second pharmacist can come onboard full-time to assume maintaining our Patient Assistance Program outpatient pharmacy.

Alternately, as mentioned below, would it be feasible to dissolve the outpatient pharmacy and have the inpatient pharmacy absorb the dispensing of our Patient Assistance Program? From what I have been led to believe there was an issue with the inpatient service dispensing through the ordering prescriber's office, though it is unclear as to why this was an issue, hence creating the need for an outpatient pharmacy in the first place.

My apologies for my phone and not receiving calls. I believe Verizon doesn't cover my office location well, but I am always available at 775.623.5222 x 1551. I was notified of Yenh's voicemail earlier today after heading to a meeting outside of the pharmacy. If needed when not at my desk my cell is [REDACTED]; just an FYI, texting does work in the pharmacy if that is an option.

I appreciate your response and look forward to hearing from you as to how best to proceed in this matter, whether obtaining a waiver, or absorbing the outpatient pharmacy while continuing to care for our community.

Cheers,
J.T. Simonsen, B.S., Pharm.D.

From: Joseph T. Simonsen
Sent: Monday, December 18, 2023 9:51 AM
To: pharmacylicensing@pharmacy.nv.gov <pharmacylicensing@pharmacy.nv.gov>
Cc: Robyn Dunckhorst <dunckhorstr@hghospital.org>
Subject: Humboldt General Hospital - NRS 639.220 Inquiry

Good Morning,

As the new Director of Pharmacy for Humboldt General Hospital, I am currently pursuing a managing pharmacist for our Patient Assistance Program outpatient pharmacy, currently slated as Janie Bright until January 4th, 2024 when she leaves the state.

Per NRS 639.220:

(a) A person shall not act as a managing pharmacist for more than one licensed pharmacy.

But there is the note indicating:

➤ A waiver from the limitation set forth in paragraph (a) may be granted by the Board to the managing pharmacist of a pharmacy located in a hospital with fewer than 100 beds or in a correctional institution housing fewer than 1,500 inmates.

As such, with not many prospects available in northern Nevada to take ownership of this PAP outpatient pharmacy, I'd like to pursue such a waiver to maintain both our normal inpatient functions as well as maintain the Patient Assistance Program for our critical access hospital (with less than 100 beds). Is there a formal process to obtain such a waiver for the limitation, or would this email suffice?

On that note, would it be plausible to dissolve the outpatient pharmacy as it is exclusively related to HGH's Patient Assistance Program? Or is that more problematic and tedious?

I look forward to hearing about options for resolution to this issue.

Many Thanks,

J.T. Simonsen, B.S., Pharm.D.

Director of Pharmacy
Humboldt General Hospital
118 E. Haskell St
Winnemucca, NV 89445
(p) 775.623.5222 x 1550
(c) [REDACTED]
(f) 775.625.8559

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: Humboldt General Hospital License #: IA00315
 Physical Address: 118 E. Haskell St.
 City: Winnemucca State: NV Zip: 89445
 Mailing Address (if different from physical address): _____
 City: _____ State: _____ Zip: _____
 Telephone: _____ Toll Free # (NAC 639.708, NRS 639.23286): _____
 Fax: _____ Contact Email: _____

Section 2: Previous Managing Pharmacist/Pharmacist in Charge/Supervising Pharmacist Information

Pharmacist Name: Cody Bright NV Pharmacist Registration #: 18027
 State and End Date of the Managing Pharmacist/PIC/Supervising Pharmacist: 12/6/2023

Section 3: New Managing Pharmacist/Pharmacist in Charge/Supervising Pharmacist Information

Pharmacist Name: Joseph T. Simonsen NV Pharmacist Registration #: 20645
 State Date as the Managing Pharmacist/PIC/Supervising Pharmacist: 12/6/2023

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?						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 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
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:	

Section 4: New Managing Pharmacist/Pharmacist in Charge/Supervising Pharmacist Acknowledgement

Managing Pharmacist Name: Joseph T. Simonson Pharmacist Registration #: 20645
 Pharmacy Name: Humboldt General Hospital Pharmacy License #: _____

Initial each statement below to indicate you have read and agree with the following:

- JS 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.
- JS 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.
- JS 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.
- JS 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)).
- JS 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.

Joseph Tyler Simonson

Print Name of New Managing Pharmacist

JS Simonson

Original signature of New Managing Pharmacist (copies or stamps not accepted)

6 Dec 2023

Date

Board Use Only

Date Received: 12/11/23

Amount: \$50.00

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Senate Bill No. 336—Senators Ohrenschall and Stone

CHAPTER.....

AN ACT relating to health care; exempting certain conduct of certain practitioners of healing arts practicing within their authorized scope of authority from provisions governing certain practitioners of other healing arts; enacting provisions governing the certification and regulation of certified registered nurse anesthetists; authorizing a certified registered nurse anesthetist to order, prescribe, possess and administer controlled substances, poisons, dangerous drugs and devices under certain circumstances; and providing other matters properly relating thereto.

Legislative Counsel's Digest:

Existing law authorizes a physician, physician assistant, dentist, advanced practice registered nurse, podiatric physician or optometrist to prescribe and dispense controlled substances and dangerous drugs under certain circumstances. (NRS 453.226, 454.215, 639.235) Existing law provides that provisions of existing law governing the practice of physicians, physician assistants, perfusionists and practitioners of respiratory care do not apply to any person permitted to practice any other healing art under title 54 of NRS who does so within the scope of that authority. (NRS 630.047) **Sections 1, 2.2 and 3-5** of this bill provide similar exemptions from provisions governing dentists, nurses, osteopathic physicians and physician assistants, podiatrists and optometrists for practitioners of healing arts who are acting within the scope of their authority. **Section 6** of this bill provides that the provisions of **sections 1, 2.2 and 3-5** apply to any conduct by a practitioner of a healing art before, on or after the effective date of this bill which has not been the subject of a final order from the Board of Dental Examiners of Nevada, the State Board of Nursing, the State Board of Osteopathic Medicine, the State Board of Podiatry or the Nevada State Board of Optometry. **Section 6** also requires those boards to terminate any investigation or disciplinary proceedings for conduct that is outside the scope of those boards.

Existing law: (1) provides for the certification of certified registered nurse anesthetists by the State Board of Nursing; and (2) authorizes a certified registered nurse anesthetist to administer anesthetic agents to a person under the care of a licensed physician, dentist or podiatric physician. (NRS 632.014) **Section 2.4** of this bill requires the State Board of Nursing to issue a certificate of registration to practice as a certified registered nurse anesthetist to a registered nurse who meets the requirements prescribed by existing law for such certification and any additional requirements prescribed by the Board. **Section 2.4** also requires the Board to adopt regulations governing certified registered nurse anesthetists.

Existing law authorizes a registered nurse to possess and administer controlled substances and dangerous drugs under certain circumstances. (NRS 453.375, 454.213) **Sections 2.6, 5.1, 5.5 and 5.9** of this bill additionally authorize a certified registered nurse anesthetist working under the supervision of a physician licensed to practice medicine or osteopathic medicine in this State to order, prescribe, possess and administer controlled substances, poisons, dangerous drugs and devices to treat a person under the care of a licensed physician in a critical access hospital before, during and after surgery or childbirth. **Sections 5.2-5.4 and 5.6-5.85** of this bill make additional changes necessary to authorize a certified registered nurse



- 2 -

anesthetist to order, prescribe, possess and administer controlled substances, poisons, dangerous drugs and devices in such circumstances. A certified registered nurse anesthetist who unlawfully possesses, prescribes or administers a controlled substance, dangerous drug or poison would be subject to discipline and criminal and civil penalties to the same extent as other practitioners who unlawfully possess, prescribe or administer such drugs. (NRS 453.236, 453.305, 453.326, 453.3363, 453.553, 454.170, 454.356)

Section 2.8 of this bill makes a conforming change to remove a provision now duplicated in **section 2.4**.

EXPLANATION – Matter in *bolded italics* is new; matter between brackets ~~omitted material~~ is material to be omitted.

THE PEOPLE OF THE STATE OF NEVADA, REPRESENTED IN
SENATE AND ASSEMBLY, DO ENACT AS FOLLOWS:

Section 1. NRS 631.115 is hereby amended to read as follows:

631.115 **1.** Except as otherwise provided in subsection 2 of NRS 631.317, this chapter does not apply to:

~~1-1~~ **(a)** A legally qualified physician or surgeon unless he or she practices dentistry as a specialty.

~~1-2~~ **(b)** A dentist, dental hygienist or dental therapist of the United States Army, Navy, Air Force, Public Health Service, Coast Guard or Department of Veterans Affairs in the discharge of his or her official duties, including, without limitation, providing medical care in a hospital in accordance with an agreement entered into pursuant to NRS 449.2455.

(c) *Any person permitted to practice any other healing art under this title who does so within the scope of that authority.*

2. *As used in this section, “healing art” has the meaning ascribed to it in NRS 630.0122.*

Sec. 2. Chapter 632 of NRS is hereby amended by adding thereto the provisions set forth as section 2.2, 2.4 and 2.6 of this act.

Sec. 2.2. **1.** *Except as otherwise provided in NRS 632.472, this chapter does not apply to any person permitted to practice any other healing art under this title who does so within the scope of that authority.*

2. *As used in this section, “healing art” has the meaning ascribed to it in NRS 630.0122.*

Sec. 2.4. **1.** *The Board shall issue a certificate of registration to practice as a certified registered nurse anesthetist to an applicant who:*

(a) *Has successfully completed a nationally accredited program in the science of anesthesia; and*

(b) *Meets any additional requirements prescribed by the Board pursuant to subsection 2.*



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2. *The Board shall adopt regulations to carry out the provisions of this section and section 2.6 of this act, including, without limitation, regulations:*

(a) *Specifying any additional training, education and experience necessary for certification as a certified registered nurse anesthetist;*

(b) *Delineating the authorized scope of practice of a certified registered nurse anesthetist; and*

(c) *Establishing the procedure to apply for certification as a certified registered nurse anesthetist.*

Sec. 2.6. 1. *A certified registered nurse anesthetist may:*

(a) *Under the supervision of a physician licensed pursuant to chapter 630 or 633 of NRS, 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.*

(b) *Possess and administer controlled substances, poisons, dangerous drugs and devices in other circumstances under which a registered nurse is authorized to possess and administer controlled substances, poisons, dangerous drugs and devices.*

2. *A certified registered nurse anesthetist shall not order or prescribe a controlled substance, poison, dangerous drug or device except as authorized by paragraph (a) of subsection 1.*

3. *As used in this section, “critical access hospital” means a hospital which has been certified as a critical access hospital by the Secretary of Health and Human Services pursuant to 42 U.S.C. 1395i-4(e).*

Sec. 2.8. NRS 632.014 is hereby amended to read as follows:

632.014 “Certified registered nurse anesthetist” means a registered nurse who ~~is~~:

~~—1. Has completed a nationally accredited program in the science of anesthesia; and~~

~~—2. Is~~ *is* certified by the Board *pursuant to section 2.4 of this act* to administer anesthetic agents to a person under the care of a licensed physician, a licensed dentist or a licensed podiatric physician.

Sec. 3. NRS 633.171 is hereby amended to read as follows:

633.171 1. This chapter does not apply to:

(a) The practice of medicine or perfusion pursuant to chapter 630 of NRS, dentistry, chiropractic, podiatry, optometry, respiratory



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care, faith or Christian Science healing, nursing, veterinary medicine or fitting hearing aids.

(b) A medical officer of the Armed Forces or a medical officer of any division or department of the United States in the discharge of his or her official duties, including, without limitation, providing medical care in a hospital in accordance with an agreement entered into pursuant to NRS 449.2455.

(c) Osteopathic physicians who are called into this State, other than on a regular basis, for consultation or assistance to a physician licensed in this State, and who are legally qualified to practice in the state where they reside.

(d) Osteopathic physicians who are temporarily exempt from licensure pursuant to NRS 633.420 and are practicing osteopathic medicine within the scope of the exemption.

(e) The performance of medical services by a student enrolled in an educational program for a physician assistant which is accredited by the Accreditation Review Commission on Education for the Physician Assistant, Inc., or its successor organization, as part of such a program.

(f) A physician assistant of any division or department of the United States in the discharge of his or her official duties unless licensure by a state is required by the division or department of the United States.

(g) Any person permitted to practice any other healing art under this title who does so within the scope of that authority.

2. This chapter does not repeal or affect any law of this State regulating or affecting any other healing art.

3. This chapter does not prohibit:

(a) Gratuitous services of a person in cases of emergency.

(b) The domestic administration of family remedies.

Sec. 4. NRS 635.015 is hereby amended to read as follows:

635.015 1. This chapter does not apply:

(a) To commissioned surgeons of the United States Army, Navy or Marine Hospital Service in the actual performance of their official duties, including, without limitation, providing medical care in a hospital in accordance with an agreement entered into pursuant to NRS 449.2455.

(b) To physicians licensed in the State of Nevada.

(c) To any person permitted to practice any other healing art under this title who does so within the scope of that authority.

2. This chapter does not prohibit the manufacture, recommendation, advertisement, demonstration or sale of arch-support shoes, foot appliances or remedies by retail dealers.



3. As used in this section, “healing art” has the meaning ascribed to it in NRS 630.0122.

Sec. 5. NRS 636.027 is hereby amended to read as follows:
636.027 This chapter:

1. Applies to any person who is licensed to practice optometry pursuant to this chapter and any other person engaged in the practice of optometry in this State.

2. Must not be construed to apply to ~~physicians~~:

(a) *Physicians* and surgeons duly licensed to practice in this State.

(b) *Any person permitted to practice any other healing art under this title who does so within the scope of that authority.*

3. As used in this section, “healing art” has the meaning ascribed to it in NRS 630.0122.

Sec. 5.1. NRS 639.0125 is hereby amended to read as follows:
639.0125 “Practitioner” means:

1. A physician, dentist, veterinarian or podiatric physician who holds a license to practice his or her profession in this State;

2. A hospital, pharmacy or other institution licensed, registered or otherwise permitted to distribute, dispense, conduct research with respect to or administer drugs in the course of professional practice or research in this State;

3. An advanced practice registered nurse who has been authorized to prescribe controlled substances, poisons, dangerous drugs and devices;

4. A physician assistant who:

(a) Holds a license issued by the Board of Medical Examiners; and

(b) Is authorized by the Board to possess, administer, prescribe or dispense controlled substances, poisons, dangerous drugs or devices under the supervision of a physician as required by chapter 630 of NRS;

5. A physician assistant who:

(a) Holds a license issued by the State Board of Osteopathic Medicine; and

(b) Is authorized by the Board to possess, administer, prescribe or dispense controlled substances, poisons, dangerous drugs or devices under the supervision of an osteopathic physician as required by chapter 633 of NRS; or

6. An optometrist who is certified by the Nevada State Board of Optometry to prescribe and administer pharmaceutical agents pursuant to NRS 636.288, when the optometrist prescribes or



administers pharmaceutical agents within the scope of his or her certification.

7. A certified registered nurse anesthetist who orders, prescribes, possesses or administers controlled substances, poisons, dangerous drugs or devices in accordance with section 2.6 of this act.

Sec. 5.2. Chapter 453 of NRS is hereby amended by adding thereto a new section to read as follows:

“Certified registered nurse anesthetist” has the meaning ascribed to it in NRS 632.014.

Sec. 5.25. NRS 453.016 is hereby amended to read as follows:

453.016 As used in this chapter, the words and terms defined in NRS 453.021 to 453.141, inclusive, *and section 5.2 of this act* have the meanings ascribed to them in those sections except in instances where the context clearly indicates a different meaning.

Sec. 5.3. NRS 453.038 is hereby amended to read as follows:

453.038 “Chart order” means an order entered on the chart of a patient:

1. In a hospital, facility for intermediate care or facility for skilled nursing which is licensed as such by the Division of Public and Behavioral Health of the Department; or

2. Under emergency treatment in a hospital by a physician, advanced practice registered nurse, *certified registered nurse anesthetist*, dentist or podiatric physician, or on the written or oral order of a physician, physician assistant licensed pursuant to chapter 630 or 633 of NRS, advanced practice registered nurse, *certified registered nurse anesthetist*, dentist or podiatric physician authorizing the administration of a drug to the patient.

Sec. 5.4. NRS 453.091 is hereby amended to read as follows:

453.091 1. “Manufacture” means the production, preparation, propagation, compounding, conversion or processing of a substance, either directly or indirectly by extraction from substances of natural origin, or independently by means of chemical synthesis, or by a combination of extraction and chemical synthesis, and includes any packaging or repackaging of the substance or labeling or relabeling of its container.

2. “Manufacture” does not include the preparation, compounding, packaging or labeling of a substance by a pharmacist, physician, physician assistant licensed pursuant to chapter 630 or 633 of NRS, dentist, podiatric physician, advanced practice registered nurse, *certified registered nurse anesthetist* or veterinarian:



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(a) As an incident to the administering or dispensing of a substance in the course of his or her professional practice; or

(b) By an authorized agent under his or her supervision, for the purpose of, or as an incident to, research, teaching or chemical analysis and not for sale.

Sec. 5.5. NRS 453.126 is hereby amended to read as follows:

453.126 “Practitioner” means:

1. A physician, dentist, veterinarian or podiatric physician who holds a license to practice his or her profession in this State and is registered pursuant to this chapter.

2. An advanced practice registered nurse who holds a certificate from the State Board of Pharmacy authorizing him or her to dispense or to prescribe and dispense controlled substances.

3. A scientific investigator or a pharmacy, hospital or other institution licensed, registered or otherwise authorized in this State to distribute, dispense, conduct research with respect to, to administer, or use in teaching or chemical analysis, a controlled substance in the course of professional practice or research.

4. A euthanasia technician who is licensed by the Nevada State Board of Veterinary Medical Examiners and registered pursuant to this chapter, while he or she possesses or administers sodium pentobarbital pursuant to his or her license and registration.

5. A physician assistant who:

(a) Holds a license from the Board of Medical Examiners; and

(b) Is authorized by the Board to possess, administer, prescribe or dispense controlled substances under the supervision of a physician as required by chapter 630 of NRS.

6. A physician assistant who:

(a) Holds a license from the State Board of Osteopathic Medicine; and

(b) Is authorized by the Board to possess, administer, prescribe or dispense controlled substances under the supervision of an osteopathic physician as required by chapter 633 of NRS.

7. An optometrist who is certified by the Nevada State Board of Optometry to prescribe and administer pharmaceutical agents pursuant to NRS 636.288, when the optometrist prescribes or administers pharmaceutical agents within the scope of his or her certification.

8. *A certified registered nurse anesthetist who orders, prescribes, possesses or administers controlled substances in accordance with section 2.6 of this act.*

Sec. 5.6. NRS 453.128 is hereby amended to read as follows:

453.128 1. “Prescription” means:



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(a) An order given individually for the person for whom prescribed, directly from a physician, physician assistant licensed pursuant to chapter 630 or 633 of NRS, dentist, podiatric physician, optometrist, advanced practice registered nurse, *certified registered nurse anesthetist* or veterinarian, or his or her agent, to a pharmacist or indirectly by means of an order signed by the practitioner or an electronic transmission from the practitioner to a pharmacist; or

(b) A chart order written for an inpatient specifying drugs which he or she is to take home upon his or her discharge.

2. The term does not include a chart order written for an inpatient for use while he or she is an inpatient.

Sec. 5.7. NRS 453.226 is hereby amended to read as follows:

453.226 1. 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 biennially a registration issued by the Board in accordance with its regulations. A person must present proof that he or she is authorized to access the database of the program established pursuant to NRS 453.162 before the Board may issue or renew a registration.

2. A person registered by the Board in accordance with the provisions of NRS 453.011 to 453.552, inclusive, *and section 5.2 of this act* to dispense or conduct research with controlled substances may possess, dispense or conduct research with those substances to the extent authorized by the registration and in conformity with the other provisions of those sections.

3. The following persons are not required to register and may lawfully possess and distribute controlled substances pursuant to the provisions of NRS 453.011 to 453.552, inclusive ~~4~~, *and section 5.2 of this act*:

(a) An agent or employee of a registered dispenser of a controlled substance if he or she is acting in the usual course of his or her business or employment;

(b) A common or contract carrier or warehouseman, or an employee thereof, whose possession of any controlled substance is in the usual course of business or employment;

(c) An ultimate user or a person in possession of any controlled substance pursuant to a lawful order of a physician, physician assistant licensed pursuant to chapter 630 or 633 of NRS, dentist, advanced practice registered nurse, *certified registered nurse anesthetist*, podiatric physician or veterinarian or in lawful possession of a schedule V substance; or

(d) A physician who:



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(1) Holds a locum tenens license issued by the Board of Medical Examiners or a temporary license issued by the State Board of Osteopathic Medicine; and

(2) Is registered with the Drug Enforcement Administration at a location outside this State.

4. The Board may waive the requirement for registration of certain dispensers if it finds it consistent with the public health and safety.

5. A separate registration is required at each principal place of business or professional practice where the applicant dispenses controlled substances.

6. The Board may inspect the establishment of a registrant or applicant for registration in accordance with the Board's regulations.

Sec. 5.75. NRS 453.336 is hereby amended to read as follows:

453.336 1. Except as otherwise provided in subsection 6, a person shall not knowingly or intentionally possess a controlled substance, unless the substance was obtained directly from, or pursuant to, a prescription or order of a physician, physician assistant licensed pursuant to chapter 630 or 633 of NRS, dentist, podiatric physician, optometrist, advanced practice registered nurse, *certified registered nurse anesthetist* or veterinarian while acting in the course of his or her professional practice, or except as otherwise authorized by the provisions of NRS 453.005 to 453.552, inclusive ~~†~~, and section 5.2 of this act.

2. Except as otherwise provided in subsections 3, 4 and 5 and in NRS 453.3363, and unless a greater penalty is provided in NRS 212.160, 453.3385 or 453.339, a person who violates this section:

(a) For a first or second offense, if the controlled substance is listed in schedule I or II and the quantity possessed is less than 14 grams, or if the controlled substance is listed in schedule III, IV or V and the quantity possessed is less than 28 grams, is guilty of possession of a controlled substance and shall be punished for a category E felony as provided in NRS 193.130. In accordance with NRS 176.211, the court shall defer judgment upon the consent of the person.

(b) For a third or subsequent offense, if the controlled substance is listed in schedule I or II and the quantity possessed is less than 14 grams, or if the controlled substance is listed in schedule III, IV or V and the quantity possessed is less than 28 grams, or if the offender has previously been convicted two or more times in the aggregate of any violation of the law of the United States or of any state, territory or district relating to a controlled substance, is guilty of possession of a controlled substance and shall be punished for a category D



felony as provided in NRS 193.130, and may be further punished by a fine of not more than \$20,000.

(c) If the controlled substance is listed in schedule I or II and the quantity possessed is 14 grams or more, but less than 28 grams, or if the controlled substance is listed in schedule III, IV or V and the quantity possessed is 28 grams or more, but less than 200 grams, is guilty of low-level possession of a controlled substance and shall be punished for a category C felony as provided in NRS 193.130.

(d) If the controlled substance is listed in schedule I or II and the quantity possessed is 28 grams or more, but less than 42 grams, or if the controlled substance is listed in schedule III, IV or V and the quantity possessed is 200 grams or more, is guilty of mid-level possession of a controlled substance and shall be punished for a category B felony by imprisonment in the state prison for a minimum term of not less than 1 year and a maximum term of not more than 10 years and by a fine of not more than \$50,000.

(e) If the controlled substance is listed in schedule I or II and the quantity possessed is 42 grams or more, but less than 100 grams, is guilty of high-level possession of a controlled substance and shall be punished for a category B felony by imprisonment in the state prison for a minimum term of not less than 2 years and a maximum term of not more than 15 years and by a fine of not more than \$50,000.

3. Unless a greater penalty is provided in NRS 212.160, 453.337 or 453.3385, a person who is convicted of the possession of flunitrazepam or gamma-hydroxybutyrate, or any substance for which flunitrazepam or gamma-hydroxybutyrate is an immediate precursor, is guilty of a category B felony and shall be punished by imprisonment in the state prison for a minimum term of not less than 1 year and a maximum term of not more than 6 years.

4. Unless a greater penalty is provided pursuant to NRS 212.160, a person who is convicted of the possession of 1 ounce or less of marijuana is guilty of a misdemeanor and shall be punished by:

(a) Performing not more than 24 hours of community service;

(b) Attending the live meeting described in paragraph (a) of subsection 2 of NRS 484C.530 and complying with any other requirements set forth in that section; or

(c) Being required to undergo an evaluation in accordance with subsection 1 of NRS 484C.350,
 ➤ or any combination thereof.

5. Unless a greater penalty is provided pursuant to NRS 212.160, a person who is convicted of the possession of more than 1 ounce, but less than 50 pounds, of marijuana or more than



one-eighth of an ounce, but less than one pound, of concentrated cannabis is guilty of a category E felony and shall be punished as provided in NRS 193.130.

6. It is not a violation of this section if a person possesses a trace amount of a controlled substance and that trace amount is in or on a hypodermic device obtained from a sterile hypodermic device program pursuant to NRS 439.985 to 439.994, inclusive.

7. The court may grant probation to or suspend the sentence of a person convicted of violating this section.

8. If a person fulfills the terms and conditions imposed for a violation of subsection 4, the court shall, without a hearing, order sealed all documents, papers and exhibits in that person's record, minute book entries and entries on dockets, and other documents relating to the case in the custody of such other agencies and officers as are named in the court's order. The court shall cause a copy of the order to be sent to each agency or officer named in the order. Each such agency or officer shall notify the court in writing of its compliance with the order.

9. As used in this section:

(a) "Controlled substance" includes flunitrazepam, gamma-hydroxybutyrate and each substance for which flunitrazepam or gamma-hydroxybutyrate is an immediate precursor.

(b) "Marijuana" does not include concentrated cannabis.

(c) "Sterile hypodermic device program" has the meaning ascribed to it in NRS 439.986.

Sec. 5.8. NRS 453.381 is hereby amended to read as follows:

453.381 1. In addition to the limitations imposed by NRS 453.256 and 453.3611 to 453.3648, inclusive, a physician, physician assistant, dentist, advanced practice registered nurse , *certified registered nurse anesthetist* or podiatric physician may prescribe or administer controlled substances only for a legitimate medical purpose and in the usual course of his or her professional practice, and he or she shall not prescribe, administer or dispense a controlled substance listed in schedule II for himself or herself, his or her spouse or his or her children except in cases of emergency.

2. A veterinarian, in the course of his or her professional practice only, and not for use by a human being, may prescribe, possess and administer controlled substances, and the veterinarian may cause them to be administered by a veterinary technician under the direction and supervision of the veterinarian.

3. A euthanasia technician, within the scope of his or her license, and not for use by a human being, may possess and administer sodium pentobarbital.



4. A pharmacist shall not fill an order which purports to be a prescription if the pharmacist has reason to believe that it was not issued in the usual course of the professional practice of a physician, physician assistant, dentist, advanced practice registered nurse, *certified registered nurse anesthetist*, podiatric physician or veterinarian.

5. Any person who has obtained from a physician, physician assistant, dentist, advanced practice registered nurse, *certified registered nurse anesthetist*, podiatric physician or veterinarian any controlled substance for administration to a patient during the absence of the physician, physician assistant, dentist, advanced practice registered nurse, *certified registered nurse anesthetist*, podiatric physician or veterinarian shall return to him or her any unused portion of the substance when it is no longer required by the patient.

6. A manufacturer, wholesale supplier or other person legally able to furnish or sell any controlled substance listed in schedule II shall not provide samples of such a controlled substance to registrants.

7. A salesperson of any manufacturer or wholesaler of pharmaceuticals shall not possess, transport or furnish any controlled substance listed in schedule II.

8. A person shall not dispense a controlled substance in violation of a regulation adopted by the Board.

Sec. 5.85. NRS 453.391 is hereby amended to read as follows:
453.391 A person shall not:

1. Unlawfully take, obtain or attempt to take or obtain a controlled substance or a prescription for a controlled substance from a manufacturer, wholesaler, pharmacist, physician, physician assistant, dentist, advanced practice registered nurse, *certified registered nurse anesthetist*, veterinarian or any other person authorized to administer, dispense or possess controlled substances.

2. While undergoing treatment and being supplied with any controlled substance or a prescription for any controlled substance from one practitioner, knowingly obtain any controlled substance or a prescription for a controlled substance from another practitioner without disclosing this fact to the second practitioner.

Sec. 5.9. NRS 454.00958 is hereby amended to read as follows:

454.00958 "Practitioner" means:

1. A physician, dentist, veterinarian or podiatric physician who holds a valid license to practice his or her profession in this State.



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2. A pharmacy, hospital or other institution licensed or registered to distribute, dispense, conduct research with respect to or to administer a dangerous drug in the course of professional practice in this State.

3. When relating to the prescription of poisons, dangerous drugs and devices:

(a) An advanced practice registered nurse who holds a certificate from the State Board of Pharmacy permitting him or her so to prescribe; or

(b) A physician assistant who holds a license from the Board of Medical Examiners and a certificate from the State Board of Pharmacy permitting him or her so to prescribe.

4. An optometrist who is certified to prescribe and administer pharmaceutical agents pursuant to NRS 636.288 when the optometrist prescribes or administers dangerous drugs which are within the scope of his or her certification.

5. A certified registered nurse anesthetist who orders, prescribes, possesses or administers poisons, dangerous drugs or devices in accordance with section 2.6 of this act.

Sec. 6. 1. The provisions of NRS 631.115, 633.171, 635.015 and 636.027, as amended by sections 1, 3, 4 and 5 of this act, respectively, and section 2.2 of this act apply to any conduct that:

(a) Occurred before, on or after the effective date of this section; and

(b) Has not been the subject of a final order of a regulatory body.

2. A regulatory body shall terminate any investigation or disciplinary proceedings:

(a) Against a person permitted to practice any healing art under title 54 of NRS for conduct outside the scope of the regulatory body; or

(b) Which are otherwise inconsistent with the amendatory provisions of this act.

3. As used in this section:

(a) “Healing art” has the meaning ascribed to it in NRS 630.0122.

(b) “Regulatory body” means the Board of Dental Examiners of Nevada, the State Board of Nursing, the State Board of Osteopathic Medicine, the State Board of Podiatry and the Nevada State Board of Optometry.

Sec. 7. 1. This section and sections 1, 2, 2.2, 3, 4, 5 and 6 of this act become effective upon passage and approval.



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2. Sections 2.4, 2.6, 2.8 and 5.1 to 5.9, inclusive, of this act become effective:

(a) Upon passage and approval for the purpose of adopting any regulations and performing any other preparatory administrative tasks that are necessary to carry out the provisions of this act; and

(b) On January 1, 2024, for all other purposes.

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NEVADA STATE BOARD OF PHARMACY

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

CERTIFIED REGISTERED NURSE ANESTHETIST (CRNA)- Controlled Substance Registration Application

Non-Refundable \$200 fee

Rev (12/28/2023)

This application cannot be returned by fax or email. An original signature and fee are required to process.

Approval of this application is required for an CRNA, under the supervision of a physician licensed pursuant to chapter 630 or 633 of NRS, to receive authority 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 and childbirth, and while a patient recovers from surgery and childbirth. A critical access hospital means a hospital which has been certified as a critical access hospital by the Secretary of Health and Human Services pursuant to 42 U.S.C. 1395i-4(e). A Controlled Substance (CS) Registration is a revocable privilege, and no holder of such a license acquires any vested right therein or thereunder.

Instructions to apply to order, prescribe, possess, and administer Dangerous Drugs AND Controlled Substances (CS)

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**. A CRNA **MUST COMPLETE** in **SEQUENTIAL ORDER** and obtain **ALL** the following to receive a CS registration in Nevada. Failure to complete all the requirements prior to the ordering or prescribing of controlled substances, poisons, dangerous drugs and devices could result in disciplinary action.

Step 1: Obtain your Nevada Prescription Monitoring Program (PMP) account NRS 453.226

- 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

NOTE: A current and active certificate of registration to practice as a CRNA issued by the Board of Nursing is required to complete this application and maintain a CS Registration.

- 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 deaddiversion.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 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 and childbirth, and while a patient recovers from surgery and childbirth 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).

CS Registrations expire **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 453.130**.

NEVADA STATE BOARD OF PHARMACY

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

CERTIFIED REGISTERED NURSE ANESTHETIST (CRNA) – Controlled Substance Registration Application

Non-Refundable \$200 fee

Rev (12/28/2023)

Select the controlled substances you will be ordering, prescribing, possessing, and administering in a critical access hospital

☐ 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 Code: _____

Telephone: _____ Email: _____

CRNA License #: _____

(A current and active certificate of registration to practice as a CRNA issued by the Board of Nursing is required to complete this application and maintain a CS Registration.)

Section 2: Critical Access Hospital

Name of Hospital: _____

Hospital Address: _____ Department or Suite #: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____ Email: _____

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: 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: 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 6 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.

Applicant 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 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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Joe Lombardo
Governor



2515
Jack Robb
Director

Matthew Tuma
Deputy Director

Mandee Bowsmith
Administrator

STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION
Division of Human Resource Management
209 E. Musser Street, Suite 101 | Carson City, Nevada 89701
Phone: (775) 684-0150 | <http://hr.nv.gov> | Fax: (775) 684-0122

MEMORANDUM

November 21, 2023

TO: All Executive Branch Employees

FROM: Mandee Bowsmith, Administrator
Division of Human Resource Management

SUBJECT: Continuity of Service Incentives (Longevity Pay)

Assembly Bill 522 of the 2023 Legislative Session (AB 522) reinstates a plan, administered by the Division of Human Resource Management (DHRM), to encourage continuity of service for State employees, also known as “longevity pay”. The following guidance has been established to aid Departments/Divisions in navigating the new longevity program.

Dates of Payment, Eligibility, and Responsibility for Longevity Payments

Non-classified full-time employees, unclassified employees, and classified employees not in a Bargaining Unit covered under a collective bargaining agreement (CBA), are eligible for longevity pay pursuant to Section 32 of AB 522 (2023). Employees covered under a CBA should reference their respective agreement for applicable longevity payments.

Employees are eligible for longevity payments after eight (8) years of continuous service, as defined by the Human Resources Commission in NAC 284.0525 and NAC 284.598, and if they have received a rating of “standard” or “exceeds standards” on their most recent report on performance.

For FY 24, employees eligible for longevity payments will receive the first disbursement for the period of July 1, 2023, through December 31, 2023, on December 15, 2023, and the second disbursement for the period of January 1, 2024, through June 30, 2024, on June 14, 2024.

Departments/Divisions are responsible for the payment of longevity pay to an employee if that employee is employed by the Department/Division on the date on which the employee becomes eligible for the longevity payment. Employees that have separated from State service as of these dates will not receive longevity pay. Departments/Division pay clerks have received preliminary longevity reports from the DHRM requiring appointing authority approval. These forms should be returned to Central Payroll as soon as possible, if not done so already. If these approved memos have not been received back by DHRM, payments will still be processed but corrections could be required.

PERS Consideration

Section 32 of AB 522 (2023) requires that if an employee “has elected to have their contribution for the Public Employees’ Retirement System (PERS) paid by [their] employer, any payment made to the employee pursuant to this section must be counterbalanced by an equivalent reduction in the employee’s salary for the employee’s portion of the contribution in the same manner as prescribed in NRS 286.421.”

Calculation of Longevity Payment

Employees that meet the eligibility criteria above are entitled to receive a semiannual payment of one hundred dollars (\$100.00), plus:

- a) An annual increase of twenty-five dollars (\$25.00) in the semiannual payment for each year of the employee’s ninth (9th) through fourteenth (14th) years of continuous service;
- b) An annual increase of fifty dollars (\$50.00) in the semiannual payment for each year of the employee’s fifteenth (15th) through twenty-fourth (24th) years of continuous service; and
- c) An annual increase of seventy-five dollars (\$75.00) in the semiannual payment for each additional year of continuous service after the employee’s twenty-fourth (24th) year, up to a maximum payment of thirty (30) years of continuous State service.

Years of Continuous Service	Semiannual Longevity Payment Amount*
8 years	\$100.00
9 years	\$125.00
10 years	\$150.00
11 years	\$175.00
12 years	\$200.00
13 years	\$225.00
14 years	\$250.00
15 years	\$300.00
16 years	\$350.00
17 years	\$400.00
18 years	\$450.00
19 years	\$500.00
20 years	\$550.00
21 years	\$600.00
22 years	\$650.00
23 years	\$700.00
24 years	\$750.00
25 years	\$825.00
26 years	\$900.00
27 years	\$975.00
28 years	\$1,050.00
29 years	\$1,125.00
30 years	\$1,200.00

*Semiannual Longevity Payment Amount not adjusted for PERS.

Longevity payment tables with the PERS adjustment have been created for easy reference and can be found [here](#).

Any questions regarding the calculation of these payments should first be directed to respective Department/Division pay clerks and then escalated to the DHRM by emailing DHRM-Central-Payroll-Processing@admin.nv.gov.

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EXECUTIVE SECRETARY REPORT

January 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. Security of a Pharmacy**

January 2024 Temporary License since last Board Meeting

Name	License Type
Liya Hagos	Pharmacist
Benjamin Chiarolanza	Pharmacist
Desiree Hamler	Pharmacist
Michael Sasser	Pharmacist
Nicole Foust	Pharmacist

Citations & Fines issued pursuant to NRS 639.2895 (Since last Board Meeting)

- **Citation & Fine**
 - **Misfill – 2**
 - **Other – 2**
- **Cease & Desist/Citation –**
 - **Unlicensed Practice - 3**

Regulation Tracking Log

Regulation Number and Topic	Workshop Propose To Bd	30 Days To LCB W/Letter	LCB R0 Number Issued	LCB Return Date	30 Days Post Public Hearing	Public Hearing Meeting Date	To LCB Final W/ Cov./Info	Secretary of State File Date
NAC 453.510: Schedule I – Isotonitazene	01/13/22	01/14/22	R006-22	02/23/22 02/24/22 – Under review by Dave/Yenh	03/11/22	04/14/22	04/27/22	06/13/22
NAC 453B: Prescription Drug Donation Program	01/13/22	01/14/22	R007-22	03/21/22 – Under review by Dave/Yenh	10/20/22	12/01/22	12/28/22 <i>Leg Comm</i>	12/29/22
NAC 453: Registration of a law enforcement officer engaged in training a canine in drug detection, and add methoxetamine.	04/14/22	04/21/22	R050-22	04/27/22 Under review by Dave/Yenh	08/05/22	09/08/22	9/27/22 <i>Leg Comm</i>	09/28/22
NAC 639: Requires the holder of any certificate, license or permit issued by the BOP to report certain convictions and administrative actions to the Board.	04/14/22	04/21/22	R051-22	05/05/22	06/09/22	07/14/22	<u>07/20/22</u> 9/27/22 <i>Leg Comm</i>	09/28/22
NAC 639: Medical Products Wholesaler	06/02/22	06/09/22	R085-22	07/19/22	08/05/22	09/08/22	<u>09/15/22</u> 9/27/22 <i>Leg Comm</i>	09/28/22
NAC 639: Medication Assisted Treatment	06/02/22	06/09/22	R087-22	08/08/22	08/31/22	10/13/22	<u>10/19/22</u>	12/29/22

Regulation Tracking Log

Regulation Number and Topic	Workshop Propose To Bd	30 Days To LCB W/Letter	LCB R0 Number Issued	LCB Return Date	30 Days Post Public Hearing	Public Hearing Meeting Date	To LCB Final W/ Cov./Info	Secretary of State File Date
							12/28/22 <i>Leg Comm</i>	
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				
NAC 639: Dispensing Technicians	07/14/22	08/03/22	R178-22	9/29/22 Under review by Dave	10/20/22	12/01/22	12/28/22 <i>Leg Comm</i>	12/29/22
NAC 639: Automated Dispensing Device	07/14/22	08/03/22	R179-22	8/24/22: Under review by Dave	10/20/22	12/01/22	12/28/22 <i>Leg Comm</i>	12/29/22
NAC 639: Reproductive Health Care Center	07/14/22	08/03/22	R180-22	8/12/22: Under review by Dave LCB returned 9/6/22. 9/13/22: Under review by Dave and Yenh.	10/20/22	12/01/22	12/28/22 <i>Leg Comm</i>	12/29/22

Regulation Tracking Log

Regulation Number and Topic	Workshop Propose To Bd	30 Days To LCB W/Letter	LCB R0 Number Issued	LCB Return Date	30 Days Post Public Hearing	Public Hearing Meeting Date	To LCB Final W/ Cov./Info	Secretary of State File Date
NAC 639: Dispensing Practitioners in Reproductive Healthcare Center: single inventory of dangerous drugs.	07/14/22	07/14/22 – Dave revising language. To LCB 08/03/22	R181-22	8/29/22: Under review by Dave	08/31/22	10/13/22	<u>10/19/22</u> <u>12/28/22</u> Leg Comm	12/29/22
NAC 453.540: Schedule IV – Daridorexant.	07/14/22	07/19/22	R170-22	08/02/22	08/05/22	09/08/22	<u>09/15/22</u> <u>9/27/22</u> Leg Comm	09/28/22
NAC 639: Narcotic Treatment Program	10/13/22	10/19/22	R196-22	06/30/23 07/11/23: to Dave/ Yenh for review	08/08/23	09/07/23	09/28/23 Leg Comm	09/29/23
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	

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NAC 639.2973 & NAC 639.2974: Basic Life Support Certification	10/13/22	10/19/22	R198-22	05/12/23	06/09/23	07/13/23	<u>07/21/23</u> 08/21/23 Leg Comm	08/22/23
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	<u>12/22/23</u>	
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	<u>12/22/23</u>	
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	<u>12/22/23</u>	
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					

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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.				
NAC 453: Add Zuranolone to Schedule IV	12/07/23	12/13/23	R144-23					
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.	01/18/23							
NAC 639: The proposed amendment removes various provisions relating to compounding which are in conflict with current United States Pharmacopeia compounding standards.	01/18/23							