

NEVADA STATE
BOARD OF PHARMACY

BOARD MEETING

December 3-4, 2025

HILTON GARDEN INN
7830 S LAS VEGAS BLVD
LAS VEGAS, NV

Zoom

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

Meeting ID: 5886256671

Please do not remove the book from the meeting room.

STATE OF NEVADA



PERRY FAIGIN
NIKKI HAAG
MARCEL F. SCHAEERER
Deputy Directors

J. DAVID WUEST
Executive Secretary

DEPARTMENT OF BUSINESS AND INDUSTRY
OFFICE OF NEVADA BOARDS, COMMISSIONS AND COUNCILS STANDARDS
STATE OF NEVADA BOARD OF PHARMACY

Date Posted: November 18, 2025

AGENDA

◆ PUBLIC NOTICE ◆

The Nevada State Board of Pharmacy will conduct a meeting beginning Wednesday, December 3, 2025, at 9:00 am. The meeting will continue Thursday, December 4, 2025, 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 Blvd
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 teambc@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 October 15-16, 2025, 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. 180 Medical Inc – Omaha, NE
 - B. Complete Medical Supplies, Inc – Coral Springs, FL
 - C. Continuum, LLC – Pittsburgh, PA
 - D. CPAP LV – Las Vegas, NV
 - E. Home Oxygen Company, Inc – Modesto, CA
 - F. Mi-Med Supply Co, Inc – Irvine, CA
- 4.2 Applications for Out-of-State Wholesaler License (NRS 639.233) – Non-appearance (**FOR POSSIBLE ACTION**)

Background Check Not Required by Law.

- 4.2.1 Publicly Traded (NAC 639.593(6)(a))
 - G. Allergen USA, LLC – North Chicago, IL
 - H. Cintas First Aid & Safety – Gahanna, OH

- I. Cintas First Aid & Safety – Meredian, ID
 - J. Inspire Medical Systems, Inc – Golden Valley, MN
 - K. Inspire Medical System, Inc – Golden Valley, MN
 - L. Lantheus Medical Imaging, Inc – North Billerica, MA
- 4.2.2 Publicly Traded and VAWD-Accredited (NAC 639.593(6)(a) and (c))
- M. McKesson Medical-Surgical Inc – Buford, GA
- 4.2.3 Publicly Traded and Manufacturer (NAC 639.593(6)(a) and (d))
- N. Avidity BioSciences, Inc – San Diego, CA
 - O. Aytu Biopharma, Inc – Denver, CO
 - P. Melinta Therapeutics, LLC – Parsippany, NJ
- 4.2.4 Publicly Traded, VAWD-Accredited, and Manufacturer (NAC 639.593(6)(a), (c), and (d))
- 4.2.5 VAWD-Accredited (NAC 639.593(6)(c))
- Q. Foundation Care, LLC – Chesterfield, MO
- 4.2.6 Manufacturer (NAC 639.593(6)(d))
- R. AcuMed, LLC – Hillsboro, OR
 - S. Aytu Therapeutics Brands, LLC – Denver, CO
 - T. Biotronik NRO, Inc – Lake Oswego, OR
 - U. Botanix SB Inc – Phoenix, AZ
 - V. Essilor Laboratories of America, Inc – Farmers Branch, TX
 - W. Evergreen Theragnostics, Inc – Springfield, NJ
 - X. Granata Bio Corporation – Duxbury, MA
 - Y. Granules Consumer Health, LLC – Manassas, VA
 - Z. LifeScience Logistics, LLC – Apex NC
 - AA. LifeScience Logistics, LLC – Durham, NC
 - BB. Neos Therapeutics Brands, LLC – Denver, CO
 - CC. Neos Therapeutics LP – Denver, CO
 - DD. OsteoMed, LLC – Addison, TX
 - EE. Patheon Manufacturing Services, LLC – Ridgefield, NJ
 - FF. Par Health USA, LLC – Woodcliff Lake, NJ
 - GG. Salvagenix, Inc – Chadds Ford, PA
 - HH. Trifluent Pharma, LLC – San Antonio, TX
 - II. Xttrium Laboratories, Inc – Mount Prospect, IL

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

JJ. Willow Birch Pharma, LLC – Taylor, MS

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

KK. AcuMed LLC – Hillsboro, OR

4.2.9 Background checks completed in compliance with NRS 639.500.

LL. AIM Rx3PL, LLC – East Brunswick, NJ

MM. Animal Health International, Inc – Red Bluff, CA

NN. Catalent Pharma Solutions, LLC – San Diego, CA

OO. DHL Supply Chain – Taylor, PA

PP. Excelsior Medical, LLC – Tinton Falls, NJ

QQ. FedEx Supply Chain, Inc – Fontana, CA

RR. FedEx Supply Chain, Inc – Olive Branch, MS

SS. Giving Home Medical Equipment, LLC – Austin, TX

TT. Identifeye Health, Inc – Guildford, CT

UU. Mark Cuban Cost Plus Wholesale, LLC – Dallas, TX

VV. Veterinary Service, Inc – Albany, OR

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

WW. Golden Health Pharmacy – Elko, NV

XX. Walgreens Pharmacy #04788 – Carson City, NV

YY. Walgreens Pharmacy #09581 – Fallon, NV

ZZ. Walgreens Pharmacy #12488 – Fernley, NV

AAA. Walgreens Pharmacy #09864 – Gardnerville, NV

BBB. Walgreens Pharmacy #03871 – Henderson, NV

CCC. Walgreens Pharmacy #05369 – Henderson, NV

DDD. Walgreens Pharmacy #05862 – Henderson, NV

EEE. Walgreens Pharmacy #06424 – Henderson, NV

FFF. Walgreens Pharmacy #06545 – Henderson, NV

GGG. Walgreens Pharmacy #06615 – Henderson, NV

HHH. Walgreens Pharmacy #07032 – Henderson, NV

III. Walgreens Pharmacy #07164 – Henderson, NV

JJJ. Walgreens Pharmacy #02598 – Las Vegas, NV

KKK.	Walgreens Pharmacy #03841 – Las Vegas, NV
LLL.	Walgreens Pharmacy #03842 – Las Vegas, NV
MMM.	Walgreens Pharmacy #03843 – Las Vegas, NV
NNN.	Walgreens Pharmacy #03844 – Las Vegas, NV
OOO.	Walgreens Pharmacy #03872 – Las Vegas, NV
PPP.	Walgreens Pharmacy #03873 – Las Vegas, NV
QQQ.	Walgreens Pharmacy #03915 – Las Vegas, NV
RRR.	Walgreens Pharmacy #03922 – Las Vegas, NV
SSS.	Walgreens Pharmacy #04086 – Las Vegas, NV
TTT.	Walgreens Pharmacy #04137 – Las Vegas, NV
UUU.	Walgreens Pharmacy #04197 – Las Vegas, NV
VVV.	Walgreens Pharmacy #04242 – Las Vegas, NV
WWW.	Walgreens Pharmacy #04755 – Las Vegas, NV
XXX.	Walgreens Pharmacy #04855 – Las Vegas, NV
YYY.	Walgreens Pharmacy #04856 – Las Vegas, NV
ZZZ.	Walgreens Pharmacy #05014 – Las Vegas, NV
AAAA.	Walgreens Pharmacy #05015 – Las Vegas, NV
BBBB.	Walgreens Pharmacy #05154 – Las Vegas, NV
CCCC.	Walgreens Pharmacy #05570 – Las Vegas, NV
DDDD.	Walgreens Pharmacy #05311 – Las Vegas, NV
EEEE.	Walgreens Pharmacy #05479 – Las Vegas, NV
FFFF.	Walgreens Pharmacy #06167 – Las Vegas, NV
GGGG.	Walgreens Pharmacy #06227 – Las Vegas, NV
HHHH.	Walgreens Pharmacy #06310 – Las Vegas, NV
IIII.	Walgreens Pharmacy #06311 – Las Vegas, NV
JJJJ.	Walgreens Pharmacy #06425 – Las Vegas, NV
KKKK.	Walgreens Pharmacy #07450 – Las Vegas, NV
LLLL.	Walgreens Pharmacy #07841 – Las Vegas, NV
MMMM.	Walgreens Pharmacy #07842 – Las Vegas, NV
NNNN.	Walgreens Pharmacy #07864 – Las Vegas, NV
OOOO.	Walgreens Pharmacy #10215 – Las Vegas, NV
PPPP.	Walgreens Pharmacy #10782 – Las Vegas, NV
QQQQ.	Walgreens Pharmacy #10783 – Las Vegas, NV
RRRR.	Walgreens Pharmacy #10862 – Las Vegas, NV
SSSS.	Walgreens Pharmacy #11206 – Las Vegas, NV
TTTT.	Walgreens Pharmacy #11668 – Las Vegas, NV
UUUU.	Walgreens Pharmacy #11766 – Las Vegas, NV
VVVV.	Walgreens Pharmacy #11899 – Las Vegas, NV
WWWW.	Walgreens Pharmacy #12271 – Las Vegas, NV
XXXX.	Walgreens Pharmacy #12539 – Las Vegas, NV

YYYY.	Walgreens Pharmacy #12641 – Las Vegas, NV
ZZZZ.	Walgreens Pharmacy #13900 – Las Vegas, NV
AAAAA.	Walgreens Pharmacy #15035 – Las Vegas, NV
BBBBB.	Walgreens Specialty Pharmacy #15312 – Las Vegas, NV
CCCCC.	Walgreens Pharmacy #21159 – Las Vegas, NV
DDDDD.	Walgreens Pharmacy #12646 – Mesquite, NV
EEEEE.	Walgreens Pharmacy #04854 – North Las Vegas, NV
FFFFF.	Walgreens Pharmacy #10190 – North Las Vegas, NV
GGGGG.	Walgreens Pharmacy #05814 – North Las Vegas, NV
HHHHH.	Walgreens Pharmacy #05619 – North Las Vegas, NV
IIIII.	Walgreens Pharmacy #03845 – North Las Vegas, NV
JJJJJ.	Walgreens Pharmacy #02590 – North Las Vegas, NV
KKKKK.	Walgreens Pharmacy #05646 – Pahrump, NV
LLLLL.	Walgreens Pharmacy #02658 – Reno, NV
MMMMM.	Walgreens Pharmacy #02662 – Reno, NV
NNNNN.	Walgreens Pharmacy #04789 – Reno, NV
OOOOO.	Walgreens Pharmacy #05295 – Reno, NV
PPPPP.	Walgreens Pharmacy #11226 – Reno, NV
QQQQQ.	Walgreens Specialty Pharmacy #21237 – Reno, NV
RRRRR.	Walgreens Pharmacy #02474 – Sparks, NV
SSSSS.	Walgreens Pharmacy #09902 – Sparks, NV
TTTTT.	Walgreens Pharmacy #11227 – Sparks, NV
UUUUU.	Walgreens Pharmacy #12540 – Sparks, NV

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

VVVVV.	Animal Rx Pharmacy – Lebanon, IN
WWWWW.	Care Fusion Rx – Garden Grove, CA
XXXXX.	FillPoint Health LLC – Dublin, OH
YYYYY.	Health Care Medical Infusion Specialties – Ridgeland, MS
ZZZZZ.	MedOptions Rx – Itasca, IL
AAAAAA.	Premise Health Wellness Center – Brentwood, TN
BBBBBB.	Priority Care Rx, LLC – Norristown, PA
CCCCCC.	Reliance Rx – Amherst, NY
DDDDDD.	Restorative Compounding Pharmacy & Wellness, LLC – Waterford, MI
EEEEEE.	Rx Plus Pharmacy – Apopka, FL
FFFFFF.	St Luke's Specialty Pharmacy – Boise, ID
GGGGGG.	Walgreens Pharmacy – Chandler, AZ
HHHHHH.	Walgreens Pharmacy #04580-2 – Miramar, FL
IIIII.	Walgreens Pharmacy #02445 – Orlando, FL

JJJJJJ. Walgreens Central Fill #21372 – Tolleson, AZ
 KKKKKK. Walgreens Gene & Cell Services #21574 – Pittsburgh, PA
 LLLLLL. Walgreens Mail Service #03397 – Tempe, AZ
 MMMMMM. Walgreens Specialty Pharmacy #15438 – Canton, MI
 NNNNNN. Walgreens Specialty Pharmacy #15443 – Frisco, TX
 OOOOOO. Walgreens Specialty Pharmacy #16280 – Frisco, TX
 PPPPPP. Walgreens Specialty Pharmacy #16287 – Pittsburgh, PA
 QQQQQQ. Walgreens Specialty Pharmacy #21213 – Glendale, AZ

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

RRRRRR. Meadows Health ASC – Smoke Ranch – Las Vegas, NV
 SSSSSS. Pahrump Community Health Center – Pahrump, NV

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

TTTTTT. NaphCare Pharmacy, LLC – Birmingham, AL
 UUUUUU. Staska Pharmaceuticals – Bennet, NE

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

VVVVVV. Alexander Koo
 WWWWWW. Quynh Nhu Doan

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

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

XXXXXX. Humboldt County General Hospital Pharmacy – Winnemucca, NV

◆ REGULAR AGENDA ◆

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

A. CVS Pharmacy #6867	(21-119-PH-S)
B. Oleg Bederman	(21-119-RPH-A-S)
C. Pratik Patel	(21-119-RPH-B-S)
D. CVS Pharmacy #6625	(23-314-PH-N)
E. Victoreea Harris	(23-314-RPH-N)

F. CVS Pharmacy #8787	(23-412-PH-S)
G. Sarah Pascual	(23-412-RPH-S)
H. CVS Pharmacy #6717	(24-013-PH-S)
I. Analeah Presbitero	(24-013-RPH-A-S)
J. Todd Spears	(24-013-RPH-B-S)
K. CVS Pharmacy #9981	(25-034-PH-N)
L. Joseph Dellallo	(25-034-RPH-N)
M. Express Scripts	(23-245-PH-A-S & 23-245-PH-B-S)
N. Samuel Chacon	(23-348-CS-N)
O. Revive Rx	(23-411-PH-O)
P. Terry Muratore	(24-036-VS-S)
Q. Daniel Inglish	(24-413-CS-S)
R. Abdollah Assad	(24-470-CS-N)
S. PharMerica	(24-370-PH-N)
T. Camilla Kim	(24-370-RPH-N)
U. Ollen Williams, Jr III	(24-438-PT-O)
V. Sean Arora	(24-509-CS-N)
W. Cassie Gifford	(24-509-PR-A-N)
X. Gabrielle McIntyre	(24-509-PR-B-N)
Y. Allison Jaggard	(24-509-PR-C-N)
Z. Yaron Zedek	(24-511-CS-S)
AA. Eric Welling	(24-078-CS-S)
BB. Walgreens Pharmacy #03842	(24-451-PH-S)
CC. Sothy Him	(24-451-RPH-S)
DD. Dametria Williams	(25-049-PTT-S)

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

A. Rodney Thomas	(24-433-PR-S)
B. Teecee Ann Hailey Fulfer	(25-091-CS-O)

7. Application for Nevada Warehouse (NAC 639.622) – Appearance **(FOR POSSIBLE ACTION)**

A. Giving Home Medical Equipment, LLC – Las Vegas, NV
B. Novum Pharmaceutical Research Services of Nevada, Inc – Las Vegas, NV

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

A. Total Medical Supply, Inc – Texarkana, TX
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9. Application for Nevada Medical, Devices, Equipment and Gases License (NAC 639.6942) – Appearance **(FOR POSSIBLE ACTION)**

A. PMS Pro, LLC – Las Vegas, NV

10. Application for Nevada Pharmacy License (NRS 639.230) – Appearance **(FOR POSSIBLE ACTION)**
 - A. Evergreen Drugs – Henderson, NV
 - B. Las Vegas Recovery Hospital – Henderson, NV
11. Application for Out-of-State Pharmacy License (NRS 639.230) – Appearance – **(FOR POSSIBLE ACTION)**
 - A. Hephaestus Pharmaceuticals, LLC – Miami, FL
 - B. Walgreens HUB Solutions #21609 – Pittsburgh, PA
 - C. XeCare LLC – New Albany, OH
12. Application for Out-of-State Compounding Pharmacy License (NRS 639.230) – Appearance – **(FOR POSSIBLE ACTION)**
 - A. Hillcrest Pharmacy, LLC – Midvale, UT
 - B. Medivant Healthcare – Phoenix, AZ
13. Application for Out-of-State Wholesaler License (NRS 639.233) – Appearance – **(FOR POSSIBLE ACTION)**
 - A. Packaging Coordinators, Inc – Philadelphia, PA – Background Check Not Required by Law
 - B. Patterson Logistic Services, Inc – Dinuba, CA – Background Check Not Required by Law
 - C. Patterson Logistic Services, Inc – Boone, IA – Background Check Not Required by Law
 - D. Patterson Logistic Services, Inc – Blythewood, SC – Background Check not Required by Law
 - E. Patterson Logistic Services, Inc – Kent, WA – Background Check not Required by Law
 - F. Patterson Logistic Services, Inc – South Bend, IN – Background Check not Required by Law
14. Application for Nevada Wholesaler License (NRS 639.233) – Appearance – **(FOR POSSIBLE ACTION)**
 - A. Patterson Dental Supply, Inc – Las Vegas, NV – Background Check not Required by Law
15. Application for Pharmacist Registration Renewal (NRS 453.226) – Appearance **(FOR POSSIBLE ACTION)**
 - A. Alan Kruger

- B. Martin Farrell
16. Application for Pharmaceutical Technician in Training Registration (NAC 639.240) – Appearance. **(FOR POSSIBLE ACTION)**
- A. Baylee Watkins
B. Katherine Rodriguez
C. Rachel Ann Wright
D. Vincent Montemayor
17. Applications for Controlled Substance Registration (NRS 453.226) – Appearance **(FOR POSSIBLE ACTION)**
- A. Eliab Munyehirwe

◆ WORKSHOP ◆

Thursday, December 4, 2025 – 9:00 am

18. Notice of Proposed Regulation Workshop Pursuant to NRS 233B.061(2) **(FOR POSSIBLE ACTION)**:
- A. A REGULATION relating to the authority of a homeopathic physician who is not licensed as an allopathic or osteopathic physician in Nevada to possess, administer, prescribe and dispense controlled substances and dangerous drugs; and providing other matters properly relating thereto.
- B. A REGULATION relating to controlled substances adding dipentylone and seven fentanyl related substances to the controlled substances listed in Schedule I; and providing other matters properly relating thereto.

◆ PUBLIC HEARING ◆

Thursday, December 4, 2025 – 9:00 am

19. Notice of Proposed Regulation Public Hearing Pursuant to NRS 233B.061(2) **(FOR POSSIBLE ACTION)**
- A. A related to pharmacy; revising the licensing requirements for facilities for treatment with narcotics; and providing other matters properly relating thereto.
(LCB File No. R197-24)

- B. Amendment to the Nevada Administrative Code (“NAC”) 639. The proposed amendments relate to the licensing requirements for facilities for intermediate care or facilities for skilled nursing licensed by the State Board of Health pursuant to NRS 449.0303 and provide other matters properly relating thereto.
(LCB File No. R203-24)
- C. A REGULATION relating to controlled substances adding ethylphenidate and 2-methyl AP-237 to the controlled substances listed in Schedule I; and providing other matters properly relating thereto. (LCB File No. R204-24)
- D. A REGULATION relating to the possession and administration of dangerous drugs by an advanced emergency medical technician or paramedic.
(LCB File No. R004-25)

20. 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).

21. 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

22. Date and Location of Next Scheduled Board Meeting:

January 14-15, 2026 – Las Vegas, NV

23. 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)

24. Adjournment

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

Supporting materials or additional information regarding the meeting may be obtained from Darlene Nases at (775) 850-1440, email teambc@pharmacy.nv.gov or 985 Damonte Ranch

Parkway, Suite 206, Reno, Nevada, 89521.

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

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

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NEVADA STATE BOARD OF PHARMACY

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

BOARD MEETING MINUTES

October 15-16, 2025

The Nevada State Board of Pharmacy will conduct a meeting beginning Wednesday, October 15, 2025, at 9:00 am. The meeting will continue Thursday, October 16, 2025, 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:

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Via Videoconference at Zoom:
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Via Teleconference at 1 (669) 900-6833
Meeting ID: 588 625 6671

Board Members Present:

Helen Park
Anna Carr

Krystal Freitas
Jade Jacobo

Richard Tomasso

Adam Porath

Board Members Absent:

Chanyis Taylor

Board Staff Present:

David Wuest
Laura Tucker
Joe Dodge
Darla Zarley
Billy Kuykendall

Yenh Long
Todd Weiss
Ryan Miller
Dena McClish

Brett Kandt
Darlene Nases
Mark Sedar
Ken Scheuber

Skylar Young
Erin Miller
Jesette Phaynarikone
Leo Basch

Call to Order and Roll Call – Establishment of Quorum

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

Public Comment at October 15, 2025, 9:05 AM

There was no public comment.

1. Approval of September 3-4, 2025, Board Meeting Minutes (**FOR POSSIBLE ACTION**)

Jade Jacobo recused herself from this item.

Board Action:

Motion: Adam Porath moved to approve the September 3-4, 2025, Board Meeting Minutes.

Second: Krystal Freitas

Action: Motion passed (Jacobo recused).

◆ 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.

1. 4.1 Applications for Out-of-State Medical, Devices, Equipment and Gases License (NAC 639.6944) – Non-Appearance (**FOR POSSIBLE ACTION**)

- A. Advanced Diabetes Supply – Carlsbad, CA
- B. Giving Home Medical Equipment, LLC – Austin, TX
- C. Lott Med, LLC – Charlotte, NC
- D. US Med, LLC – Miami, 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 Publicly Traded (NAC 639.593(6)(a))

- E. Cintas First Aid & Safety – Gahanna, OH
 - F. Cintas First Aid & Safety – Meridian, ID
 - G. Cintas First Aid & Safety – Las Vegas, NV
 - H. Cyclomedica USA, LLC – Tucker, GA
 - I. HSG-S Corp. – Savannah, GA
 - J. Obagi Cosmeceuticals, LLC – Long Beach, CA
- 4.2.2 Publicly Traded and VAWD-Accredited (NAC 639.593(6)(a) and (c))
- K. Cardinal Health 200, LLC – Dublin, OH
- 4.2.3 Publicly Traded and Manufacturer (NAC 639.593(6)(a) and (d))
- L. LNHC, Inc – Durham, NC
- 4.2.4 Publicly Traded, VAWD-Accredited, and Manufacturer (NAC 639.593(6)(a), (c), and (d))
- 4.2.5 VAWD-Accredited (NAC 639.593(6)(c))
- M. Pharmalink, LLC – Largo, FL
- 4.2.6 Manufacturer (NAC 639.593(6)(d))
- N. Aurolife Pharm, LLC – Durham, NC
 - O. Brandywine Pharmaceuticals, LLC – West Chester, PA
 - P. Curium US, LLC – Noblesville, IN
 - Q. Epic Pharma, LLC – Westbury, NY
 - R. FEMSelect, Inc – Boca Raton, FL
 - S. Geodis Logistics, LLC – Clayton, IN
 - T. Lonza Houston, Inc – Portsmouth, NH
 - U. Reia, LLC – Portland, ME
 - V. Safecor Health, LLC – Rockford, IL
 - W. Spectrum Vascular – White Plains, NY
 - X. SpringWorks Therapeutics, Inc – Stamford, CT
 - Y. Sumitomo Pharma America, Inc – Marlborough, MA
- 4.2.7 VAWD-Accredited and Manufacturer (NAC 639.593(6)(c) and (d))
- 4.2.8 Distributor for Single Manufacturer (NAC 639.593(6)(e))

Z. DePuy Synthes Sales, Inc – Raynham, MA

4.2.9 Background checks completed in compliance with NRS 639.500.

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

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

AA. Pharmalogic Colorado – Aurora, CO

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

BB. All Family Pharmacy – Boca Raton, FL

CC. ASM Home Delivery – Indianapolis, IN

DD. By Blend, LLC – Columbus, OH

EE. Costco Pharmacy #1749 – Central Fill – Everett, WA

FF. Noblesville Low Cost Pharmacy – Noblesville, IN

GG. Omnicare of Spartanburg – Spartanburg, SC

HH. PRO-spectus Health Solutions, LLC – Addison, TX

II. Rx.co Pharmacy, LLC – West Jordan, UT

JJ. Telederm.me – Fishers, IN

KK. The Pharmacy Hub 2, LLC – Davie, FL

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

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

LL. Benny Winland, Jr

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

4.9 Application for Nevada Warehouse (NAC 639.622) – Non-Appearance **(FOR POSSIBLE ACTION)**

Jade Jacobo recused herself from Item 4GG due to her employment.

Board discussion ensued.

Board Action:

Motion: Jade Jacobo moved to approve the Consent Agenda with the exception of Item 4GG.

Second: Adam Porath

Action: Passed unanimously.

Board Action:

Motion: Krystal Freitas moved to approve Item 4GG of the Consent Agenda.

Second: Adam Porath

Action: Motion passed (Jacobó recused).

◆ REGULAR AGENDA ◆

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

- | | |
|-----------------------|------------------|
| A. Evergreen Pharmacy | (23-007-PH-S) |
| B. Paula Lynne Santos | (23-007-RPH-A-S) |
| C. Nazokat Nigmatova | (23-007-RPH-B-S) |

George Koury, Esq., appeared on behalf of Evergreen Pharmacy, Paula Lynne Santos and Nazokat Nigmatova.

Brett Kandt, General Counsel for the Nevada Board of Pharmacy, prosecuted the case alleging that Evergreen Pharmacy as pharmacy/pharmacy owner and Paula Lynne Santos as managing pharmacist were responsible for recordkeeping and pharmacist/technician ratio violations.

All causes of action against Respondent Nigmatova were dismissed.

The proposed stipulated penalties for Evergreen Pharmacy, License No. PH04174, are the following: 1) Respondent fined \$5,000 for the violations; and 2) Respondent assessed \$1,000 in attorney's fees and costs, both to be due and payable by December 1, 2025.

The proposed stipulated penalties for Paula Lynne Santos, Certificate of Registration

No. 20578, are the following: 1) Respondent fined \$1,500 for the violations; and 2) Respondent assessed \$500 in attorney's fees and costs, both to be due and payable by January 2, 2026.

Board discussion ensued.

Board Action:

Motion: Jade Jacobo moved to approve Stipulation and Order for Evergreen Pharmacy and Paula Lynne Santos as presented by Mr. Kandt.

Second: Krystal Freitas

Action: Passed unanimously.

D. Annette Asbury

(23-290-CS-S)

Annette Asbury and Craig Perry, Esq. counsel for Respondent, appeared.

Brett Kandt, General Counsel for the Nevada Board of Pharmacy, prosecuted the case alleging that Respondent Asbury failed to secure her inventory of dangerous drugs and properly label, segregate and/or dispose of adulterated and/or expired dangerous drugs.

The proposed stipulated penalties for Annette Asbury, Certificate of Registration No. CS25810, are the following: 1) a public reprimand; 2) Respondent fined \$5,000 for the violations, due and payable by December 1, 2025; and 3) Respondent assessed \$1,000 in attorney's fees and costs, due and payable by December 1, 2025.

Board discussion ensued.

Board Action:

Motion: Adam Porath moved to approve the Stipulation and Order for Ms. Asbury as presented by Mr. Kandt.

Second: Jade Jacobo

Action: Passed unanimously.

E. Greenbay Specialty Pharmacy

(24-384-PH-S)

Jade Jacobo disclosed that she was familiar with the pharmacist in charge in this case but could participate in this matter fairly and without bias.

Laura Tucker, General Counsel for the Nevada Board of Pharmacy, prosecuted the

case against Greenbay Specialty Pharmacy alleging that Greenbay Specialty Pharmacy engaged in unprofessional conduct when it purchased prescription drugs from a wholesaler not licensed in the state of Nevada. Greenbay subsequently dispensed the drugs despite concerns that they were potentially counterfeit.

The proposed stipulated penalties for Greenbay Pharmacy, License No. PH04393, are the following: 1) a public reprimand; 2) Respondent fined \$10,000 for the violations; and 3) Respondent assessed \$1,000 in attorney's fees and costs, both to be due and payable by November 14, 2025.

Board discussion ensued.

Board Action:

Motion: Jade Jacobo moved to approve the Stipulation and Order for Greenbay Specialty Pharmacy, with the amendment that they will be placed on probation for a period of one (1) year from the effective date of the Order.

Second: Krystal Freitas

Action: Passed unanimously.

E. Walgreens Pharmacy #03844
F. Kerry S. Otero
G. Kimberly Lai

(23-401-PH-S)
(23-401-RPH-A-S)
(23-401-RPH-B-S)

Kimberly Lai, Kerry Otero, and William Stilling, Esq., counsel for Respondents, appeared.

Brett Kandt, General Counsel for the Nevada Board of Pharmacy, prosecuted the case alleging that Walgreens Pharmacy #03844 as pharmacy/pharmacy owner is responsible for the acts of its employees, Respondent Otero and Respondent Lai, who made errors in a prescription that resulted in a negative outcome to the patient.

The proposed stipulated penalties for Walgreens Pharmacy #03844, License No. PH01123, are the following: 1) Respondent fined \$2,000 for the violations; and 2) Respondent assessed \$1,000 in attorney's fees and costs, both to be due and payable by December 1, 2025.

The proposed stipulated penalties for Kerry Otero, Certificate of Registration No. 20516, are the following: 1) Respondent fined \$1,000 for the violations; and 2) Respondent assessed \$500 in attorney's fees and costs, both to be due and payable by December 1, 2025.

The proposed stipulated penalties for Kimberly Lai, Certificate of Registration No. 23211, are the following: 1) Respondent fined \$1,000 for the violations; and 2)

Respondent assessed \$500 in attorney's fees and costs, both to be due and payable by December 1, 2025.

Board discussion ensued.

Board Action:

Motion: Krystal Freitas moved to approve the Stipulations and Orders for Walgreens Pharmacy #03844, Kerry Otero, and Kimberly Lai as presented by Mr. Kandt.

Second: Adam Porath

Action: Passed unanimously.

H. Walgreens Pharmacy #07841 (23-500-PH-S)
I. Juan Pablo Piedra Flores (23-500-RPH-S)

President Park disclosed that she was familiar with Juan Pablo Piedra Flores from his time at Roseman University but could participate in this matter fairly and without bias.

Juan Pablo Piedra Flores and William Stilling, Esq., counsel for Respondents, appeared.

Brett Kandt, General Counsel for the Nevada Board of Pharmacy, prosecuted the case alleging that Walgreens Pharmacy #07841 as pharmacy/pharmacy owner is responsible for the acts of its employee, Respondent Flores, who made an error in a prescription.

The proposed stipulated penalties for Walgreens Pharmacy #07841, License No. PH01942, are the following: 1) Respondent fined \$2,000 for the violations; and 2) Respondent assessed \$1,000 in attorney's fees and costs, both to be due and payable by December 1, 2025.

The proposed stipulated penalties for Juan Pablo Piedra Flores, Certificate of Registration No. 20887, are the following: 1) Respondent fined \$1,000 for the violations; and 2) Respondent assessed \$500 in attorney's fees and costs, both to be due and payable by December 1, 2025.

Board discussion ensued.

Board Action:

Motion: Jade Jacobo moved to approve the Stipulations and Orders for Walgreens Pharmacy #07841 and Juan Pablo Piedra Flores.

Second: Adam Porath

Action: Passed unanimously.

E. Kristin Hestdalen

(25-020-CS-N)

Lyn Beggs, Esq., appeared on behalf of Kristin Hestdalen.

Brett Kandt, General Counsel for the Nevada Board of Pharmacy, prosecuted the case alleging that Respondent Hestdalen violated a Board order and no longer qualifies for registration to dispense controlled substances.

The proposed stipulated penalties for Dr. Hestdalen, Certificate of Registration No. CS38528, are the following: 1) Respondent's Certificate of Registration No. CS38528 is revoked, effective immediately; 2) Respondent may not possess, administer, prescribe or dispense a controlled substance until she petitions the Board for reinstatement; Respondent cannot petition for reinstatement for a period of one (1) year from the effective date of the Order; and 3) Respondent assessed \$1,000 in attorney's fees and costs, due and payable by April 1, 2026.

Board discussion ensued.

Board Action:

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

Second: Krystal Freitas

Action: Passed unanimously.

M. Smith's Pharmacy #315

(25-076-PH-S)

N. Octavia Brooks

(25-076-RPH-S)

President Park disclosed that she was familiar with Octavia Brooks, but she could participate in this matter fairly and without bias.

Lyn Beggs, Esq. appeared on behalf of Octavia Brooks.

Nick Meza, Esq., and Paul Howse (Smith's Pharmacy Practice Coordinator) appeared on behalf of Smith's Pharmacy #315.

Brett Kandt, General Counsel for the Nevada Board of Pharmacy, prosecuted the case alleging that Smith's Pharmacy #315 as pharmacy/pharmacy owner and Octavia Brooks as managing pharmacist were responsible for the diversion of controlled substances by an employee and related errors and omissions of the managing pharmacist.

The proposed stipulated penalties for Smith's Pharmacy #315, License No. PH03897, are the following: 1) Respondent fined \$2,500 for the violations, due and payable by January 2, 2026; 2) Respondent assessed \$1,000 in attorney's fees and costs, due and payable by January 2, 2026; and 3) Respondent will implement policies, procedures and training to prevent and detect diversion within sixty (60) days from the effective date of the Order.

The proposed stipulated penalties for Ms. Brooks, Certificate of Registration No. 20950, are the following: 1) Respondent fined \$2,500 for the violations, due and payable by January 2, 2026; 2) Respondent assessed \$1,000 in attorney's fees and costs, due and payable by January 2, 2026; and 3) Respondent cannot be a managing pharmacist during her probationary period.

Board discussion ensued.

Board Action:

Motion: Krystal Freitas moved to approve the amended Stipulation and Orders for Smith's Pharmacy #315 and Octavia Brooks as presented by Mr. Kandt.

Second: Jade Jacobo

Action: Passed unanimously.

Q. Kaveh Kashani

(23-104-CS-S)

Kaveh Kashani and Ayesha Medhi, Esq., were present.

Laura Tucker, General Counsel for the Nevada Board of Pharmacy, prosecuted the case against Dr. Kashani alleging that Respondent Kashani failed to disclose administrative action by the Nevada State Board of Osteopathic Medicine on his 2022 controlled substance renewal application.

The proposed stipulated penalties for Dr. Kashani, Certificate of Registration No. CS25528, are the following: 1) Respondent fined \$1,000 for the violations, due and payable by November 14, 2025; and 2) Respondent assessed \$500 in attorney's fees and costs, due and payable by November 14, 2025.

Board discussion ensued.

Board Action:

Motion: Jade Jacobo moved to approve the Stipulation and Order for Dr. Kaveh Kashani as presented by Ms. Tucker.

Second: Adam Porath

Action: Passed unanimously.

R. Alex Christopher Spinoso

(24-332-CS-S)

Alex Spinoso, Courtney Sullivan (counsel), and J. Malcolm DeVoy (counsel) were present.

Laura Tucker, General Counsel for the Nevada Board of Pharmacy, prosecuted the case against Dr. Spinoso alleging that Respondent Spinoso failed to review the PMP and did not personally evaluate patients for controlled substance prescriptions.

Ms. Tucker stated that both parties agreed to dismiss Count One, Count Two, and Count Three of the Accusation.

The proposed stipulated penalties for Dr. Spinoso, Certificate of Registration No. CS36319, are the following: Respondent's Certificate of Registration No. CS36319 is revoked, effective immediately; however the revocation is stayed, and Respondent's registration is placed on probation for a period of one (1) year subject to the following conditions: 1) Respondent fined \$5,000 for the violations, due and payable by November 14, 2025; 2) Respondent assessed \$1,250 in attorney's fees and costs; 3) Respondent agrees to participate in PMP training with Board staff within six (6) months of the effective date of the order; and 4) Respondent shall not engage in any conduct for which disciplinary action may be imposed.

Board discussion ensued.

Board Action:

Motion: Adam Porath moved to approve the Stipulation and Order for Mr. Spinoso as presented by Ms. Tucker.

Second: Krystal Freitas

Action: Passed unanimously.

L. Bernard Brooks

(25-031-RPH-N)

Andrew Switlyk, Esq., and Bernard Brooks appeared.

Brett Kandt, General Counsel for the Nevada Board of Pharmacy, prosecuted the case alleging that Respondent Brooks performed his duties as managing pharmacist while impaired and failed to disclose criminal convictions on his application for registration.

The witnesses were sequestered at the request of counsel for Respondent.

Anna Carr disclosed that she is familiar with a witness, Sara West, but she could participate in this matter fairly and without bias.

Adam Porath disclosed that he currently employs a witness, Nathan Graham, but he could participate in this matter fairly and without bias.

The parties gave opening statements.

Mr. Kandt called Wendy Berryman, Sara West, Mikayla Bergendahl, Erin Miller, Briseida Diaz, Gonsalo Hernandez, Melissa Shake, and Ryan Miller as witnesses. Each witness was sworn in by President Park and subject to examination.

Mr. Kandt moved the Exhibits 1-4 be admitted into evidence. Exhibits 1-4 were admitted into the record by President Park.

Mr. Switlyk moved that Exhibit A be admitted into evidence. Exhibit A was admitted into the record by President Park.

The hearing was continued to the next day of the Board Meeting.

Public comment at October 15, 2025, at 5:27 PM:

There was no public comment.

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

Board Members Present:

Helen Park
Adam Porath

Krystal Freitas
Anna Carr

Jade Jacobo

Richard Tomasso

Board Members Absent:

Chanyis Taylor

Board Staff Present:

David Wuest
Brett Kandt
Erin Miller

Yenh Long
Laura Tucker
Joe Dodge

Todd Weiss
Skylar Young
Leo Basch

Gregory Zunino
Darlene Nases
Jesette Phaynarikone

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 at October 16, 2025, at 9:02 AM:

Holly Prievo, Healthcare Supervisor at Walgreens.

Helen Park, Board President.

◆ WORKSHOP ◆

Thursday, October 16, 2025 – 9:00 am

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

- A. Amendment to Chapter 639 of the Nevada Administrative Code. The proposed amendments establish standards for licensees relating to staffing, supervision, duties of a pharmacy, duties of a pharmacist and requirements related to the timing of dispensing prescription drugs and devices.

David Wuest (Executive Secretary for the Nevada Board of Pharmacy) and Yen Long (Deputy Secretary for the Nevada Board of Pharmacy) presented the proposed regulation the Board.

Mr. Wuest stated that all public comment submitted had been provided to the Board and President Park opened the floor for public comment.

The following person(s) offered public comment:

Ken Kunke, Nevada Pharmacy Alliance.

Liz McMenamin, Retail Association of Nevada.

Jessica Covaci, Director of Pharmacy Government Affairs for Albertson's Companies.

Rob Geddes, Executive Director of Pharmacy Advocacy and Regulatory Affairs for CVS Pharmacy.

Lorri Walmsley, Director of Pharmacy Affairs for Walgreens.

Board discussion ensued.

Board Action:

Motion: Adam Porath moved to adopt the proposed regulation with amendments in Section 2, Subsection 1 to read, "A pharmacy may be staffed with one pharmacist. A pharmacy must be staffed 75% of the time of each day the pharmacy is opened to the public..."; Section 2, Subsection 1A to read, "...that the pharmacy fills greater than 250 prescriptions..."; and for Section 3, Subsection 4A to read "shall address" instead of " shall resolve".

Second: Richard Tomasso

Action: Passed unanimously.

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

L. Bernard Brooks

(25-031-RPH-N)

The hearing resumed.

Mr. Switlyk called Mariia Rysiuk, Sarah Hale-Byron, Emily Ann Green, Shelley Maglalang, and Bernard Brooks as witnesses. Each witness was sworn in by President Park and subject to examination.

Mr. Switlyk moved that Exhibits B-E be admitted into evidence. Exhibits B-E were admitted into the record by President Park.

The parties made closing arguments.

Board discussion ensued.

Board Action:

Motion: President Park moved to find Findings of Fact consistent with paragraphs 1, 2, 3, 5, 6, 7, 8, 9 of the Accusation.

Second: Jade Jacobo

Aye: Park, Tomasso, Jacobo, Freitas, Carr

Nay: Porath

Action: Motion passed.

Board Action:

Motion: Jade Jacobo moved to find Respondent Brooks not guilty of Count One of the Accusation.

Second: Adam Porath

Aye: Porath, Jacobo, Freitas, Carr

Nay: Park, Tomasso

Action: Motion passed.

Board Action:

Motion: Jade Jacobo moved to find Respondent Brooks not guilty of Count Two of the Accusation.

Second: Adam Porath

Aye: Porath, Jacobo, Freitas, Carr

Nay: Park, Tomasso

Action: Motion passed.

Board Action:

Motion: Jade Jacobo moved to find Respondent Brooks guilty of Count Three of the Accusation.

Second: President Park

Aye: Park, Tomasso, Jacobo, Freitas, Carr

Nay: Porath

Action: Motion passed.

Board Action:

Motion: Jade Jacobo moved to find Respondent Brooks guilty of Count Four of the Accusation.

Second: President Park

Aye: Park, Tomasso, Jacobo, Freitas, Carr

Nay: Porath

Action: Motion passed.

Board Action:

Motion: Jade Jacobo moved to find Respondent Brooks guilty of Count Five of the Accusation.

Second: Krystal Freitas

Aye: Park, Tomasso, Jacobo, Freitas, Carr

Nay: Porath

Action: Motion passed.

Board Action:

Motion: Jade Jacobo moved to find Respondent Brooks guilty of Count Six of the Accusation.

Second: President Park

Action: Passed unanimously.

Mr. Kandt requested that the memorandum of costs and fees be admitted as Exhibit 5 into the record.

Mr. Switlyk objected to the admittance of Exhibit 5, stating that it was not the time to be admitting evidence following the Board's rulings.

President Park overruled the objection and admitted Exhibit 5 into the record.

Board discussion ensued.

Board Action:

Motion: Jade Jacobo moved to find memorandum of attorney's fees and costs in the amount of \$6,656.06 to be reasonable, necessary and actually incurred; Respondent fined \$5,000 for the violations, due and payable by October 16, 2026; Respondent Brooks' Certificate of Registration No. 20571 is revoked; however, the revocation is stayed and will be placed on probation for a period of five (5) years from the effective date of the order; Respondent must participate in a PRN-PRN or equivalent program during his probationary period of five (5) years and quarterly reports to be submitted to Board staff; and Respondent cannot be a managing pharmacist for any other pharmacy than his current employer (Option Care) during his probationary period unless he petitions the Board for approval.

Second: President Park

Action: Motion passed.

O. Festus Ebonka

(25-215-CS-S)

Brett Kandt, General Counsel for Nevada Board of Pharmacy, documented that Mr. Ebonka's Certificate of Registration No. CS23430 was suspended pursuant to NRS 639.2107 and the hearing was continued to the March 2026 Board Meeting.

Jade Jacobo was excused from the meeting at 3:35 PM.

J. Susan Nytes

(24-213-CS-S)

This matter was continued.

P. David Whitehouse

(23-429-RPH-B-S)

This matter was continued.

S. Michael Stellmacher

(24-364-CS-S)

This matter was continued.

U. Dametria Williams

(25-049-PTT-S)

This matter was continued.

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

a. Heal Root Digital Inc

(22-144-N)

This matter was withdrawn.

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

B. National Health Rx – Las Vegas, NV

Joey Gilbert (counsel), Massimo Cavallaro (owner), Adam Fulton (counsel), and Joe Louis (consultant) were present.

The Board heard testimony and asked questions of the applicant.

Board discussion ensued.

Board Action:

Motion: Adam Porath moved to approve the change of ownership for National

Health Rx, with the condition of monthly inspections for a period of six (6) months at the owner's expense.

Second: Krystal Freitas

Action: Passed unanimously.

19. Executive Secretary Report

David Wuest, Executive Secretary for the Nevada Board of Pharmacy, presented.

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

C. Vidrine Pharmaceutical Group, LLC – Lake Charles, LA

Jesse Vidrine (President), Kylee Vidrine (pharmacist in charge), and Ayesha Mehdi (counsel) were present.

The Board heard testimony and asked questions of the applicant.

Board discussion ensued.

Board Action:

Motion: Adam Porath moved to approve the Out-of-State Compounding Pharmacy application for Vidrine Pharmaceutical Group, LLC pending submittal of a completed designated representative application to the Board.

Second: Krystal Freitas

Action: Passed unanimously.

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

A. Romeo Valdez Jr.

Romeo Valdez Jr. was present.

The Board heard testimony and asked questions of the applicant.

Board discussion ensued.

Board Action:

Motion: Adam Porath moved to approve the pharmaceutical technician registration for Romeo Valdez Jr.

Second: Krystal Freitas

Action: Passed unanimously.

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

C. Peter Grimes

Peter Grimes was present.

The Board heard testimony and asked questions of the applicant.

Board discussion ensued.

Board Action:

Motion: Adam Porath moved to approve the controlled substance registration for Peter Grimes for Schedules II-V pending one (1) hour of PMP training with Board staff.

Second: Krystal Freitas

Action: Passed unanimously.

B. Jay Selznick

Jay Selznick and John Hunt, Esq. were present.

The Board heard testimony and asked questions of the applicant.

Board discussion ensued.

Board Action:

Motion: Adam Porath moved to approve the controlled substance registration for Jay Selznick for Schedules II-V.

Second: Krystal Freitas

Action: Passed unanimously.

7. Application for Out-of-State Medical, Devices, Equipment and Gases License

(NAC 639.6944) – Appearance **(FOR POSSIBLE ACTION)**

A. Total Medical Supply, Inc – Texarkana, TX

This matter was continued.

8. Application for Nevada Warehouse (NAC 639.622) – Appearance **(FOR POSSIBLE ACTION)**

A. Giving Home Medical Equipment, LLC – Las Vegas, NV

This matter was continued.

B. Novum Pharmaceutical Research Services of Nevada, Inc – Las Vegas, NV

This matter was continued.

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

A. Evergreen Drugs – Henderson, NV

This matter was continued.

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

A. Hephaestus Pharmaceuticals, LLC – Miami, FL

This matter was continued.

B. Walgreens HUB Solutions #21609 – Pittsburgh, PA

This matter was continued.

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

A. Hillcrest Pharmacy, LLC – Midvale, UT

This matter was continued.

B. Mediviant Healthcare – Phoenix, AZ

This matter was continued.

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

- A. Packaging Coordinators, Inc – Philadelphia, PA – Background
Check Not Required by Law

This matter was continued.

- B. Patterson Logistic Services, Inc – Dinuba, CA – Background Check
Not Required by Law

This matter was continued.

- C. Patterson Logistic Services, Inc – Boone, IA – Background Check
Not Required by Law

This matter was continued.

- D. Patterson Logistic Services, Inc – Blythewood, SC – Background
Check not Required by Law

This matter was continued.

- E. Patterson Logistic Services, Inc – Kent, WA – Background Check
not Required by Law

This matter was continued.

- F. Patterson Logistic Services, Inc – South Bend, IN – Background
Check not Required by Law

This matter was continued.

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

- A. Patterson Dental Supply, Inc – Las Vegas, NV – Background Check
not Required by Law

This matter was continued.

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

- A. Baylee Watkins

This matter was continued.

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

B. Steven Mayo Cruz

No appearance was needed.

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

A. Glenn Park

No appearance was needed.

18. General Counsel Report

There was no General Counsel Report.

19. Date and Location of Next Scheduled Board Meeting:

December 3-4, 2025 – Las Vegas, NV

20. Public Comment

A representative from Evergreen Drugs had a question about their application.

A representative from Medivant Healthcare had a question about their application.

21. 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
^a Is the business also a wholesaler? (NRS 639.016)			☐ Yes	☒ No
Wholesaler" means a wholesale distributor as defined by 21 C.F.R. § 205.3(g) who supplies or distributes drugs, medicines or chemicals or devices or appliances that are restricted by federal law to sale by or on the order of a physician to a person other than the consumer or patient. The term includes a person who derives, produces, prepares or repackages drugs, medicines or chemicals or devices or appliances that are restricted by federal law to sale by or on the order of a physician on sales orders for resale. The term does not include a nonprofit cooperative agricultural organization which supplies or distributes veterinary drugs and medicines only to its own members.				
Type of Application (check applicable box)			MDEG Business Type (check applicable box)	
☒ New MDEG	* If making a change, provide current license number: 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>180 Medical, Inc</u>	
MDEG Physical Address: <u>10707 Mockingbird Drive</u>	
City: <u>Omaha</u>	State: <u>NE</u> Zip: <u>68127</u>
Mailing Address (if different from physical address): <u>8516 NW Expressway</u>	
City: <u>Oklahoma City</u>	State: <u>OK</u> Zip: <u>73162</u>
Telephone: <u>(402) 315-3756</u> Website: <u>www.180medical.com</u>	
Email: <u>180-Accreditation@180medical.com</u>	
Name of MDEG Administrator (NAC 639.694): <u>Jeffery Hendrix</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>Urology & Ostomy Supplies</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: _____
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)	

Check the Days the Business will be Opened and provide the Hours of Operation				
☒ Mon 8am-12pm 2pm-4pm	☒ Tue 8am-12pm 2pm-4pm	☒ Wed 8am-12pm 2pm-4pm	☒ Thurs 8am-12pm 2pm-4pm	☒ Fri 8am-12pm 2pm-4pm
☐ 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)?		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?		X
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?		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 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 4578860015
Medicaid 10025389400

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

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

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

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

Section 5: Publicly Traded Corporation		
State of Incorporation: _____		
Parent Company (if any): _____		
Corporation Name: _____		
Mailing Address: _____		
City: _____	State: _____	Zip: _____
Telephone: _____	Email: _____	
Contact Person Name: _____		
Date of SEC Registration: _____	SEC Registration Number: _____	Stock Exchange Symbol: _____

Section 6: Non-Publicly Traded Corporation or Company		
State of Incorporation/Organization: <u>OK / 180 Medical, Inc</u>		
Parent Company (if any): _____		
Corporation/Organization Name: <u>180 Medical, Inc</u>		
Mailing Address: <u>8516 NW Expressway</u>		
City: <u>Oklahoma City</u>	State: <u>OK</u>	Zip: <u>73162</u>
Telephone: <u>(877) 688-2729</u>	Email: <u>180-Accreditation@180medical.com</u>	
Contact Person Name: <u>Jeffery Hendrix</u>		

Section 7: Partnership		
Partnership Name: _____		
Mailing Address: _____		
City: _____	State: _____	Zip: _____
Telephone: _____	Email: _____	
Contact Person Name: _____		

Section 8: Sole Owner		
Owner's Name: _____		
Business Name: _____		
Business Address: _____		
City: _____	State: _____	Zip: _____
Telephone: _____	Email: _____	

Section 9: Provide all the applicable documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	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/	✓	✓	✓	✓
** Will be mailed separate **				
• ^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.

Jeffery Hendrix

Print Name of Authorized Person Submitting Application

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

Date

Board Use Only	Date Received: <u>9/9/25</u>	Amount: <u>\$500.00 75801</u>
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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
06/20/2025

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

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

PRODUCER MARSH USA, LLC. 99 HIGH STREET BOSTON, MA 02110	CONTACT NAME: PHONE (A/C, No, Ext): E-MAIL ADDRESS:	FAX (A/C, No):
CN103689851-180Me-GAWUP-25-	INSURER(S) AFFORDING COVERAGE	
INSURED 180 Medical Inc 10707 Mockingbird Dr. Omaha, NE 68127	INSURER A: The Phoenix Insurance Company	NAIC # 25623
	INSURER B: The Travelers Indemnity Company of Connecticut	25682
	INSURER C: Allianz Global Risks US Insurance Company	35300
	INSURER D: Travelers Casualty And Surety Company	19038
	INSURER E: Fireman's Fund Indemnity Corporation	
	INSURER F:	

COVERAGES**CERTIFICATE NUMBER:**

NYC-012335789-01

REVISION NUMBER: 0

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: ☒ POLICY ☐ PRO-JECT ☐ LOC OTHER:			630-B4548414	07/01/2025	07/01/2026	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 15,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$
B	AUTOMOBILE LIABILITY ☒ ANY AUTO ☐ OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☒ HIRED AUTOS ONLY ☒ NON-OWNED AUTOS ONLY			810-B4665723	07/01/2025	07/01/2026	COMBINED SINGLE LIMIT (Ea accident) \$ 2,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
C	☒ UMBRELLA LIAB ☐ OCCUR ☐ EXCESS LIAB ☐ CLAIMS-MADE DED ☒ RETENTION \$ 10,000			USL00975325	07/01/2025	07/01/2026	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000
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	N/A	UB-B4547903	07/01/2025	07/01/2026	☒ 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
E	Products			USL02877525	07/01/2025	07/01/2026	Limit 10,000,000 SIR 10,000,000

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

CERTIFICATE HOLDER180 Medical Inc
10707 Mockingbird Drive
Omaha, NE 68127-1941**CANCELLATION**

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

AUTHORIZED REPRESENTATIVE

Marsh USA LLC

OFFICE OF THE SECRETARY OF STATE



CERTIFICATE OF GOOD STANDING

DOMESTIC FOR PROFIT BUSINESS CORPORATION

I, THE UNDERSIGNED, Secretary of State of the State of Oklahoma, do hereby certify that I am, by the laws of said state, the custodian of the records of the state of Oklahoma relating to the right of certain business entities to transact business in this state and am the proper officer to execute this certificate.

I FURTHER CERTIFY that 180 MEDICAL, INC. whose registered agent is CORPORATION SERVICE COMPANY, with its registered office at 10300 GREENBRIAR PLACE OKLAHOMA CITY 73159 7653 USA Oklahoma is a Domestic For Profit Business Corporation duly organized and existing under and by virtue of the laws of the state of Oklahoma and is in good standing according to the records of this office. 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. Such information is not available from this office.



IN TESTIMONY WHEREOF, I hereunto set my hand and affixed the Great Seal of the State of Oklahoma, done at the City of Oklahoma City, this 19th, day of September, 2025.

A handwritten signature in black ink, which appears to read "J. C. Galt", is written over a horizontal line.

Secretary Of State

180 Medical, Inc., - Directors

Mark Lloyd Jassey
Director



John Andrew Holtz
Director

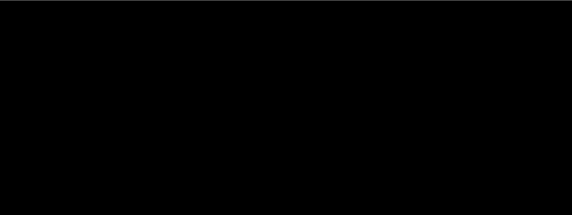


Jeffery Benjamin Hendrix
Director

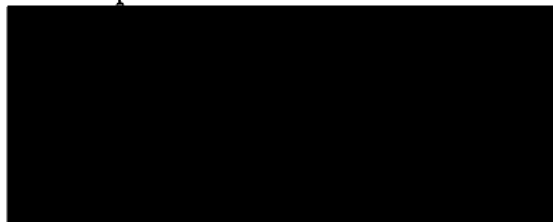


180 Medical, Inc., - Officers

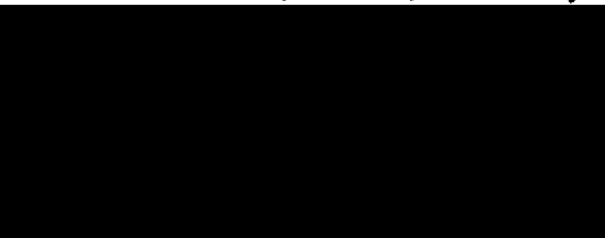
Mark Lloyd Jassey
Chief Executive Officer



John Andrew Holtz
Chief Operations Officer



Jeffery Benjamin Hendrix
Chief Financial Officer, Treasurer, and Secretary



From: [DHHS Medical Office](#)
To: [Sara Munoz](#)
Subject: RE: NE Board of Pharmacy- License Requirement
Date: Wednesday, September 03, 2025 2:01:24 PM
Attachments: [image001.png](#)

External Email: This email originates from outside Convatec. Use caution in responding, clicking links or opening attachments. Report suspicious emails using the 'Report Message' button

Good afternoon,

Thank you for reaching out. We do not license DME providers in Nebraska.

Best Regards

Radhika Pareek | *Administrative Technician*
PUBLIC HEALTH

Nebraska Department of Health and Human Services

OFFICE: 402-471-2118

[DHHS.ne.gov](#) | [Facebook](#) | [Twitter](#) | [LinkedIn](#)

From: Sara Munoz <SaraMunoz@180medical.com>
Sent: Tuesday, September 2, 2025 12:00 PM
To: DHHS Medical Office <DHHS.MedicalOffice@nebraska.gov>
Subject: NE Board of Pharmacy- License Requirement
Importance: High

You don't often get email from saramunoz@180medical.com. [Learn why this is important](#)

Good afternoon,

180 Medical, Inc (TIN 13-4211220) is a direct mail order DME Provider. We specialize in Urology & Ostomy supplies that are mailed directly to the patient's home. We do have an office located in Nebraska. Can you please provide a written statement confirming an In-State License is not required for the type of supplies we provide?

Thank you,

Sara Munoz

Accreditation Specialist

180-Phoenix

Toll Free: 877-688-2729 | Local: 623.780.8686 | Fax: 405.898.0898

saramunoz@180Medical.com | www.180medical.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 180 Medical, Inc MDEG License # (if applicable) _____
 Physical Address 10707 Mockingbird Drive
 City Omaha State NE Zip 68127
 Mailing Address (if different from physical address) 8516 NW Expressway
 City Oklahoma City State OK Zip 73162
 Telephone (402) 315-3756 Website www.180medical.com
 Licensing Company Email 180-Accreditation@180medical.com

Section 2: Personal Information

First Crystal Middle Jo Last Whitson
 Alias(es, nicknames, name changes, etc.) Pearson
 Date of Birth [REDACTED] SSN or ITIN [REDACTED] Sex ☐ M ☒ F ☐ X
 Mailing Address [REDACTED]
 City [REDACTED] State NE Zip [REDACTED]
 Telephone [REDACTED] Email CrystalWhitson@180medical.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 NEBRASKA Methodist College		From - To (MM/YY - MM/YY) 8/2003 05/2008	
Address 720 N. 87th St.		City Omaha	State NE Zip 68114
Diploma/Degree obtained, if any Bachelor of Science Nursing			
School Name Millard South		From - To (MM/YY - MM/YY) 08/84 05/92	
Address 14905 Q St.		City Omaha	State NE Zip 68135
Diploma/Degree obtained, if any Diploma High School			
School Name		From - To (MM/YY - MM/YY)	
Address		City	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) 3/2024 - Present	[REDACTED]	[REDACTED]	State NE	[REDACTED]
From - To (MM/YY - MM/YY) 2/2007 - 2/2021			State NE	
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	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 180 Medical		From - To (MM/YY - MM/YY) 8/2020 to present	
Business Address 10707 Mockingbird Dr		City Omaha	State Ne
Phone 817-688-2729	Title Account Manager	Number of Employed Hours 10,640	
Description of Duties TEXT, Emails, Chat, Customer Satisfaction guaranteed, Customer engagement, order fulfillment, doing what's Best for Patient			

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.

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)

9/10/2025

Date

I, Crystal Whitson, certify that as the MDEG Administrator for
180 Medical, Inc

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.

Crystal Whitson

Print Name (First, Last)



Original Signature (electronic, copies or stamps not accepted)

9/10/2025
Date

Board Use Only

Date Received: 9/16/25

Kristy Langston

From: Crystal Whitson <CrystalWhitson@180medical.com>
Sent: Tuesday, September 23, 2025 12:05 PM
To: Kristy Langston
Subject: RE: MDEG Administrator Application
Attachments: Bill_20250917_0001 (002).pdf

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

Hi,

Good Afternoon! I would like to share my experiences with the GentleCath Glide Feel Clean technology, which represents the third generation of catheters. These catheters utilize PVP-free, pure water at the point of use, ensuring a smooth and comfortable experience without any stickiness or dryness. We offer samples to patients who may be experiencing discomfort while using catheters, as well as provide education on the best catheter options available for those with mobility or dexterity challenges. For instance, the TruCath Oasis features a convenient finger loop on the packaging and a gripper that assists users with limited dexterity. Additionally, the Speedicath Soft is designed with a gripper to facilitate insertion, while the Speedicath itself is firm enough to be securely held by the funnel. Our goal is to ensure that every patient finds the right support and comfort in their catheter experience.

Thank you,

Crystal

Crystal Whitson

Account Manager II

CrystalWhitson@180medical.com

Toll-Free: (877) 688-2729 | Local: (405) 702-7700

www.180medical.com

The information contained in this transmission may contain privileged and confidential information protected by federal and state privacy laws. It is intended only for the use of the person(s) named here. If you are not the intended recipient, you are hereby notified that any review, dissemination, distribution, or duplication of this communication is strictly prohibited. If you are not the intended recipient, please contact us toll-free at (877) 688-2729 and destroy all copies of the original message. Thank you.

"Supplying the products that turn lives around."

From: Kristy Langston <klangston@pharmacy.nv.gov>
Sent: Wednesday, September 17, 2025 10:33 AM
To: Crystal Whitson <crystalwhitson@180medical.com>
Subject: MDEG Administrator Application

External Email: This email originates from outside Convatec. Use caution in responding, clicking links or opening attachments. Report suspicious emails using the 'Report Message' button

Hi Crystal,

I have received your MDEG Administrator application. Please complete the highlighted portion of the attached document as well as provide me with a statement regarding your experience with the products offered by 180 Medical. The experience you listed on the application discusses customer/patient satisfaction but does not include specifics about the products.

Thank you,

Kristy Langston
Licensing Supervisor
Nevada State Board of Pharmacy
(775) 850-1440
klangston@pharmacy.nv.gov



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

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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 PH04282	☐ 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>Complete Medical Supplies, Inc</u>	
MDEG Physical Address: <u>11971 NW 37 Street</u>	
City: <u>Coral Springs</u>	State: <u>FL</u> Zip: <u>33065-2500</u>
Mailing Address (if different from physical address): <u>same</u>	
City: _____	State: _____ Zip: _____
Telephone: <u>877-748-1977</u>	Website: <u>acsmedical.com</u>
Email: <u>CmdAdmin@acsmedical.com</u>	
Name of MDEG Administrator (NAC 639.694): <u>Sandra Hettinger, Owner/ VP</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>wound care, ostomy, urologicals, and a pleural drain & dressing considered a medical</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: 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>Christian Eubanks</u> Telephone: <u>800-567-4397, x-213</u>

Check the Days the Business will be Opened and provide the Hours of Operation				
☒ Mon: 8:30-5pm	☒ Tue: 8:30-5pm	☒ Wed: 8:30-5pm	☒ Thurs: 8:30-5pm	☒ Fri: 8:30-5pm
☐ Sat: on-call	☐ Sun: on-call	☐ Holidays: on-call		

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)?		No
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration?		No
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?		No
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		No
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		No
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: 1326030001
Medicaid: AZ 548264, CO 9000179349, ID 1588652002, IL 650923748001, IN 30027875, IO 1588652002, KS 30004676390001, KY 7100631250, ME 1588652002, MD 580288100, MA 110161489A, MI 1588652002, NE 10026870200, NH 3124758, NJ 0721816, NM 17134030, NC 1588652002, OH 0370750, OR 500774457, RI 1588652002, SC DM1611, TX 141818802, UT 3015340, VT 10358300, WA 2178303, WI 100096794, WY 1588652002

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name of the owner, their credentials and their percent ownership. (NAC 639.6943, NAC 693.6933)		
Name: N/A	Credentials: _____	%: _____
Name: _____	Credentials: _____	%: _____
Name: _____	Credentials: _____	%: _____
Name: _____	Credentials: _____	%: _____
Name: _____	Credentials: _____	%: _____
1. The Board will not issue a license to conduct business as a medical products provider or medical products wholesaler to: a) A practicing health professional; or b) A partnership, corporation or association in which a practicing health professional has a controlling interest or in which ownership of 10 percent or more of the available stock is held by one or more practicing health professionals.		
2. As used in this section, "practicing health professional" means a health professional who performs services within the scope of his or her licensure or registration in any capacity in a health care facility other than the facility of the medical products provider or medical products wholesaler.		

Section 5: Publicly Traded Corporation		
State of Incorporation: <u>N/A</u>		
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: <u>Florida</u>		
Parent Company (if any): _____		
Corporation/Organization Name: <u>Complete Medical Supplies, Inc</u>		
Mailing Address: <u>11971 NW 37 Street</u>		
City: <u>Coral Springs</u>	State: <u>FL</u>	Zip: <u>33065-2500</u>
Telephone: <u>877.748.1977</u>	Email: <u>CmsAdmin@acsmedical.com</u>	
Contact Person Name: <u>Sandra Hettinger</u>		

Section 7: Partnership		
Partnership Name: <u>N/A</u>		
Mailing Address: _____		
City: _____	State: _____	Zip: _____
Telephone: _____	Email: _____	
Contact Person Name: _____		

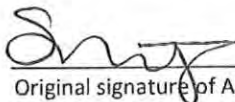
Section 8: Sole Owner		
Owner's Name: <u>Sandra Hettinger (50% owner and Vice President), and Scott Sturup (50% owner and President)</u>		
Business Name: <u>Complete Medical Supplies, Inc</u>		
Business Address: <u>11971 NW 37 Street</u>		
City: <u>Coral Springs</u>	State: <u>FL</u>	Zip: <u>33065-2500</u>
Telephone: <u>877.748.1977</u>	Email: <u>CmsAdmin@acsmedical.com</u>	

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.

Sandra Hettinger

Print Name of Authorized Person Submitting Application



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

07/28/2025

Date

Board Use Only	Date Received: _____	Amount: _____
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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

11/7/2025

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 Keyes Coverage Insurance PO Box 26570 Fort Lauderdale FL 33320	CONTACT NAME: Christina Day
	PHONE (A/C, No, Ext): 954-724-7000 FAX (A/C, No): 954-724-7024
	E-MAIL ADDRESS: cday@keyescorverage.com
	INSURER(S) AFFORDING COVERAGE
	INSURER A: Benchmark Insurance Co
	INSURER B:
	INSURER C:
	INSURER D:
	INSURER E:
	INSURER F:

COVERAGES **CERTIFICATE NUMBER:** 333856644 **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:			D1024G74711	8/23/2025	8/23/2026	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 \$
A	☐ AUTOMOBILE LIABILITY ☐ ANY AUTO ☒ OWNED AUTOS ONLY ☐ HIRED AUTOS ONLY ☐ SCHEDULED AUTOS ☒ NON-OWNED AUTOS ONLY	N	N	D1024G74711	8/23/2025	8/23/2026	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$1 \$
	☐ 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	Y/N	N/A				PER STATUTE ☐ OTH-ER ☐ E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Professional Liability			D1024G74711	8/23/2025	8/23/2026	General Aggregate Each Occurrence 3,000,000 1,000,000

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

CERTIFICATE HOLDER	CANCELLATION 30 Days Notice/10 Days Non-Pay
Proof of Insurance Proof of Insurance United States	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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State of Florida

Department of State

I certify from the records of this office that COMPLETE MEDICAL SUPPLIES, INC. is a corporation organized under the laws of the State of Florida, filed on May 24, 1999.

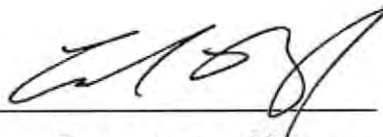
The document number of this corporation is P99000047998.

I further certify that said corporation has paid all fees due this office through December 31, 2024, that its most recent annual report/uniform business report was filed on February 21, 2024, and that its status is active.

I further certify that said corporation has not filed Articles of Dissolution.

*Given under my hand and the
Great Seal of the State of Florida
at Tallahassee, the Capital, this
the Fifth day of March, 2025*




Secretary of State

Tracking Number: 1020231637CU

To authenticate this certificate, visit the following site, enter this number, and then follow the instructions displayed.

<https://services.sunbiz.org/Filings/CertificateOfStatus/CertificateAuthentication>

Bonnie R. Berenguer

From: Meadows, Leigh <Leigh.Meadows@ahca.myflorida.com>
Sent: Friday, January 28, 2022 12:01 PM
To: Bonnie R. Berenguer
Subject: RE: Florida HME Licensure Regulation

Follow Up Flag: Follow up
Flag Status: Flagged

Categories: Pharmacy Permits

Good morning Bonnie,

Pursuant to Florida Administrative Code, Rule 59A-25.002(2), considers disposable supplies as items that do not require services, and therefore indicates that locations providing ONLY disposable items will not require Home Medical Equipment state licensure.

F.A.C. 59A-25.002 (2): Home medical equipment locations that do not require a license: Diabetic monitors and disposable supplies, e.g., diabetic, ostomy, urological and wound care supplies have been identified as equipment and supplies that do not require services as defined in Section 400.925(9), F.S.; therefore, locations that supply these items only will not require a HME license.

<https://www.flrules.org/gateway/RuleNo.asp?title=MINIMUM%20STANDARDS%20FOR%20HOME%20MEDICAL%20EQUIPMENT%20PROVIDERS&ID=59A-25.002>

Sincerely,

Leigh Meadows - PROGRAM ADMINISTRATOR



LONG TERM CARE SERVICES UNIT
BUREAU OF HEALTH FACILITY REGULATION
2727 MAHAN DR TALLAHASSEE, FL 32308
850-412-4385 (Office)
Leigh.Meadows@ahca.myflorida.com



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From: Bonnie R. Berenguer <brb@omniaone.net>
Sent: Friday, January 28, 2022 10:30 AM
To: Meadows, Leigh <Leigh.Meadows@ahca.myflorida.com>
Subject: Fwd: Florida HME Licensure Regulation

Thank you again!
Bonnie
Sent from my iPhone

Begin forwarded message:

From: "Bonnie R. Berenguer" <brb@omniaone.net>
Date: January 28, 2022 at 8:57:00 AM EST
To: leigh.meadows@ahch.myflorida.com
Cc: Scott Sturup <ssturup@acsmedical.com>, shettinger@acsmedical.com, Johhani Blanco <jblanco@acsmedical.com>
Subject: Florida HME Licensure Regulation

Good morning Ms. Meadows and thank you so very much for taking my call today.

As mentioned, we would like to confirm our interpretation of your regs as it pertains to a Florida DME Provider that dispenses disposable supplies limited to:

- Ostomy supplies
- Urological supplies
- wound care supplies
- disposable drain bag considered a legend device

It is our understanding that all of the supplies listed above fall under the "disposable" Category of Equipment per AHCA Regulation, specifically 59A-25.005(1)(c), F.A.C. of Aspen State Regulation Set: O 3.02 Home Medical Equipment.

Kindly confirm our understanding and or provide the applicable regulation (s).

Thank you,
Bonnie

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 Complete Medical Supplies, Inc
Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable) _____
Physical Address 11971 NW 37 Street
City Coral Springs State FL Zip 33065-2500
Mailing Address (if different from physical address) same
City _____ State _____ Zip _____
Telephone 877.748.1977 Website acsmedical.com
Licensing Company Email CmsAdmin@acsmedical.com

Section 2: Personal Information

First Sandra Middle Lee Last Hettinger
Alias(es, nicknames, name changes, etc.) _____
Date of Birth _____ SSN or ITIN _____ Sex ☐ M ☒ F ☐ X
Mailing Address _____
City _____ State _____ Zip _____
Telephone 877.748.1977 Email shettinger@acsmedical.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.)		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.)		No
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.)		No

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.)		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?		No

Personal History Application

(Applicant's Initials SH)

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		Englewood High School		From - To (MM/YY - MM/YY)
				Sept 1976- June 1979
Address		City	State	Zip
4412 Barnes Road South		Jacksonville	FL	32207
Diploma/Degree obtained, if any				
High School Diploma				
School Name				From - To (MM/YY - MM/YY)
Address		City	State	Zip
Diploma/Degree obtained, if any				
School Name				From - To (MM/YY - MM/YY)
Address		City	State	Zip
Diploma/Degree obtained, if any				
School Name				From - To (MM/YY - MM/YY)
Address		City	State	Zip
Diploma/Degree obtained, if any				
School Name				From - To (MM/YY - MM/YY)
Address		City	State	Zip
Diploma/Degree obtained, if any				

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)				
From - To (MM/YY - MM/YY)	Address	City	State	Zip
11/2002- present			FL	
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	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 Complete Medical Supplies, Inc			From - To (MM/YY - MM/YY) 05/24/1999 to present	
Business Address 11971 NW 37 Street,		City Coral Springs	State FL	Zip 33065-2500
Phone 877.748.1977		Title Vice President, 50% Oowner, Officer & Director		
Description of Duties Administration				
Business Name Advanced Care Solutions, Inc			From - To (MM/YY - MM/YY) 05/24/1999 to present	
Business Address 11971 NW 37 Street		City Coral Springs	State FL	Zip 33065-2500
Phone 954.376.7510		Title President, 50% owner, Officer & Director		
Description of Duties Administration				
Business Name			From - To (MM/YY - MM/YY)	
Business Address		City	State	Zip
Phone		Title		
Description of Duties				
Business Name			From - To (MM/YY - MM/YY)	
Business Address		City	State	Zip
Phone		Title		
Description of Duties				
Business Name			From - To (MM/YY - MM/YY)	
Business Address		City	State	Zip
Phone		Title		
Description of Duties				
Continue on next page if additional space is needed.				

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		No
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?		No
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		No
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.)		No
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?		No
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)?		No
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		No
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.		No
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).		No
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?		No

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)

7/28/25
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.

Sandra Hettinger

Print Name (First, Last)

[Signature]

Original Signature (electronic, copies or stamps not accepted)

7/28/25

Date

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

State of Florida, ss. County of Broward

I, Sandra Hettinger, 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

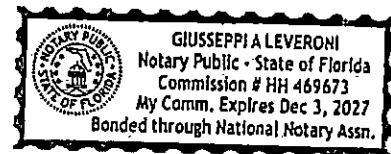
7/28/25

Date

Subscribed and Sworn to before me this 28 day of July.

[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 Complete Medical Supplies, Inc
Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable) _____
Physical Address 11971 NW 37 Street
City Coral Springs State FL Zip 33065-2500
Mailing Address (if different from physical address) same
City _____ State _____ Zip _____
Telephone 877.748.1977 Website acsmedical.com
Licensing Company Email CmsAdmin@acsmedical.com

Section 2: Personal Information

First Scott Middle Kevin Last Sturup
Alias(es, nicknames, name changes, etc.) _____
Date of Birth [REDACTED] SSN or ITIN [REDACTED] Sex ☒ M ☐ F ☐ X
Mailing Address [REDACTED]
City [REDACTED] State _____ Zip _____
Telephone 877.748.1977 Email ssturup@acsmedical.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.)		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.)		No
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.)		No

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.)		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?		No

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>Nov9 High School</i>		From - To (MM/YY - MM/YY) <i>8/75 - 7/79</i>	
Address <i>3600 College Ave</i>	City <i>Davie</i>	State <i>FL</i>	Zip <i>33314</i>
Diploma/Degree obtained, if any <i>High School Diploma</i>			
School Name <i>University of California, Los Angeles</i>		From - To (MM/YY - MM/YY) <i>8/80 - 6/83</i>	
Address <i>405 Hilgard Ave</i>	City <i>Los Angeles</i>	State <i>CA</i>	Zip <i>90085</i>
Diploma/Degree obtained, if any <i>Bachelor of Arts</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			

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>8/21 - Present</i>	Address <i>[REDACTED]</i>	City <i>[REDACTED]</i>	State <i>FL</i>	Zip <i>[REDACTED]</i>
From - To (MM/YY - MM/YY) <i>6/01 - 8/20</i>	Address <i>[REDACTED]</i>	City <i>[REDACTED]</i>	State <i>FL</i>	Zip <i>[REDACTED]</i>
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	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 Complete Medical Supplies, Inc		From - To (MM/YY - MM/YY) 05/24/1999 to present	
Business Address 11971 NW 37 Street,	City Coral Springs	State FL	Zip 33065-2500
Phone 877.748.1977	Title President, 50% Owner, Officer & Director		
Description of Duties Operations			

Business Name Advanced Care Solutions, Inc		From - To (MM/YY - MM/YY) 05/24/1999 to present	
Business Address 11971 NW 37 Street	City Coral Springs	State FL	Zip 33065-2500
Phone 954.376.7510	Title Vice President, 50% owner, Officer & Director		
Description of Duties Operations			

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

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

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

Continue on next page if additional space is needed.

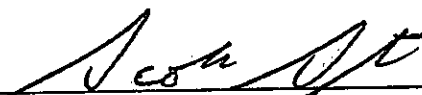
Section 8: Arrests, Detentions, Litigations, Arbitrations.		Yes	No
1.	Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		No
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?		No
3.	Have you ever had a civil or criminal record expunged or sealed by a court order?		No
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.)		No
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?		No
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)?		No
7.	Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		No
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.		No
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).		No
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?		No

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)

7/29/2025
Date

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

Scott Sturup

Print Name (First, Last)

Scott Sturup
Original Signature (electronic, copies or stamps not accepted)

7/28/25
Date

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

State of Florida, ss. County of Broward

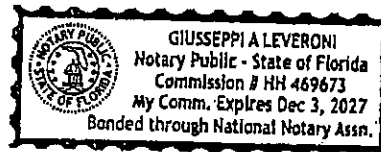
I, Scott Sturup, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation 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.

Scott Sturup
Original Signature

7/28/25
Date

Subscribed and Sworn to before me this 29 day of July.

[Signature]
Notary Public Signature



(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 Complete Medical Supplies, Inc MDEG License # (if applicable) _____
Physical Address 11971 NW 37 Street
City Coral Springs State FL Zip 33065-2500
Mailing Address (if different from physical address) same
City _____ State _____ Zip _____
Telephone 877.748.1977 Website acsmedical.com
Licensing Company Email CmsAdmin@acsmedical.com

Section 2: Personal Information

First Sandra Middle Lee Last Hettinger
Alias(es, nicknames, name changes, etc.) _____
Date of Birth _____ SSN or ITIN _____ Sex ☐ M ☒ F ☐ X
Mailing Address _____
City _____ State 1 Zip _____
Telephone 877.748.1977 Email shettinger@acsmedical.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.)		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.)		No
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.)		No

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.)		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?		No

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 Englewood High School		From - To (MM/YY - MM/YY) Sept 1976- June 1979	
Address 4412 Barnes Road South	City Jacksonville	State FL	Zip 32207
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) 11/2002- present	Address [REDACTED]	City [REDACTED]	State FL	Zip [REDACTED]
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	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 Complete Medical Supplies, Inc		From - To (MM/YY - MM/YY) 05/24/1999 to present	
Business Address 11971 NW 37 Street,	City Coral Springs,	State FL	Zip 33065-2500
Phone 877.748.1977	Title VP, 50% Owner, Officer & Director	Number of Employed Hours 50,000 hrs	

Description of Duties

Administration

Business Name Advanced Care Solutions, Inc		From - To (MM/YY - MM/YY) 05/24/1999 to present	
Business Address 11971 NW 37 Street,	City Coral Springs,	State FL	Zip 33065-2500
Phone 954.376.7510	Title President, 50% Owner, Officer & Director	Number of Employed Hours 50,000 hrs	

Description of Duties

Administration

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

Description of Duties

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

Description of Duties

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

Description of Duties

Continue on next page if additional space is needed.

Section 8: Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		No
2. Have you been charged, arrested or convicted of a felony or misdemeanor in <u>any</u> state?		No
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.		No

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)

7/28/25
Date

I, Sandra Hettinger, certify that as the MDEG Administrator for
Complete Medical Supplies, Inc

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

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

Sandra Hettinger

Print Name (First, Last)



Original Signature (electronic, copies or stamps not accepted)

7/28/25

Date

Board Use Only

Date Received: _____



Nevada Board of Pharmacy

Via Email: pharmacy@pharmacy.nv.gov.

Ref: Change of Location/ Address

To whom it may concern:

Pursuant to information published on your website, as a licensed out- of-state pharmacy with your state, we are submitting this letter as formal notification of our change of location/ address effective April 1, 2025.

Name: Complete Medical Supplies, Inc.
Current Address: 4001 NW 124 Avenue, Coral Springs, FL 33065-2405
New Address: 11971 NW 37 Street, Coral Springs, FL 33065-2500
License No. PH04282

Attached please find a copy of our current license with your state as well as a copy of our local business occupational license/ tax receipt reflecting our new address. Should you have any questions, please reach out to us at CmsAdmin@acsmmedical.com.

Thank you,

A handwritten signature in black ink, appearing to read 'S. Hettinger'.

Sandra Hettinger
VP Owner Officer

Attachments

4C

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>Continuum, LLC</u>	
MDEG Physical Address: <u>162 Industry Drive</u>	
City: <u>Pittsburgh</u>	State: <u>PA</u> Zip: <u>15275</u>
Mailing Address (if different from physical address): _____	
City: _____	State: _____ Zip: _____
Telephone: <u>800-220-5262</u>	Website: <u>www.chcsolutions.com</u>
Email: <u>payerrelations@chcsolutions.com</u>	
Name of MDEG Administrator (NAC 639.694): <u>Heather Edmunds</u>	
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: wound, urological, incontinence supplies & devices **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: 8:30a - 6pEST	☒ Tue: 8:30a - 6pEST	☒ Wed: 8:30a - 6pEST	☒ Thurs: 8:30a - 6pEST	☒ Fri: 8:30a - 6pEST
☐ 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))
See attached

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: NA	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 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: PA
Parent Company (if any): See attached for list of ownership
Corporation/Organization Name: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
Telephone: 800-220-5262 Email: payerrelations@chcsolutions.com
Contact Person Name: Tara Debbis

Section 7: Partnership

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

Section 8: Sole Owner

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

Section 9: Provide all the applicable documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	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.

Tara Debbis

Print Name of Authorized Person Submitting Application

[Signature]

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

7/8/2025

Date

Board Use Only	Date Received: <u>7/11/25</u>	Amount: <u>\$500.00 24478</u>
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Kristy Langston

From: payerrelations <payerrelations@chcsolutions.com>
Sent: Friday, October 17, 2025 9:50 AM
To: Kristy Langston; Tara Debbis
Subject: RE: Nevada MDEG Application - Continuum, LLC
Attachments: Ownership Doc.6.23.25.OwnerList.pdf; Medicare.Medicaid.ID.Numbers.pdf

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

Hi Kristy –

Heather Edmunds is the only officer of the company. She is the CEO and 7% owner listed on the ownership document.

I've attached the full list of owners and list of Medicaid enrollment ID numbers. Please let me know if you need anything else from me to move our application forward.

Thank you!

Tara Debbis

Manager of Payer Relations

Office: 1.800.220.5262 ext 1175

Cell: 1.412.400.8427

Fax: 1.800.220.5389

www.chcsolutions.com

[Facebook](#) | [LinkedIn](#) | [Twitter](#)



From: Kristy Langston <klangston@pharmacy.nv.gov>
Sent: Tuesday, July 15, 2025 12:12 PM
To: payerrelations <payerrelations@chcsolutions.com>
Subject: Nevada MDEG Application - Continuum, LLC
Importance: High

CAUTION: This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Hello, I have received the Nevada MDEG application for Continuum, LLC of Pittsburgh, PA. Please provide a list of all Medicare/Medicaid provider numbers registered to Continuum, LLC. I did not see the

attached list as stated in section three of the application. Please provide a list of all Continuum, LLC's officers and/or directors.

Thank you,

Kristy Langston
Licensing Supervisor
Nevada State Board of Pharmacy
(775) 850-1440 xt 131
klangston@pharmacy.nv.gov



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

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

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The information transmitted in this email is intended only for the person or entity to which it is addressed and may contain confidential and or privileged material. Any review, retransmission, dissemination or other use of or taking of any action in reliance upon this information by persons or entities other than the intended recipient is prohibited. If you received this email in error, please contact the sender and delete the materials from any computer or electronic device.

Continuum, LLC
162 Industry Drive
Pittsburgh, PA 15275
TIN: 232483463
NPI: 1295286607

Medicare PTAN: 0198000003

State Medicaid	Provider ID
Pennsylvania	034531290001
Maryland	672008100
Delaware	250591637
Indiana	300036856
Kansas	30004930430001
Kentucky	7100637860
New Jersey	0733172
Virginia	2019336984
Wisconsin	1295286607

Ownership of Continuum, LLC

Ownership	DOB	% Ownership	SSN/EIN	Address
1315 Capital, LP	entity	72	47-3220481	2929 Walnut St, Ste 1240, Philadelphia, PA 19104-5099
Ascension Alpha Fund, LLC	entity	indirect 5%	90-0786464	101 S. Hanley Rd., Suite 200, Clayton, MO 63105-2010
Maryland State Retirement and Pension System	entity	indirect 8%	52-6104406	120 E. Baltimore St., Baltimore, MD 21202-1674
CION Investment Corporation	entity	6	45-3058280	3 Park Avenue, 36th Floor, New York, NY 100165922
CHC Medical Partners, Inc.	entity	5	81-0886098	2929 Walnut Street, Suite 1240, Philadelphia, PA 19104-5099
CHC Solutions, Inc.	entity	5	81-5106329	162 Industry Drive, Pittsburgh PA 15275-1014
Paul Douglas Chapman				
Heather Ann Edmunds				
Total		100%		

Businesses with Common Ownership

Name	TIN	Address
Burmans Medical Supplies	23-2555641	140 Concord Rd, Suite 1, Aston, PA 19014-2962
HealthSource	20-5510753	1000 Hampton Center Suite B, Morgantown, WV 26505-3315
BioCare Orthopedic Prosthetic & Orthotics	30-0108273	2876 E Broad St, Columbus, OH 43209-1965



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

03/12/2025

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 RSC Insurance Brokerage, Inc. One Belmont Avenue Suite 500 Bala Cynwyd PA 19004		CONTACT NAME: Michael J. Knight PHONE (A/C, No, Ext): (484) 324-2794 FAX (A/C, No): E-MAIL ADDRESS: mknight@risk-strategies.com
INSURED Continuum, LLC 162 Industry Drive Pittsburgh PA 15275		INSURER(S) AFFORDING COVERAGE INSURER A: United Specialty Insurance Company INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:
		NAIC # 12537

COVERAGES**CERTIFICATE NUMBER:** CL2431131632**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			VGM10712358423-5	03/13/2025	03/13/2026	EACH OCCURRENCE \$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: ☒ POLICY ☐ PRO-JECT ☐ LOC		DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000				
	OTHER:		MED EXP (Any one person) \$ 10,000				
			PERSONAL & ADV INJURY \$ 1,000,000				
A	☐ AUTOMOBILE LIABILITY ☐ ANY AUTO ☐ OWNED AUTOS ONLY ☐ HIRED AUTOS ONLY ☐ SCHEDULED AUTOS ☐ NON-OWNED AUTOS ONLY			VGMX10714358523-5	03/13/2025	03/13/2026	GENERAL AGGREGATE \$ 3,000,000
	UMBRELLA LIAB ☒ OCCUR EXCESS LIAB ☒ CLAIMS-MADE		PRODUCTS - COMP/OPAGG \$ 3,000,000				
	DED RETENTION \$		Professional Liability \$ 1,000,000				
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) ☐ Y/N If yes, describe under DESCRIPTION OF OPERATIONS below		COMBINED SINGLE LIMIT (Ea accident) \$				
							BODILY INJURY (Per person) \$
			BODILY INJURY (Per accident) \$				
			PROPERTY DAMAGE (Per accident) \$				
							EACH OCCURRENCE \$ 1,000,000
			AGGREGATE \$ 1,000,000				
							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)

Evidence Only.

CERTIFICATE HOLDER

PROOF OF COVERAGE

CANCELLATION

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

AUTHORIZED REPRESENTATIVE

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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: Continuum, LLC
Request Type: Subsistence Certificate
Request No.: 050063922
Receipt No.: 001405647
Filing Type: Domestic Limited Liability Company
Filing Subtype: Limited Liability Company
Initial Filing Date: September 03, 1987
Status: Active

Issuance Date: January 28, 2025
File No.: 0000995271

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT

Continuum, 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



Pennsylvania

Department of Health

Pennsylvania Department of Health
**Drug, Device and Cosmetic
Program**

Version 4.0.0

HSL

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

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

Continuum LLC 2536 East Castor Avenue; Philadelphia, PA 19134

Certificate(s): **6000011064** issued: 04/08/2025 expires: 4/30/2026

Continuum, LLC 2400 Corporate Dr Suite 101; Wexford, PA 15090

Certificate(s): **6000009220** issued: 10/23/2017 expires: 12/31/2025

Continuum, LLC 162 Industry Dr; Pittsburgh, PA 15275

Certificate(s): **6000008971** issued: 09/26/2016 expires: 11/30/2026

Continuum, LLC 1049 Freeport Rd; Creighton, PA 15030

Certificate(s): **6000008995** issued: 11/01/2016 expires: 12/31/2025

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Assembly Version 4.0.0.0

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



Certificate of Registration

Certificate No. 6000008971

(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

CONTINUUM, LLC
162 INDUSTRY DR
PITTSBURGH, PA 15275

Drug & Device Registration

2525 N. 7th Street Suite 210D
Harrisburg, PA 17110
(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: September 26, 2016

Expiration Date: The Last Day of November, 2026

Jeanne Parisi
Deputy Secretary for Quality Assurance



Pennsylvania
Department of Health

Debra L. Bogen, MD, FAAP
Secretary of Health

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

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 Continuum LLC MDEG License # (if applicable) _____
Physical Address 162 Industry Drive
City Pittsburgh State PA Zip 15275
Mailing Address (if different from physical address) _____
City _____ State _____ Zip _____
Telephone 800-220-5262 Website www.chcsolutions.com
Licensing Company Email payerrelations@chcsolutions.com

Section 2: Personal Information

First Heather Middle _____ Last Edmunds
Alias(es, nicknames, name changes, etc.) nee Wiebe
Date of Birth [REDACTED] SSN or ITIN [REDACTED] Sex ☐ M ☒ F ☐ X
Mailing Address [REDACTED]
City [REDACTED] State PA Zip [REDACTED]
Telephone [REDACTED] Email hedmunds@chcsolutions.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 Quaker Valley High School		From - To (MM/YY - MM/YY) 1991-1995	
Address 625 Beaver St	City Leetsdale	State PA	Zip 15056
Diploma/Degree obtained, if any diploma			
School Name West Virginia University		From - To (MM/YY - MM/YY) 1995-2001	
Address 62 Morill Way	City Morgantown	State WV	Zip 26505
Diploma/Degree obtained, if any BA & MA			
School Name		From - To (MM/YY - MM/YY)	
Address	City	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) 09/07 - current	Address [REDACTED]	City [REDACTED]	State PA	Zip [REDACTED]
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	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 Continuum, LLC		From - To (MM/YY - MM/YY) 09/17 - current	
Business Address 162 Industrgy Drive	City Pittsburgh	State PA	Zip 15275
Phone 800-220-5262	Title CEO	Number of Employed Hours 20,000+	
Description of Duties Oversee all operational and fiscal functions			
Business Name National Rehab (McKesson Patient Care Solutions)		From - To (MM/YY - MM/YY) 01/04 - 09/16	
Business Address 540 Lindbergh Dr	City Moon Township	State PA	Zip 15108
Phone 412-472-0850	Title President	Number of Employed Hours 20,000+	
Description of Duties Oversee all operational and fiscal functions			
Business Name		From - To (MM/YY - MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			
Business Name		From - To (MM/YY - MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			
Business Name		From - To (MM/YY - MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			
Continue on next page if additional space is needed.			

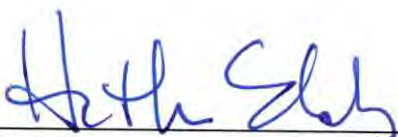
Section 8: Personal and Professional History		Yes	No
1.	Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓
2.	Have you been charged, arrested or convicted 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)

6/23/2025
 Date

I, Heather Edmunds, certify that as the MDEG Administrator for
Continuum, LLC

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

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

Heather Edmunds

Print Name (First, Last)

Heather Edmunds

Original Signature (electronic, copies or stamps not accepted)

6/23/2025

Date

Board Use Only

Date Received: 7/14/25

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 Continuum LLC

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

Physical Address 162 Industry Drive

City Pittsburgh State PA Zip 15275

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 800-220-5262 Website www.chcsolutions.com

Licensing Company Email payerrelations@chcsolutions.com

Section 2: Personal Information

First Heather Middle _____ Last Edmunds

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

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

Mailing Address [REDACTED]

City [REDACTED] State PA Zip [REDACTED]

Telephone [REDACTED] Email hedmunds@chcsolutions.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 Quaker Valley High School		From - To (MM/YY - MM/YY) 1991-1995	
Address 625 Beaver St	City Leetsdale	State PA	Zip 15056
Diploma/Degree obtained, if any Diploma			
School Name West Virginia University		From - To (MM/YY - MM/YY) 1995-2001	
Address 62 Morill Way	City Morgantown	State WV	Zip 26505
Diploma/Degree obtained, if any BA & MA			
School Name		From - To (MM/YY - MM/YY)	
Address	City	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) 09/07 - current	Address [REDACTED]	City [REDACTED]	State PA	Zip [REDACTED]
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	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 Burmans Medical Supplies		From - To (MM/YY - MM/YY) 01/17 - current	
Business Address 140 Concord Rd	City Aston	State PA	Zip 19014
Phone 800-220-5262	Title Owner		
Description of Duties			
Business Name BioCare Orthopedic Prosthetics & Orthotics		From - To (MM/YY - MM/YY) 01/19 - current	
Business Address 2976 East Broad St	City Columbus	State OH	Zip 43209
Phone 800-220-5262	Title Owner		
Description of Duties			
Business Name HeathSource		From - To (MM/YY - MM/YY) 01/17 - current	
Business Address 1000 Hampton Center, Suite B	City Morgantown	State WV	Zip 26505
Phone 800-220-5262	Title Owner		
Description of Duties			
Business Name		From - To (MM/YY - MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			
Business Name		From - To (MM/YY - MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			
Continue on next page if additional space is needed.			

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

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

Heather Edmunds

Print Name (First, Last)

Heather Edmunds

Original Signature (electronic, copies or stamps not accepted)

6/23/2025

Date

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

State of Pennsylvania, ss. County of Allegheny

I, Heather Edmunds, 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.

Heather Edmunds

Original Signature

July 8, 2025

Date

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

Cathleen B. Vetica

Notary Public Signature

Commonwealth of Pennsylvania - Notary Seal
Cathleen B. Vetica, Notary Public
Allegheny County
My commission expires April 24, 2028
Commission number 1171721
Member, Pennsylvania Association of Notaries

(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 Continuum LLC
Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable) _____
Physical Address 162 Industry Drive
City Pittsburgh State PA Zip 15275
Mailing Address (if different from physical address) _____
City _____ State _____ Zip _____
Telephone 800-220-5262 Website www.chcsolutions.com
Licensing Company Email payerrelations@chcsolutions.com

Section 2: Personal Information

First Paul Middle _____ Last Chapman
Alias(es, nicknames, name changes, etc.) _____
Date of Birth [REDACTED] SSN or ITIN [REDACTED] Sex ☒ M ☐ F ☐ X
Mailing Address [REDACTED]
City [REDACTED] State TN Zip [REDACTED]
Telephone [REDACTED] Email pchapman@chcsolutions.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 Crescenta Valley High School		From - To (MM/YY - MM/YY) 1974 - 1976	
Address 2900 Community Ave	City LaCrescenta	State CA	Zip 91214
Diploma/Degree obtained, if any Diploma			
School Name Pepperdine University		From - To (MM/YY - MM/YY) 1982-1986	
Address 24255 Pacific Coast Hwy	City Malibu	State CA	Zip 90263
Diploma/Degree obtained, if any BS			
School Name		From - To (MM/YY - MM/YY)	
Address	City	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) 09/23 - current	Address [REDACTED]	City [REDACTED]	State TN	Zip [REDACTED]
From - To (MM/YY - MM/YY) 07/15 - 09/23	Address [REDACTED]	City [REDACTED]	State FL	Zip [REDACTED]
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	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 Burmans Medical Supplies		From - To (MM/YY - MM/YY) 01/17 - current	
Business Address 140 Concord Rd	City Aston	State PA	Zip 19014
Phone 800-220-5262	Title Owner		
Description of Duties			
Business Name BioCare Orthopedic Prosthetics & Orthotics		From - To (MM/YY - MM/YY) 01/19 - current	
Business Address 2976 East Broad St	City Columbus	State OH	Zip 43209
Phone 800-220-5262	Title Owner		
Description of Duties			
Business Name HeathSource		From - To (MM/YY - MM/YY) 01/17 - current	
Business Address 1000 Hampton Center, Suite B	City Morgantown	State WV	Zip 26505
Phone 800-220-5262	Title Owner		
Description of Duties			
Business Name		From - To (MM/YY - MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			
Business Name		From - To (MM/YY - MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			
Continue on next page if additional space is needed.			

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the 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.

Paul Chapman

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

6/23/2025

Date

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

State of Pennsylvania, ss. County of Allegheny

I, Paul Chapman, 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 8 day of July.

Notary Public Signature

Commonwealth of Pennsylvania - Notary Seal
Cathleen B. Vetica, Notary Public
Allegheny County
My commission expires April 24, 2028
Commission number 1171721
Member, Pennsylvania Association of Notaries

(Seal)

Personal History Application

(Applicant's Initials PC) 7 of 7

4D

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>CPAP LV</u>	
MDEG Physical Address: <u>8050 S Dean Martin Blvd</u>	
City: <u>Las Vegas</u>	State: <u>NV</u> Zip: <u>89139</u>
Mailing Address (if different from physical address): <u>8050 S Dean Martin Blvd</u>	
City: <u>Las Vegas</u>	State: <u>NV</u> Zip: <u>89139</u>
Telephone: _____	Website: <u>CPAP-LV.com</u>
Email: <u>info@cpap-lv.com</u>	
Name of MDEG Administrator (NAC 639.694): <u>Sophia Mehu</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: _____
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: _____ 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))
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: No	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: _____
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: Yordanos Mersha
Business Name: CPAP LV
Business Address: 8050 S Dean Martin Blvd
City: Las Vegas State: NV Zip: 89139
Telephone: 7025306170 Email: info@cpap-lv.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.

Yordanos Mersha

Print Name of Authorized Person Submitting Application

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

Date

Board Use Only	Date Received: 9/2/25	Amount: \$500-461039
----------------	-----------------------	----------------------



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
08/25/2025

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 State Farm Tina Evans Agency State Farm 8550 W Charleston Blvd Suite 106 Las Vegas, NV 89117	CONTACT NAME: Jessie Newman	FAX (A/C, No): 702-425-3031	
	PHONE (A/C, No, Ext): 702-363-3008	E-MAIL ADDRESS: jessie@weinsureyourfamily.com	
INSURED METTO LAND LLC 8050 DEAN MARTIN DR LAS VEGAS NV 89139-6624	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A: State Farm Fire and Casualty Company		25143
	INSURER B:		
	INSURER C:		
	INSURER D:		
	INSURER E:		
INSURER F:			

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY ☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: ☒ POLICY ☐ PRO-JECT ☐ LOC	☒	☒	98-RO-4848-1	09/01/2025	09/01/2026	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 4,000,000 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 ☐ OCCUR EXCESS LIAB ☐ CLAIMS-MADE ☐ DED ☐ RETENTION \$	☐	☐				EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICE/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	☒	☒				WC STATUTORY LIMITS ☐ OTHER ☐ E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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

Certificate holder is included as additional insured.
Location: 8050 DEAN MARTIN DR. LV, NV 89139

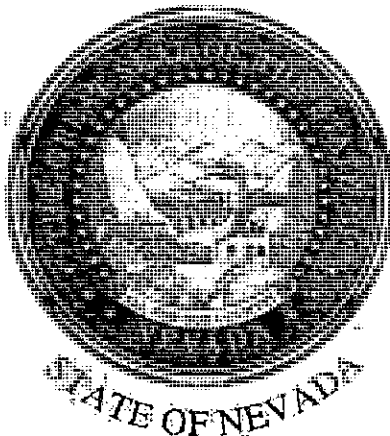
CERTIFICATE HOLDER

CANCELLATION

TA CORPORATE 24601 CENTER RIDGE RD W LAKE, OH 44145	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>Tina Evans</i>
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SECRETARY OF STATE

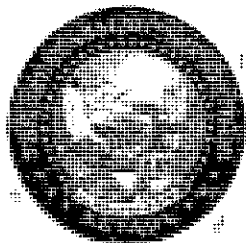


CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

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 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 **METTO LAND 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 03/10/2023, and in good standing in this State.

I further certify that the above DOMESTIC LIMITED-LIABILITY COMPANY (86) has its formation or qualification 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 this State, at my office on 08/23/2025.

A handwritten signature in cursive script that reads "FV Aguilar".

FRANCISCO V. AGUILAR
Secretary of State

Certificate Number: B202508236025764

You may verify this certificate

online at <https://www.nvsilverflume.gov/home>

Metto Land LLC, CPAP LV
8050 S Dean Martin Blvd.
Las Vegas, NV 89139

Response to "Office and Director"

I am the sole owner and operator of the business. There are no other officers or directors.

Sincerely,

Yordanos Mersha

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	Metto Land LLC, DBA CPAP LV		MDEG License # (if applicable)
Physical Address	8050 S Dean Martin Blvd		
City	Las Vegas	State	NV Zip 89139
Mailing Address (if different from physical address)			
City		State	
Telephone	702-530-6170	Website	cpap-lv.com
Licensing Company Email	info@cpap-lv		

Section 2: Personal Information			
First	Sophia	Middle	
Last	Mehu		
Alias(es, nicknames, name changes, etc.)			
Date of Birth		SSN or ITIN	
Sex	☐ M	☒ F	☐ X
Mailing Address			
City		State	NV Zip
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 queens boprough community college		From - To (MM/YY - MM/YY) 08/2007-08/2009	
Address 222-05 56th avenue	City bayside	State NY	Zip 11364
Diploma/Degree obtained, if any associates			
School Name carrington college		From - To (MM/YY - MM/YY) 05/2017-12/2019	
Address 5740 s Eastern ave#140	City las vegas	State NV	Zip 89119
Diploma/Degree obtained, if any associates			
School Name Elmont Memorial high school		From - To (MM/YY - MM/YY) 09/2004-06/2007	
Address 555 Ridge RD	City Elmont	State NY	Zip 11003
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) 04/023- present	Address	City	State NV	Zip
From - To (MM/YY - MM/YY) 03/2021-04/2023			State NV	
From - To (MM/YY - MM/YY) 10/2015-03/2021			State NV	
From - To (MM/YY - MM/YY) 09/2004-10/2015			State NY	
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	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 TLC care center		From - To (MM/YY - MM/YY) 01/2021-present	
Business Address 1500 W warms spring RD	City henderson	State NV	Zip 89014
Phone 702 547-6700	Title Respiratory Therapy	Number of Employed Hours 76 Bi-weekly 2,028	
Description of Duties patient assessment, setting up vents.			

Business Name sandstone spring valley		From - To (MM/YY - MM/YY) 01/2020-01/20223	
Business Address 5650 S rainbow BLVD	City las Vegas	State NV	Zip 89118
Phone 702-470-1102	Title respiratory therapy	Number of Employed Hours 76 Bi-weekly 2,028	
Description of Duties patient assessment, setting up vents, maintaining pt airway.			

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

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

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

Continue on next page if additional space is needed.

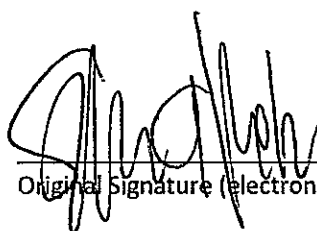
Section 8: Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓
2. Have you been charged, arrested or convicted of a felony or misdemeanor in <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.		✓

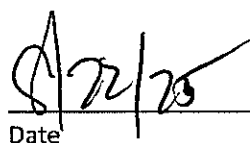
Please use and make copies of this page (if necessary) to provide information as requested below regarding any questions, 1-3, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain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

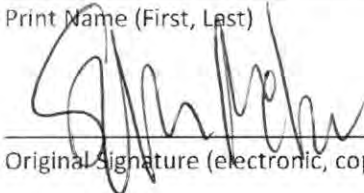
that I (initial that you have read and meet the following requirements):

1. Yes Have a high school diploma or its equivalent;
2. Yes 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. Yes 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. Yes Will ensure that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.

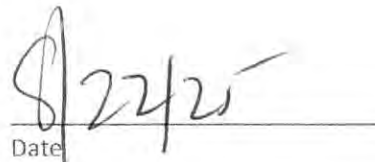
I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application 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.

sophia Mehu

Print Name (First, Last)



Original Signature (electronic, copies or stamps not accepted)



Date

Board Use Only

Date Received: 9/22/25

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 Metto Land LLC, dba CPAP LV

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

Physical Address 8050 S Dean Martin Blvd

City Las Vegas State NV Zip 89139

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 702-530-6170 Website cpap-lv.com

Licensing Company Email info@cpap-lv.com

Section 2: Personal Information

First Yordanos Middle _____ Last Mersha

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

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

Mailing Address _____

City _____ State NV Zip _____

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 YM) 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 Cambridge Rindge and Latin High School		From - To (MM/YY - MM/YY) 1995-1997	
Address 459 Broadway Ct, Cambridge	City Cambridge	State MA	Zip 02138
Diploma/Degree obtained, if any High School Diploma			
School Name UMAS Boston		From - To (MM/YY - MM/YY) 1997-2002	
Address 100 Morrissey Blvd	City Boston	State MA	Zip 02125
Diploma/Degree obtained, if any BA 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) 01/2022-current	Address	City	State NV
From - To (MM/YY - MM/YY) 9/2018-1/2022			State NV
From - To (MM/YY - MM/YY) 3/2015 - 9/2018			State NV
From - To (MM/YY - MM/YY)	Address	City	State Zip
From - To (MM/YY - MM/YY)	Address	City	State Zip
From - To (MM/YY - MM/YY)	Address	City	State Zip
From - To (MM/YY - MM/YY)	Address	City	State Zip
From - To (MM/YY - MM/YY)	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 CPAP LV		From - To (MM/YY - MM/YY) March 2023-Present		
Business Address 5600 Spring Mountain Rd. STE 205		City LAS Vegas	State NV	Zip 89146
Phone 702-982-1203	Title Manager/Owner			
Description of Duties I manage and own CPAP LV, a medical equipment business that provides CPAP/BiPAP machines, supplies, and accessories for patients with sleep apnea. I oversee daily operations, regulatory compliance, inventory, patient service, etc				
Business Name WMS Gaming		From - To (MM/YY - MM/YY) 5/2019- April 2022		
Business Address 10220 Aristocrat Wy · (800) 482-3723		City Las Vegas	State NV	Zip 89135
Phone (800) 482-3723	Title Sr. Quality Engineer/Tech Support			
Description of Duties Managed an overseas team in the B2B online gaming department and implemented the customer support structure to improve service quality and operational efficiency.				
Business Name Red HAT known as IBM		From - To (MM/YY - MM/YY) 8/2016-10/2018		
Business Address		City Raleigh	State NC	Zip
Phone	Title PRINCIPAL QUALITY ENGINEER, PROJECT LEAD			
Description of Duties Worked remotely. Served as the project lead for the Customer Solutions and Scenarios team—defining, developing, and implementing automated test strategies, methodologies, processes, and procedures.				
Business Name Warner Brothers --		From - To (MM/YY - MM/YY) 2/2015-8/2016		
Business Address 13031 W Jefferson Blvd,		City Los Angeles	State CA	Zip 90094
Phone (310) 591-3200	Title QUALITY ASSURANCE LEAD, MANAGER			
Description of Duties Led QA efforts for a high-visibility Warner Bros. media outlet, establishing testing standards and processes. Implemented performance, functional, and automated testing, and collaborated cross-functionally to ensure successful releases.				
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?		✓

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

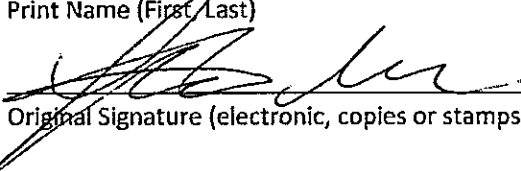
Personal History Application

(Applicant's Initials ^{YM}_____) 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.

Yordanos Mersha

Print Name (First, Last)


Original Signature (electronic, copies or stamps not accepted)

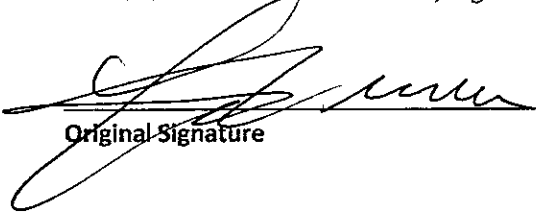
Date

8/23/25

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

State of Nevada, ss. County of Clark

I, YORDANOS MERSHA, 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.

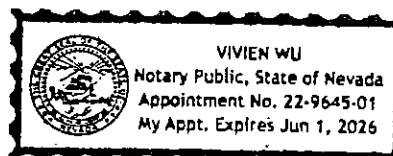

Original Signature

Date

8-23-25

Subscribed and Sworn to before me this 23rd day of August 2025 by Yordanos Mersha


Notary Public Signature



(Seal)

Personal History Application

(Applicant's Initials

YM)

7 of 7

4E

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>Home Oxygen Company Inc</u>	
MDEG Physical Address: <u>5039 Pentecost Dr. Ste C</u>	
City: <u>Modesto</u>	State: <u>CA</u> Zip: <u>95356</u>
Mailing Address (if different from physical address): <u>PO Box 578173</u>	
City: <u>Modesto</u>	State: <u>CA</u> Zip: <u>95357</u>
Telephone: <u>877-799-0202</u>	Website: <u>https://homeoxygencompany.com/</u>
Email: _____	
Name of MDEG Administrator (NAC 639.694): <u>Andrea Ewert</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: _____
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)	**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>Home Oxygen Company Call Center</u> Telephone: <u>1-800-877-799-0202</u>

Check the Days the Business will be Opened and provide the Hours of Operation				
☒ Mon: 9:00-5:00	☒ Tue: 9:00-5:00	☒ Wed: 9:00-5:00	☒ Thurs: 9:00-5:00	☒ Fri: 9:00-5:00
☒ Sat: On Call only	☒ Sun: On Call only	☐ 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 - 8298610001
Medicaid - 1861193757

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>NA</u>	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 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

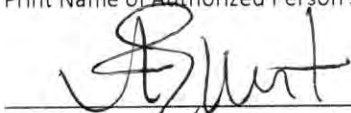
Owner's Name: Andrea Ewert
Business Name: Home Oxygen Company Inc
Business Address: 5039 Pentecost Dr Ste c
City: Modesto State: CA Zip: 95356
Telephone: 209-568-6205 Email: andrea@homeoxygencompany.com

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

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

Andrea Ewert

Print Name of Authorized Person Submitting Application



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

September 4, 2025

Date

Board Use Only	Date Received: <u>9/16/25</u>	Amount: <u>\$500.00</u>
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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
09/16/2025

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 Winton Ireland Strom & Green License# 0596517 P.O. Box 3277 Turlock CA 95381		CONTACT NAME: Stacey Fulkerson, CLIC PHONE (A/C, No, Ext): (209) 667-0995 FAX (A/C, No): (209) 667-7142 E-MAIL ADDRESS: sfulkerson@wisg.com	
INSURED Home Oxygen Company Inc 5039 Pentecost Dr., Suite C Modesto CA 95356-9290		INSURER(S) AFFORDING COVERAGE INSURER A: VGM Insurance Services INSURER B: Preferred Employers INSURER C: INSURER D: INSURER E: INSURER F:	

COVERAGES

CERTIFICATE NUMBER: 25-26 Master 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:			D1024G72382	10/01/2025	10/01/2026	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 Blanket Additoinal \$
	☐ AUTOMOBILE LIABILITY ☐ ANY AUTO ☐ OWNED AUTOS ONLY ☒ SCHEDULED AUTOS ☒ HIRED AUTOS ONLY ☒ NON-OWNED AUTOS ONLY			ANAU628207	04/11/2025	04/11/2026	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Uninsured motorist \$ 1,000,000
	☐ UMBRELLA LIAB ☐ OCCUR ☐ EXCESS LIAB ☐ CLAIMS-MADE DED RETENTION \$						COMBINED SINGLE LIMIT (Ea accident) \$ 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 Y	N/A	PEG527869763	08/30/2025	08/30/2026	☒ 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
	Automobile Physical Damage			ANAU628207	04/11/2025	04/11/2026	Deductibles: Comprehensive \$5,000 Collision \$5,000

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

CERTIFICATE HOLDER

CANCELLATION

NP West PO Box 100142 Columbia SC 29202	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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Additional Named Insureds

Other Named Insureds

EZ Sleep Club, Inc.

Corporation, Additional Named Insured



Secretary of State Certificate of Status

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

Entity Name: HOME OXYGEN COMPANY INC.
Entity No.: 4685100
Registration Date: 12/18/2020
Entity Type: Stock Corporation - CA - General
Formed In: CALIFORNIA
Status: Active

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

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

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



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of October 02, 2025.

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

Certificate No.: 374322731

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

From: [Lauren Barranti](#)
To: [Kristy Langston](#)
Cc: [Andrea Ewert](#); [Charmaine Garcia](#)
Subject: RE: MDEG Application
Date: Wednesday, October 1, 2025 1:37:14 PM
Attachments: [image001.png](#)
[image002.png](#)
[image003.png](#)
[image004.png](#)
[image005.png](#)
[Certificate of good standing SOS.pdf](#)
[GL Ins cert HOC Oct 26.pdf](#)
[Document_20250917_0001-revised app 10-1-25.pdf](#)

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

Hi Kristy,

Thank you for taking the time today to go over the status of our application. Attached are the items requested. The MDEG will be sent by mail. Please confirm you have what is needed currently.

- Please provide a list of officers and directors. If there are none a written statement stating such is sufficient.
 - Andrea Ewert- **Owner** and sole shareholder no officers or directors •

Thanks again.

Lauren



T: (650) 350-9575
lbarranti@homeoxygencompany.com
www.homeoxygencompany.com
5039 Pentecost Drive, Suite C, Modesto, CA 95356



From: Kristy Langston <klangston@pharmacy.nv.gov>
Sent: Wednesday, October 1, 2025 11:53 AM
To: Lauren Barranti <lbarranti@homeoxygencompany.com>
Subject: FW: MDEG Application

Thank you,

Kristy Langston
Licensing Supervisor
Nevada State Board of Pharmacy
(775) 850-1440
klangston@pharmacy.nv.gov



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

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

From: Kristy Langston
Sent: Wednesday, September 17, 2025 12:17 PM
To: 'andrea@homeoxygencompany.com' <andrea@homeoxygencompany.com>
Subject: MDEG Application

Thank you for submitting an MDEG application to the Nevada State Board of Pharmacy. Deficiencies have been identified and additional information is required.

- Please complete the highlighted section of the attached document. If none of the owners are Nevada health professionals as defined by NRS 639.0125 use NA for that section.
- The liability insurance policy provided with the application expires 10/1/25 which is before this application will be reviewed by the Board. Please provide a copy that extends beyond 10/25.
- Please provide a Certificate of Good Standing from the CA Secretary of State dated

STATE OF CALIFORNIA
DEPARTMENT OF PUBLIC HEALTH
FOOD AND DRUG BRANCH
HOME MEDICAL DEVICE RETAIL LICENSE

Home Oxygen Company, Inc
5039 Pentecost Dr Ste C
Modesto, CA 95356

LICENSE NUMBER: 106661
EXPIRATION DATE: 11/6/2025 •

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

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

STATE OF CALIFORNIA
DEPARTMENT OF PUBLIC HEALTH
FOOD AND DRUG BRANCH
Home Medical Device Retail Exemptee License

Ewert, Andrea Marie

LICENSE NUMBER: 27989

EXPIRATION DATE: 10/24/2026

The person named herein is licensed as a Home Medical Device Retail Facility Exemptee from the issue date to and including the expiration date. This license is issued in accordance with the California Health and Safety Code, and is not transferable to any other person.

Food and Drug Branch, 1500 Capitol Avenue, MS 7602, PO Box 997435, Sacramento, CA 95899-7435 (916) 650-8500

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 Home Oxygen Company, Inc
Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable) _____
Physical Address 5039 Pentecost Dr. Ste C
City Modesto State CA Zip 95356
Mailing Address (if different from physical address) PO Box 578173
City Modesto State CA Zip 95357
Telephone 877-799-0202 Website https://homeoxygencompany.com/
Licensing Company Email andrea@homeoxygencompany.com

Section 2: Personal Information

First Andrea Middle Marie Last Ewert
Alias(es, nicknames, name changes, etc.) Andrea
Date of Birth [REDACTED] SSN or ITIN [REDACTED] Sex ☐ M ☒ F ☐ X
Mailing Address [REDACTED]
City [REDACTED] State CA Zip [REDACTED]
Telephone [REDACTED] Email andrea@homeoxygencompany.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 Duncan Russel High School		From - To (MM/YY - MM/YY) 95-96	
Address 164 Grantline Rod	City Tracy	State Ca	Zip 95376
Diploma/Degree obtained, if any yes, general Ed			
School Name		From - To (MM/YY - MM/YY)	
Address	City	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) Nov 2012-current	Address [REDACTED]	City [REDACTED]	State Ca	Zip [REDACTED]
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	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 Home Oxygen Company, Inc.		From - To (MM/YY - MM/YY) 2007-current	
Business Address 5039 Pentecost Drive Suite C		City Modesto	State Ca
Phone 209-523-0202	Title owner		
Description of Duties Admin			

Business Name EZ Sleep Club, Inc.		From - To (MM/YY - MM/YY) 2016 - current	
Business Address 5039 Pentecost Drive Suite D		City Modesto	State Ca
Phone 888-588-0202	Title owner		
Description of Duties Admin			

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.

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 certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to 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 Ewert

Print Name (First, Last)

Andrea Ewert

Original Signature (electronic, copies or stamps not accepted)

Date

9/9/25 9/10/25

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

State of Ca, ss. County of Stanislaus

I, Andrea Ewert, 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.

Andrea Ewert
Original Signature

Date

9/10/25

Subscribed and Sworn to before me this 10 day of September.

[Signature]
Notary Public Signature

**See CA Attachment
2486892**

☐ Acknowledgement
☒ Jurat

(Seal)

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

State of California

County of Stanislaus

Subscribed and sworn to (or affirmed) before me on this 10
day of September, 2025, by _____

Andrea Ewert

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



(Seal)

Signature _____

Tuph

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 Home Oxygen Company MDEG License # (if applicable) 218833440
 Physical Address 5039 Pentecost Dr. Suite C
 City Modesto State CA Zip 95356
 Mailing Address (if different from physical address) P.O. Box 578173
 City Modesto State CA Zip 95357
 Telephone 888-799-0202 Website www.homeoxygencompany.com
 Licensing Company Email andrea@homeoxygencompany.com

Section 2: Personal Information

First Andrea Middle Marie Last Ewert
 Alias(es, nicknames, name changes, etc.) _____
 Date of Birth [REDACTED] SSN or ITIN [REDACTED] Sex ☐ M ☒ F ☐ X
 Mailing Address [REDACTED]
 City [REDACTED] State CA Zip [REDACTED]
 Telephone [REDACTED] Email andrea@homeoxygencompany.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 Duncan Russell HS		From - To (MM/YY - MM/YY) 95-96	
Address 164 Grantline Rd	City Tracy	State ca	Zip 95376
Diploma/Degree obtained, if any yes - general ed			
School Name		From - To (MM/YY - MM/YY)	
Address	City	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) Nov 2012- current	Address	City	State Ca	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	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 Home Oxygen Company		From - To (MM/YY - MM/YY) 2007 - current	
Business Address 5039 Pentecost Drive Suite C	City Modesto	State Ca	Zip 95356
Phone 2095230202	Title CEO	Number of Employed Hours 40+ week	
Description of Duties Admin			
Business Name EZ Sleep Club, Inc		From - To (MM/YY - MM/YY) 2016 - current	
Business Address 5039 Pentecost Drive Suite D	City Modesto	State Ca	Zip 95356
Phone 8885880202	Title CEO	Number of Employed Hours 40+ week	
Description of Duties Admin			
Business Name		From - To (MM/YY - MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			
Business Name		From - To (MM/YY - MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			
Business Name		From - To (MM/YY - MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			
Continue on next page if additional space is needed.			

Section 8: Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓
2. Have you been charged, arrested or convicted of a felony or misdemeanor in <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)

10/2/25
 Date

I, Andrea Ewert, certify that as the MDEG Administrator for
Home Oxygen Company

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.

Andrea Ewert

Print Name (First, Last)

AEwert

Original Signature (electronic, copies or stamps not accepted)

10/1/05

Date

Board Use Only

Date Received: 10/8/05

Career Overview

Chief Executive Officer (Current) since 2007

- Provide executive leadership for all company operations, including strategy, compliance, finance, sales, and human resources.
- Oversee DME supply operations, ensuring adherence to CMS and state regulations.
- Develop company policies, training programs, and compliance systems to maintain accreditation and audit readiness.
- Manage vendor relations, payer contracts, and marketing initiatives to maximize revenue and customer retention.

Director of Operations / General Manager – since 2007

- Supervised daily branch and field operations, including intake, delivery, billing, and customer service.
- Trained and managed cross-functional teams, fostering a culture of accountability and patient-centered service.
- Coordinated accreditation renewals, quality assurance programs, and safety compliance.

Billing & Reimbursement Specialist since 2007

- Managed all aspects of medical billing for Medicare, Medi-Cal, and commercial insurance.
- Processed claims, handled audits, corrected denials, and maintained payer compliance documentation.
- Collaborated with physicians and patients to ensure accurate documentation and timely payment.

• Customer Service & Patient Care Coordinator 2007-2012 •

- Assisted patients and caregivers with product selection, insurance verification, and order setup.
- Ensured positive patient outcomes through education and follow-up care.
- Maintained knowledge of a wide range of DME products including respiratory and mobility products.

Delivery Technician / Warehouse Associate 2007-2012

- Delivered, assembled, and educated on DME products such as Oxygen, nebulizers, mobility items, etc. in patient homes and facilities.
- Maintained accurate inventory control, performed equipment maintenance, and ensured safety standards compliance.

4F

NEVADA STATE BOARD OF PHARMACY

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

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

Non-Refundable \$500 fee

Rev (05/12/2022)

Where is the facility located?		☐ Nevada	☒ Out-of-State
^a Is the business also a wholesaler? (NRS 639.016)		☐ Yes	☒ No
Wholesaler" means a wholesale distributor as defined by 21 C.F.R. § 205.3(g) who supplies or distributes drugs, medicines or chemicals or devices or appliances that are restricted by federal law to sale by or on the order of a physician to a person other than the consumer or patient. The term includes a person who derives, produces, prepares or repackages drugs, medicines or chemicals or devices or appliances that are restricted by federal law to sale by or on the order of a physician on sales orders for resale. The term does not include a nonprofit cooperative agricultural organization which supplies or distributes veterinary drugs and medicines only to its own members.			
Type of Application (check applicable box)		MDEG Business Type (check applicable box)	
☐ New MDEG	* If making a change, provide current license number: M <u>P03116</u>	☐ 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>Mi-Med Supply Co., Inc.</u>	
MDEG Physical Address: <u>30 Fairbanks, Ste 115</u>	
City: <u>Irvine</u>	State: <u>CA</u> Zip: <u>92618-1688</u>
Mailing Address (if different from physical address): <u>1660 SW Saint Lucie West Blvd, Ste 200</u>	
City: <u>Port Saint Lucie</u>	State: <u>FL</u> Zip: <u>34986-1965</u>
Telephone: <u>949-716-3071</u>	Website: <u>www.abc-med.com</u>
Email: <u>credentialing@abc-med.com</u>	
Name of MDEG Administrator (NAC 639.694): <u>Tricia Nelson</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 (^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: _____ Telephone: _____	

Check the Days the Business will be Opened and provide the Hours of Operation				
☒ Mon: 9am - 3:30pm	☒ Tue: 9am - 3:30pm	☒ Wed: 9am - 3:30pm	☒ Thurs: 9am - 3:30pm	☒ Fri: 9am - 3:30pm
☐ 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))
See Addendum A

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name of the owner, their credentials and their percent ownership. (NAC 639.6943, NAC 693.6933)		
Name: N/A	Credentials: _____	%: _____
Name: _____	Credentials: _____	%: _____
Name: _____	Credentials: _____	%: _____
Name: _____	Credentials: _____	%: _____
Name: _____	Credentials: _____	%: _____
1. The Board will not issue a license to conduct business as a medical products provider or medical products wholesaler to: a) A <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 Corporation

State of Incorporation: <u>N/A</u>		
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: <u>California / Mi-Med Supply Co., Inc.</u>		
Parent Company (if any): <u>ABC Home Medical Supply, Inc.</u>		
Corporation/Organization Name: _____		
Mailing Address: <u>1660 SW Saint Lucie West Blvd, Ste 200</u>		
City: <u>Port Saint Lucie</u>	State: <u>FL</u>	Zip: <u>34986</u>
Telephone: <u>866-897-8588 Ext 900</u>	Email: <u>credentialing@abc-med.com</u>	
Contact Person Name: <u>Emily M. Vestal</u>		

Section 7: Partnership

Partnership Name: <u>N/A</u>		
Mailing Address: _____		
City: _____	State: _____	Zip: _____
Telephone: _____	Email: _____	
Contact Person Name: _____		

Section 8: Sole Owner

Owner's Name: <u>N/A</u>		
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/	✓	✓	✓	✓
• "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.

Emily M. Vestal President and Director

Print Name of Authorized Person Submitting Application



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

August 13, 2025
Date

Board Use Only	Date Received: 10/13/25	Amount: \$500.00
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CERTIFICATE OF LIABILITY INSURANCE

Page 1 of 2

DATE (MM/DD/YYYY)

09/29/2025

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 Willis Towers Watson Midwest, Inc. c/o 26 Century Blvd P.O. Box 305191 Nashville, TN 372305191 USA	CONTACT NAME: WTW Certificate Center PHONE (A/C No. Ext.): 1-877-945-7378 FAX (A/C No.): 1-888-467-2378 E-MAIL ADDRESS: certificates@wtwco.com														
INSURED Mi-Med Supply, Co., Inc. 30 Fairbanks Ste 115 Irvine, CA 926181688	<table border="1"><tr><th>INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr><tr><td>INSURER A: Federal Insurance Company</td><td>20281</td></tr><tr><td>INSURER B: HDI Specialty Insurance Company</td><td>16131</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(S) AFFORDING COVERAGE	NAIC #	INSURER A: Federal Insurance Company	20281	INSURER B: HDI Specialty Insurance Company	16131	INSURER C:		INSURER D:		INSURER E:		INSURER F:	
INSURER(S) AFFORDING COVERAGE	NAIC #														
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INSURER B: HDI Specialty Insurance Company	16131														
INSURER C:															
INSURER D:															
INSURER E:															
INSURER F:															

COVERAGES**CERTIFICATE NUMBER:** W40641128**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.

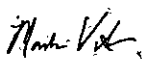
INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR		3588-49-18	10/01/2025	10/01/2026	EACH OCCURRENCE \$ 1,000,000
		DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000				
		MED EXP (Any one person) \$ 10,000				
		PERSONAL & ADV INJURY \$ 1,000,000				
	GEN'L AGGREGATE LIMIT APPLIES PER: ☒ POLICY ☐ PRO-JECT ☐ LOC OTHER:					GENERAL AGGREGATE \$ 2,000,000
						PRODUCTS - COMP/OP AGG \$
						\$
A	☒ UMBRELLA LIAB ☒ OCCUR ☐ EXCESS LIAB ☐ CLAIMS-MADE		7819-48-29	10/01/2025	10/01/2026	COMBINED SINGLE LIMIT (Ea accident) \$
		BODILY INJURY (Per person) \$				
		BODILY INJURY (Per accident) \$				
		PROPERTY DAMAGE (Per accident) \$				
						\$
	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				PER STATUTE ☐ OTHER ☐
						E.L. EACH ACCIDENT \$
						E.L. DISEASE - EA EMPLOYEE \$
						E.L. DISEASE - POLICY LIMIT \$
A	Product Liability (Claims Made) Retroactive Date 1/1/86		3588-49-17	10/01/2025	10/01/2026	Occurrence \$10,000,000 Aggregate \$10,000,000

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

This Voids and Replaces Previously Issued Certificate Dated 09/24/2025 WITH ID: W40540746.

SEE ATTACHED

CERTIFICATE HOLDER**CANCELLATION**

Mi-Med Supply Co. Inc. 30 Fairbanks, Ste 115 Irvine, CA 92618-1688	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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AGENCY CUSTOMER ID: _____

LOC #: _____



ADDITIONAL REMARKS SCHEDULE

Page 2 of 2

AGENCY Willis Towers Watson Midwest, Inc.		NAMED INSURED Mi-Med Supply, Co., Inc. 30 Fairbanks Ste 115 Irvine, CA 926181688	
POLICY NUMBER See Page 1		EFFECTIVE DATE: See Page 1	
CARRIER See Page 1	NAIC CODE See Page 1		

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

Re: 222 W Mission St, Ste 125, Spokane, WA 99201-2341; 30 Fairbanks, Ste 115, Irvine, CA 92618-1688; 1390 Decision St, Suite B Vista, CA 92081

INSURER AFFORDING COVERAGE: HDI Specialty Insurance Company

NAIC#: 16131

POLICY NUMBER: MDXD7129900S EFF DATE: 10/01/2025 EXP DATE: 10/01/2026

TYPE OF INSURANCE:	LIMIT DESCRIPTION:	LIMIT AMOUNT:
Excess Liability	Each Occurrence	\$1,000,000
Claims Made	Aggregate	\$1,000,000



Secretary of State Certificate of Status

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

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

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

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

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



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of June 16, 2025.

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

Certificate No.: 338282841

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

Addendum A: List of Officers and Director for Mi-Med Supply, Co. Inc.

Effective July 1, 2025:

Emily M. Vestal
President and Director
Percent of Ownership 0%



Lise Heroux Bozych (Formerly Lise M. Heroux)
Secretary and Director
Percent of Ownership 0%



Amanda L. Brunner
Vice President and Chief Financial Officer
Percent of Ownership 0%



STATE OF CALIFORNIA
DEPARTMENT OF PUBLIC HEALTH
FOOD AND DRUG BRANCH
HOME MEDICAL DEVICE RETAIL LICENSE

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

LICENSE NUMBER: 126706
EXPIRATION DATE: 9/3/2026

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

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

STATE OF CALIFORNIA
DEPARTMENT OF PUBLIC HEALTH
FOOD AND DRUG BRANCH

Home Medical Device Retail Exemptee License

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

LICENSE NUMBER: 116742
FIRM LICENSE NUMBER: 96331

EXPIRATION DATE: 6/8/2026

The person named herein is licensed as a Home Medical Device Retail Facility Exemptee from the issue date to and including the expiration date. This license is issued in accordance with the California Health and Safety Code, and is not transferable to any other person.

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

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 Mi-Med Supply Co., Inc. MDEG License # (if applicable) MP03172
Physical Address 30 Fairbanks, Ste 115
City Irvine State CA Zip 92618
Mailing Address (if different from physical address) 1660 SW Saint Lucie West Blvd, Ste 200
City Port Saint Lucie State FL Zip 34986
Telephone 949-716-3071 Website www.abc-med.com
Licensing Company Email credentialing@abc-med.com

Section 2: Personal Information

First Tricia Middle _____ Last Nelson
Alias(es, nicknames, name changes, etc.) N/A
Date of Birth [REDACTED] SSN or ITIN [REDACTED] Sex ☐ M ☒ F ☐ X
Mailing Address [REDACTED]
City [REDACTED] State CA Zip [REDACTED]
Telephone [REDACTED] Email tricia.nelson@abc-med.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 Penn Foster College		From - To (MM/YY - MM/YY) 08/21 - 04/14	
Address 14300 N Northsight Blvd Ste 125	City Scottsdale	State AZ	Zip 58260
Diploma/Degree obtained, if any Certificate in Billing & Coding			
School Name Seattle Pacific University		From - To (MM/YY - MM/YY) 09/95 - 06/96	
Address 3307 3rd Ave W	City Seattle	State WA	Zip 98119
Diploma/Degree obtained, if any			
School Name San Clemente High School		From - To (MM/YY - MM/YY) 09/91 - 06/95	
Address 700 Avenida Pico	City San Clemente	State CA	Zip 92673
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) 05/12 - present	Address [REDACTED]	City [REDACTED]	State CA	Zip [REDACTED]
From - To (MM/YY - MM/YY) N/A	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	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 Mi-Med Supply Co., Inc.		From - To (MM/YY - MM/YY) 10/15 - Present	
Business Address 30 Fairbanks, Ste 115		City Irvine	State CA
Phone 949-716-3071	Title HPS Documents/Facility Coordinator	Number of Employed Hours 40hrs Week	
Description of Duties			
Business Name N/A		From - To (MM/YY - MM/YY)	
Business Address		City	State Zip
Phone	Title	Number of Employed Hours	
Description of Duties			
Business Name N/A		From - To (MM/YY - MM/YY)	
Business Address		City	State Zip
Phone	Title	Number of Employed Hours	
Description of Duties			
Business Name N/A		From - To (MM/YY - MM/YY)	
Business Address		City	State Zip
Phone	Title	Number of Employed Hours	
Description of Duties			
Business Name N/A		From - To (MM/YY - MM/YY)	
Business Address		City	State Zip
Phone	Title	Number of Employed Hours	
Description of Duties			
Continue on next page if additional space is needed.			

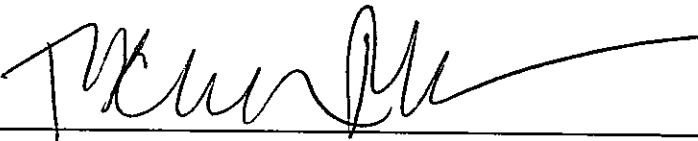
Section 8: Personal and Professional History		Yes	No
1.	Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓
2.	Have you been charged, arrested or convicted of a felony or misdemeanor in <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)

9/7/25
 Date

I, Tricia Nelson, certify that as the MDEG Administrator for
Mi-Med Supply Co., Inc.

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

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

Tricia Nelson

Print Name (First, Last)

Tricia Nelson

Original Signature (electronic, copies or stamps not accepted)

9/7/25

Date

Board Use Only

Date Received: _____

TRICIA NELSON

Education and Training

California Home Medical Device Retail Exemptee License California Department of Public Health License 116742	2022
Medical Billing & Coding Penn Foster Online Continuing education in business & medical billing/coding	2015
Business Administration Assistant Saddleback Community College Online Coursework in Business Administration Assistance and Organizational Development	2012
Theater Arts Seattle Pacific University	1996
High School Diploma San Clemente High School	1995

Work Experience

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

Receptionist/Doc Filer

Filing & distribution of inbound faxes & emails

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

HPS Document Verification

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

- Calling clinics and/or referrals for documentation
- Obtain pre-authorization for recommended supplies

Insurance Verification

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

Site Facilities Coordinator

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

Administrative Assistant – Member Services
C&E Vision Service, Inc.

01/2007 to 08/2015
San Clemente, CA

Administrative Assistant

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

Member Services

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

Sales

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

Marketing

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

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

New employee trainer

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

**Cashier
Z Pizza**

**09/2006 to 1/2007
San Clemente, CA**

Job Duties

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

Full Time Parent

Full time stay at home Mom

**09/2004 to 09/2006
Anaheim, CA**

**Blue Bayou Restaurant
Disneyland Resort**

**12/2000 to 09/2004
Anaheim, CA**

Hostess

- Greet and seat guests
- Set tables
- Manage reservations

Busser

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

Chef

- Prepare and cook food
- Restock food from main kitchen

Server

- Customer service
- Cash handling
- Vending cart

Awards

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

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 _____	☐ 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>Allergan USA, Inc.</u>		
Physical Address: <u>1 N. Waukegan Road, Bldg AP50, 01B3E</u>		
City: <u>North Chicago</u> State: <u>IL</u> Zip: <u>60064</u>		
Mailing Address (if different from physical address): <u>1 N Waukegan Rd. D-GS02 Bldg AP5</u>		
City: <u>North Chicago</u> State: <u>IL</u> Zip: <u>60064</u>		
Telephone: <u>847-935-1132</u> Website: <u>www.abbvie.com</u>		
Name of Designated Representative (DR): <u>Brian Green</u>		
Licensing Company Email: <u>usdo.licensing@abbvie.com</u> DR Email: <u>brian.green@abbvie.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: <u>Virtual manufacturer</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)?		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:			
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):	AbbVie Inc.		
Corporation Name:	Allergan USA, Inc.		
Mailing Address:	1 N Waukegan Road, Bldg AP50, 01B3E		
City:	North Chicago	State:	IL Zip: 60064
Telephone:	847-932-7900	Email:	usdo.licensing@abbvie.com
Contact Person Name:	Monique Pyryt		
Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol: ABBV	

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	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)	✓	✓	✓	✓
• ^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/Fingerprint%20Submission%20Instructions%20-%20Effective%2001.01.2024.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/ .		✓	✓	✓

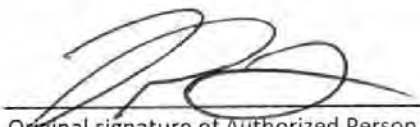
I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application 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.

Allergan USA, Inc.

Facility Name

Brian Green

Print Name of Authorized Person Submitting Application



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

21 May 2025

Date

Board Use Only

Date Received: 5/28/25

Amount: \$1000.00

Organizational chart



AbbVie Inc. is the Ultimate Parent Company of Allergan USA, Inc.

Allergan USA, Inc.

Scott T. Reents

Sole Manager

Business address: 1 N Waukegan Rd., North Chicago, IL 60064

Home address: [REDACTED]

Phone #: [REDACTED]

Ownership: 0%

Delaware

The First State

Page 1

I, CHARUNI PATIBANDA-SANCHEZ, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ALLERGAN USA, 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 SECOND DAY OF APRIL, A.D. 2025.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ALLERGAN USA, INC." WAS INCORPORATED ON THE FIFTH DAY OF NOVEMBER, A.D. 2004.



3877897 8300

SR# 20251162969

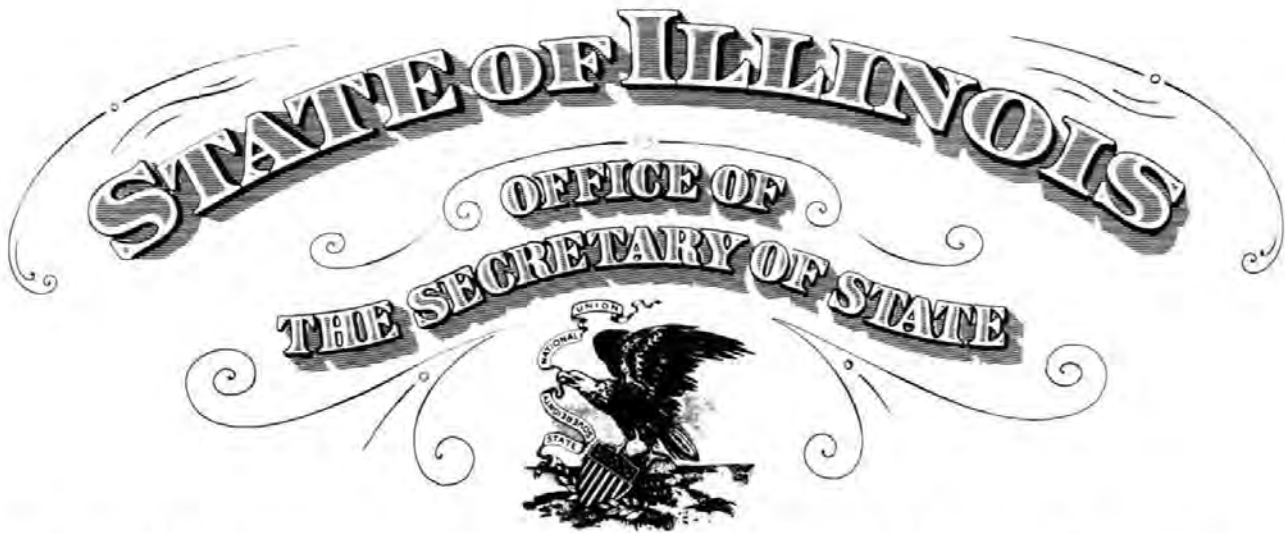
You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature in black ink, reading "C. P. Sanchez", is written over a horizontal line.

Charuni Patibanda-Sanchez, Secretary of State

Authentication: 203333963

Date: 04-02-25



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

ALLERGAN USA, INC., INCORPORATED IN DELAWARE AND LICENSED TO TRANSACT BUSINESS IN THIS STATE ON SEPTEMBER 24, 2008, AND MUST CONDUCT ALL BUSINESS IN THIS STATE UNDER THE ASSUMED NAME OF ALLERGAN USA, B, INC., APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS A FOREIGN CORPORATION IN GOOD STANDING AND AUTHORIZED TO TRANSACT BUSINESS 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 24TH day of SEPTEMBER A.D. 2024 .

Alexi Giannoulas

SECRETARY OF STATE

State of Illinois

Department of Financial and Professional Regulation Division of Professional Regulation

LICENSE NO.
004.005585

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:
12/31/2026

LICENSED WHOLESALE DRUG DISTRIBUTOR

BROKER



ALLERGAN USA, INC
BRIAN GREEN
1 N WAUKEGAN RD BLDG AP50 01B3E
NORTH CHICAGO, IL 60064



Mario Treto Jr.

MARIO TRETQ. JR.
SECRETARY

Camile Lindsay

CAMILE LINDSAY
DIRECTOR

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

20143161

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: 3520288

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
RA0430746	06-30-2026	\$1850
SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	DISTRIBUTOR	05-08-2025
ABBVIE US LLC 1 N WAUKEGAN RD ATTN: GS02, AP5 NORTH CHICAGO, IL 600641802		

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
RA0430746	06-30-2026	\$1850
SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	DISTRIBUTOR	05-08-2025
ABBVIE US LLC 1 N WAUKEGAN RD ATTN: GS02, AP5 NORTH CHICAGO, IL 600641802		

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
RA0430746	06-30-2026	\$1850

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	DISTRIBUTOR	05-08-2025

ABBVIE US LLC
 1 N WAUKEGAN RD
 ATTN: GS02, AP5
 NORTH CHICAGO, IL 600641802

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: -----

State of Illinois

Department of Financial and Professional Regulation Division of Professional Regulation

LICENSE NO.
304.008073
004.005585

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:
12/31/2026

LICENSED CONTROLLED SUBSTANCE DRUG
DIST
IV



ALLERGAN USA, INC
1 N WAUKEGAN RD BLDG AP50 01B3E
NORTH CHICAGO, IL 60064-1802



MARIO TRETO, JR.
SECRETARY

CAMILE LINDSAY
DIRECTOR

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

20143163

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: 3520288

SURETY RIDER

To be attached to and form a part of

Bond No. 285067023

dated June 28, 2021
effective _____
(MONTH-DAY-YEAR)

executed by Allergan USA, Inc., as Principal,
(PRINCIPAL)

and by Liberty Mutual Insurance Company, as Surety,

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

The Principal address to:

1 N. Waukegan Rd. Bldg AP50, 01B3E, North Chicago, IL 60064

Nothing herein contained shall vary, alter or extend any provision or condition of this bond except as herein expressly stated.

This rider June 28, 2025
is effective _____
(MONTH-DAY-YEAR)

Signed and Sealed June 24, 2025
(MONTH-DAY-YEAR)

Allergan USA, Inc.

(PRINCIPAL)

By: /

(PRINCIPAL)

Electronically signed by: wayne
klingworth
Reason: Management Approval
Date: 11-Jul-2025 16:10 CDT

Liberty Mutual Insurance Company

(SURETY)

By: Teuta Luri

Teuta Luri, Attorney-in-Fact





POWER OF ATTORNEY

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

Certificate No: **8214167-022029**

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, Mario Arzamendi; Katie Canales; Mary Ann Garcia; Jennie Goonie; Stephanie Gross; Teuta Luri; Jessica Richmond; Laura E. Sudduth; Amanda R. Turman-Avina; Misty Witt

all of the city of Houston state of TX 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 5th day of June, 2025



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

By: Nathan J. Zangerle
Nathan J. Zangerle, Assistant Secretary

State of PENNSYLVANIA
County of MONTGOMERY ss

On this 5th day of June, 2025 before me personally appeared Nathan J. Zangerle, 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, 2029
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 Nathan J. Zangerle, 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 24th day of June, 2025.



By: Renee C. Llewellyn
Renee C. Llewellyn, Assistant Secretary

Nevada Wholesale Bond

Final Audit Report

2025-07-11

Created:	2025-07-11
By:	jacqueline sio (jacqueline.sio@abbvie.com)
Status:	Signed
Transaction ID:	CBJCHBCAABAAKZIVZx9dYqorLXk8vlnPMIYftah3xsJq
Documents:	Nevada bond rider _ update address.pdf (2 pages)
Number of Documents:	1
Document page count:	2
Number of supporting files:	0
Supporting files page count:	0

"Nevada Wholesale Bond" History

-  Document created by jacqueline sio (jacqueline.sio@abbvie.com)
2025-07-11 - 7:04:02 PM GMT - IP address: 165.225.63.54
-  Document emailed to wayne klintworth (wayne.klintworth@abbvie.com) for signature
2025-07-11 - 7:06:15 PM GMT
-  Agreement viewed by wayne klintworth (wayne.klintworth@abbvie.com)
2025-07-11 - 9:09:46 PM GMT - IP address: 98.220.97.230
-  wayne klintworth (wayne.klintworth@abbvie.com) authenticated with Adobe Acrobat Sign.
2025-07-11 - 9:10:19 PM GMT
-  Document e-signed by wayne klintworth (wayne.klintworth@abbvie.com)
Signing reason: Management Approval
Signature Date: 2025-07-11 - 9:10:20 PM GMT - Time Source: server- IP address: 98.220.97.230
-  Agreement completed.
2025-07-11 - 9:10:20 PM GMT

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane

Reno, NV 89509

(775) 850-1440

Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. 285067023

Application/License No. _____

Allergan USA, Inc., doing or intending to do business as a
Applicant/Principal
pharmaceutical wholesaler, whose address for purposes of service is
5 Giralda Farms, Madison, NJ 07940, 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 ONE HUNDRED THOUSAND DOLLARS (\$100,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on June 28, 2021,
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 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 said bond shall be subject to all of the terms and provisions thereof.
- (3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.
- (4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS 639.515. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.
- (5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.
- (6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.
- (7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

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

In witness whereof, each party to this bond has caused it to be executed on this
23rd day of June 2021

APPLICANT/PRINCIPAL

Adaptgen USA, Inc.

Authorized Representative

SURETY COMPANY

Liberty Mutual Insurance Company

Authorized Representative

Attorney-in-fact

SIGNED and SEALED in the presence of

Witness

Witness

SIGNED and SEALED in the presence of

Witness

Countersigned by

N/A

Nevada Resident Agent

Allergan USA, Inc.
1 N. Waukegan Road, Bldg AP50, 01B3E
North Chicago, IL 60064

Employee List:

Scott Reents – Sole Manager

Brian Green - Warehouse Supervisor – Designated Representative

Brian M Green

PERSONAL SUMMARY

A highly motivated, results driven professional with 22 years' experience in domestic and international logistics and distribution and warehousing optimization. Self-motivated natural leader recognized for the ability to work with and manage operational teams with great success.

WORK EXPERIENCE

AbbVie US, LLC /Allergan USA, Inc., North Chicago, IL
8/2021-Current

Warehouse Supervisor II - Global Distribution and Logistics

Manage daily work operations and provide direction to staff to achieve departmental goals.

Develops work schedules for department staff and maintain personnel records.

Ensure direct reports are appropriately trained to complete assigned tasks.

Complete formal written and verbal performance reviews as scheduled.

Regularly met or exceeded business goals for order fulfillment and inventory accuracy.

Interact with internal and external customers, by meeting regularly, responding to requests and explaining procedures.

Identifies and develops new work processes and the improved utilization of human and material resources within assigned areas and related departments.

Talent acquisition and hiring manager.

Participates in corporate, FDA, DEA, and TSA audit reviews.

AbbVie US LLC/Allergan USA, Inc., North Chicago, IL
08/2018-8/2021

Warehouse Group Leader

Manage daily work activities surrounding order fulfillment and allocation for 10+ employees.

Always assured audit readiness and quality compliance.

Serve as subject matter expert providing support to team members, management, and areas affecting personnel daily work tasks.

Perform on-the-job training for staff.

Develop, motivate, and empower team members to achieve departmental and personal goals.

Lead operational projects.

Created, reviewed, and updated standard operating procedures.

AbbVie US LLC/Allergan USA, Inc., North Chicago, IL
08/2018-8/2021

Picked and packed international/domestic based orders based on specific product and customer requirements and country specifications.

Key team player for bio-pharma distribution center of finished goods.

EDUCATION

Columbia of Missouri – Columbia, MO

General Coursework

Trinity International University – Deerfield, IL

General Coursework

Shoreland Lutheran High School – Somers, WI

General Education - Diploma

AREAS OF EXPERTISE Workload/

Resource Management

People Leader

Workload Allocation

Relationship Building

Project Management

PROFESSIONAL TRAINING/ EDUCATION

State of California Designated
Representative – 3PL

Dangerous Goods Certified – HAZMAT

Controlled Drug Agent – CDA

TSA Facility Security Coordinator

PERSONAL SKILLS

Detail Oriented

Self-Motivated

Grasp concepts quickly

Team Player

Excellent Communication &
Organizational skills

Multi-tasking

ADDITIONAL SKILLS

Microsoft: Word, Excel, Outlook,
PowerPoint, SAP/EWM, ProShip
Velocity/Office, Six Sigma-White Belt

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 Allergan USA, Inc.
 Pharmacy/Wholesaler License # (if applicable) new - pending
 Physical Address 1 N. Waukegan Road, Bldg AP50, 01B3E
 City North Chicago State IL Zip 60064
 Mailing Address (if different from physical address) AbbVie US LLC 1 N Waukegan Rd. D-GS02 Bldg AP5
 City North Chicago State IL Zip 60064
 Telephone 847-935-1132 Website www.abbvie.com
 Licensing Company Email usdo.licensing@abbvie.com

Section 2: Personal Information

First Brian Middle _____ Last Green
 Alias(es, nicknames, name changes, etc.) _____
 Date of Birth SSN or ITIN Sex ☒ M ☐ F ☐ X
 Mailing Address 1 N. Waukegan Road, Bldg AP50, 01B3E
 City North Chicago State IL Zip 60064
 Telephone 847-935-5704 Email usdo.licensing@abbvie.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 Shoreland Lutheran High School		From - To (MM/YY - MM/YY) 08/98-05/01	
Address 9026 12th Street	City Somers	State WI	Zip 53171
Diploma/Degree obtained, if any High School Diploma			
School Name Trinity International University		From - To (MM/YY - MM/YY) 08/11-05/12	
Address 2065 Half Day Road	City Bannockburn	State IL	Zip 60015
Diploma/Degree obtained, if any			
School Name Columbia College		From - To (MM/YY - MM/YY) 08/20-05/21	
Address 1001 Rogers Street	City Columbia	State MO	Zip 65216
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) 08/12-Current	Address	City Waukegan	State IL	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	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 AbbVie US LLC		From - To (MM/YY - MM/YY) 08/2021- Current	
Business Address 1 N. Waukegan Road		City North Chicago	State IL
Phone 847-932-7900	Title Warehouse Supervisor	Number of Employed Hours <i>Resume</i>	
Description of Duties see attached resume			
Business Name AbbVie US LLC		From - To (MM/YY - MM/YY) 08/2018 - 08/2021	
Business Address 1 N. Waukegan Road		City North Chicago	State IL
Phone 847-932-7900	Title Warehouse Group Leader	Number of Employed Hours <i>Resume</i>	
Description of Duties see attached resume			
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.

Brian M Green

PERSONAL SUMMARY

A highly motivated, results driven professional with 22 years' experience in domestic and international logistics and distribution and warehousing optimization. Self-motivated natural leader recognized for the ability to work with and manage operational teams with great success.

WORK EXPERIENCE

AbbVie US LLC, North Chicago, IL **8/2021-Current**
Warehouse Supervisor II - Global Distribution and Logistics

- Manage daily work operations and provide direction to staff to achieve departmental goals.
- Develops work schedules for department staff and maintain personnel records.
- Ensure direct reports are appropriately trained to complete assigned tasks.
- Complete formal written and verbal performance reviews as scheduled.
- Regularly met or exceeded business goals for order fulfillment and inventory accuracy.
- Interact with internal and external customers, by meeting regularly, responding to requests and explaining procedures.
- Identifies and develops new work processes and the improved utilization of human and material resources within assigned areas and related departments.
- Talent acquisition and hiring manager.
- Participates in corporate, FDA, DEA, and TSA audit reviews.

AbbVie US LLC, North Chicago, IL **08/2018-8/2021**
Warehouse Group Leader

- Manage daily work activities surrounding order fulfillment and allocation for 10+ employees.
- Always assured audit readiness and quality compliance.
- Serve as subject matter expert providing support to team members, management, and areas affecting personnel daily work tasks.
- Perform on-the-job training for staff.
- Develop, motivate, and empower team members to achieve departmental and personal goals.
- Lead operational projects.
- Created, reviewed, and updated standard operating procedures.

AbbVie US LLC, North Chicago, IL **08/2018-8/2021**

- Picked and packed international/domestic based orders based on specific product and customer requirements and country specifications.
- Key team player for bio-pharma distribution center of finished goods.

EDUCATION

Columbia of Missouri – Columbia, MO

General Coursework

Trinity International University – Deerfield, IL

General Coursework

Shoreland Lutheran High School – Somers, WI

General Education - Diploma

AREAS OF EXPERTISE

Workload/Resource Management

People Leader

Workload Allocation

Relationship Building

Project Management

PROFESSIONAL TRAINING/EDUCATION

*State of California Designated
Representative – 3PL*

Dangerous Goods Certified – HAZMAT

Controlled Drug Agent – CDA

TSA Facility Security Coordinator

PERSONAL SKILLS

Detail Oriented

Self-Motivated

Grasp concepts quickly

Team Player

*Excellent Communication &
Organizational skills*

Multi-tasking

ADDITIONAL SKILLS

*Microsoft: Word, Excel, Outlook,
PowerPoint, SAP/EWM, ProShip
Velocity/Office. Six Sigma-White Belt*

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

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

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

Business Name		From - To (MM/YY – MM/YY)	
Business Address		City	State Zip
Phone	Title	Number of Employed Hours	
Description 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?		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, Brian Green, certify that as the designated representative for
Allergan USA, Inc.

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

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

Brian Green

Print Name (First, Last)



Original Signature (electronic, copies or stamps not accepted)

21 May 2025

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.

Brian Green

Print Name (First, Last)



Original Signature (electronic, copies or stamps not accepted)

21 May 2025

Date

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

State of Illinois, ss. County of Lake

I, Brian Green, 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.

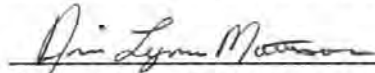


Original Signature

21 May 2025

Date

Subscribed and Sworn to before me this 21st day of May 2025



Notary Public Signature



(Seal)

**UNITED STATES
SECURITIES AND EXCHANGE COMMISSION**
Washington, D.C. 20549

FORM 8-K

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

Date of Report (Date of earliest event reported): September 11, 2025

ABBVIE INC.

(Exact name of registrant as specified in its charter)

Delaware
(State or other jurisdiction
of incorporation)

001-35565
(Commission File Number)

32-0375147
(IRS Employer
Identification No.)

1 North Waukegan Road
North Chicago, Illinois 60064-6400
(Address of principal executive offices)(Zip Code)

Registrant's telephone number, including area code: **(847) 932-7900**

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, \$0.01 Par Value	ABBV	New York Stock Exchange NYSE Texas
0.750% Senior Notes due 2027	ABBV27	New York Stock Exchange
2.125% Senior Notes due 2028	ABBV28	New York Stock Exchange
2.625% Senior Notes due 2028	ABBV28B	New York Stock Exchange
2.125% Senior Notes due 2029	ABBV29	New York Stock Exchange
1.250% Senior Notes due 2031	ABBV31	New York Stock Exchange

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

Emerging growth company ☐

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

Item 7.01 Regulation FD Disclosure

On September 11, 2025, AbbVie announced that it has settled litigation with all generic manufacturers that filed abbreviated new drug applications with the U.S. Food and Drug Administration for generic versions of upadacitinib tablets, which AbbVie markets as RINVOQ.

Given the settlement and license agreements, which are subject to standard acceleration provisions, assuming pediatric exclusivity is granted, no generic entry for any upadacitinib tablets is expected prior to April 2037 in the United States.

Some statements in this filing are, or may be considered, forward-looking statements for purposes of the Private Securities Litigation Reform Act of 1995. The words "believe," "expect," "anticipate," "project" and similar expressions and uses of future or conditional verbs, generally identify forward-looking statements. AbbVie cautions that these forward-looking statements are subject to risks and uncertainties that may cause actual results to differ materially from those expressed or implied in the forward-looking statements. Such risks and uncertainties include, but are not limited to, challenges to intellectual property, adverse litigation or government action, changes to laws and regulations applicable to our industry, and other uncertainties and risks associated with global business operations. Additional information about the economic, competitive, governmental, technological and other factors that may affect AbbVie's operations is set forth in Item 1A, "Risk Factors," of AbbVie's 2024 Annual Report on Form 10-K, which has been filed with the Securities and Exchange Commission, as updated by its Quarterly Reports on Form 10-Q and in other documents that AbbVie subsequently files with the Securities and Exchange Commission that update, supplement or supersede such information. AbbVie undertakes no obligation, and specifically declines, to release publicly any revisions to forward-looking statements as a result of subsequent events or developments, except as required by law.

The information in this Item 7.01, including the exhibit referenced herein and attached hereto, shall not be deemed "filed" for purposes of Section 18 of the Securities Exchange Act of 1934 (the "Exchange Act"), nor shall it be deemed incorporated by reference in any Company filing under the Securities Act of 1933 or the Exchange Act, except as shall be expressly set forth by specific reference in such filing.

Item 9.01 Financial Statements and Exhibits

(d) Exhibits

Exhibit No.	Exhibit
104	Cover Page Interactive Data File (embedded within the Inline XBRL document)

SIGNATURE

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

ABBVIE INC.

Date: September 11, 2025

By: /s/ Perry C. Siatis

Perry C. Siatis

Executive Vice President, General Counsel and Secretary

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 (05/12/2022)

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>Cintas Corporation No. 2 #59P D/B/A Cintas First Aid & Safety</u>		
Physical Address: <u>800 S Industrial Way Suite 300</u>		
City: <u>Meridian</u> State: <u>ID</u> Zip: <u>83642</u>		
Mailing Address (if different from physical address): <u>6800 Cintas Blvd. ATTN: Regulatory Compliance #119</u>		
City: <u>Mason</u> State: <u>OH</u> Zip: <u>45040</u>		
Telephone: <u>(513) 972 - 3969</u> Website: <u>www.cintas.com</u>		
Name of Designated Representative (DR): <u>Ryan Pickett</u>		
Licensing Company Email: <u>Regulatory@cintas.com</u> DR Email: <u>PickettR@cintas.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>Commercial End Users</u>	☐ Dangerous Drugs ☐ Controlled Substances ☒ *Medical devices, equipment, supplies, gases ☒ Others: <u>OTC First Aid Convenience Kits, non-prescription drugs</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 # 2. 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 Cintas Corporation No. 2				

Provide explanation below:

Statement in Explanation of "Yes" Re Denial of Licenses Application

On January 25, 2019 and May 6, 2019, the Utah Department of Commerce ("UDOC"), due to application non-completeness, denied Cintas Corporation No. 2's ("Cintas") applications of Pharmacy - Class E permits for facilities located in Henderson, Nevada and Mason, Ohio.

Cintas subsequently renewed the application for the Henderson, Nevada facility and the UDOC did ultimately issue the permit to Cintas on June 4, 2019 (Permit No. 11279941-1714).

In addition to issuing the permit to Cintas for the facility in Henderson, Nevada, the UDOC has also issued permits to Cintas for facilities in Salt Lake City (11107516-1714), and Sparks, Nevada (11080860-1714).

Original Signature (electronic copies or stamps not accepted)

Date

10/16/29

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 # 5. Provide all the following where applicable:

Date of Event/Arrest	Disposition Date	State	City	County
Case #	Governing, licensing, Arresting Presiding Body/Agency/Court			
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity Cintas Corporation No. 2				

Provide explanation below:

Surrendered Licenses - Cintas Corporation No. 2

MN - Wholesale Distributor Non-Resident License

- No prescription drug products

AZ - Medical Gas Supplier Resident License

- No long sells compressed medical gas

SC - Medical Gas Non-Resident License and Non-Dispensing Drug Outlet Resident License

- No prescription drug products / No controlled substances
- License Exemption granted

IL - Wholesale Drug Distributor Non-Resident License

- License Exemption granted

KY - Wholesaler Non-Resident License

- No prescription drug products
- License Exemption granted

MS - Medical Equipment Supplier Permit Non-Resident License

- License Exemption granted

PA - Distributor of Non-Prescription Drugs & Devices Non-Resident License

- No scheduled drug products
- No sales representatives operating in PA from facility

NC - Device and Medical Equipment Resident Permit

- No longer sells medical gas

Voluntary closure of facility in Mason, Ohio resulted in permits surrendered for these states: CT, TN, ND, TX, AR, ID, KS, LA, MN, NV, NJ, NC, OR, RI, WA, VA

Original Signature (electronic, copies or stamps not accepted)

Date

10/14/24

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:	Cintas Corporation No. 2			
Address:	3577 Yankee Road Suite B	City:	Middletown	State: OH Zip: 45044
Name:	Cintas Corporation No. 2			
Address:	250 Vista Blvd. Suite 107	City:	Sparks	State: NV Zip: 89434
Name:				
Address:		City:		State: Zip:
Name:				
Address:		City:		State: Zip:

Section 4: Publicly Traded Corporation

State of Incorporation:	Nevada		
Parent Company (if any):	Cintas Corporation		
Corporation Name:	Cintas Corporation No. 2 (100% Corporately owned by Cintas Corporation)		
Mailing Address:	6800 Cintas Blvd.		
City:	Mason	State:	OH Zip: 45040
Telephone:	(513) 972 - 3969	Email:	Regulatory@cintas.com
Contact Person Name:	Emily Wilburn		
Date of SEC Registration:	12/03/2007	SEC Registration Number:	0-11399
		Stock Exchange Symbol:	CTAS

Section 5: Non-Publicly Traded Corporation or Company

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

Section 6: Partnership

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

Section 7: Sole Owner

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

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

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• List of <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/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/ .		✓	✓	✓

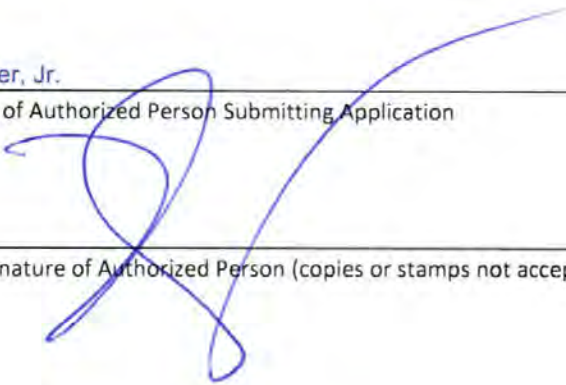
I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application 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.

Cintas Corporation No. 2

Facility Name

Mark Carter, Jr.

Print Name of Authorized Person Submitting Application


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

4/17/25
Date

Board Use Only

Date Received: 6/30/25

Amount: \$500-CH 10050289



Cintas Corporation No. 2 Officers

Todd M. Schneider – President & CEO of Cintas Corporation

Scott A. Garula – Executive Vice President & CFO of Cintas Corporation

Jared S. Mattingley – Vice President & Treasurer of Cintas Corporation

D. Brock Denton – Senior Vice President, Secretary & General Counsel of Cintas Corporation

James N. Rozakis – Executive Vice President & COO of Cintas Corporation

Mark Carter, Jr. – President and COO of Cintas Corporation No. 2

Cintas Corporation No. 2 is 100% Corporately Owned by Cintas Corporation



Top Four Corporate Shareholders

- 1. Vanguard – 8.59%**
- 2. Vanguard Index Funds – 7.31%**
- 3. iShares – 4.02%**
- 4. Invesco – 3.56%**

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 **CINTAS CORPORATION NO. 2** 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 04/26/2000, and in good standing in this State.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of this State, at my office on 10/07/2024.

FRANCISCO V. AGUILAR
Secretary of State

Certificate Number: B202410075026454

You may verify this certificate

online at <https://www.nvsilverflume.gov/home>



STATE OF IDAHO

Phil McGrane | Secretary of State

Business Office

450 North 4th Street

PO Box 83720

Boise, ID 83720

March 28, 2025

Request Type: Certificate of Existence/Filing

Request #: 0006176064

Receipt #: 001123703

Issuance Date: 03/28/2025

Copies Requested: 0

Regarding: CINTAS CORPORATION NO. 2

Filing Type: Foreign Business Corporation

Formation/Qualification Date: 06/05/2001

Status: Active-Good Standing

Duration Term: Perpetual

File #: 424915

Formation Locale: NEVADA

Inactive Date:

Certificate of Existence

I, Phil McGrane, Secretary of State of the State of Idaho, do hereby certify that effective as of the issuance date noted above

CINTAS CORPORATION NO. 2

a Corporation formed in the jurisdiction set forth above, is authorized to transact business in this State.

A handwritten signature of Phil McGrane, enclosed in an oval.

Phil McGrane

Idaho Secretary of State

Processed By: Business Division

Verification #: 033504725



April 2, 2019

The Whom It May Concern,

The State of Ohio Board of Pharmacy (Board) only licenses facilities that possess, store, sell or compound dangerous drugs as defined in ORC 4729.01(F).

(F) "Dangerous drug" means any of the following:

(1) Any drug to which either of the following applies:

(a) Under the "Federal Food, Drug, and Cosmetic Act," 52 Stat. 1040 (1938), 21 U.S.C.A. 301, as amended, the drug is required to bear a label containing the legend "Caution: Federal law prohibits dispensing without prescription" or "Caution: Federal law restricts this drug to use by or on the order of a licensed veterinarian" or any similar restrictive statement, or the drug may be dispensed only upon a prescription;

(b) Under Chapter 3715, or 3719, of the Revised Code, the drug may be dispensed only upon a prescription.

(2) Any drug that contains a schedule V controlled substance and that is exempt from Chapter 3719, of the Revised Code or to which that chapter does not apply;

(3) Any drug intended for administration by injection into the human body other than through a natural orifice of the human body;

(4) Any drug that is a biological product, as defined in section 3715.01 of the Revised Code.

Additionally, the Board only licenses home medical equipment service providers that engage in the sale, delivery, installation, maintenance, replacement or demonstration of home medical equipment as defined in ORC 4752.01(B).

(B) "Home medical equipment" means equipment that can stand repeated use, is primarily and customarily used to serve a medical purpose, is not useful to a person in the absence of illness or injury, is appropriate for use in the home, and is one or more of the following:

(1) Life-sustaining equipment prescribed by an authorized health care professional that mechanically sustains, restores, or supplants a vital bodily function, such as breathing;

(2) Technologically sophisticated medical equipment prescribed by an authorized health care professional that requires individualized adjustment or regular maintenance by a home medical equipment services provider to maintain a patient's health care condition or the effectiveness of the equipment;

(3) An item specified by the state board of pharmacy in rules adopted under division (B) of section 4752.17 of the Revised Code.

Therefore, any over-the-counter medication or medical device that does not contain a dangerous drug or considered to be home medical equipment does not require licensure from our agency.

In the state of Ohio, Cintas' facility (Mason FAS DC) is not required to be licensed, because Ohio does not regulate the distribution of over-the-counter drugs, medical devices that do not contain dangerous drugs, and AEDs.

Regards,

Karrie Southard
Director of Licensing
State of Ohio Board of Pharmacy

17 South High Street, 17th Floor, Columbus, Ohio 43215

T: (614) 466.4143 | F: (614) 752.4836 | contact@pharmacy.ohio.gov | www.pharmacy.ohio.gov





**Division of Occupational and Professional
Licenses**

11341 W Chinden Blvd. Boise, ID 83720-0063
dopl.idaho.gov

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

CINTAS FIRST AID & SAFETY

**Wholesaler OTC Products Registration
OTC73569**

Issued: 20-Dec-2024 Expires: 31-Dec-2025

Renewal Required

**Russell Barron
Administrator**

Printed: 20-Dec-2024

**CINTAS FIRST AID & SAFETY
Wholesaler OTC Products Registration
OTC73569**

Expires: 31-Dec-2025

**Russell Barron
Administrator**



CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)
06/20/2025

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 Aon Risk Services Northeast, Inc. c/o Aon Client Services 4 Overlook Point Lincolnshire IL 60069 USA		CONTACT NAME: PHONE (A/C. No. Ext.): (866) 283-7122 FAX (A/C. No.): (800) 363-0105 E-MAIL ADDRESS:															
INSURED Cintas Corporation and its Subsidiaries 6800 Cintas Blvd PO Box 625737 Cincinnati OH 45262 USA		INSURER(S) AFFORDING COVERAGE <table border="1"><thead><tr><th>INSURER</th><th>NAIC #</th></tr></thead><tbody><tr><td>INSURER A: Liberty Insurance Corporation</td><td>42404</td></tr><tr><td>INSURER B: Liberty Mutual Fire Ins Co</td><td>23035</td></tr><tr><td>INSURER C: LM Insurance Corporation</td><td>33600</td></tr><tr><td>INSURER D: Westchester Fire Insurance Company</td><td>10030</td></tr><tr><td>INSURER E:</td><td></td></tr><tr><td>INSURER F:</td><td></td></tr></tbody></table>		INSURER	NAIC #	INSURER A: Liberty Insurance Corporation	42404	INSURER B: Liberty Mutual Fire Ins Co	23035	INSURER C: LM Insurance Corporation	33600	INSURER D: Westchester Fire Insurance Company	10030	INSURER E:		INSURER F:	
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INSURER D: Westchester Fire Insurance Company	10030																
INSURER E:																	
INSURER F:																	

COVERAGES**CERTIFICATE NUMBER:** 570113408379**REVISION NUMBER:**

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

Limits shown are as requested

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS												
B	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR ☒ Contractual Liability GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☐ PRO-JECT ☒ LOG ☐ OTHER:		TB2651004227095	07/01/2025	07/01/2026	<table border="1"><tr><td>EACH OCCURRENCE</td><td>\$2,000,000</td></tr><tr><td>DAMAGE TO RENTED PREMISES (Ea occurrence)</td><td>\$1,000,000</td></tr><tr><td>MED EXP (Any one person)</td><td>\$5,000</td></tr><tr><td>PERSONAL & ADV INJURY</td><td>\$2,000,000</td></tr><tr><td>GENERAL AGGREGATE</td><td>\$2,000,000</td></tr><tr><td>PRODUCTS - COMP/OP AGG</td><td>\$2,000,000</td></tr></table>	EACH OCCURRENCE	\$2,000,000	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$1,000,000	MED EXP (Any one person)	\$5,000	PERSONAL & ADV INJURY	\$2,000,000	GENERAL AGGREGATE	\$2,000,000	PRODUCTS - COMP/OP AGG	\$2,000,000
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MED EXP (Any one person)	\$5,000																	
PERSONAL & ADV INJURY	\$2,000,000																	
GENERAL AGGREGATE	\$2,000,000																	
PRODUCTS - COMP/OP AGG	\$2,000,000																	
A	AUTOMOBILE LIABILITY ☒ ANY AUTO ☐ OWNED AUTOS ONLY ☐ HIRED AUTOS ONLY ☒ Comp/Coil \$0 Ded. ☐ SCHEDULED AUTOS ☐ NON-OWNED AUTOS ONLY		AS7-651-004227-075 ADS	07/01/2025	07/01/2026	<table border="1"><tr><td>COMBINED SINGLE LIMIT (Ea accident)</td><td>\$5,000,000</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></table>	COMBINED SINGLE LIMIT (Ea accident)	\$5,000,000	BODILY INJURY (Per person)		BODILY INJURY (Per accident)		PROPERTY DAMAGE (Per accident)					
COMBINED SINGLE LIMIT (Ea accident)	\$5,000,000																	
BODILY INJURY (Per person)																		
BODILY INJURY (Per accident)																		
PROPERTY DAMAGE (Per accident)																		
D	☒ UMBRELLA LIAB ☒ OCCUR ☐ EXCESS LIAB ☐ CLAIMS-MADE ☐ DED ☒ RETENTION \$10,000		G22035277020	07/01/2025	07/01/2026	<table border="1"><tr><td>EACH OCCURRENCE</td><td>\$5,000,000</td></tr><tr><td>AGGREGATE</td><td>\$5,000,000</td></tr></table>	EACH OCCURRENCE	\$5,000,000	AGGREGATE	\$5,000,000								
EACH OCCURRENCE	\$5,000,000																	
AGGREGATE	\$5,000,000																	
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/A	WA565004227105 WC5651004227125	07/01/2025 07/01/2025	07/01/2026 07/01/2026	<table border="1"><tr><td>☒ PER STATUTE</td><td>☐ OTH-ER</td></tr><tr><td>E.L. EACH ACCIDENT</td><td>\$2,000,000</td></tr><tr><td>E.L. DISEASE-EA EMPLOYEE</td><td>\$2,000,000</td></tr><tr><td>E.L. DISEASE-POLICY LIMIT</td><td>\$2,000,000</td></tr></table>	☒ PER STATUTE	☐ OTH-ER	E.L. EACH ACCIDENT	\$2,000,000	E.L. DISEASE-EA EMPLOYEE	\$2,000,000	E.L. DISEASE-POLICY LIMIT	\$2,000,000				
☒ PER STATUTE	☐ OTH-ER																	
E.L. EACH ACCIDENT	\$2,000,000																	
E.L. DISEASE-EA EMPLOYEE	\$2,000,000																	
E.L. DISEASE-POLICY LIMIT	\$2,000,000																	

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

CERTIFICATE HOLDER**CANCELLATION**

Cintas Corporation and its Subsidiaries PO Box 625737 Cincinnati OH 45262 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 <i>Aon Risk Services Northeast, Inc.</i>
---	---

Holder Identifier :

Certificate No : 570113408379

EVIDENCE OF COVERAGE**Policy Term**
07-01-2025 to 07-01-2026

This Evidence of Coverage is issued as a matter of information only to authorized viewers for their internal use only and confers no rights upon any viewer of this Evidence of Coverage. This Evidence of Coverage does not amend, extend or alter the coverage described below. This Evidence of Coverage may only be copied, printed and distributed within an authorized viewer and may only be used and viewed by an authorized viewer for its internal use. Any other use, duplication or distribution of this Evidence of Coverage without the consent of Aon is prohibited. "Authorized viewer" shall mean an entity or person which is authorized by the insured named herein to access this Evidence of Coverage via www.AonLine.Aon.com. The information contained herein is as of the date referred to above. Aon shall be under no obligation to update such information.

ADDITIONAL INFORMATION**GENERAL LIABILITY****ADDITIONAL INSURED WORDING:**

YOU are included as an Additional Insured on the General Liability policy where required by written contract executed prior to loss, but only for the limits agreed to in such contract or the limits of insurance of this policy, whichever is less.

WAIVER OF SUBROGATION WORDING:

Waiver of Subrogation applies in favor of YOU on the General Liability policy where required by written contract and only to the extent granted in that contract.

AUTOMOBILE LIABILITY**ADDITIONAL INSURED WORDING:**

YOU are included as an Additional Insured on the Automobile Liability policy with regard to any leased vehicle where their interests may appear.

PHYSICAL DAMAGE COVERAGE:

The Named Insured assumes all Liability for Physical Damage.

WORKERS' COMPENSATION**WAIVER OF SUBROGATION:**

Waiver of Subrogation Applies in favor of YOU on the Workers' Compensation policy with regard to work performed under a written contract that requires such an agreement and only to the extent granted in that contract.

The existence of more than one insured, Additional Insured or other interests shall not serve to increase the limits of liability of the policy.

The Company hereby authorizes Aon Risk Services of Ohio Inc. to issue certificates of insurance, or to display Evidence of Coverage, including any Mortgagee or Loss Payee clauses consistent with the foregoing.

The Evidence of Coverage of Insurance serves solely to list insurance policies, limits and dates of coverage. Any modifications hereto are not authorized.

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 Cintas Corporation No. 2 #59P MDEG License # (if applicable) _____
Physical Address 800 S Industrial Way Suite 300
City Meridian State ID Zip 83642
Mailing Address (if different from physical address) 6800 Cintas Blvd. ATTN: Risk & Compliance #119
City Mason State OH Zip 45040
Telephone (513) 972 - 3969 Website www.cintas.com
Licensing Company Email Regulatory@cintas.com

Section 2: Personal Information

First Ryan Middle Alexander Last Pickett
Alias(es, nicknames, name changes, etc.) _____
Date of Birth [REDACTED] SSN or ITIN [REDACTED] Sex ☒ M ☐ F ☐ X
Mailing Address [REDACTED]
City Nampa State ID Zip [REDACTED]
Telephone [REDACTED] Email pickettr@cintas.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.)		✓

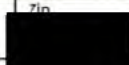
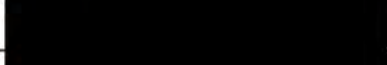
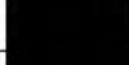
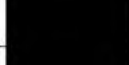
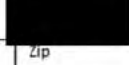
Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)

	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 Corban University		From - To (MM/YY - MM/YY) 08/05 - 05/10	
Address 5000 Deer Park DR SE	City Salem	State OR	Zip 97317
Diploma/Degree obtained, if any BS - Business Administration Management			
School Name Westview High School		From - To (MM/YY - MM/YY) 8/03 - 5/05	
Address 4200 NW 185th Ave	City Portland	State OR	Zip 97229
Diploma/Degree obtained, if any High School Diploma			
School Name Glencoe High School		From - To (MM/YY - MM/YY) 08/01 - 05/03	
Address 2700 NW Glencoe Rd	City Hillsboro	State OR	Zip 97124
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) 03/19 - 9/24	Address 	City Nampa	State ID	Zip 
From - To (MM/YY - MM/YY) 03/18 - 03/19		City Nampa	State ID	
From - To (MM/YY - MM/YY) 03/17 - 03/18		City Bonney Lake	State WA	
From - To (MM/YY - MM/YY) 10/14 - 03/17		City Auburn	State WA	
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	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 Cintas First Aid & Safety		From - To (MM/YY - MM/YY) 06/20 - Current	
Business Address 800 S Industrial Way Suite 300		City Meridian	State ID
Phone (253) 263 - 7103	Title General Manager		Zip 83642
Description of Duties Oversee business staffing, financial, and compliance operations.		Number of Employed Hours 10,000	
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	
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			

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, Ryan Pickett, certify that as the MDEG Administrator for
Cintas Corporation No. 2 #59P D/B/A Cintas First Aid & Safety

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

1. RP Have a high school diploma or its equivalent;
2. RP 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. RP 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. RP Will ensure that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.

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

Ryan Pickett
Print Name (First, Last)


Original Signature (electronic, copies or stamps not accepted)

3/28/25
Date

Board Use Only

Date Received: 4/15/25



Employee Partners at Cintas Corporation No. 2 #59P – Meridian, ID

First	Last	Title
Ryan	Pickett	General Manager
Morgan "MJ"	Woods	Human Resources Manager
James	Youn	Sales Manager
Bobby	Jackson	Service Manager
Wendy	Rich	Service Manager
Erica	Apfelbaum	Service Manager
Brian	Williams	Inventory Management Specialist
Adam	Peterson	Warehouse Specialist
Kevin	Kalaw	Office Supervisor
Angie	McClure	Office Partner
Rodrigo	Juarez	Office Partner
Ryver	Kallstrom	Training & Compliance Instructor
Micaela	Connolly	Sales
Ryan	Kelimoff	Sales
Jaske	Benjamin	Sales
Collin	Kim	Sales
Falon	Neeley	Sales
Brian	Cienfuegos	Sales
Ambrosio	Kennedy	Sales Service Representative
Justin	Sanchez	Sales Service Representative
Marjorie	Bartlett	Sales Service Representative
Corey	Ankeny	Sales Service Representative
Aprille	Qualls	Sales Service Representative
Dale	Wilson	Sales Service Representative
Noel	Medina	Sales Service Representative
Gary	Anderson	Sales Service Representative
David	Ackerschott	Sales Service Representative
Rob	Greenwood	Sales Service Representative
Tony	Zavaglia	Sales Service Representative
Bill	McClellan	Sales Service Representative
Curtis	Williams	Sales Service Representative
Chett	Reistad	Sales Service Representative
Janelle	Garcia	Sales Service Representative
Elijah	Kupka	Sales Service Representative
Tim	Ramsted	Sales Service Representative
Josh	Spurlin	Sales Service Representative
Michael	Greenwood	Sales Service Representative
Zach	Worden	Sales Service Representative
Brian	Fontes	Sales Service Representative
Nathan	Elms	Sales Service Representative
Christopher	Walker	Sales Service Representative
Marc	McCollough	Sales Service Representative
Tammy	Wallace	Sales Service Representative
Curt	Jackson	Sales Service Representative
Brent	Locke	Sales Service Representative
Atanacio	Herrera	Sales Service Representative
Jeff	Hall	Sales Service Representative
Shon	Smith	Sales Service Representative

**UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
WASHINGTON, D.C. 20549
FORM 10-K**

- ☒ ANNUAL REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934
For the fiscal year ended May 31, 2024
- ☐ TRANSITION REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934
Commission file number 0-11399



READY FOR THE WORKDAY

Cintas Corporation

(Exact name of registrant as specified in its charter)

<u>Washington</u> (State or Other Jurisdiction of Incorporation or Organization)	<u>31-1188630</u> (IRS Employer Identification Number)
6800 Cintas Boulevard P.O. Box 625737 Cincinnati, Ohio	<u>45262-5737</u>
(Address of Principal Executive Offices)	(Zip Code)

Registrant's Telephone Number, Including Area Code: **(513) 459-1200**

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, no par value	CTAS	The NASDAQ Stock Market LLC (NASDAQ Global Select Market)

Securities registered pursuant to Section 12(g) of the Act: None

Indicate by check mark if the Registrant is a well-known seasoned issuer, as defined in Rule 405 of the Securities Act.

Yes ☒

No ☐

Indicate by check mark if the Registrant is not required to file reports pursuant to Section 13 or Section 15(d) of the Act.

Yes ☐

No ☒

Indicate by check mark whether the Registrant (1) has filed all reports required to be filed by Section 13 or 15(d) of the Securities Exchange Act of 1934 during the preceding 12 months (or for such shorter period that the Registrant was required to file such reports) and (2) has been subject to such filing requirements for the past 90 days.

Yes ☒

No ☐

Indicate by check mark whether the Registrant has submitted electronically every Interactive Data File required to be submitted pursuant to Rule 405 of Regulation S-T (§232.405 of this chapter) during the preceding 12 months (or for such shorter period that the Registrant was required to submit such files).

Yes ☒

No ☐

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. 726(b)) by the registered public accounting firm that prepared or issued its audit report. ☒

If securities are registered pursuant to Section 12(b) of the Act, indicate by check mark whether the financial statements of the registrant included in the filing reflect the correction of an error to previously issued financial statements. ☐

Indicate by check mark whether any of those error corrections are restatements that required a recovery analysis of incentive-based compensation received by any of the registrant's executive officers during the relevant recovery period pursuant to § 240.10D-1(b). ☐

Indicate by check mark whether the Registrant is a shell company (as defined in Rule 12b-2 of the Act).

Yes ☐

No ☒

The aggregate market value of the Registrant's Common Stock held by non-affiliates as of November 30, 2023, was \$56,070,561,360 based on a closing sale price of \$553.25 per share. As of June 30, 2024, 193,308,232 shares of the Registrant's Common Stock were issued and 100,768,931 shares were outstanding.

Documents Incorporated by Reference

Portions of the Registrant's Proxy Statement to be filed with the Commission for its 2024 Annual Meeting of Shareholders are incorporated by reference in Part III of this Form 10-K.

Cintas Corporation

Index to Annual Report on Form 10-K

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Part I

Item 1. Business

Overview

Cintas Corporation (Cintas, Company, we, us or our), a Washington corporation, helps more than one million businesses of all types and sizes, primarily in the United States (U.S.), as well as Canada and Latin America, get **READY™** to open their doors with confidence every day by providing a wide range of products and services that enhance our customers' image and help keep their facilities and employees clean, safe and looking their best. With products and services including uniforms, mats, mops, restroom supplies, first aid and safety products, fire extinguishers and testing, and safety training, Cintas helps customers get **Ready for the Workday®**. Cintas was founded in 1968 by Richard T. Farmer when he left his family's industrial laundry business in order to develop uniform programs using an exclusive new fabric. In the early 1970's, Cintas acquired the family industrial laundry business. Over the years, Cintas developed additional products and services that complemented its core uniform business and broadened the scope of products and services available to its customers.

Business Segments

Cintas' reportable operating segments are the Uniform Rental and Facility Services operating segment and the First Aid and Safety Services operating segment. The Uniform Rental and Facility Services reportable operating segment consists of the rental and servicing of uniforms and other garments, including flame resistant clothing, mats, mops and shop towels and other ancillary items. In addition to these rental items, restroom cleaning services and supplies and the sale of items from our catalogs to our customers on route are included within this reportable operating segment. The First Aid and Safety Services reportable operating segment consists of first aid and safety products and services. The remainder of Cintas' business, which consists of the Fire Protection Services operating segment and the Uniform Direct Sale operating segment, is included in All Other.

The following table sets forth Cintas' total revenue and the revenue derived from each reportable operating segment and the remaining operating segments included in All Other for the fiscal years ended May 31:

(In thousands)	2024	2023	2022
Uniform Rental and Facility Services	\$ 7,465,199	\$ 6,897,130	\$ 6,226,980
First Aid and Safety Services	1,067,334	951,496	832,458
All Other	1,064,082	967,143	795,021
Total Revenue	<u>\$ 9,596,615</u>	<u>\$ 8,815,769</u>	<u>\$ 7,854,459</u>

Additional information regarding each reportable operating segment and All Other is also included in "Item 8. Financial Statements and Supplementary Data," in Note 14 entitled Operating Segment Information of "Notes to Consolidated Financial Statements."

Customers

We provide our products and services to over one million businesses of all types, from small service and manufacturing companies to major corporations that employ thousands of people. This diversity in customer base results in no individual customer accounting for greater than one percent of Cintas' total revenue. As a result, the loss of one account would not have a material financial impact on Cintas.

Competition

The primary markets served by each of the Cintas operating segments are local in nature and highly fragmented. Cintas competes with national, regional and local providers, large national retailers and small local retailers as well as companies with a significant online presence and the level of competition varies at each of Cintas' local operations. In addition, businesses may decide to perform certain services in-house instead of outsourcing these services. Product, design, price, quality, service and convenience to the customer are the competitive elements in each of our operating segments.

Operations and Distribution

Within the Uniform Rental and Facility Services reportable operating segment, Cintas provides its products and services to customers via local delivery routes originating from rental processing plants and branches. Within the First Aid and Safety Services reportable operating segment and All Other, Cintas provides its products and services via its distribution network and local delivery routes or local representatives. At May 31, 2024, Cintas, in total, had approximately 11,700 local delivery routes, 467 operational facilities and 12 distribution centers.

Sourcing

Cintas is committed to sourcing responsibly. Cintas sources finished products from many outside suppliers. As mentioned on our website, www.cintas.com, each and every supplier must comply with a vendor code of conduct as a condition of doing business with Cintas. Cintas also conducts internal training to ensure that employee-partners who have direct responsibility for supply chain management are knowledgeable and aware of issues and concerns surrounding our supply chain. In addition to sourcing from third-party suppliers, Cintas operates five manufacturing facilities that provide for standard uniform needs. Cintas purchases fabric, used in the manufacturing of its products, from several suppliers. Cintas' ability to find qualified suppliers who meet its standards and to access products in a timely and efficient manner, is subject to ongoing market risks. For a discussion of the risks associated with sourcing that may materially impact Cintas, please see "Item 1A: Risk Factors - Risks Relating to Business Strategy and Operations."

Government Laws and Regulations

Cintas is subject to a wide array of laws, government regulations, including environmental regulations, and standards in each domestic and foreign jurisdiction in which it operates. In addition to Cintas' U.S. operations, which generated over 90% of its consolidated revenue in all periods presented, Cintas also operates its business through wholly owned subsidiaries in foreign jurisdictions, primarily in Canada. Compliance with these laws, government regulations, including environmental regulations, and standards requires the dedication of time and effort of employee-partners as well as financial resources.

Compliance with environmental regulations and prioritizing our environmental sustainability efforts are important to us as a good corporate citizen. Our journey started in 1929 during the Great Depression when Doc and Amelia Farmer collected shop towels that had been disposed by manufacturing facilities along the Ohio River. They washed, recycled and sold the clean towels back to companies. Today, the majority of our total Company revenue comes from our Uniform Rental and Facility Services reportable operating segment. Most of these items are cleaned and processed in ways that extend their lifespan and, when not in use, are re-stocked for future customers to maximize their lifespan. Our laundering processes generate far less wastewater than home laundering. Water discharged into the environment is treated at our operating facilities and in accordance with local discharge standards and permits. Our lasting commitment to the environment and our communities is evident from our processes and innovation, which are designed to ensure that our operational facilities are operating efficiently. Cintas is subject to various environmental laws and regulations, as are other companies in the uniform rental industry. The primary federal statutes that apply to our activities in the U.S. are the Clean Air Act, the Clean Water Act and the Resource Conservation and Recovery Act. We are also subject to the Superfund Amendments and Reauthorization Act of 1986, which imposes certain reporting requirements as to emissions of hazardous substances into the air, land and water. While environmental compliance is not a material component of our costs, Cintas makes capital expenditures and associated operating costs, primarily for water treatment and waste removal, on a regular basis in order to comply with environmental laws and regulations, to promote employee-partner safety and to carry out its environmental sustainability principles. Environmental spending related to water

treatment and waste removal was approximately \$27.0 million in fiscal 2024, approximately \$26.0 million in fiscal 2023 and approximately \$22.0 million in fiscal 2022. Capital expenditures to limit or monitor hazardous substances totaled approximately \$1.7 million in fiscal 2024, approximately \$1.0 million in fiscal 2023 and approximately \$0.2 million in fiscal 2022.

In addition, health and safety regulations have necessitated, and may continue to necessitate, increased operating costs or capital investments to promote a safe working environment. Cintas is also required to comply with increasingly complex and changing laws and regulations enacted to protect business and personal data in the U.S. and other jurisdictions regarding privacy, data protection and data security, including those related to the collection, storage, use, transmission and protection of personal information and other consumer, customer, vendor or employee data. With respect to the laws and regulations noted above, as well as other applicable laws and regulations, Cintas' compliance programs may under certain circumstances involve material investments in the form of additional processes, training, personnel, information technology and capital. In fiscal 2024, compliance with the applicable laws, government regulations, including environmental regulations, and standards did not have a material effect on Cintas' capital expenditures or consolidated results of operations. For a discussion of the risks associated with government regulations that may materially impact Cintas, please see "Item 1A: Risk Factors—Legal and Regulatory Risks."

Communication

Cintas uses its corporate website, www.cintas.com, as a channel for routine distribution of important information, including news releases, analyst presentations and financial information and for complying with our disclosure obligations under Regulation FD. Cintas files with, or furnishes to, the Securities and Exchange Commission (SEC) Annual Reports on Form 10-K, Quarterly Reports on Form 10-Q, Current Reports on Form 8-K and any amendments to those reports, as well as proxy statements and annual reports to shareholders, and, from time to time, other documents. The reports and other documents filed with or furnished to the SEC are available to investors on or through our corporate website free of charge as soon as reasonably practicable after we electronically file them with or furnish them to the SEC. The SEC maintains an internet site located at www.sec.gov that contains reports, proxy and information statements and other information regarding issuers, such as Cintas, that file electronically with the SEC. Cintas' SEC filings can be found on the Investor Relations page of its website at www.cintas.com/investors/financial-reports and its Code of Conduct and Business Ethics can be found under the Impact page of its website at www.cintas.com/company/esg. Cintas intends to post any amendments or waivers to its Code of Conduct and Business Ethics on its website within four business days after approval. These documents are available in print to any shareholder who requests a copy by writing or calling Cintas as set forth on the Investor Information page under the FAQs. The content on any website referred to in this Annual Report on Form 10-K is not incorporated herein by reference unless expressly noted.

Sustainability

In fiscal 2024, Cintas published its fourth annual sustainability report and reported on Cintas' continued strategy of a Shared Drive for Better. The report included information on Cintas' efforts in areas of climate and energy initiatives, water interactions, materials and waste, sustainable supply chain, diversity, equity and inclusion efforts, employee-partner development, safety and health strategy, human rights and labor rights positions and governance, ethics and integrity foundations. Cintas' most recent sustainability report can be found on our website at www.cintas.com/company/esg.

Human Capital

Cintas' key human capital management objectives are to attract, retain and develop talent to deliver on the Company's strategy. To support these objectives, Cintas' human resources programs are designed to: keep people safe and healthy; enhance the Company's culture through efforts aimed at making the workplace more inclusive; acquire and retain diverse talent; reward and support employee-partners through competitive pay and benefit programs; develop talent to prepare them for critical roles and leadership positions; and facilitate internal

talent mobility to create a high-performing workforce. The principles and values our employee-partners share are the driving force behind all our accomplishments. At May 31, 2024, Cintas employed approximately 46,500 employee-partners in our global workforce, of which approximately 1,000 were represented by labor unions.

Our primary areas of focus in managing our human capital include the following:

Corporate Culture

We believe that our culture at Cintas is just as essential as our products and services. Our culture impacts the quality of the employee-partners we hire, the way we communicate and interact with our customers and each other and our performance standards. Our culture is the cornerstone representing our values, our behaviors, our way of working and how we approach our business, which is strong relationships and a dedication to taking care of one another and our customers. We operate according to the Cintas Code of Conduct and Business Ethics, available on our website www.cintas.com, which mandates full compliance with applicable laws and regulations and helps to preserve the integrity of our Company.

Talent Development

Cintas is committed to the continued development of its employee-partners. We provide numerous training opportunities for our employee-partners, with a focus on continuous learning and development and methodologies to manage performance, provide feedback and develop talent. We offer a wide array of training solutions (classroom, hands-on and e-learning) for our employee-partners. Our talent development programs strive to provide employee-partners resources to achieve career goals and build management and leadership skills. We offer mentoring programs, a management trainee program and executive leadership programs to support the professional growth of our employee-partners and ensure we have the right succession plans in place.

Health and Safety

We aspire to achieve zero workplace injuries and collisions and provide a safe, open, healthy and accountable work environment for our employee-partners. To align with internationally recognized standards, we have implemented an occupational health and safety management system in accordance with the Occupational Safety and Health Administration (OSHA) that is modeled after the International Organization for Standardization (ISO) 45001 and OSHA Voluntary Protection Program (VPP). Employee-partners, contractors, vendors and visitors are all covered by the system, which focuses on hazard prevention, training, management commitment and worker involvement. We are also committed to continuously improving performance through our Health and Safety Improvement Committees in every operation, while corporate health and safety employee-partners conduct annual reviews of our operations. Additionally, every year our employee-partners receive online, on-the-job and classroom training on over 50 health and safety topics, and all maintenance staff must complete our award-winning Maintenance Safety Certification process. Every Cintas driver completes monthly driver safety training courses and/or on-the-road skills evaluations. All production-related managers attend OSHA's 10-hour Safety Improvement course, and each member of our Senior Management team takes the Management and Leadership Skills for Environmental Health and Safety Professionals Course, part of the Harvard T.H. Chan School of Public Health safety and health curriculum. In addition, we provide several channels for all employee-partners to speak up, ask for guidance and report concerns related to ethics or safety violations, and we seek to address those concerns and take appropriate actions to uphold our Cintas values and health and safety culture. Through these efforts, Cintas has reduced our recordable injury rate by over 80% since 2008, has been awarded 128 OSHA Star sites in the VPP, which is more than triple any other company in the U.S. and has received numerous safety, health and ergonomics awards from national and international groups.

Employee-Partner Wellness

We are committed to the physical and mental health and wellness of our employee-partners. We provide our employee-partners and their families with access to a variety of health and wellness programs, including our long-running Live Well program that supports employee-partners on their health and wellness journeys. We provide free annual biometric screening and health assessments at work or offsite, annual free flu shots, a tobacco cessation program, weight management programs and an employee-partner assistance program, which offers advice on mental health, legal and financial issues.

Diversity, Equity & Inclusion

Cintas supports diversity, equity and inclusion by fostering a respectful, creative and productive environment where all employee-partners can reach their full potential without regard to race, color, religion, sex, sexual orientation, gender identity, national origin, disability or protected veteran status. We actively recruit, retain, develop and advance a diverse and talented workforce. We have six Employee-Partner Business Resource Groups, focused on Women, African Americans, Hispanic and Latin Americans, Asian American/Pacific Islanders, LGBTQ+ and Military and Veteran employee-partners. These groups provide platforms for our employee-partners to showcase skills, experiences and perspectives. The Employee-Partner Business Resource Groups also help foster inclusion among all employee-partners to build awareness, recruit and retain a diverse workforce and support the overall success of Cintas. We also have a diverse Management Trainee program that helps Cintas find and develop the best talent for our leadership pipeline, and we monitor representation across management positions. Cintas' diversity, equity and inclusion efforts are led by our Senior Vice President of Human Resources and Chief Diversity Officer. This position reports to our Chief Executive Officer and works to help achieve our goals and obtain a diverse and talented workforce, which is critical to our success.

Compensation Programs and Employee Benefits

Our compensation and benefits programs provide a total rewards package designed to attract, retain and motivate our employee-partners. In addition to competitive base salaries, the total rewards package (which may vary by position and country) includes, among other items, commissions, bonuses, long-term incentives, retirement savings plans, medical insurance, prescription drug benefits, dental insurance, vision insurance, accident and critical illness insurance, life and disability insurance, health savings accounts, flexible spending accounts and an employee-partner assistance program.

Item 1A. Risk Factors

The statements in this section describe the most significant risks that could materially and adversely affect our business, consolidated financial condition and consolidated results of operation and the trading price of our debt or equity securities. Although the risks are organized by headings, and each risk is discussed separately, many are interrelated. Readers should not interpret the disclosure of any risk factor to imply that the risk has not already materialized.

In addition, this section sets forth statements which constitute our cautionary statements under the Private Securities Litigation Reform Act of 1995.

This Annual Report on Form 10-K contains forward-looking statements. The Private Securities Litigation Reform Act of 1995 provides a safe harbor from civil litigation for forward-looking statements. Forward-looking statements may be identified by words such as "estimates," "anticipates," "predicts," "projects," "plans," "expects," "intends," "target," "forecast," "believes," "seeks," "could," "should," "may" and "will" or the negative versions thereof and similar words, terms and expressions and by the context in which they are used. Such statements are based upon current expectations of Cintas and speak only as of the date made. You should not place undue reliance on any forward-looking statement. We cannot guarantee that any forward-looking statement will be realized. These statements are subject to various risks, uncertainties, potentially inaccurate assumptions and other factors that could cause actual results to differ from those set forth in or implied by this Annual Report. Factors that might cause such a difference include, but are not limited to, the possibility of greater than anticipated operating costs including energy and fuel costs; lower sales volumes; loss of customers due to outsourcing trends; the performance and costs of integration of acquisitions; supply chain constraints and macroeconomic conditions, including inflationary pressures and higher interest rates; fluctuations in costs of materials and labor, including increased medical costs; costs and possible effects of union organizing activities; failure to comply with government regulations concerning employment discrimination, employee pay and benefits and employee health and safety; the effect on operations of exchange rate fluctuations, tariffs and other political, economic and regulatory risks; uncertainties regarding any existing or newly-discovered expenses and liabilities related to environmental compliance and remediation; our ability to meet our aspirations relating to environmental, social and governance (ESG) opportunities, improvements and efficiencies; the cost, results and ongoing assessment of internal controls for financial reporting; the effect of new accounting pronouncements; risk associated with cybersecurity threats, including disruptions caused by the inaccessibility of computer systems data and cybersecurity risk management; the initiation or outcome of litigation, investigations or other proceedings; higher

assumed sourcing or distribution costs of products; the disruption of operations from catastrophic or extraordinary events including global health pandemics; the amount and timing of repurchases of our common stock, if any; changes in global tax and labor laws; and the reactions of competitors in terms of price and service. Cintas undertakes no obligation to publicly release any revisions to any forward-looking statements or to otherwise update any forward-looking statements whether as a result of new information or to reflect events, circumstances or any other unanticipated developments arising after the date on which such statements are made, except otherwise as required by law. These risks and uncertainties include, but are not limited to, those described in this section and elsewhere in this report and may also be described from time to time in our future reports filed with the SEC. The risks and uncertainties described herein are not the only ones we may face. Additional risks and uncertainties presently not known to us or that we currently believe to be immaterial may also harm our business. Forward-looking and other statements in this Annual Report on Form 10-K regarding our greenhouse gas (GHG) reduction plans and other ESG aspirations are not an indication that these statements are necessarily material to investors or required to be disclosed in our filings with the SEC. In addition, historical, current and forward-looking GHG-related and/or ESG-related statements may be based on standards for measuring progress that are still developing, internal controls and processes that continue to evolve and assumptions that are subject to change in the future.

Risks Relating to Business Strategy and Operations

Negative global economic factors may adversely affect our financial performance.

Negative economic conditions, in North America and our other markets, may adversely affect our financial performance. Higher levels of unemployment, inflation, recessionary conditions, geopolitical developments, tax rates and other changes in tax laws and other economic factors could adversely affect the demand for Cintas' products and services. Increases in labor costs, including the cost to provide employee-partner related healthcare benefits, minimum wages, labor shortages or shortages of skilled labor, regulations regarding the classification of employees and/or their eligibility for overtime wages, higher material costs for items such as fabrics and textiles, the inability to obtain insurance coverage at cost-effective rates, higher interest rates, inflation, global health pandemics, higher tax rates and other changes in tax laws and other economic factors could increase our costs of rental uniforms and facility services, cost of other services and selling and administrative expenses. As a result, these factors could adversely affect our revenue and consolidated results of operations.

Increased competition could adversely affect our consolidated results of operations.

We operate in highly competitive industries and compete with national, regional and local providers. Product, design, price, quality, service and convenience to the customer are the competitive elements in these industries. If existing or future competitors seek to gain or retain market share by reducing prices, Cintas may be required to lower prices, which would adversely affect our consolidated results of operations. Cintas' competitors also generally compete with Cintas for acquisition candidates, which can increase the price for acquisitions and reduce the number of available acquisition candidates. In addition, our customers and prospects may decide to perform certain services in-house instead of outsourcing these services to us. These competitive pressures could adversely affect our revenue and consolidated results of operations.

An inability to open new, cost-effective operating facilities may adversely affect our expansion efforts.

We plan to expand our presence in existing markets and enter new markets. The opening of new operating facilities is necessary to gain the capacity required for this expansion. Our ability to open new operating facilities depends on our ability to identify attractive locations, negotiate leases or real estate purchase agreements on acceptable terms, identify and obtain adequate utility and water sources and comply with environmental regulations, zoning laws and other similar factors. Any inability to effectively identify and manage these items may adversely affect our expansion efforts, and consequently, adversely affect our consolidated results of operations.

Risks associated with our acquisition practice could adversely affect our consolidated results of operations.

Historically, a portion of our growth has come from acquisitions. We continue to evaluate opportunities for acquiring businesses that may supplement our internal growth. However, there can be no assurance that we will be able to identify and purchase suitable acquisitions. In addition, the success of any acquisition, including the ability to realize anticipated cost synergies, depends in part on our ability to integrate the acquired company. The

process of integrating acquired businesses may involve unforeseen difficulties and may require a disproportionate amount of our management's attention and our financial and other resources. If management is not able to effectively manage the integration process, or if any significant business activities are interrupted as a result of the integration process, we may not be able to realize anticipated cost synergies resulting from acquisitions and our business could suffer. Although we conduct due diligence investigations prior to each acquisition, there can be no assurance that we will discover or adequately protect against all material liabilities of an acquired business for which we may be responsible as a successor owner or operator. The failure to identify suitable acquisitions and successfully integrate these acquired businesses, or to discover liabilities associated with such businesses in the diligence process, could adversely affect our consolidated results of operations.

Risks associated with the suppliers from whom our products are sourced could adversely affect our consolidated results of operations.

The products we sell are sourced from a wide variety of domestic and international suppliers. Global sourcing of many of the products we sell is an important factor in our financial performance. We require all our suppliers to comply with applicable laws, including labor and environmental laws, and otherwise be certified as meeting our required supplier standards of conduct. Our ability to find qualified suppliers who meet our standards, and to access products in a timely and efficient manner, is a significant challenge, especially with respect to suppliers located and goods sourced outside the U.S. Political and economic stability in the countries in which foreign suppliers are located, the financial stability of suppliers, suppliers' failure to meet our supplier standards, labor problems experienced by our suppliers, the availability of raw materials to suppliers, currency exchange rates, transport availability and cost, inflation and other factors relating to the suppliers and the countries in which they are located are beyond our control. In addition, U.S. and foreign trade policies, tariffs and other impositions on imported goods, trade sanctions imposed on certain countries, the limitation on the importation of certain types of goods or of goods containing certain materials from other countries and other factors relating to foreign trade are beyond our control. These and other factors, including the potential negative impact of global health pandemics affecting our suppliers and our access to products could adversely affect our consolidated results of operations.

We rely extensively on information technology systems, including third-party systems, to process transactions, maintain information and manage our businesses. Disruptions in the availability of any internal or external information technology systems due to implementation of a new system or otherwise, or privacy breaches involving information technology systems, could impact our ability to service our customers and adversely affect our revenue, consolidated results of operations and reputation and expose us to litigation risk.

Our businesses rely on various information technology systems, including third-party systems, to provide customer information, process customer transactions and provide other general information necessary to manage our businesses. Our information technology systems are subject to damage or interruption due to cybersecurity attacks, system conversions, power outages, computer or telecommunication failures, catastrophic events such as fires, tornadoes and hurricanes and usage errors by our employees. Although we have an active disaster recovery plan in place that is frequently reviewed and tested, and we believe that we have adopted appropriate measures to mitigate potential risks to our technology and our operations from these information technology-related and other potential disruptions, given the unpredictability of the timing, nature and scope of such disruptions, we could potentially be subject to production downtimes, operational delays and interruptions in our ability to provide products and services to our customers. Any disruption caused by the unavailability of our information technology systems could adversely affect our revenue, could require us to make a significant investment to fix or replace them and, therefore, could adversely affect our consolidated results of operations.

Cyber-security attacks are evolving, and cybercriminals have increasingly demonstrated advanced capabilities, such as zero-day vulnerabilities and rapid integration of new technology such as generative artificial intelligence. Cyber-security attacks may include, but are not limited to, malicious software, attempts to gain unauthorized access to data and other electronic security breaches that could lead to disruptions in systems, unauthorized release of confidential or otherwise protected information and corruption of data. Our response to cybersecurity incidents, and our investments in our technology and our controls, processes and practices related to cybersecurity incidents and risks from cybersecurity threats, may not be sufficient to shield us from significant losses or liability. Given the increasing sophistication of bad actors and complexity of the techniques used to obtain unauthorized access or disable systems, a cybersecurity breach or attack could potentially persist for an extended period of time before being detected. As a result, we may not be able to anticipate the attack or

respond adequately or timely, and the extent of a particular cybersecurity incident, and the steps that we may need to take to investigate the incident, may not be immediately clear. It could take a significant amount of time before an investigation can be completed and full, reliable information about the incident becomes known. During an investigation, it is possible we may not necessarily know the extent of the harm or how to remediate it, which could further adversely impact us. In addition, new regulations could result in us being required to disclose information about a material cybersecurity incident before it has been mitigated or resolved, or even fully investigated.

We have experienced cybersecurity incidents in the past, but none of these incidents, individually or in the aggregate, have had a material adverse effect on our business or results of operations. If the network of security controls, policy enforcement mechanisms and monitoring systems to address these threats to our technology fails, or we are unable to successfully address cybersecurity incidents or the risks from cybersecurity threats, we could experience production downtimes, operational delays and interruptions in our ability to provide products and services to our customers, the compromising of confidential or otherwise protected Company, customer, or employee information, destruction or corruption of data, security breaches, or other manipulation or improper use of our systems and networks which could result in financial losses from remedial actions, loss of business or potential liability and damage to our reputation.

In addition, we rely on software applications, enterprise cloud storage systems and cloud computing services provided by third-party vendors for certain information technology services, including our SAP enterprise system, payroll data, risk management data and lease data. If these third-party vendors, as well as our suppliers and other vendors, experience service interruptions or damage, security breaches, cyber-attacks, computer viruses, ransomware or other similar events or intrusions, our business and our consolidated results of operations may be adversely affected.

The world has experienced an exponential level of growth in the availability of potential applications of artificial intelligence (AI). AI could disrupt certain aspects of our business and evolve use of technology in ways that are not yet known. If we are not able to adapt and effectively incorporate potential advantages of AI in our business, it may negatively impact our ability to compete. On the other hand, if we are not able to effectively manage the risks of AI, including the potential for poor or inconsistent quality, privacy concerns, risks related to automated decision-making, and the potential for exposure of confidential and/or propriety information, we may suffer harm to our consolidated results of operations and reputation.

Failure to achieve and maintain effective internal controls could adversely affect our business and stock price.

Effective internal controls are necessary for us to provide reliable financial reports. All internal control systems, no matter how well designed, have inherent limitations. Therefore, even those systems determined to be effective can provide only reasonable assurance with respect to the consolidated financial statement preparation and presentation. While we continue to evaluate our internal controls, we cannot be certain that these measures will ensure that we implement and maintain adequate controls over our financial processes and reporting in the future. If we fail to maintain the adequacy of our internal controls or if we or our independent registered public accounting firm were to discover material weaknesses in our internal controls, as such standards are modified, supplemented or amended, we may not be able to ensure that we can conclude on an ongoing basis that we have effective internal control over financial reporting in accordance with Section 404 of the Sarbanes-Oxley Act of 2002. Failure to achieve and maintain an effective internal control environment could cause us to be unable to produce reliable financial reports or prevent fraud. This may cause investors to lose confidence in our reported financial information, which could have a material adverse effect on our stock price.

We may experience difficulties in attracting and retaining competent personnel in key positions. Failure to preserve positive labor relationships with our employee-partners could adversely affect our consolidated results of operations.

We believe that a key component of our success is our corporate culture, which has been imparted by management throughout our corporate organization. Our corporate culture, along with our entire operation, depends on our ability to attract, develop and retain key employee-partners. Competitive pressures and labor shortages within and outside our industry may make it more difficult and expensive for us to attract and retain key employee-partners which could adversely affect our businesses.

We believe we have positive labor relationships with our employee-partners. However, factors such as difficulty to attract key employees, reduced employee engagement, third-party organizational efforts and increased employee-partner turnover could adversely affect our labor relationships with our employee-partners. A failure to preserve positive labor relationships with our employee-partners and could adversely affect our consolidated financial condition and consolidated results of operations.

Unexpected events could negatively impact our business and adversely affect our consolidated results of operations.

Unexpected events, including fires or explosions at facilities, severe weather conditions and natural disasters such as hurricanes, fires, floods, droughts and tornadoes (including those caused by climate change), geopolitical conflicts, war or terrorist activities, unplanned outages, global health pandemics, supply disruptions, failure of equipment or systems or changes in laws and/or regulations impacting our businesses, could adversely affect our consolidated results of operations. Any of these events could result in customer disruption, physical damage to one or more key operating facilities, the temporary closure of one or more key operating facilities or the temporary disruption of information systems. In addition, negative publicity related to such unexpected events, whether warranted or not, may impact brand image perception and could adversely affect our consolidated results of operations.

Financial Risks

Our indebtedness may limit cash flow available to invest in the ongoing needs of our business.

Our outstanding indebtedness along with adverse interest rate fluctuations may have negative consequences on our business, such as requiring us to dedicate a substantial portion of our cash flow from operations to the payment of debt service, reducing the availability of our cash flow to fund working capital, capital expenditures, acquisitions, dividend increases, stock buybacks and other general corporate purposes, as well as increase our vulnerability to adverse economic or industry conditions. In addition, it may limit our ability to obtain additional financing in the future to enable us to react to changes in our business or industry or place us at a competitive disadvantage compared to businesses in our industry that have less debt.

Changes in the fuel and energy industry could adversely affect our consolidated financial condition and consolidated results of operations.

The price of fuel and energy needed to run our vehicles and equipment is unpredictable and fluctuates based on events outside of our control, including geopolitical developments, supply and demand fluctuations for fuel and other energy related products, actions by energy producers, war and unrest in oil producing countries, regional production patterns, limits on refining capacities, natural disasters, environmental concerns including the impact of legislative and regulatory efforts to limit GHG emissions and global health pandemics. Increases in fuel and energy costs could adversely affect our consolidated financial condition and consolidated results of operations.

Fluctuations in foreign currency exchange could adversely affect our consolidated financial condition and consolidated results of operations.

We earn revenue, pay expenses, own assets and incur liabilities in countries using currencies other than the U.S. dollar, primarily the Canadian dollar. In fiscal years 2024, 2023 and 2022, revenue denominated in currencies other than the U.S. dollar represented less than 10% of our consolidated revenue. Because our consolidated financial statements are presented in U.S. dollars, we must translate revenue and expenses, as well as assets and liabilities, into U.S. dollars at exchange rates in effect during or at the end of each reporting period. Therefore, fluctuations in the value of the U.S. dollar against other major currencies, particularly in the event of significant increases in foreign currency revenue, will impact our revenue and operating income and the value of consolidated balance sheet items denominated in foreign currencies. This impact could adversely affect our consolidated financial condition and consolidated results of operations.

We may recognize impairment charges, which could adversely affect our consolidated financial condition and consolidated results of operations.

We assess our goodwill and other intangible assets and our long-lived assets for impairment when required by U.S. Generally Accepted Accounting Principles (U.S. GAAP). These accounting principles require that we record an impairment charge if circumstances indicate that the asset carrying values exceed their estimated fair values. The estimated fair value of these assets is impacted by, but not limited to, macroeconomic, industry and market conditions in the locations in which we operate. Deterioration in these general economic conditions may result in: declining revenue, which can lead to excess capacity and declining operating cash flow; reductions in management's estimates for future revenue and operating cash flow growth; increases in borrowing rates and other deterioration in factors that impact our weighted average cost of capital; and deteriorating real estate values. If our assessment of goodwill, other intangible assets or long-lived assets indicates an impairment of the carrying value for which we recognize an impairment charge, this may adversely affect our consolidated financial condition and consolidated results of operations.

The effects of credit market volatility and changes in our credit ratings could adversely affect our liquidity and consolidated results of operations.

Our operating cash flows, combined with access to the credit markets, provide us with significant discretionary funding capacity. Our access to the credit markets will depend on a variety of factors, such as prevailing economic and credit market conditions, the general availability of credit, the overall availability of credit to our industry, our credit ratings and credit capacity and perceptions of our financial prospects. For example, in the event that the ratings of our commercial paper or our outstanding long-term debt issues were substantially lowered or withdrawn for any reason, or if the ratings assigned to any new issue of long-term debt securities were significantly lowered, particularly if we no longer had investment grade ratings, our ability to access the debt markets may be adversely affected. In addition, deterioration in the global credit markets may limit our ability to access credit markets, which could adversely affect our liquidity and/or increase our cost of borrowing. In addition, credit market deterioration and its actual or perceived effects on our results of operations and financial condition, along with deterioration in general economic conditions, may increase the likelihood that the major independent credit agencies will downgrade our credit ratings, which could increase our cost of borrowing. Increases in our cost of borrowing could adversely affect our consolidated results of operations.

Legal and Regulatory Risks

Failure to comply with federal and state regulations to which we are subject could result in penalties or costs that could adversely affect our consolidated results of operations.

Our business is subject to complex and stringent state and federal regulations, including employment laws and regulations, minimum wage requirements, overtime requirements, working condition requirements, citizenship requirements, transportation laws and regulations, ESG-related regulations, cybersecurity laws and regulations, data privacy and protection laws and regulations, environmental regulations, and other laws and regulations. In particular, we are subject to the regulations promulgated by the U.S. Department of Transportation (USDOT) and under the Occupational Safety and Health Act of 1970, as amended (OSHA Act). We have incurred, and will continue to incur, capital and operating expenditures and other costs in the ordinary course of our business in complying with the USDOT regulations, the OSHA Act and other laws and regulations to which we are subject. Changes in laws, regulations and the related interpretations, including any laws or regulations that may be enacted by the current U.S. presidential administration and Congress, may alter the landscape in which we do business and may affect our costs of doing business. The impact of new laws and regulations cannot be predicted. Compliance with new laws and regulations may increase our operating costs or require significant capital expenditures. Any failure to comply with applicable laws or regulations could result in substantial fines by government authorities, payment of damages to private litigants, or possible revocation of our authority to conduct our operations, which could adversely affect our ability to service customers and our consolidated results of operations. In addition, we expect there will likely be increasing levels of regulation, disclosure-related and otherwise, with respect to ESG matters, and increased regulation will likely lead to increased compliance costs as well as scrutiny that could heighten all of the risks identified in this risk factor.

We are subject to legal proceedings that may adversely affect our consolidated financial condition and consolidated results of operations.

We are subject to various litigation claims and legal proceeding arising from the ordinary course of our business, including personal injury, customer contract, environmental and employment claims. Certain of these lawsuits or potential future lawsuits, if decided adversely to us or settled by us, may result in liability and expense material to our consolidated financial condition and consolidated results of operations.

Compliance with environmental laws and regulations could result in significant costs that adversely affect our consolidated results of operations.

Our operating locations are subject to environmental laws and regulations relating to the protection of the environment and health and safety matters, including those governing discharges of pollutants to the air and water, the management and disposal of hazardous substances and wastes and the clean-up of contaminated sites. The operation of our businesses entails risks under environmental laws and regulations. We could incur significant costs, including clean-up costs, fines and sanctions and claims by third parties for property damage and personal injury, as a result of violations of or liabilities under these laws and regulations. We are currently involved in a limited number of remedial investigations and actions at various locations. While based on information currently known to us, we believe that we maintain adequate reserves with respect to these matters, our liability could exceed forecasted amounts, and the imposition of additional clean-up obligations or the discovery of additional contamination at these or other sites could result in significant additional costs which could adversely affect our consolidated results of operations. In addition, potentially significant expenditures could be required to comply with environmental laws and regulations, including requirements that may be adopted or imposed in the future.

Under applicable environmental laws, an owner or operator of real estate may be required to pay the costs of removing or remediating hazardous materials located on or emanating from property, whether or not the owner or operator knew of or was responsible for the presence of such hazardous materials. While we regularly engage in environmental due diligence in connection with acquisitions, we can give no assurance that locations that have been acquired or leased have been operated in compliance with environmental laws and regulations during prior periods or that future uses or conditions will not make us liable under these laws or expose us to third-party actions, including tort suits.

Increased global focus on climate change may result in the imposition of new or additional regulations or requirements applicable to, and increased financial risks for, our business and industry. A number of government authorities and agencies have introduced or are contemplating regulatory changes to address climate change, including the regulation of GHG emissions. The outcome of new legislation or regulation in the U.S. and other jurisdictions in which we operate may result in new or additional requirements, including to fund energy efficiency activities or renewable energy use, and fees or restrictions on certain activities or materials. Compliance with these climate change initiatives may also result in additional costs to us, including, among other things, increased production costs, additional taxes, additional investments in renewable energy use and other initiatives, reduced emission allowances or additional restrictions on production or operations. We may not be able to timely recover the cost of compliance with such new or more stringent laws and regulations, which could adversely affect our consolidated results of operations.

Increasing scrutiny and evolving expectations from investors, customers, regulators, policymakers and other stakeholders regarding ESG matters may adversely affect our reputation or otherwise adversely impact our share price, demand for our securities and business and results of operations.

Companies across all industries are facing increasing scrutiny from stakeholders related to ESG matters, including practices and disclosures related to environmental stewardship; social responsibility; diversity, equity and inclusion; and workplace rights. The heightened and sometimes conflicting stakeholder focus on ESG issues related to our business requires the continuous monitoring of various and evolving laws, regulations, standards and expectations and the associated reporting requirements. As the nature, scope and complexity of ESG reporting, diligence and disclosure requirements expand, we may have to undertake additional costs to control, assess and report on ESG metrics. Any failure or perceived failure, whether or not valid, to pursue or fulfill our ESG aspirations, targets or objectives or to satisfy various ESG reporting standards within the timelines we announce, or at all, could result in adverse publicity, reputational harm, or loss of customer and/or investor confidence, which could adversely affect our business and consolidated results of operations. In addition, our share price and demand for our securities could be adversely affected.

In addition, our ability to achieve our ESG aspirations, including to achieve Net Zero GHG emissions by 2050, and to accurately and transparently report our progress presents numerous operational, financial, legal and other risks, and may be dependent on the actions of suppliers and other third parties, significant technological advancements with respect to the development and availability of reliable, affordable and sustainable alternative solutions, all of which are outside of our control. If we are unable to meet our ESG aspirations or evolving stakeholder expectations and industry standards, or if we are perceived to have not responded appropriately to the growing concern for ESG issues, our reputation could be negatively impacted. In addition, in recent years, investor advocacy groups and certain institutional investors have placed increasing importance on ESG matters. If, as a result of their assessment of our ESG practices, certain investors are unsatisfied with our actions or progress, they may reconsider their investment in our Company.

Increases in income tax rates, changes in income tax laws or unfavorable resolution of tax matters could adversely impact our consolidated results of operations.

Changes in tax laws or regulations in the jurisdictions in which we do business, or other tax law implementations or interpretations, including the Inflation Reduction Act (IRA), which includes a corporate alternative minimum tax on certain large corporations, incentives to address climate change mitigation and other non-income tax provisions, including an excise tax on the repurchase of corporate stock could increase our effective tax rate, restrict our ability to repatriate undistributed offshore earnings, or impose new restrictions, costs or prohibitions on our current practices and reduce our net income and adversely affect our cash flows. In addition, some countries have enacted or have committed to enact Pillar Two global minimum tax, which may increase our tax expense in future years.

We are also subject to tax audits, including with respect to transfer pricing, in the U.S. and other jurisdictions and our tax positions may be challenged by tax authorities. Although we believe that our current tax provisions are reasonable and appropriate, there can be no assurance that these items will be settled for the amounts accrued, that additional tax exposures will not be identified in the future or that additional tax reserves will not be necessary for any such exposures. Any increase in the amount of taxation incurred as a result of challenges to our tax filing positions could result in a material adverse effect on our business, consolidated results of operations and consolidated financial condition.

Item 1B. Unresolved Staff Comments

None.

Item 1C. Cybersecurity

We have a cross-departmental approach to addressing cybersecurity risk, including input from employees and our Board of Directors (the Board). The Board, Audit Committee and senior management devote significant resources to cybersecurity and risk management processes to adapt to the changing cybersecurity landscape and respond to emerging threats in a timely and effective manner. Our cybersecurity risk management program is incorporated into our enterprise risk management program and leverages industry standards and best practices, such as the National Institute of Standards and Technology (NIST) framework, which organizes cybersecurity risks into five categories: identify, protect, detect, respond and recover. We regularly assess the threat landscape and take a holistic view of cybersecurity risks, with a layered cybersecurity strategy based on prevention, detection and mitigation. We have a set of Company-wide policies and procedures concerning cybersecurity matters, which include numerous written information technology (IT) security policies, standards, procedures and guidelines as well as other policies that directly or indirectly relate to cybersecurity, such as policies related to encryption standards, antivirus protection, remote access, multifactor authentication, confidential information and the use of the internet, social media, email and wireless devices. These policies go through an internal review process and are approved by appropriate members of management.

The Company's Chief Information Security Officer (CISO) is responsible for developing and implementing and managing our cybersecurity security program and reporting on cybersecurity matters to the Audit Committee and the Board. Our CISO has over fifteen years of IT and cybersecurity leadership experience and has various industry related degrees and certifications, including a master's in information technology and the Certified Information Systems Security Professional (CISSP) and Certified in Risk and Information Systems Control (CRISC) certifications. The Board has ultimate oversight of cybersecurity risk, which it manages as part of our enterprise risk management program. That program is utilized in making decisions with respect to Company priorities, resource allocations and oversight structures. The Board is assisted by the Audit Committee, which regularly reviews our cybersecurity program with the CISO and other members of management and reports back to the Board. The Audit Committee receives reports from the CISO on, among other things, the Company's cyber risks and threats, the status of projects to strengthen the Company's information security systems, assessments of the Company's security program and the emerging threat landscape. Cybersecurity reviews by the Audit Committee or the Board occur quarterly, or more frequently as determined to be necessary or advisable.

We view cybersecurity as a shared responsibility, and we periodically perform simulations and tabletop exercises at technical and executive levels and incorporate external resources and advisors, as needed. In an effort to detect and defend against cyber threats, the Company provides its employee-partners with various cybersecurity and data protection training programs and requires annual security awareness training participation. These programs cover timely and relevant topics, including social engineering, phishing, password protection, confidential data protection, asset use and mobile security, and these programs educate employee-partners on the importance of reporting all incidents promptly to the IT Security team. We also require employee-partners in certain roles to complete additional role-based, specialized cybersecurity trainings.

We have continued to expand investments in IT security, including additional end-user training, using layered defenses, identifying and protecting critical assets, strengthening monitoring and alerting, and engaging experts. At the management level, our IT security team regularly monitors, alerts and meets to discuss threat levels, trends and remediation. The team also prepares a monthly cyber scorecard which covers cyber operational controls along with internal and external threats. Annual risk and cyber maturity assessments are conducted by independent third parties. Further, we conduct periodic external penetration tests and response testing to assess our processes and procedures against the evolving threat landscape. These tests and assessments are useful tools for maintaining a robust cybersecurity program that is designed to protect our investors, customers, employees, vendors and intellectual property.

In addition to assessing our own cybersecurity preparedness, we also consider and evaluate cybersecurity risks associated with use of third-party service providers. We seek to engage reliable, reputable service providers that maintain cybersecurity programs. Depending on the nature of the services provided, the sensitivity and quantity of information processed, and the identity of the service provider, our vendor management process may include reviewing the cybersecurity practices of such provider, conducting security assessments and conducting periodic reassessments during their engagement. Our IT security team conducts an annual review of third parties with a specific focus on any sensitive data shared with third parties. System and Organization Controls (SOC) reports are

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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 (05/12/2022)

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>Cintas Corporation No. 2 #59P D/B/A Cintas First Aid & Safety</u>		
Physical Address: <u>800 S Industrial Way Suite 300</u>		
City: <u>Meridian</u> State: <u>ID</u> Zip: <u>83642</u>		
Mailing Address (if different from physical address): <u>6800 Cintas Blvd. ATTN: Regulatory Compliance #119</u>		
City: <u>Mason</u> State: <u>OH</u> Zip: <u>45040</u>		
Telephone: <u>(513) 972 - 3969</u> Website: <u>www.cintas.com</u>		
Name of Designated Representative (DR): <u>Ryan Pickett</u>		
Licensing Company Email: <u>Regulatory@cintas.com</u> DR Email: <u>PickettR@cintas.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>Commercial End Users</u>	☐ Dangerous Drugs ☐ Controlled Substances ☒ *Medical devices, equipment, supplies, gases ☒ Others: <u>OTC First Aid Convenience Kits, non-prescription drugs</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 # 2. 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 Cintas Corporation No. 2				

Provide explanation below:

Statement in Explanation of "Yes" Re Denial of Licenses Application

On January 25, 2019 and May 6, 2019, the Utah Department of Commerce ("UDOC"), due to application non-completeness, denied Cintas Corporation No. 2's ("Cintas") applications of Pharmacy - Class E permits for facilities located in Henderson, Nevada and Mason, Ohio.

Cintas subsequently renewed the application for the Henderson, Nevada facility and the UDOC did ultimately issue the permit to Cintas on June 4, 2019 (Permit No. 11279941-1714).

In addition to issuing the permit to Cintas for the facility in Henderson, Nevada, the UDOC has also issued permits to Cintas for facilities in Salt Lake City (11107516-1714), and Sparks, Nevada (11080860-1714).

Original Signature (electronic copies or stamps not accepted)

Date

Wholesaler Application 3 of 7

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 # 5. Provide all the following where applicable:

Date of Event/Arrest	Disposition Date	State	City	County
Case #	Governing, licensing, Arresting Presiding Body/Agency/Court			
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity Cintas Corporation No. 2				

Provide explanation below:

Surrendered Licenses - Cintas Corporation No. 2

MN - Wholesale Distributor Non-Resident License
• No prescription drug products

AZ - Medical Gas Supplier Resident License
• No long sells compressed medical gas

SC - Medical Gas Non-Resident License and Non-Dispensing Drug Outlet Resident License
• No prescription drug products / No controlled substances
• License Exemption granted

IL - Wholesale Drug Distributor Non-Resident License
• License Exemption granted

KY - Wholesaler Non-Resident License
• No prescription drug products
• License Exemption granted

MS - Medical Equipment Supplier Permit Non-Resident License
• License Exemption granted

PA - Distributor of Non-Prescription Drugs & Devices Non-Resident License
• No scheduled drug products
• No sales representatives operating in PA from facility

NC - Device and Medical Equipment Resident Permit
• No longer sells medical gas

Voluntary closure of facility in Mason, Ohio resulted in permits surrendered for these states: CT, TN, ND, TX, AR, ID, KS, LA, MN, NV, NJ, NC, OR, RI, WA, VA

Original Signature (electronic, copies or stamps not accepted)

Date

10/16/29

Wholesaler Application 3 of 7

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:	Cintas Corporation No. 2			
Address:	3577 Yankee Road Suite B	City:	Middletown	State: OH Zip: 45044
Name:	Cintas Corporation No. 2			
Address:	250 Vista Blvd. Suite 107	City:	Sparks	State: NV Zip: 89434
Name:				
Address:		City:		State: Zip:
Name:				
Address:		City:		State: Zip:

Section 4: Publicly Traded Corporation

State of Incorporation:	Nevada		
Parent Company (if any):	Cintas Corporation		
Corporation Name:	Cintas Corporation No. 2 (100% Corporately owned by Cintas Corporation)		
Mailing Address:	6800 Cintas Blvd.		
City:	Mason	State:	OH Zip: 45040
Telephone:	(513) 972 - 3969	Email:	Regulatory@cintas.com
Contact Person Name:	Emily Wilburn		
Date of SEC Registration:	12/03/2007	SEC Registration Number:	0-11399
		Stock Exchange Symbol:	CTAS

Section 5: Non-Publicly Traded Corporation or Company

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

Section 6: Partnership

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

Section 7: Sole Owner

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

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

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• List of <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)	✓	✓	✓	✓
• *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/ .		✓	✓	✓

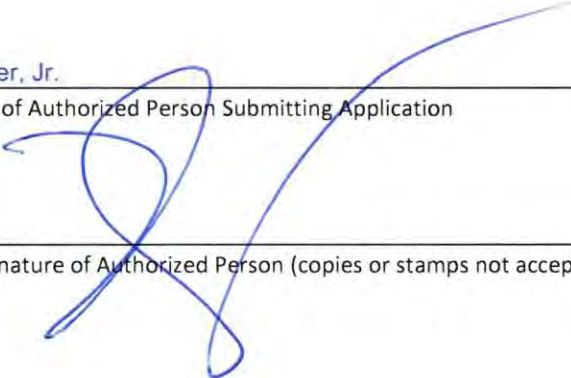
I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application 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.

Cintas Corporation No. 2

Facility Name

Mark Carter, Jr.

Print Name of Authorized Person Submitting Application


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

Date

6/17/25

Board Use Only

Date Received: 6/30/25

Amount: \$600-CH 10030289



Cintas Corporation No. 2 Officers

Todd M. Schneider – President & CEO of Cintas Corporation

Scott A. Garula – Executive Vice President & CFO of Cintas Corporation

Jared S. Mattingley – Vice President & Treasurer of Cintas Corporation

D. Brock Denton – Senior Vice President, Secretary & General Counsel of Cintas Corporation

James N. Rozakis – Executive Vice President & COO of Cintas Corporation

Mark Carter, Jr. – President and COO of Cintas Corporation No. 2

Cintas Corporation No. 2 is 100% Corporately Owned by Cintas Corporation



Top Four Corporate Shareholders

- 1. Vanguard – 8.59%**
- 2. Vanguard Index Funds – 7.31%**
- 3. iShares – 4.02%**
- 4. Invesco – 3.56%**

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 **CINTAS CORPORATION NO. 2** 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 04/26/2000, and in good standing in this State.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of this State, at my office on 10/07/2024.

A handwritten signature in black ink that reads "FV Aguilar".

FRANCISCO V. AGUILAR
Secretary of State

Certificate Number: B202410075026454

You may verify this certificate

online at <https://www.nvsilverflume.gov/home>



STATE OF IDAHO

Phil McGrane | Secretary of State

Business Office

450 North 4th Street

PO Box 83720

Boise, ID 83720

March 28, 2025

Request Type: Certificate of Existence/Filing

Request #: 0006176064

Receipt #: 001123703

Issuance Date: 03/28/2025

Copies Requested: 0

Regarding: CINTAS CORPORATION NO. 2

Filing Type: Foreign Business Corporation

Formation/Qualification Date: 06/05/2001

Status: Active-Good Standing

Duration Term: Perpetual

File #: 424915

Formation Locale: NEVADA

Inactive Date:

Certificate of Existence

I, Phil McGrane, Secretary of State of the State of Idaho, do hereby certify that effective as of the issuance date noted above

CINTAS CORPORATION NO. 2

a Corporation formed in the jurisdiction set forth above, is authorized to transact business in this State.

A handwritten signature of Phil McGrane, enclosed in an oval.

Phil McGrane

Idaho Secretary of State

Processed By: Business Division

Verification #: 033504725



April 2, 2019

The Whom It May Concern,

The State of Ohio Board of Pharmacy (Board) only licenses facilities that possess, store, sell or compound dangerous drugs as defined in ORC 4729.01(F).

(F) "Dangerous drug" means any of the following:

(1) Any drug to which either of the following applies:

(a) Under the "Federal Food, Drug, and Cosmetic Act," 52 Stat. 1040 (1938), 21 U.S.C.A. 301, as amended, the drug is required to bear a label containing the legend "Caution: Federal law prohibits dispensing without prescription" or "Caution: Federal law restricts this drug to use by or on the order of a licensed veterinarian" or any similar restrictive statement, or the drug may be dispensed only upon a prescription;

(b) Under Chapter 3715. or 3719. of the Revised Code, the drug may be dispensed only upon a prescription.

(2) Any drug that contains a schedule V controlled substance and that is exempt from Chapter 3719. of the Revised Code or to which that chapter does not apply;

(3) Any drug intended for administration by injection into the human body other than through a natural orifice of the human body;

(4) Any drug that is a biological product, as defined in section 3715.01 of the Revised Code.

Additionally, the Board only licenses home medical equipment service providers that engage in the sale, delivery, installation, maintenance, replacement or demonstration of home medical equipment as defined in ORC 4752.01(B).

(B) "Home medical equipment" means equipment that can stand repeated use, is primarily and customarily used to serve a medical purpose, is not useful to a person in the absence of illness or injury, is appropriate for use in the home, and is one or more of the following:

(1) Life-sustaining equipment prescribed by an authorized health care professional that mechanically sustains, restores, or supplants a vital bodily function, such as breathing;

(2) Technologically sophisticated medical equipment prescribed by an authorized health care professional that requires individualized adjustment or regular maintenance by a home medical equipment services provider to maintain a patient's health care condition or the effectiveness of the equipment;

(3) An item specified by the state board of pharmacy in rules adopted under division (B) of section 4752.17 of the Revised Code.

Therefore, any over-the-counter medication or medical device that does not contain a dangerous drug or considered to be home medical equipment does not require licensure from our agency.

In the state of Ohio, Cintas' facility (Mason FAS DC) is not required to be licensed, because Ohio does not regulate the distribution of over-the-counter drugs, medical devices that do not contain dangerous drugs, and AEDs.

Regards,

Karrie Southard
Director of Licensing
State of Ohio Board of Pharmacy

77 South High Street, 17th Floor, Columbus, Ohio 43215

T: (614) 466.4143 | F: (614) 752.4836 | contact@pharmacy.ohio.gov | www.pharmacy.ohio.gov





**Division of Occupational and Professional
Licenses**

11341 W Chinden Blvd. Boise, ID 83720-0063
dopl.idaho.gov

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

CINTAS FIRST AID & SAFETY

**Wholesaler OTC Products Registration
OTC73569**

Issued: 20-Dec-2024 Expires: 31-Dec-2025

Renewal Required

**Russell Barron
Administrator**

Printed: 20-Dec-2024

**CINTAS FIRST AID & SAFETY
Wholesaler OTC Products Registration
OTC73569**

Expires: 31-Dec-2025

**Russell Barron
Administrator**



CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)
06/20/2025

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 Aon Risk Services Northeast, Inc. c/o Aon Client Services 4 Overlook Point Lincolnshire IL 60069 USA		CONTACT NAME: PHONE (A/C. No. Ext.): (866) 283-7122 FAX (A/C. No.): (800) 363-0105 E-MAIL ADDRESS:	
		INSURER(S) AFFORDING COVERAGE	
		NAIC #	
INSURED Cintas Corporation and its Subsidiaries 6800 Cintas Blvd PO Box 625737 Cincinnati OH 45262 USA		INSURER A: Liberty Insurance Corporation INSURER B: Liberty Mutual Fire Ins Co INSURER C: LM Insurance Corporation INSURER D: Westchester Fire Insurance Company INSURER E: INSURER F:	
		42404 23035 33600 10030	

COVERAGES

CERTIFICATE NUMBER: 570113408379

REVISION NUMBER:

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

Limits shown are as requested

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSDI WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
B	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR ☒ Contractual Liability GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☐ PRO-JECT ☒ LOC ☐ OTHER:		TB2651004227095	07/01/2025	07/01/2026	EACH OCCURRENCE	\$2,000,000
						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$1,000,000
						MED EXP (Any one person)	\$5,000
						PERSONAL & ADV INJURY	\$2,000,000
						GENERAL AGGREGATE	\$2,000,000
						PRODUCTS - COMP/OP AGG	\$2,000,000
A	☒ AUTOMOBILE LIABILITY ☒ ANY AUTO ☐ OWNED AUTOS ONLY ☐ HIRED AUTOS ONLY ☒ Comp/Coll \$0 Ded. ☐ SCHEDULED AUTOS ☐ NON-OWNED AUTOS ONLY		AS7-651-004227-075 AOS	07/01/2025	07/01/2026	COMBINED SINGLE LIMIT (Ea accident)	\$5,000,000
						BODILY INJURY (Per person)	
						BODILY INJURY (Per accident)	
						PROPERTY DAMAGE (Per accident)	
D	☒ UMBRELLA LIAB ☒ OCCUR ☐ EXCESS LIAB ☐ CLAIMS-MADE ☐ DED ☒ RETENTION \$10,000		G22035277020	07/01/2025	07/01/2026	EACH OCCURRENCE	\$5,000,000
						AGGREGATE	\$5,000,000
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	WA565D004227105 WC5651004227125	07/01/2025 07/01/2025	07/01/2026 07/01/2026	☒ PER STATUTE ☐ OTH-ER	
						E.L. EACH ACCIDENT	\$2,000,000
						E.L. DISEASE-EA EMPLOYEE	\$2,000,000
						E.L. DISEASE-POLICY LIMIT	\$2,000,000

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

CERTIFICATE HOLDER**CANCELLATION**

Cintas Corporation and its Subsidiaries PO Box 625737 Cincinnati OH 45262 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 <i>Aon Risk Services Northeast Inc.</i>

Holder Identifier :

Certificate No : 570113408379

EVIDENCE OF COVERAGE**Policy Term**
07-01-2025 to 07-01-2026

This Evidence of Coverage is issued as a matter of information only to authorized viewers for their internal use only and confers no rights upon any viewer of this Evidence of Coverage. This Evidence of Coverage does not amend, extend or alter the coverage described below. This Evidence of Coverage may only be copied, printed and distributed within an authorized viewer and may only be used and viewed by an authorized viewer for its internal use. Any other use, duplication or distribution of this Evidence of Coverage without the consent of Aon is prohibited. "Authorized viewer" shall mean an entity or person which is authorized by the insured named herein to access this Evidence of Coverage via www.AonLine.Aon.com. The information contained herein is as of the date referred to above. Aon shall be under no obligation to update such information.

ADDITIONAL INFORMATION**GENERAL LIABILITY****ADDITIONAL INSURED WORDING:**

YOU are included as an Additional Insured on the General Liability policy where required by written contract executed prior to loss, but only for the limits agreed to in such contract or the limits of insurance of this policy, whichever is less.

WAIVER OF SUBROGATION WORDING:

Waiver of Subrogation applies in favor of YOU on the General Liability policy where required by written contract and only to the extent granted in that contract.

AUTOMOBILE LIABILITY**ADDITIONAL INSURED WORDING:**

YOU are included as an Additional Insured on the Automobile Liability policy with regard to any leased vehicle where their interests may appear.

PHYSICAL DAMAGE COVERAGE:

The Named Insured assumes all Liability for Physical Damage.

WORKERS' COMPENSATION**WAIVER OF SUBROGATION:**

Waiver of Subrogation Applies in favor of YOU on the Workers' Compensation policy with regard to work performed under a written contract that requires such an agreement and only to the extent granted in that contract.

The existence of more than one insured, Additional Insured or other interests shall not serve to increase the limits of liability of the policy.

The Company hereby authorizes Aon Risk Services of Ohio Inc. to issue certificates of insurance, or to display Evidence of Coverage, including any Mortgagee or Loss Payee clauses consistent with the foregoing.

The Evidence of Coverage of Insurance serves solely to list insurance policies, limits and dates of coverage. Any modifications hereto are not authorized.

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 Cintas Corporation No. 2 #59P MDEG License # (if applicable) _____
Physical Address 800 S Industrial Way Suite 300
City Meridian State ID Zip 83642
Mailing Address (if different from physical address) 6800 Cintas Blvd. ATTN: Risk & Compliance #119
City Mason State OH Zip 45040
Telephone (513) 972 - 3969 Website www.cintas.com
Licensing Company Email Regulatory@cintas.com

Section 2: Personal Information

First Ryan Middle Alexander Last Pickett
Alias(es, nicknames, name changes, etc.) _____
Date of Birth [REDACTED] SSN or ITIN [REDACTED] Sex ☒ M ☐ F ☐ X
Mailing Address [REDACTED]
City [REDACTED] State ID Zip [REDACTED]
Telephone [REDACTED] Email pickettr@cintas.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 Corban University		From - To (MM/YY - MM/YY) 08/05 - 05/10	
Address 5000 Deer Park DR SE	City Salem	State OR	Zip 97317
Diploma/Degree obtained, if any BS - Business Administration Management			
School Name Westview High School		From - To (MM/YY - MM/YY) 8/03 - 5/05	
Address 4200 NW 185th Ave	City Portland	State OR	Zip 97229
Diploma/Degree obtained, if any High School Diploma			
School Name Glencoe High School		From - To (MM/YY - MM/YY) 08/01 - 05/03	
Address 2700 NW Glencoe Rd	City Hillsboro	State OR	Zip 97124
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) 03/19 - 9/24	Address	City	State ID	Zip
From - To (MM/YY - MM/YY) 03/18 - 03/19			State ID	
From - To (MM/YY - MM/YY) 03/17 - 03/18			State WA	
From - To (MM/YY - MM/YY) 10/14 - 03/17			State WA	
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip

Section 7: An MDEG Administrator must provide proof that he or she has least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler. Beginning with the most current, list your hours of employment related to the above. (NAC 639.694)				
Business Name			From - To (MM/YY – MM/YY)	
Cintas First Aid & Safety			06/20 - Current	
Business Address		City	State	Zip
800 S Industrial Way Suite 300		Meridian	ID	83642
Phone	Title		Number of Employed Hours	
(253) 263 - 7103	General Manager		10,000	
Description of Duties				
Oversee business staffing, financial, and compliance operations.				
Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				
Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				
Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				
Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Continue on next page if additional space is needed.

Section 8: Personal and Professional History		Yes	No
1.	Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓
2.	Have you been charged, arrested or convicted of a felony or misdemeanor in <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, Ryan Pickett, certify that as the MDEG Administrator for
Cintas Corporation No. 2 #59P D/B/A Cintas First Aid & Safety

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

1. RP Have a high school diploma or its equivalent;
2. RP 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. RP 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. RP Will ensure that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.

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

Ryan Pickett

Print Name (First, Last)

RP

Original Signature (electronic, copies or stamps not accepted)

3/28/25

Date

Board Use Only

Date Received: 4/15/25



Employee Partners at Cintas Corporation No. 2 #59P – Meridian, ID

First	Last	Title
Ryan	Pickett	General Manager
Morgan "MJ"	Woods	Human Resources Manager
James	Youn	Sales Manager
Bobby	Jackson	Service Manager
Wendy	Rich	Service Manager
Erica	Apfelbaum	Service Manager
Brian	Williams	Inventory Management Specialist
Adam	Peterson	Warehouse Specialist
Kevin	Kalaw	Office Supervisor
Angie	McClure	Office Partner
Rodrigo	Juarez	Office Partner
Ryver	Kallstrom	Training & Compliance Instructor
Micaela	Connolly	Sales
Ryan	Kelimo	Sales
Jaske	Benjamin	Sales
Collin	Kim	Sales
Falon	Neeley	Sales
Brian	Cienfuegos	Sales
Ambrosio	Kennedy	Sales Service Representative
Justin	Sanchez	Sales Service Representative
Marjorie	Bartlett	Sales Service Representative
Corey	Ankeny	Sales Service Representative
Aprille	Qualls	Sales Service Representative
Dale	Wilson	Sales Service Representative
Noel	Medina	Sales Service Representative
Gary	Anderson	Sales Service Representative
David	Ackerschott	Sales Service Representative
Rob	Greenwood	Sales Service Representative
Tony	Zavaglia	Sales Service Representative
Bill	McClellan	Sales Service Representative
Curtis	Williams	Sales Service Representative
Chett	Reistad	Sales Service Representative
Janelle	Garcia	Sales Service Representative
Elijah	Kupka	Sales Service Representative
Tim	Ramsted	Sales Service Representative
Josh	Spurlin	Sales Service Representative
Michael	Greenwood	Sales Service Representative
Zach	Worden	Sales Service Representative
Brian	Fontes	Sales Service Representative
Nathan	Elms	Sales Service Representative
Christopher	Walker	Sales Service Representative
Marc	McCollough	Sales Service Representative
Tammy	Wallace	Sales Service Representative
Curt	Jackson	Sales Service Representative
Brent	Locke	Sales Service Representative
Atanacio	Herrera	Sales Service Representative
Jeff	Hall	Sales Service Representative
Shon	Smith	Sales Service Representative

**UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
WASHINGTON, D.C. 20549
FORM 10-K**

- ☒ ANNUAL REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934
For the fiscal year ended May 31, 2024
- ☐ TRANSITION REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934
Commission file number 0-11399



READY FOR THE WORKDAY™

Cintas Corporation

(Exact name of registrant as specified in its charter)

Washington (State or Other Jurisdiction of Incorporation or Organization)	31-1188630 (IRS Employer Identification Number)
6800 Cintas Boulevard P.O. Box 625737 Cincinnati, Ohio (Address of Principal Executive Offices)	45262-5737 (Zip Code)

Registrant's Telephone Number, Including Area Code: **(513) 459-1200**

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, no par value	CTAS	The NASDAQ Stock Market LLC (NASDAQ Global Select Market)

Securities registered pursuant to Section 12(g) of the Act: None

Indicate by check mark if the Registrant is a well-known seasoned issuer, as defined in Rule 405 of the Securities Act.

Yes ☒ No ☐

Indicate by check mark if the Registrant is not required to file reports pursuant to Section 13 or Section 15(d) of the Act.

Yes ☐ No ☒

Indicate by check mark whether the Registrant (1) has filed all reports required to be filed by Section 13 or 15(d) of the Securities Exchange Act of 1934 during the preceding 12 months (or for such shorter period that the Registrant was required to file such reports) and (2) has been subject to such filing requirements for the past 90 days.

Yes ☒ No ☐

Indicate by check mark whether the Registrant has submitted electronically every Interactive Data File required to be submitted pursuant to Rule 405 of Regulation S-T (§232.405 of this chapter) during the preceding 12 months (or for such shorter period that the Registrant was required to submit such files).

Yes ☒ No ☐

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.762(b)) by the registered public accounting firm that prepared or issued its audit report. ☒

If securities are registered pursuant to Section 12(b) of the Act, indicate by check mark whether the financial statements of the registrant included in the filing reflect the correction of an error to previously issued financial statements. ☐

Indicate by check mark whether any of those error corrections are restatements that required a recovery analysis of incentive-based compensation received by any of the registrant's executive officers during the relevant recovery period pursuant to § 240.10D-1(b) ☐

Indicate by check mark whether the Registrant is a shell company (as defined in Rule 12b-2 of the Act).

Yes ☐ No ☒

The aggregate market value of the Registrant's Common Stock held by non-affiliates as of November 30, 2023, was \$56,070,561,360 based on a closing sale price of \$553.25 per share. As of June 30, 2024, 193,308,232 shares of the Registrant's Common Stock were issued and 100,768,931 shares were outstanding.

Documents Incorporated by Reference

Portions of the Registrant's Proxy Statement to be filed with the Commission for its 2024 Annual Meeting of Shareholders are incorporated by reference in Part III of this Form 10-K.

Cintas Corporation

Index to Annual Report on Form 10-K

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Part I

Item 1. Business

Overview

Cintas Corporation (Cintas, Company, we, us or our), a Washington corporation, helps more than one million businesses of all types and sizes, primarily in the United States (U.S.), as well as Canada and Latin America, get **READY™** to open their doors with confidence every day by providing a wide range of products and services that enhance our customers' image and help keep their facilities and employees clean, safe and looking their best. With products and services including uniforms, mats, mops, restroom supplies, first aid and safety products, fire extinguishers and testing, and safety training, Cintas helps customers get **Ready for the Workday®**. Cintas was founded in 1968 by Richard T. Farmer when he left his family's industrial laundry business in order to develop uniform programs using an exclusive new fabric. In the early 1970's, Cintas acquired the family industrial laundry business. Over the years, Cintas developed additional products and services that complemented its core uniform business and broadened the scope of products and services available to its customers.

Business Segments

Cintas' reportable operating segments are the Uniform Rental and Facility Services operating segment and the First Aid and Safety Services operating segment. The Uniform Rental and Facility Services reportable operating segment consists of the rental and servicing of uniforms and other garments, including flame resistant clothing, mats, mops and shop towels and other ancillary items. In addition to these rental items, restroom cleaning services and supplies and the sale of items from our catalogs to our customers on route are included within this reportable operating segment. The First Aid and Safety Services reportable operating segment consists of first aid and safety products and services. The remainder of Cintas' business, which consists of the Fire Protection Services operating segment and the Uniform Direct Sale operating segment, is included in All Other.

The following table sets forth Cintas' total revenue and the revenue derived from each reportable operating segment and the remaining operating segments included in All Other for the fiscal years ended May 31:

(In thousands)	2024	2023	2022
Uniform Rental and Facility Services	\$ 7,465,199	\$ 6,897,130	\$ 6,226,980
First Aid and Safety Services	1,067,334	951,496	832,458
All Other	1,064,082	967,143	795,021
Total Revenue	\$ 9,596,615	\$ 8,815,769	\$ 7,854,459

Additional information regarding each reportable operating segment and All Other is also included in "Item 8. Financial Statements and Supplementary Data," in Note 14 entitled Operating Segment Information of "Notes to Consolidated Financial Statements."

Customers

We provide our products and services to over one million businesses of all types, from small service and manufacturing companies to major corporations that employ thousands of people. This diversity in customer base results in no individual customer accounting for greater than one percent of Cintas' total revenue. As a result, the loss of one account would not have a material financial impact on Cintas.

Competition

The primary markets served by each of the Cintas operating segments are local in nature and highly fragmented. Cintas competes with national, regional and local providers, large national retailers and small local retailers as well as companies with a significant online presence and the level of competition varies at each of Cintas' local operations. In addition, businesses may decide to perform certain services in-house instead of outsourcing these services. Product, design, price, quality, service and convenience to the customer are the competitive elements in each of our operating segments.

Operations and Distribution

Within the Uniform Rental and Facility Services reportable operating segment, Cintas provides its products and services to customers via local delivery routes originating from rental processing plants and branches. Within the First Aid and Safety Services reportable operating segment and All Other, Cintas provides its products and services via its distribution network and local delivery routes or local representatives. At May 31, 2024, Cintas, in total, had approximately 11,700 local delivery routes, 467 operational facilities and 12 distribution centers.

Sourcing

Cintas is committed to sourcing responsibly. Cintas sources finished products from many outside suppliers. As mentioned on our website, www.cintas.com, each and every supplier must comply with a vendor code of conduct as a condition of doing business with Cintas. Cintas also conducts internal training to ensure that employee-partners who have direct responsibility for supply chain management are knowledgeable and aware of issues and concerns surrounding our supply chain. In addition to sourcing from third-party suppliers, Cintas operates five manufacturing facilities that provide for standard uniform needs. Cintas purchases fabric, used in the manufacturing of its products, from several suppliers. Cintas' ability to find qualified suppliers who meet its standards and to access products in a timely and efficient manner, is subject to ongoing market risks. For a discussion of the risks associated with sourcing that may materially impact Cintas, please see "Item 1A: Risk Factors - Risks Relating to Business Strategy and Operations."

Government Laws and Regulations

Cintas is subject to a wide array of laws, government regulations, including environmental regulations, and standards in each domestic and foreign jurisdiction in which it operates. In addition to Cintas' U.S. operations, which generated over 90% of its consolidated revenue in all periods presented, Cintas also operates its business through wholly owned subsidiaries in foreign jurisdictions, primarily in Canada. Compliance with these laws, government regulations, including environmental regulations, and standards requires the dedication of time and effort of employee-partners as well as financial resources.

Compliance with environmental regulations and prioritizing our environmental sustainability efforts are important to us as a good corporate citizen. Our journey started in 1929 during the Great Depression when Doc and Amelia Farmer collected shop towels that had been disposed by manufacturing facilities along the Ohio River. They washed, recycled and sold the clean towels back to companies. Today, the majority of our total Company revenue comes from our Uniform Rental and Facility Services reportable operating segment. Most of these items are cleaned and processed in ways that extend their lifespan and, when not in use, are re-stocked for future customers to maximize their lifespan. Our laundering processes generate far less wastewater than home laundering. Water discharged into the environment is treated at our operating facilities and in accordance with local discharge standards and permits. Our lasting commitment to the environment and our communities is evident from our processes and innovation, which are designed to ensure that our operational facilities are operating efficiently. Cintas is subject to various environmental laws and regulations, as are other companies in the uniform rental industry. The primary federal statutes that apply to our activities in the U.S. are the Clean Air Act, the Clean Water Act and the Resource Conservation and Recovery Act. We are also subject to the Superfund Amendments and Reauthorization Act of 1986, which imposes certain reporting requirements as to emissions of hazardous substances into the air, land and water. While environmental compliance is not a material component of our costs, Cintas makes capital expenditures and associated operating costs, primarily for water treatment and waste removal, on a regular basis in order to comply with environmental laws and regulations, to promote employee-partner safety and to carry out its environmental sustainability principles. Environmental spending related to water

treatment and waste removal was approximately \$27.0 million in fiscal 2024, approximately \$26.0 million in fiscal 2023 and approximately \$22.0 million in fiscal 2022. Capital expenditures to limit or monitor hazardous substances totaled approximately \$1.7 million in fiscal 2024, approximately \$1.0 million in fiscal 2023 and approximately \$0.2 million in fiscal 2022.

In addition, health and safety regulations have necessitated, and may continue to necessitate, increased operating costs or capital investments to promote a safe working environment. Cintas is also required to comply with increasingly complex and changing laws and regulations enacted to protect business and personal data in the U.S. and other jurisdictions regarding privacy, data protection and data security, including those related to the collection, storage, use, transmission and protection of personal information and other consumer, customer, vendor or employee data. With respect to the laws and regulations noted above, as well as other applicable laws and regulations, Cintas' compliance programs may under certain circumstances involve material investments in the form of additional processes, training, personnel, information technology and capital. In fiscal 2024, compliance with the applicable laws, government regulations, including environmental regulations, and standards did not have a material effect on Cintas' capital expenditures or consolidated results of operations. For a discussion of the risks associated with government regulations that may materially impact Cintas, please see "Item 1A: Risk Factors—Legal and Regulatory Risks."

Communication

Cintas uses its corporate website, www.cintas.com, as a channel for routine distribution of important information, including news releases, analyst presentations and financial information and for complying with our disclosure obligations under Regulation FD. Cintas files with, or furnishes to, the Securities and Exchange Commission (SEC) Annual Reports on Form 10-K, Quarterly Reports on Form 10-Q, Current Reports on Form 8-K and any amendments to those reports, as well as proxy statements and annual reports to shareholders, and, from time to time, other documents. The reports and other documents filed with or furnished to the SEC are available to investors on or through our corporate website free of charge as soon as reasonably practicable after we electronically file them with or furnish them to the SEC. The SEC maintains an internet site located at www.sec.gov that contains reports, proxy and information statements and other information regarding issuers, such as Cintas, that file electronically with the SEC. Cintas' SEC filings can be found on the Investor Relations page of its website at www.cintas.com/investors/financial-reports and its Code of Conduct and Business Ethics can be found under the Impact page of its website at www.cintas.com/company/esg. Cintas intends to post any amendments or waivers to its Code of Conduct and Business Ethics on its website within four business days after approval. These documents are available in print to any shareholder who requests a copy by writing or calling Cintas as set forth on the Investor Information page under the FAQs. The content on any website referred to in this Annual Report on Form 10-K is not incorporated herein by reference unless expressly noted.

Sustainability

In fiscal 2024, Cintas published its fourth annual sustainability report and reported on Cintas' continued strategy of a Shared Drive for Better. The report included information on Cintas' efforts in areas of climate and energy initiatives, water interactions, materials and waste, sustainable supply chain, diversity, equity and inclusion efforts, employee-partner development, safety and health strategy, human rights and labor rights positions and governance, ethics and integrity foundations. Cintas' most recent sustainability report can be found on our website at www.cintas.com/company/esg.

Human Capital

Cintas' key human capital management objectives are to attract, retain and develop talent to deliver on the Company's strategy. To support these objectives, Cintas' human resources programs are designed to: keep people safe and healthy; enhance the Company's culture through efforts aimed at making the workplace more inclusive; acquire and retain diverse talent; reward and support employee-partners through competitive pay and benefit programs; develop talent to prepare them for critical roles and leadership positions; and facilitate internal

talent mobility to create a high-performing workforce. The principles and values our employee-partners share are the driving force behind all our accomplishments. At May 31, 2024, Cintas employed approximately 46,500 employee-partners in our global workforce, of which approximately 1,000 were represented by labor unions.

Our primary areas of focus in managing our human capital include the following:

Corporate Culture

We believe that our culture at Cintas is just as essential as our products and services. Our culture impacts the quality of the employee-partners we hire, the way we communicate and interact with our customers and each other and our performance standards. Our culture is the cornerstone representing our values, our behaviors, our way of working and how we approach our business, which is strong relationships and a dedication to taking care of one another and our customers. We operate according to the Cintas Code of Conduct and Business Ethics, available on our website www.cintas.com, which mandates full compliance with applicable laws and regulations and helps to preserve the integrity of our Company.

Talent Development

Cintas is committed to the continued development of its employee-partners. We provide numerous training opportunities for our employee-partners, with a focus on continuous learning and development and methodologies to manage performance, provide feedback and develop talent. We offer a wide array of training solutions (classroom, hands-on and e-learning) for our employee-partners. Our talent development programs strive to provide employee-partners resources to achieve career goals and build management and leadership skills. We offer mentoring programs, a management trainee program and executive leadership programs to support the professional growth of our employee-partners and ensure we have the right succession plans in place.

Health and Safety

We aspire to achieve zero workplace injuries and collisions and provide a safe, open, healthy and accountable work environment for our employee-partners. To align with internationally recognized standards, we have implemented an occupational health and safety management system in accordance with the Occupational Safety and Health Administration (OSHA) that is modeled after the International Organization for Standardization (ISO) 45001 and OSHA Voluntary Protection Program (VPP). Employee-partners, contractors, vendors and visitors are all covered by the system, which focuses on hazard prevention, training, management commitment and worker involvement. We are also committed to continuously improving performance through our Health and Safety Improvement Committees in every operation, while corporate health and safety employee-partners conduct annual reviews of our operations. Additionally, every year our employee-partners receive online, on-the-job and classroom training on over 50 health and safety topics, and all maintenance staff must complete our award-winning Maintenance Safety Certification process. Every Cintas driver completes monthly driver safety training courses and/or on-the-road skills evaluations. All production-related managers attend OSHA's 10-hour Safety Improvement course, and each member of our Senior Management team takes the Management and Leadership Skills for Environmental Health and Safety Professionals Course, part of the Harvard T.H. Chan School of Public Health safety and health curriculum. In addition, we provide several channels for all employee-partners to speak up, ask for guidance and report concerns related to ethics or safety violations, and we seek to address those concerns and take appropriate actions to uphold our Cintas values and health and safety culture. Through these efforts, Cintas has reduced our recordable injury rate by over 80% since 2008, has been awarded 128 OSHA Star sites in the VPP, which is more than triple any other company in the U.S. and has received numerous safety, health and ergonomics awards from national and international groups.

Employee-Partner Wellness

We are committed to the physical and mental health and wellness of our employee-partners. We provide our employee-partners and their families with access to a variety of health and wellness programs, including our long-running Live Well program that supports employee-partners on their health and wellness journeys. We provide free annual biometric screening and health assessments at work or offsite, annual free flu shots, a tobacco cessation program, weight management programs and an employee-partner assistance program, which offers advice on mental health, legal and financial issues.

Diversity, Equity & Inclusion

Cintas supports diversity, equity and inclusion by fostering a respectful, creative and productive environment where all employee-partners can reach their full potential without regard to race, color, religion, sex, sexual orientation, gender identity, national origin, disability or protected veteran status. We actively recruit, retain, develop and advance a diverse and talented workforce. We have six Employee-Partner Business Resource Groups, focused on Women, African Americans, Hispanic and Latin Americans, Asian American/Pacific Islanders, LGBTQ+ and Military and Veteran employee-partners. These groups provide platforms for our employee-partners to showcase skills, experiences and perspectives. The Employee-Partner Business Resource Groups also help foster inclusion among all employee-partners to build awareness, recruit and retain a diverse workforce and support the overall success of Cintas. We also have a diverse Management Trainee program that helps Cintas find and develop the best talent for our leadership pipeline, and we monitor representation across management positions. Cintas' diversity, equity and inclusion efforts are led by our Senior Vice President of Human Resources and Chief Diversity Officer. This position reports to our Chief Executive Officer and works to help achieve our goals and obtain a diverse and talented workforce, which is critical to our success.

Compensation Programs and Employee Benefits

Our compensation and benefits programs provide a total rewards package designed to attract, retain and motivate our employee-partners. In addition to competitive base salaries, the total rewards package (which may vary by position and country) includes, among other items, commissions, bonuses, long-term incentives, retirement savings plans, medical insurance, prescription drug benefits, dental insurance, vision insurance, accident and critical illness insurance, life and disability insurance, health savings accounts, flexible spending accounts and an employee-partner assistance program.

Item 1A. Risk Factors

The statements in this section describe the most significant risks that could materially and adversely affect our business, consolidated financial condition and consolidated results of operation and the trading price of our debt or equity securities. Although the risks are organized by headings, and each risk is discussed separately, many are interrelated. Readers should not interpret the disclosure of any risk factor to imply that the risk has not already materialized.

In addition, this section sets forth statements which constitute our cautionary statements under the Private Securities Litigation Reform Act of 1995.

This Annual Report on Form 10-K contains forward-looking statements. The Private Securities Litigation Reform Act of 1995 provides a safe harbor from civil litigation for forward-looking statements. Forward-looking statements may be identified by words such as "estimates," "anticipates," "predicts," "projects," "plans," "expects," "intends," "target," "forecast," "believes," "seeks," "could," "should," "may" and "will" or the negative versions thereof and similar words, terms and expressions and by the context in which they are used. Such statements are based upon current expectations of Cintas and speak only as of the date made. You should not place undue reliance on any forward-looking statement. We cannot guarantee that any forward-looking statement will be realized. These statements are subject to various risks, uncertainties, potentially inaccurate assumptions and other factors that could cause actual results to differ from those set forth in or implied by this Annual Report. Factors that might cause such a difference include, but are not limited to, the possibility of greater than anticipated operating costs including energy and fuel costs; lower sales volumes; loss of customers due to outsourcing trends; the performance and costs of integration of acquisitions; supply chain constraints and macroeconomic conditions, including inflationary pressures and higher interest rates; fluctuations in costs of materials and labor, including increased medical costs; costs and possible effects of union organizing activities; failure to comply with government regulations concerning employment discrimination, employee pay and benefits and employee health and safety; the effect on operations of exchange rate fluctuations, tariffs and other political, economic and regulatory risks; uncertainties regarding any existing or newly-discovered expenses and liabilities related to environmental compliance and remediation; our ability to meet our aspirations relating to environmental, social and governance (ESG) opportunities, improvements and efficiencies; the cost, results and ongoing assessment of internal controls for financial reporting; the effect of new accounting pronouncements; risk associated with cybersecurity threats, including disruptions caused by the inaccessibility of computer systems data and cybersecurity risk management; the initiation or outcome of litigation, investigations or other proceedings; higher

assumed sourcing or distribution costs of products; the disruption of operations from catastrophic or extraordinary events including global health pandemics; the amount and timing of repurchases of our common stock, if any; changes in global tax and labor laws; and the reactions of competitors in terms of price and service. Cintas undertakes no obligation to publicly release any revisions to any forward-looking statements or to otherwise update any forward-looking statements whether as a result of new information or to reflect events, circumstances or any other unanticipated developments arising after the date on which such statements are made, except otherwise as required by law. These risks and uncertainties include, but are not limited to, those described in this section and elsewhere in this report and may also be described from time to time in our future reports filed with the SEC. The risks and uncertainties described herein are not the only ones we may face. Additional risks and uncertainties presently not known to us or that we currently believe to be immaterial may also harm our business. Forward-looking and other statements in this Annual Report on Form 10-K regarding our greenhouse gas (GHG) reduction plans and other ESG aspirations are not an indication that these statements are necessarily material to investors or required to be disclosed in our filings with the SEC. In addition, historical, current and forward-looking GHG-related and/or ESG-related statements may be based on standards for measuring progress that are still developing, internal controls and processes that continue to evolve and assumptions that are subject to change in the future.

Risks Relating to Business Strategy and Operations

Negative global economic factors may adversely affect our financial performance.

Negative economic conditions, in North America and our other markets, may adversely affect our financial performance. Higher levels of unemployment, inflation, recessionary conditions, geopolitical developments, tax rates and other changes in tax laws and other economic factors could adversely affect the demand for Cintas' products and services. Increases in labor costs, including the cost to provide employee-partner related healthcare benefits, minimum wages, labor shortages or shortages of skilled labor, regulations regarding the classification of employees and/or their eligibility for overtime wages, higher material costs for items such as fabrics and textiles, the inability to obtain insurance coverage at cost-effective rates, higher interest rates, inflation, global health pandemics, higher tax rates and other changes in tax laws and other economic factors could increase our costs of rental uniforms and facility services, cost of other services and selling and administrative expenses. As a result, these factors could adversely affect our revenue and consolidated results of operations.

Increased competition could adversely affect our consolidated results of operations.

We operate in highly competitive industries and compete with national, regional and local providers. Product, design, price, quality, service and convenience to the customer are the competitive elements in these industries. If existing or future competitors seek to gain or retain market share by reducing prices, Cintas may be required to lower prices, which would adversely affect our consolidated results of operations. Cintas' competitors also generally compete with Cintas for acquisition candidates, which can increase the price for acquisitions and reduce the number of available acquisition candidates. In addition, our customers and prospects may decide to perform certain services in-house instead of outsourcing these services to us. These competitive pressures could adversely affect our revenue and consolidated results of operations.

An inability to open new, cost-effective operating facilities may adversely affect our expansion efforts.

We plan to expand our presence in existing markets and enter new markets. The opening of new operating facilities is necessary to gain the capacity required for this expansion. Our ability to open new operating facilities depends on our ability to identify attractive locations, negotiate leases or real estate purchase agreements on acceptable terms, identify and obtain adequate utility and water sources and comply with environmental regulations, zoning laws and other similar factors. Any inability to effectively identify and manage these items may adversely affect our expansion efforts, and consequently, adversely affect our consolidated results of operations.

Risks associated with our acquisition practice could adversely affect our consolidated results of operations.

Historically, a portion of our growth has come from acquisitions. We continue to evaluate opportunities for acquiring businesses that may supplement our internal growth. However, there can be no assurance that we will be able to identify and purchase suitable acquisitions. In addition, the success of any acquisition, including the ability to realize anticipated cost synergies, depends in part on our ability to integrate the acquired company. The

process of integrating acquired businesses may involve unforeseen difficulties and may require a disproportionate amount of our management's attention and our financial and other resources. If management is not able to effectively manage the integration process, or if any significant business activities are interrupted as a result of the integration process, we may not be able to realize anticipated cost synergies resulting from acquisitions and our business could suffer. Although we conduct due diligence investigations prior to each acquisition, there can be no assurance that we will discover or adequately protect against all material liabilities of an acquired business for which we may be responsible as a successor owner or operator. The failure to identify suitable acquisitions and successfully integrate these acquired businesses, or to discover liabilities associated with such businesses in the diligence process, could adversely affect our consolidated results of operations.

Risks associated with the suppliers from whom our products are sourced could adversely affect our consolidated results of operations.

The products we sell are sourced from a wide variety of domestic and international suppliers. Global sourcing of many of the products we sell is an important factor in our financial performance. We require all our suppliers to comply with applicable laws, including labor and environmental laws, and otherwise be certified as meeting our required supplier standards of conduct. Our ability to find qualified suppliers who meet our standards, and to access products in a timely and efficient manner, is a significant challenge, especially with respect to suppliers located and goods sourced outside the U.S. Political and economic stability in the countries in which foreign suppliers are located, the financial stability of suppliers, suppliers' failure to meet our supplier standards, labor problems experienced by our suppliers, the availability of raw materials to suppliers, currency exchange rates, transport availability and cost, inflation and other factors relating to the suppliers and the countries in which they are located are beyond our control. In addition, U.S. and foreign trade policies, tariffs and other impositions on imported goods, trade sanctions imposed on certain countries, the limitation on the importation of certain types of goods or of goods containing certain materials from other countries and other factors relating to foreign trade are beyond our control. These and other factors, including the potential negative impact of global health pandemics affecting our suppliers and our access to products could adversely affect our consolidated results of operations.

We rely extensively on information technology systems, including third-party systems, to process transactions, maintain information and manage our businesses. Disruptions in the availability of any internal or external information technology systems due to implementation of a new system or otherwise, or privacy breaches involving information technology systems, could impact our ability to service our customers and adversely affect our revenue, consolidated results of operations and reputation and expose us to litigation risk.

Our businesses rely on various information technology systems, including third-party systems, to provide customer information, process customer transactions and provide other general information necessary to manage our businesses. Our information technology systems are subject to damage or interruption due to cybersecurity attacks, system conversions, power outages, computer or telecommunication failures, catastrophic events such as fires, tornadoes and hurricanes and usage errors by our employees. Although we have an active disaster recovery plan in place that is frequently reviewed and tested, and we believe that we have adopted appropriate measures to mitigate potential risks to our technology and our operations from these information technology-related and other potential disruptions, given the unpredictability of the timing, nature and scope of such disruptions, we could potentially be subject to production downtimes, operational delays and interruptions in our ability to provide products and services to our customers. Any disruption caused by the unavailability of our information technology systems could adversely affect our revenue, could require us to make a significant investment to fix or replace them and, therefore, could adversely affect our consolidated results of operations.

Cyber-security attacks are evolving, and cybercriminals have increasingly demonstrated advanced capabilities, such as zero-day vulnerabilities and rapid integration of new technology such as generative artificial intelligence. Cyber-security attacks may include, but are not limited to, malicious software, attempts to gain unauthorized access to data and other electronic security breaches that could lead to disruptions in systems, unauthorized release of confidential or otherwise protected information and corruption of data. Our response to cybersecurity incidents, and our investments in our technology and our controls, processes and practices related to cybersecurity incidents and risks from cybersecurity threats, may not be sufficient to shield us from significant losses or liability. Given the increasing sophistication of bad actors and complexity of the techniques used to obtain unauthorized access or disable systems, a cybersecurity breach or attack could potentially persist for an extended period of time before being detected. As a result, we may not be able to anticipate the attack or

respond adequately or timely, and the extent of a particular cybersecurity incident, and the steps that we may need to take to investigate the incident, may not be immediately clear. It could take a significant amount of time before an investigation can be completed and full, reliable information about the incident becomes known. During an investigation, it is possible we may not necessarily know the extent of the harm or how to remediate it, which could further adversely impact us. In addition, new regulations could result in us being required to disclose information about a material cybersecurity incident before it has been mitigated or resolved, or even fully investigated.

We have experienced cybersecurity incidents in the past, but none of these incidents, individually or in the aggregate, have had a material adverse effect on our business or results of operations. If the network of security controls, policy enforcement mechanisms and monitoring systems to address these threats to our technology fails, or we are unable to successfully address cybersecurity incidents or the risks from cybersecurity threats, we could experience production downtimes, operational delays and interruptions in our ability to provide products and services to our customers, the compromising of confidential or otherwise protected Company, customer, or employee information, destruction or corruption of data, security breaches, or other manipulation or improper use of our systems and networks which could result in financial losses from remedial actions, loss of business or potential liability and damage to our reputation.

In addition, we rely on software applications, enterprise cloud storage systems and cloud computing services provided by third-party vendors for certain information technology services, including our SAP enterprise system, payroll data, risk management data and lease data. If these third-party vendors, as well as our suppliers and other vendors, experience service interruptions or damage, security breaches, cyber-attacks, computer viruses, ransomware or other similar events or intrusions, our business and our consolidated results of operations may be adversely affected.

The world has experienced an exponential level of growth in the availability of potential applications of artificial intelligence (AI). AI could disrupt certain aspects of our business and evolve use of technology in ways that are not yet known. If we are not able to adapt and effectively incorporate potential advantages of AI in our business, it may negatively impact our ability to compete. On the other hand, if we are not able to effectively manage the risks of AI, including the potential for poor or inconsistent quality, privacy concerns, risks related to automated decision-making, and the potential for exposure of confidential and/or proprietary information, we may suffer harm to our consolidated results of operations and reputation.

Failure to achieve and maintain effective internal controls could adversely affect our business and stock price.

Effective internal controls are necessary for us to provide reliable financial reports. All internal control systems, no matter how well designed, have inherent limitations. Therefore, even those systems determined to be effective can provide only reasonable assurance with respect to the consolidated financial statement preparation and presentation. While we continue to evaluate our internal controls, we cannot be certain that these measures will ensure that we implement and maintain adequate controls over our financial processes and reporting in the future. If we fail to maintain the adequacy of our internal controls or if we or our independent registered public accounting firm were to discover material weaknesses in our internal controls, as such standards are modified, supplemented or amended, we may not be able to ensure that we can conclude on an ongoing basis that we have effective internal control over financial reporting in accordance with Section 404 of the Sarbanes-Oxley Act of 2002. Failure to achieve and maintain an effective internal control environment could cause us to be unable to produce reliable financial reports or prevent fraud. This may cause investors to lose confidence in our reported financial information, which could have a material adverse effect on our stock price.

We may experience difficulties in attracting and retaining competent personnel in key positions. Failure to preserve positive labor relationships with our employee-partners could adversely affect our consolidated results of operations.

We believe that a key component of our success is our corporate culture, which has been imparted by management throughout our corporate organization. Our corporate culture, along with our entire operation, depends on our ability to attract, develop and retain key employee-partners. Competitive pressures and labor shortages within and outside our industry may make it more difficult and expensive for us to attract and retain key employee-partners which could adversely affect our businesses.

We believe we have positive labor relationships with our employee-partners. However, factors such as difficulty to attract key employees, reduced employee engagement, third-party organizational efforts and increased employee-partner turnover could adversely affect our labor relationships with our employee-partners. A failure to preserve positive labor relationships with our employee-partners and could adversely affect our consolidated financial condition and consolidated results of operations.

Unexpected events could negatively impact our business and adversely affect our consolidated results of operations.

Unexpected events, including fires or explosions at facilities, severe weather conditions and natural disasters such as hurricanes, fires, floods, droughts and tornadoes (including those caused by climate change), geopolitical conflicts, war or terrorist activities, unplanned outages, global health pandemics, supply disruptions, failure of equipment or systems or changes in laws and/or regulations impacting our businesses, could adversely affect our consolidated results of operations. Any of these events could result in customer disruption, physical damage to one or more key operating facilities, the temporary closure of one or more key operating facilities or the temporary disruption of information systems. In addition, negative publicity related to such unexpected events, whether warranted or not, may impact brand image perception and could adversely affect our consolidated results of operations.

Financial Risks

Our indebtedness may limit cash flow available to invest in the ongoing needs of our business.

Our outstanding indebtedness along with adverse interest rate fluctuations may have negative consequences on our business, such as requiring us to dedicate a substantial portion of our cash flow from operations to the payment of debt service, reducing the availability of our cash flow to fund working capital, capital expenditures, acquisitions, dividend increases, stock buybacks and other general corporate purposes, as well as increase our vulnerability to adverse economic or industry conditions. In addition, it may limit our ability to obtain additional financing in the future to enable us to react to changes in our business or industry or place us at a competitive disadvantage compared to businesses in our industry that have less debt.

Changes in the fuel and energy industry could adversely affect our consolidated financial condition and consolidated results of operations.

The price of fuel and energy needed to run our vehicles and equipment is unpredictable and fluctuates based on events outside of our control, including geopolitical developments, supply and demand fluctuations for fuel and other energy related products, actions by energy producers, war and unrest in oil producing countries, regional production patterns, limits on refining capacities, natural disasters, environmental concerns including the impact of legislative and regulatory efforts to limit GHG emissions and global health pandemics. Increases in fuel and energy costs could adversely affect our consolidated financial condition and consolidated results of operations.

Fluctuations in foreign currency exchange could adversely affect our consolidated financial condition and consolidated results of operations.

We earn revenue, pay expenses, own assets and incur liabilities in countries using currencies other than the U.S. dollar, primarily the Canadian dollar. In fiscal years 2024, 2023 and 2022, revenue denominated in currencies other than the U.S. dollar represented less than 10% of our consolidated revenue. Because our consolidated financial statements are presented in U.S. dollars, we must translate revenue and expenses, as well as assets and liabilities, into U.S. dollars at exchange rates in effect during or at the end of each reporting period. Therefore, fluctuations in the value of the U.S. dollar against other major currencies, particularly in the event of significant increases in foreign currency revenue, will impact our revenue and operating income and the value of consolidated balance sheet items denominated in foreign currencies. This impact could adversely affect our consolidated financial condition and consolidated results of operations.

We may recognize impairment charges, which could adversely affect our consolidated financial condition and consolidated results of operations.

We assess our goodwill and other intangible assets and our long-lived assets for impairment when required by U.S. Generally Accepted Accounting Principles (U.S. GAAP). These accounting principles require that we record an impairment charge if circumstances indicate that the asset carrying values exceed their estimated fair values. The estimated fair value of these assets is impacted by, but not limited to, macroeconomic, industry and market conditions in the locations in which we operate. Deterioration in these general economic conditions may result in: declining revenue, which can lead to excess capacity and declining operating cash flow; reductions in management's estimates for future revenue and operating cash flow growth; increases in borrowing rates and other deterioration in factors that impact our weighted average cost of capital; and deteriorating real estate values. If our assessment of goodwill, other intangible assets or long-lived assets indicates an impairment of the carrying value for which we recognize an impairment charge, this may adversely affect our consolidated financial condition and consolidated results of operations.

The effects of credit market volatility and changes in our credit ratings could adversely affect our liquidity and consolidated results of operations.

Our operating cash flows, combined with access to the credit markets, provide us with significant discretionary funding capacity. Our access to the credit markets will depend on a variety of factors, such as prevailing economic and credit market conditions, the general availability of credit, the overall availability of credit to our industry, our credit ratings and credit capacity and perceptions of our financial prospects. For example, in the event that the ratings of our commercial paper or our outstanding long-term debt issues were substantially lowered or withdrawn for any reason, or if the ratings assigned to any new issue of long-term debt securities were significantly lowered, particularly if we no longer had investment grade ratings, our ability to access the debt markets may be adversely affected. In addition, deterioration in the global credit markets may limit our ability to access credit markets, which could adversely affect our liquidity and/or increase our cost of borrowing. In addition, credit market deterioration and its actual or perceived effects on our results of operations and financial condition, along with deterioration in general economic conditions, may increase the likelihood that the major independent credit agencies will downgrade our credit ratings, which could increase our cost of borrowing. Increases in our cost of borrowing could adversely affect our consolidated results of operations.

Legal and Regulatory Risks

Failure to comply with federal and state regulations to which we are subject could result in penalties or costs that could adversely affect our consolidated results of operations.

Our business is subject to complex and stringent state and federal regulations, including employment laws and regulations, minimum wage requirements, overtime requirements, working condition requirements, citizenship requirements, transportation laws and regulations, ESG-related regulations, cybersecurity laws and regulations, data privacy and protection laws and regulations, environmental regulations, and other laws and regulations. In particular, we are subject to the regulations promulgated by the U.S. Department of Transportation (USDOT) and under the Occupational Safety and Health Act of 1970, as amended (OSHA Act). We have incurred, and will continue to incur, capital and operating expenditures and other costs in the ordinary course of our business in complying with the USDOT regulations, the OSHA Act and other laws and regulations to which we are subject. Changes in laws, regulations and the related interpretations, including any laws or regulations that may be enacted by the current U.S. presidential administration and Congress, may alter the landscape in which we do business and may affect our costs of doing business. The impact of new laws and regulations cannot be predicted. Compliance with new laws and regulations may increase our operating costs or require significant capital expenditures. Any failure to comply with applicable laws or regulations could result in substantial fines by government authorities, payment of damages to private litigants, or possible revocation of our authority to conduct our operations, which could adversely affect our ability to service customers and our consolidated results of operations. In addition, we expect there will likely be increasing levels of regulation, disclosure-related and otherwise, with respect to ESG matters, and increased regulation will likely lead to increased compliance costs as well as scrutiny that could heighten all of the risks identified in this risk factor.

We are subject to legal proceedings that may adversely affect our consolidated financial condition and consolidated results of operations.

We are subject to various litigation claims and legal proceeding arising from the ordinary course of our business, including personal injury, customer contract, environmental and employment claims. Certain of these lawsuits or potential future lawsuits, if decided adversely to us or settled by us, may result in liability and expense material to our consolidated financial condition and consolidated results of operations.

Compliance with environmental laws and regulations could result in significant costs that adversely affect our consolidated results of operations.

Our operating locations are subject to environmental laws and regulations relating to the protection of the environment and health and safety matters, including those governing discharges of pollutants to the air and water, the management and disposal of hazardous substances and wastes and the clean-up of contaminated sites. The operation of our businesses entails risks under environmental laws and regulations. We could incur significant costs, including clean-up costs, fines and sanctions and claims by third parties for property damage and personal injury, as a result of violations of or liabilities under these laws and regulations. We are currently involved in a limited number of remedial investigations and actions at various locations. While based on information currently known to us, we believe that we maintain adequate reserves with respect to these matters, our liability could exceed forecasted amounts, and the imposition of additional clean-up obligations or the discovery of additional contamination at these or other sites could result in significant additional costs which could adversely affect our consolidated results of operations. In addition, potentially significant expenditures could be required to comply with environmental laws and regulations, including requirements that may be adopted or imposed in the future.

Under applicable environmental laws, an owner or operator of real estate may be required to pay the costs of removing or remediating hazardous materials located on or emanating from property, whether or not the owner or operator knew of or was responsible for the presence of such hazardous materials. While we regularly engage in environmental due diligence in connection with acquisitions, we can give no assurance that locations that have been acquired or leased have been operated in compliance with environmental laws and regulations during prior periods or that future uses or conditions will not make us liable under these laws or expose us to third-party actions, including tort suits.

Increased global focus on climate change may result in the imposition of new or additional regulations or requirements applicable to, and increased financial risks for, our business and industry. A number of government authorities and agencies have introduced or are contemplating regulatory changes to address climate change, including the regulation of GHG emissions. The outcome of new legislation or regulation in the U.S. and other jurisdictions in which we operate may result in new or additional requirements, including to fund energy efficiency activities or renewable energy use, and fees or restrictions on certain activities or materials. Compliance with these climate change initiatives may also result in additional costs to us, including, among other things, increased production costs, additional taxes, additional investments in renewable energy use and other initiatives, reduced emission allowances or additional restrictions on production or operations. We may not be able to timely recover the cost of compliance with such new or more stringent laws and regulations, which could adversely affect our consolidated results of operations.

Increasing scrutiny and evolving expectations from investors, customers, regulators, policymakers and other stakeholders regarding ESG matters may adversely affect our reputation or otherwise adversely impact our share price, demand for our securities and business and results of operations.

Companies across all industries are facing increasing scrutiny from stakeholders related to ESG matters, including practices and disclosures related to environmental stewardship; social responsibility; diversity, equity and inclusion; and workplace rights. The heightened and sometimes conflicting stakeholder focus on ESG issues related to our business requires the continuous monitoring of various and evolving laws, regulations, standards and expectations and the associated reporting requirements. As the nature, scope and complexity of ESG reporting, diligence and disclosure requirements expand, we may have to undertake additional costs to control, assess and report on ESG metrics. Any failure or perceived failure, whether or not valid, to pursue or fulfill our ESG aspirations, targets or objectives or to satisfy various ESG reporting standards within the timelines we announce, or at all, could result in adverse publicity, reputational harm, or loss of customer and/or investor confidence, which could adversely affect our business and consolidated results of operations. In addition, our share price and demand for our securities could be adversely affected.

In addition, our ability to achieve our ESG aspirations, including to achieve Net Zero GHG emissions by 2050, and to accurately and transparently report our progress presents numerous operational, financial, legal and other risks, and may be dependent on the actions of suppliers and other third parties, significant technological advancements with respect to the development and availability of reliable, affordable and sustainable alternative solutions, all of which are outside of our control. If we are unable to meet our ESG aspirations or evolving stakeholder expectations and industry standards, or if we are perceived to have not responded appropriately to the growing concern for ESG issues, our reputation could be negatively impacted. In addition, in recent years, investor advocacy groups and certain institutional investors have placed increasing importance on ESG matters. If, as a result of their assessment of our ESG practices, certain investors are unsatisfied with our actions or progress, they may reconsider their investment in our Company.

Increases in income tax rates, changes in income tax laws or unfavorable resolution of tax matters could adversely impact our consolidated results of operations.

Changes in tax laws or regulations in the jurisdictions in which we do business, or other tax law implementations or interpretations, including the Inflation Reduction Act (IRA), which includes a corporate alternative minimum tax on certain large corporations, incentives to address climate change mitigation and other non-income tax provisions, including an excise tax on the repurchase of corporate stock could increase our effective tax rate, restrict our ability to repatriate undistributed offshore earnings, or impose new restrictions, costs or prohibitions on our current practices and reduce our net income and adversely affect our cash flows. In addition, some countries have enacted or have committed to enact Pillar Two global minimum tax, which may increase our tax expense in future years.

We are also subject to tax audits, including with respect to transfer pricing, in the U.S. and other jurisdictions and our tax positions may be challenged by tax authorities. Although we believe that our current tax provisions are reasonable and appropriate, there can be no assurance that these items will be settled for the amounts accrued, that additional tax exposures will not be identified in the future or that additional tax reserves will not be necessary for any such exposures. Any increase in the amount of taxation incurred as a result of challenges to our tax filing positions could result in a material adverse effect on our business, consolidated results of operations and consolidated financial condition.

Item 1B. Unresolved Staff Comments

None.

Item 1C. Cybersecurity

We have a cross-departmental approach to addressing cybersecurity risk, including input from employees and our Board of Directors (the Board). The Board, Audit Committee and senior management devote significant resources to cybersecurity and risk management processes to adapt to the changing cybersecurity landscape and respond to emerging threats in a timely and effective manner. Our cybersecurity risk management program is incorporated into our enterprise risk management program and leverages industry standards and best practices, such as the National Institute of Standards and Technology (NIST) framework, which organizes cybersecurity risks into five categories: identify, protect, detect, respond and recover. We regularly assess the threat landscape and take a holistic view of cybersecurity risks, with a layered cybersecurity strategy based on prevention, detection and mitigation. We have a set of Company-wide policies and procedures concerning cybersecurity matters, which include numerous written information technology (IT) security policies, standards, procedures and guidelines as well as other policies that directly or indirectly relate to cybersecurity, such as policies related to encryption standards, antivirus protection, remote access, multifactor authentication, confidential information and the use of the internet, social media, email and wireless devices. These policies go through an internal review process and are approved by appropriate members of management.

The Company's Chief Information Security Officer (CISO) is responsible for developing and implementing and managing our cybersecurity security program and reporting on cybersecurity matters to the Audit Committee and the Board. Our CISO has over fifteen years of IT and cybersecurity leadership experience and has various industry related degrees and certifications, including a master's in information technology and the Certified Information Systems Security Professional (CISSP) and Certified in Risk and Information Systems Control (CRISC) certifications. The Board has ultimate oversight of cybersecurity risk, which it manages as part of our enterprise risk management program. That program is utilized in making decisions with respect to Company priorities, resource allocations and oversight structures. The Board is assisted by the Audit Committee, which regularly reviews our cybersecurity program with the CISO and other members of management and reports back to the Board. The Audit Committee receives reports from the CISO on, among other things, the Company's cyber risks and threats, the status of projects to strengthen the Company's information security systems, assessments of the Company's security program and the emerging threat landscape. Cybersecurity reviews by the Audit Committee or the Board occur quarterly, or more frequently as determined to be necessary or advisable.

We view cybersecurity as a shared responsibility, and we periodically perform simulations and tabletop exercises at technical and executive levels and incorporate external resources and advisors, as needed. In an effort to detect and defend against cyber threats, the Company provides its employee-partners with various cybersecurity and data protection training programs and requires annual security awareness training participation. These programs cover timely and relevant topics, including social engineering, phishing, password protection, confidential data protection, asset use and mobile security, and these programs educate employee-partners on the importance of reporting all incidents promptly to the IT Security team. We also require employee-partners in certain roles to complete additional role-based, specialized cybersecurity trainings.

We have continued to expand investments in IT security, including additional end-user training, using layered defenses, identifying and protecting critical assets, strengthening monitoring and alerting, and engaging experts. At the management level, our IT security team regularly monitors, alerts and meets to discuss threat levels, trends and remediation. The team also prepares a monthly cyber scorecard which covers cyber operational controls along with internal and external threats. Annual risk and cyber maturity assessments are conducted by independent third parties. Further, we conduct periodic external penetration tests and response testing to assess our processes and procedures against the evolving threat landscape. These tests and assessments are useful tools for maintaining a robust cybersecurity program that is designed to protect our investors, customers, employees, vendors and intellectual property.

In addition to assessing our own cybersecurity preparedness, we also consider and evaluate cybersecurity risks associated with use of third-party service providers. We seek to engage reliable, reputable service providers that maintain cybersecurity programs. Depending on the nature of the services provided, the sensitivity and quantity of information processed, and the identity of the service provider, our vendor management process may include reviewing the cybersecurity practices of such provider, conducting security assessments and conducting periodic reassessments during their engagement. Our IT security team conducts an annual review of third parties with a specific focus on any sensitive data shared with third parties. System and Organization Controls (SOC) reports are

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 (05/12/2022)

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>Inspire Medical Systems, Inc.</u>		
Physical Address: <u>5500 Wayzata Blvd., Suite 1600</u>		
City: <u>Golden Valley</u> State: <u>MN</u> Zip: <u>55416</u>		
Mailing Address (if different from physical address): _____		
City: _____ State: _____ Zip: _____		
Telephone: <u>763-205-7972</u> Website: <u>https://www.inspiresleep.com/en-us/</u>		
Name of Designated Representative (DR): <u>Joel Aaberg</u>		
Licensing Company Email: _____ DR Email: <u>joelaaberg@inspiresleep.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: _____	City: _____	State: _____	Zip: _____
Address: _____	City: _____	State: _____	Zip: _____
Name: _____	City: _____	State: _____	Zip: _____
Address: _____	City: _____	State: _____	Zip: _____
Name: _____	City: _____	State: _____	Zip: _____
Address: _____	City: _____	State: _____	Zip: _____
Name: _____	City: _____	State: _____	Zip: _____
Address: _____	City: _____	State: _____	Zip: _____

Section 4: Publicly Traded Corporation

State of Incorporation: Delaware

Parent Company (if any): N/A

Corporation Name: Inspire Medical Systems, Inc.

Mailing Address: 5500 Wayzata Blvd., Suite 1600

City: Golden Valley State: MN Zip: 55416

Telephone: 763-205-7972 Email: joelaaberg@inspiresleep.com

Contact Person Name: Joel Aaberg

Date of SEC Registration: <u>5/3/2018</u>	SEC Registration Number: <u>1609550</u>	Stock Exchange Symbol: <u>INSP</u>
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Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: _____

Parent Company (if any): _____

Corporation/Organization Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 6: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 7: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

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

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	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. 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.

Inspire Medical Systems, Inc.

Facility Name

Joel Aaberg

Print Name of Authorized Person Submitting Application


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

10-Jul-2020
Date

Board Use Only

Date Received:

7/29/25

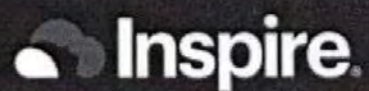
Amount:

\$1100000.336666

**INSPIRE MEDICAL SYSTEMS, INC.
LIST OF DIRECTORS AND CORPORATE OFFICERS**

Name of Director	Title
Timothy P. Herbert	Chairman, President and Chief Executive Officer
Shelley G. Broader	Director
Cynthia B. Burks	Director
Myriam J. Curet, M.D.	Director
Gary L. Ellis	Director
Georgia Garinois-Melenikiotou	Director
Shawn T. McCormick	Director
Dana G. Mead, Jr.	Director
Casey M. Tansey	Director
Richard Buchholz	Chief Financial Officer
Carlton Weatherby	Chief Strategy and Growth Officer
Jason Kelly	Chief Manufacturing and Quality Officer
Randall Ban	Executive Vice President, Patient Access and Therapy Development
Bryan Phillips	Senior Vice President General Counsel, Chief Compliance Officer and Corporate Secretary
John Rondoni	Chief Technology Officer
Melissa Mann	Chief People Officer

2024



Proxy Statement

and Notice of Annual Meeting

Celebrating

50,000

patients treated with
Inspire® therapy



TABLE OF CONTENTS

STOCK OWNERSHIP

Name of Beneficial Owner	Number of Shares Beneficially Owned	Percentage of Shares Beneficially Owned
Holders of More than 5%:		
FMR LLC ⁽¹⁾	3,257,544	10.8%
The Vanguard Group ⁽²⁾	2,931,469	9.7%
BlackRock, Inc. ⁽³⁾	1,800,118	5.9%
Named executive officers and directors:		
Timothy P. Herbert ⁽⁴⁾	547,328	1.8%
Marilyn Carlson Nelson ⁽⁵⁾	92,691	*
Richard J. Buchholz ⁽⁶⁾	91,167	*
Randall A. Ban ⁽⁷⁾	88,408	*
Shawn T. McCormick ⁽⁸⁾	54,006	*
Philip J. Ebeling ⁽⁹⁾	53,573	*
Dana G. Mead, Jr. ⁽¹⁰⁾	48,453	*
Casey M. Tansey ⁽¹¹⁾	48,266	*
Jerry C. Griffin, M.D. ⁽¹²⁾	22,636	*
Gary L. Ellis ⁽¹³⁾	14,414	*
Shelley G. Broader ⁽¹⁴⁾	7,051	*
Georgia Garinolis-Melanikiotou ⁽¹⁵⁾	6,304	*
Cynthia B. Burks ⁽¹⁶⁾	1,277	*
Carleton W. Weatherby	2,694	*
Myriam J. Curet, M.D.	1,384	*
All executive officers and directors as a group (19 individuals) ⁽¹⁷⁾	1,236,277	4.1%

* Represents less than 1%.

(1) Based on a Schedule 13G/A filed with the SEC on February 9, 2024 by FMR LLC and Abigail P. Johnson, which reflects that FMR LLC has sole voting and dispositive power with respect to 3,257,544 shares of our common stock and Abigail P. Johnson has sole dispositive power with respect to 3,257,544 shares of our common stock. Abigail P. Johnson is a Director, the Chairman and the Chief Executive Officer of FMR LLC. The address of FMR LLC and Abigail P. Johnson is 245 Summer St., Boston, MA 02210.

(2) Based on a Schedule 13G/A filed with the SEC on February 13, 2024 by The Vanguard Group, which reflects that The Vanguard Group has shared voting power with respect to 12,359 shares, sole dispositive power with respect to 2,888,175 shares, and shared dispositive power with respect to 43,294 shares of our common stock. The address of The Vanguard Group is 100 Vanguard Blvd., Malvern, PA 19355.

(3) Based on a Schedule 13G/A filed with the SEC on January 29, 2024, by BlackRock, Inc., which reflects that BlackRock, Inc. has sole voting power with respect to 1,725,819 shares of our common stock and sole dispositive power with respect to 1,800,118 shares of our common stock. The address of BlackRock, Inc. is 55 East 52nd Street, New York, NY 10055.

(4) Includes for Mr. Herbert, (i) 219,839 shares of common stock held by trusts as to which Mr. Herbert may be deemed to have beneficial ownership, (ii) 117,658 shares of common stock held by an LLC as to which Mr. Herbert may be deemed to have beneficial ownership; and (iii) 200,591 shares of common stock underlying options currently exercisable or exercisable within 60 days of March 5, 2025. As of March 5, 2024, Mr. Herbert had pledged as collateral under a line of credit 127,911 shares of common stock, which was approved in accordance with our Insider Trading Compliance Policy.

(5) Includes for Ms. Nelson, (i) 50,919 shares of common stock held by GDN Holdings, LLC ("GDN"), as to which Ms. Nelson is the managing member and (ii) 16,505 shares of common stock underlying stock options currently exercisable or exercisable within 60 days of March 5, 2024.

(6) Includes for Mr. Buchholz, 44,221 shares of common stock underlying stock options currently exercisable or exercisable within 60 days of March 5, 2024. Does not include 1,225 shares of common stock held by his daughter as to which Mr. Buchholz disclaims beneficial ownership.

(7) Includes for Mr. Ban, 85,213 shares of common stock underlying stock options currently exercisable or exercisable within 60 days of March 5, 2024. Does not include 166 shares of common stock held by his daughter as to which Mr. Ban disclaims beneficial ownership.

(8) Includes for Mr. McCormick, (i) 3,000 shares of common stock held by a trust as to which Mr. McCormick serves as trustee and (ii) 38,821 shares of common stock underlying stock options currently exercisable or exercisable within 60 days of March 5, 2024.

(9) Includes for Mr. Ebeling, 50,546 shares of common stock underlying stock options currently exercisable or exercisable within 60 days of March 5, 2024.

Delaware

The First State

Page 1

I, CHARUNI PATIBANDA-SANCHEZ, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "INSPIRE MEDICAL SYSTEMS, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FIFTH DAY OF MARCH, A.D. 2025.

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.



4433911 8300

SR# 20250939697

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

A handwritten signature in cursive script, reading "C. P. Sanchez", is written over a horizontal line.

Charuni Patibanda-Sanchez, Secretary of State

Authentication: 203091549

Date: 03-05-25

Inspire Medical Systems, Inc.
5500 Wayzata Blvd, Suite 1600 and 6105 Golden Hills Drive, Suite 100
Golden Valley, MN 55416

April 7, 2025

Katy Herman, JD, CCEP:

At this time the State of Minnesota does not regulate medical device companies (manufacturers or distributors) through either the Board of Pharmacy or any other health board or division. As there is no statutory reference to this, we provide the following related FAQ information from our official website:

<https://mn.gov/boards/pharmacy/resources/faqs/faqs/general/faqs.jsp>

Does your Board of Pharmacy license or register medical device or medical supply manufacturers, wholesale distributors, supplies or retailers?

The Board does not license or register companies that exclusively manufacture, distribute, supply or sell medical devices or supplies. If a company that handles medical devices or supplies also manufactures or distributes drugs, it must be licensed as a drug manufacturer or drug wholesaler. Exception if the drug is coated on or embedded in the device (e.g. drug-coated stents) and the resultant product is approved by the FDA as a device, the company does not have to be licensed as a manufacturer or wholesale distributor.

If you have any questions you or any jurisdiction your clients are seeking licensure in may reach out to me at the MN Board of Pharmacy.

Thank you,


Tim Litsey RPh
Pharmacy Surveyor

Minnesota Board of Pharmacy
335 Randolph Ave, Suite 230
Saint Paul, MN 55102
Office: 651-201-2825
Fax: 651-215-0951
Protecting the Public Since 1885 | mn.gov/boards/pharmacy

Client#: 121995

INSPMED

ACORD™

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

02/26/2025

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 CBIZ Insurance Services, Inc. 222 S 9th St. STE 1000 Minneapolis, MN 55402 763 549-2200	CONTACT NAME: Laurie Pfister PHONE (A/C, No, Ext): 763 549-2200 FAX (A/C, No): E-MAIL ADDRESS: lpfister@cbiz.com														
INSURED Inspire Medical Systems, Inc. 5500 Wayzata Boulevard Suite 1600 Golden Valley, MN 55416	<table border="1"> <thead> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A: The Phoenix Insurance Company</td> <td>25623</td> </tr> <tr> <td>INSURER B: Travelers Property Casualty Co of Ameri</td> <td>25674</td> </tr> <tr> <td>INSURER C: Arch Specialty Insurance Company</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> </tbody> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: The Phoenix Insurance Company	25623	INSURER B: Travelers Property Casualty Co of Ameri	25674	INSURER C: Arch Specialty Insurance Company		INSURER D:		INSURER E:		INSURER F:	
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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 SUBR INSR 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:		H6304F216451PHX25	03/01/2025	03/01/2026	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 - COMPROP AGG \$EXCLUDED \$
A	AUTOMOBILE LIABILITY ☐ ANY AUTO OWNED AUTOS ONLY ☒ HIRED AUTOS ONLY ☐ SCHEDULED AUTOS NON-OWNED AUTOS ONLY		BA6K64499325I2G	03/01/2025	03/01/2026	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 \$0		CUP9H74875A25I2	03/01/2025	03/01/2026	EACH OCCURRENCE \$10,000,000 AGGREGATE \$10,000,000 \$
A	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	UB0K33806325I2G	03/01/2025	03/01/2026	☒ PER STATUTE ☐ OTHER E.L. EACH ACCIDENT \$500,000 E.L. DISEASE - EA EMPLOYEE \$500,000 E.L. DISEASE - POLICY LIMIT \$500,000
B	Product Liability		ZPP16N1311725I2	03/01/2025	03/01/2026	\$10M Agg / \$10M Occ
B	Cyber Liab & Professional Liab		ZPL81N5172625I2	03/01/2025	03/01/2026	\$10M Agg / \$10M Occ

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

***CYBER EXCESS - INSURER C - 03/01/2025 - 03/01/2026 - LIMIT \$5,000,000 ***

CERTIFICATE HOLDER

CANCELLATION

Evidence of Coverage

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

Mark G. Stutz

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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 Inspire Medical Systems, Inc. MDEG License # (if applicable) _____
Physical Address 5500 Wayzata Blvd. Suite 1600
City Golden Valley State MN Zip 55416
Mailing Address (if different from physical address) N/A
City _____ State _____ Zip _____
Telephone (844) 672-4357 Website https://www.inspiresleep.com/en-us/
Licensing Company Email joelaaberg@inspiresleep.com

Section 2: Personal Information

First Joel Middle Christian Last Aaberg
Alias(es, nicknames, name changes, etc.) _____
Date of Birth [REDACTED] SSN or ITIN [REDACTED] Sex ☒ M ☐ F ☐ X
Mailing Address [REDACTED]
City Forest Lake State MN Zip [REDACTED]
Telephone [REDACTED] Email joelaaberg@inspiresleep.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 North Dakota		From - To (MM/YY - MM/YY)
Address		City	Grand Forks	State ND Zip
Diploma/Degree obtained, if any J.D.				
School Name		University of Minnesota		From - To (MM/YY - MM/YY)
Address		City	Mpls	State MN Zip
Diploma/Degree obtained, if any				
School Name		Bethany Lutheran College		From - To (MM/YY - MM/YY)
Address		City	Mankato	State MN Zip
Diploma/Degree obtained, if any				
School Name		Martin Lutheran Prep School		From - To (MM/YY - MM/YY)
Address		City	Prairie du Chien	State WI 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	Forest Lake	State MN Zip
7/2023-P				
From - To (MM/YY - MM/YY)	Address	City	East Bethel	State MN Zip
12/2001-6/2023				
From - To (MM/YY - MM/YY)	Address	City		State Zip
From - To (MM/YY - MM/YY)	Address	City		State Zip
From - To (MM/YY - MM/YY)	Address	City		State Zip
From - To (MM/YY - MM/YY)	Address	City		State Zip
From - To (MM/YY - MM/YY)	Address	City		State Zip
From - To (MM/YY - MM/YY)	Address	City		State Zip

POSITION TITLE: Vice President of Operations**DEPARTMENT:** Operations

POSITION SUMMARY

The Vice President of Operations is responsible for leading all ongoing manufacturing activities, continuation engineering, obtaining field returns and CAPAs, as well as purchasing, inventory management, and distribution. This position is also responsible for maintaining relationships with, product development vendors, suppliers, manufacturing partners and manufacturing contractors.

The Vice President of Operations works closely with the Quality Systems organization to support implementation and ensure compliance to Inspire's quality management system, global regulatory requirements and inventory/distribution controls. This position is responsible for initiating, maintaining, reviewing and approving quality system documentation throughout all facets of the product life cycle. The Vice President of Operations will also work closely with the Finance department to ensure proper inventory tracking and to establish and maintain product distribution.

MAIN DUTIES/RESPONSIBILITIES**1. Global Operations**

- (a) Manage manufacturing and product development vendors to ensure supply of product for pre-clinical evaluation, clinical studies and/or commercial release.
- Monitor clinical and commercial product demand forecasts and communicate monthly/quarterly rolling forecasts to Inspire's manufacturing partners.
 - Manage supply chain, procurement of components and strategic suppliers.
 - Manage on-going process improvements, obsolescence, and continuation engineering to support released products.
 - Oversee vendor relationships(existing and new).
 - Develop and maintain all supply agreements.
 - Review and manage to supplier related metrics including (but not limited to) product performance feedback to vendors.

2. Manufacturing Engineering/Project Management

- (a) Manage external vendors to facilitate product development and manufacturing activities.
- Communicate design updates and design verification activities.
 - Own manufacturing changes and CAPA implementations when applicable; including required IQ/OQ/PQ activities.

- Implement labeling changes, new translations, new product configurations and GTINs as required.
 - Generate and approve engineering change orders as a manufacturing SME.
 - Generate and approve design history file deliverables while providing manufacturing support.
- (b) Lead and support on-going production and/or quality issues with contract manufacturers in partnership with Quality Systems.
- (c) Support and participate in the new product development process including (but not limited to) launch planning.
- (d) Manage the implementation of new contract manufacturers and/or suppliers.

3. Inventory Management / Distribution / Supply Chain Projects

- (a) Implement and maintain inventory tracking systems providing controlled management in accordance quality system practices.
- Track components, work in progress (WIP), and manufacturing status of Inspire system components.
 - Track and maintain finished goods inventory to support global sales objectives.
 - Manage location of finished and distributed product.
 - Manage product expiration and use before dates on finished products.
 - Insure financial accounting of all inventory (in collaboration with CFO).
- (b) Setup and support the European Commercial Product Distribution
- Work with the EU business management to meet sales forecasts.
 - Establish logistics regarding delivery of products into European warehouse.
 - Track financial data regarding transfer pricing, VAT and inventory.

4. Manage Internal Inspire Manufacturing

- (a) Physician Programmer Manufacturing
- Responsible for component procurement, traceability, and manufacturing processes.
 - Responsible for managing manufacturing tech resources.
 - Responsible for manufacturing process development, technical support, process qualification/validation and equipment installation activities.
- (b) Manage all other manufacturing transfer activities to Inspire vendors

QUALITY SYSTEM RESPONSIBILITIES

- Document product and therapy related field reports within the prescribed timelines and provide any necessary documents required to complete the investigation. Provide follow-up reporting as needed.

- Complete training requirements and competency confirmations as required for this position within the required timeline.
- Comply with applicable quality system procedures/policies and make suggestions for continuous process improvement.
- Ensure all direct reports maintain training records that comply with applicable quality system requirements.

QUALIFICATIONS

Educational Requirements:

Required:

- Bachelor's degree in engineering

Preferred:

- MBA or master's degree in engineering

Required Experience:

- Minimum of 15 years in medical device development and manufacturing environments
- Minimum of 10 years in program and resource management including experience with departmental budgets exceeding 1 million dollars.

POSITION CLASSIFICATION

This position description is applicable to several classification levels which include the following titles:

- Senior Director of Operations
- Vice President of Operations
- Senior Vice President of Operations

Classification levels are determined based on achieving department goals and objectives, years of experience, years of service with the company and manager input.

POSITION DESCRIPTION

Document: PD-1300-0005

Document Version: 1.0

Document Title: Vice President of Operations

POSITION DESCRIPTION APPROVER(S)

Phil Ebeling Chief Operating Officer	<i>Electronic signature and approval record are stored in the QMS</i>
<i>Hiring Manager</i>	<i>Signature</i>
Andrea Rasmussen Vice President, Quality Systems	<i>Electronic signature and approval record are stored in the QMS</i>
<i>Quality Representative</i>	<i>Signature</i>
Julie McCallum Human Resources Manager	<i>Electronic signature and approval record are stored in the QMS</i>
<i>Human Resources Representative</i>	<i>Signature</i>

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 <i>Inspire Medical Systems Inc.</i>		From - To (MM/YY - MM/YY) <i>11/2009 - present</i>	
Business Address <i>5500 Wapata Blvd. Suite 1600</i>		City <i>Golden Valley</i>	State <i>MN</i>
Phone <i>763-265-7970</i>	Title <i>VP of Regulatory</i>	Number of Employed Hours <i>32,000</i>	
Description of Duties			

VP of Regulatory

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.			

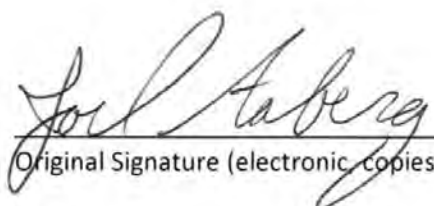
Section 8: Personal and Professional History		Yes	No
1.	Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		X
2.	Have you been charged, arrested or convicted 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)

May 29, 2025
 Date

I, Joel Aaberg, certify that as the MDEG Administrator for
Inspire Medical Systems, Inc.

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

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

Joel Aaberg
Print Name (First, Last)

Joel Aaberg
Original Signature (electronic, copies or stamps not accepted)

May 29, 2025
Date

Board Use Only

Date Received: 7/29/25



Inspire Medical Systems, Inc.

Listing of Nevada Employees as of June 17, 2025

No.	First Name	Last Name
1.	Michael	Marshall
2.	Sanjeev	Prasad
3.	Terrell	Hickmon
4.	Joel	Grace
5.	Eric	Gundry
6.	Joseph	Knapik
7.	Cheryl	Glickman
8.	Indiana	Gavlak

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, 2024

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: 001-38468



Inspire Medical Systems, Inc.

(Exact name of registrant as specified in its charter)

Delaware

26-1377674

(State or other jurisdiction of incorporation or organization)

(I.R.S. Employer Identification No.)

5500 Wayzata Blvd., Suite 1600
Golden Valley, MN

55416

(Address of principal executive offices)

(Zip Code)

Registrant's telephone number, including area code: (844) 672-4357

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

<u>Title of each class</u>	<u>Trading Symbol(s)</u>	<u>Name of exchange on which registered</u>
Common stock, \$0.001 par value	INSP	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 15(d) of the Act.

Yes ☐ No ☒

Indicate by check mark whether the registrant (1) has filed all reports required to be filed by Section 13 or 15(d) of the Securities Exchange Act of 1934 during the preceding 12 months (or for such shorter period that the registrant was required to file such reports), and (2) has been subject to such filing requirements for the past 90 days. Yes ☒ No ☐

Indicate by check mark whether the registrant has submitted electronically every Interactive Data File required to be submitted pursuant to Rule 405 of Regulation S-T (§ 232.405 of this chapter) during the preceding 12 months (or for such shorter period that the registrant was required to submit such files). Yes ☒ No ☐

Indicate by check mark whether the registrant is a large accelerated filer, an accelerated filer, a non-accelerated filer, a smaller reporting company, or an emerging growth company. See the definitions of "large accelerated filer," "accelerated filer," "smaller reporting company," and "emerging growth company" in Rule 12b-2 of the Exchange Act.

Large accelerated
filer ☒

Accelerated
filer ☐

Non-accelerated
filer ☐

Smaller reporting
company ☐

Emerging growth
company ☐

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

Indicate by check mark whether the registrant has filed a report on and attestation to its management's assessment of the effectiveness of its internal control over financial reporting under Section 404(b) of the Sarbanes-Oxley Act (15 U.S.C. 7262(b)) by the registered public accounting firm that prepared or issued its audit report. ☒

If securities are registered pursuant to Section 12(b) of the Act, indicate by check mark whether the financial statements of the registrant included in the filing reflect the correction of an error to previously issued financial statements. ☐

Indicate by check mark whether any of those error corrections are restatements that required a recovery analysis of incentive-based compensation received by any of the registrant's executive officers during the relevant recovery period pursuant to §240.10D-1(b). ☐

Indicate by check mark whether the registrant is a shell company (as defined in Rule 12b-2 of the Act). Yes ☐ No ☒

As of June 28, 2024, the last business day of the registrant's most recently completed second fiscal quarter, the aggregate market value of the registrant's common stock held by non-affiliates was approximately \$3,929,568,386, based on the closing price of the registrant's common stock as reported on the New York Stock Exchange on such date.

As of February 3, 2025, the registrant had 29,669,407 shares of common stock, \$0.001 par value per share, outstanding.

DOCUMENTS INCORPORATED BY REFERENCE

Portions of the registrant's definitive proxy statement for its 2025 annual stockholders' meeting, which is to be filed within 120 days of the registrant's fiscal year ended December 31, 2024, are incorporated by reference into Part III of this Annual Report on Form 10-K.

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Forward-Looking Statements

This Annual Report on Form 10-K contains forward-looking statements within the meaning of the Private Securities Litigation Reform Act of 1995. We intend such forward-looking statements to be covered by the safe harbor provisions for forward-looking statements contained in Section 27A of the Securities Act of 1933, as amended (the "Securities Act") and Section 21E of the Securities Exchange Act of 1934, as amended (the "Exchange Act"). All statements other than statements of historical fact contained in this Annual Report on Form 10-K are forward-looking statements, including, without limitation, statements regarding our future results of operations and financial position, business strategy, the impact of macroeconomic trends on our business, financial results and financial position, prospective products, international product approvals and commercializations, our expectations regarding the final reimbursement levels for Inspire therapy procedures, research and development costs, timing and likelihood of success, other insurance providers' plans to begin approving our Inspire therapy, human capital initiatives, pay equity reviews, environmental, social, and governance reporting, our sales and marketing initiatives, potential supply chain disruptions, and the plans and objectives of management for future operations.

In some cases, you can identify forward-looking statements by terms such as "anticipate," "believe," "can," "continue," "could," "designed," "estimate," "expect," "forecast," "goal," "intend," "may," "might," "plan," "possible," "potential," "predict," "project," "should," "target," "will," "would," or the negative of these terms or other similar expressions, although not all forward-looking statements contain these words. The forward-looking statements in this Annual Report on Form 10-K are only predictions and are based largely on our current expectations and projections about future events and financial trends that we believe may affect our business, financial condition, and results of operations. These forward-looking statements speak only as of the date of this Annual Report on Form 10-K and are subject to a number of known and unknown risks, uncertainties and assumptions, including, but not limited to the factors described in "Part I, Item 1. Business," "Part I, Item 1A. Risk Factors," and "Part I, Item 2. Management's Discussion and Analysis of Financial Condition and Results of Operations" of this Annual Report on Form 10-K. Moreover, we operate in an evolving environment. New risk factors and uncertainties may emerge from time to time, and it is not possible for management to predict all risk factors and uncertainties.

Except as required by applicable law, we do not plan to publicly update or revise any forward-looking statements contained herein, whether as a result of any new information, future events, changed circumstances or otherwise.

Unless the context requires otherwise, references to "Inspire," the "Company," "we," "us," and "our," refer to Inspire Medical Systems, Inc.

Summary Risk Factors

Our business is subject to numerous risks and uncertainties, including those described in Part I, Item 1A. "Risk Factors" in this Annual Report on Form 10-K. You should carefully consider these risks and uncertainties when investing in our common stock. The principal risks and uncertainties affecting our business include the following:

- our history of operating losses and dependency on our Inspire system for revenues;
- commercial success and market acceptance of our Inspire therapy;
- our ability to achieve and maintain adequate levels of coverage or reimbursement for our Inspire system or any future products we may seek to commercialize;
- competitive companies, technologies and pharmaceuticals in our industry;
- our ability to expand our indications and develop and commercialize additional products and enhancements to our Inspire system;
- future results of operations, financial position, research and development costs, capital requirements, and our needs for additional financing;

- our ability to forecast customer demand for our Inspire system and manage our inventory;
- our dependence on third-party suppliers, vendors, and contract manufacturers;
- risks related to consolidation in the healthcare industry;
- our ability to expand, manage, and maintain our direct sales and marketing organization, and to market and sell our Inspire system in markets outside of the United States;
- our ability to manage our growth;
- our ability to hire and retain our senior management and other highly qualified personnel;
- risks related to product liability claims and warranty claims;
- our ability to address quality issues that may arise with our Inspire system;
- our ability to successfully integrate any acquired business, products, or technologies;
- changes in global macroeconomic conditions;
- any failure of key information technology systems, processes, or sites or damage to or inability to access our physical facilities;
- our ability to commercialize or obtain regulatory approvals or certifications for our Inspire therapy and system, or the effect of delays in commercializing or obtaining regulatory approvals or certifications;
- any violations of anti-bribery, anti-corruption, and anti-money laundering laws;
- our ability to use our net operating losses and research and development carryforwards;
- risks related to the increasing and evolving focus on sustainability and environmental, social, and governance initiatives;
- U.S. Food and Drug Administration ("FDA") or other United States or foreign regulatory actions affecting us or the healthcare industry generally, including risks associated with regulatory approvals, certifications, or healthcare reform measures in the United States and international markets;
- our ability to establish and maintain intellectual property protection for our Inspire therapy and system or avoid claims of infringement;
- changes in U.S. and foreign tax laws; and
- risks related to our common stock.

PART I

Item 1. Business.

Overview

We are a medical technology company focused on the development and commercialization of innovative, minimally invasive solutions for patients with obstructive sleep apnea ("OSA"). Our proprietary Inspire system is the first and only FDA, European Union ("EU") Regulation No. 2017/745 ("MDR" or "EU Medical Devices Regulation"), and Japan Pharmaceuticals and Medical Devices Agency-approved neurostimulation technology of its kind that provides a safe and effective treatment for patients with moderate to severe OSA. We have developed a novel, closed-loop solution that continuously monitors a patient's breathing and delivers mild hypoglossal nerve stimulation to maintain an open airway. A significant body of clinical data, which includes a publication in the *New England Journal of Medicine*, multiple publications in leading respiratory, ear, nose and throat ("ENT") and sleep medicine journals, and more than 350 peer-reviewed publications, supports the safety and efficacy of Inspire therapy. Inspire therapy received premarket approval ("PMA") from the FDA in 2014 and has been commercially available in certain European markets since 2011. Japan's Ministry of Health, Labour and Welfare ("MLHW") approved Inspire therapy to treat moderate to severe OSA in 2018. Inspire therapy is indicated for patients with moderate to severe OSA who do not have significant central sleep apnea and do not have a complete concentric collapse of the airway at the soft palate level. Physicians have treated more than 90,000 patients with Inspire therapy at over 1,575 medical centers across the United States ("U.S."), Europe, and Asia.

Sleep apnea is a serious and chronic disease that negatively impacts a patient's sleep, health, and quality of life. OSA is the most common form of sleep apnea. OSA occurs when a person's breathing is interrupted during sleep by a partially or completely blocked airway and affects patients of all ages, sexes, and body types. The severity of OSA is measured by the number of partial or complete airway blockages that a patient experiences in an hour, referred to as the apnea-hypopnea index ("AHI"). Moderate OSA patients have an AHI of 15 to 30 events per hour, while severe OSA patients have an AHI of 30 or more events per hour. Left untreated, OSA increases the risk of high blood pressure, hypertension, heart failure, stroke, coronary artery disease, and other life-threatening diseases.

CPAP is the leading therapy for patients with moderate to severe OSA. CPAP is delivered through a face or nasal mask that connects through a hose to a bedside air pump. In order for CPAP to be most effective, the mask must form an airtight seal on the patient's face or nose and the mask must be worn every night. The effectiveness of CPAP has been limited by low patient compliance as many patients find the mask or treatment cumbersome, uncomfortable, and loud. When CPAP fails or cannot be tolerated, patients' remaining treatment options consist primarily of invasive surgical procedures developed to modify or remove existing tissue in an attempt to create free air flow. These invasive surgical procedures have limited or unpredictable clinical benefit, are irreversible, and can be extremely painful.

We believe that there continues to be both an urgent clinical need and a strong market opportunity for an alternative to CPAP that is effective and minimally invasive. Data shows that patients with CPAP intolerant OSA have a higher risk for mortality than patients with CPAP-tolerant OSA and higher healthcare utilization rates based on increased cardiovascular health risks. Two recent findings published in 2022 from Medicare and the French national healthcare insurance databases have demonstrated, in large national cohorts, risks of CPAP intolerance. Specifically, Medicare patients with CPAP intolerance had higher risks of new cardiovascular events than those who were adherent. Similarly, the French national reimbursement database showed that in over 176,000 patients, CPAP non-adherent patients had a higher risk for mortality and new onset of heart failure than those who were adherent. These findings show the urgency of treating CPAP-intolerant OSA to improve patient outcomes and potentially reduce healthcare utilization.

Inspire therapy is an innovative, closed-loop, minimally invasive solution designed to provide comfort and convenience, and which results in high compliance for patients with moderate to severe OSA. Once implanted, the Inspire system delivers electrical stimulation that causes a slight forward movement of the back of the tongue, which helps to maintain an open airway, enabling the patient to inhale freely without interruption. We believe our Inspire therapy provides the following benefits:

- **Safe, effective, and durable treatment** supported by compelling clinical data, including long-term efficacy results out to five years from initial treatment.
- **Closed-loop system** that uses a proprietary algorithm to continuously monitor patients' breathing and provide electrical stimulation during the inspiratory phase.
- **Comfortable and convenient therapy resulting in high patient satisfaction** that was reported to be 90% in patients who were followed an average of 12 months from initial treatment, according to the most recent publication of our ongoing global patient registry.
- **Strong patient compliance**, with 80% of patients reporting continued nightly use through five years from initial treatment in our Stimulation Therapy for Apnea Reduction ("STAR") trial.
- **Minimally invasive outpatient procedure** with short recovery time.
- **Long-lasting solution** with a battery designed to last approximately 11 years without charging or maintenance.

The results from multiple clinical studies, which include seven sponsored and more than 100 independent clinical studies that evaluated several thousand patients, have shown that our Inspire therapy provides statistically significant and sustained reduction in the severity of patients' OSA, improvement in sleep-related quality of life and reduction in snoring, as well as high patient compliance rates and a strong safety profile.

Our pivotal STAR trial was designed to demonstrate longitudinal therapy efficacy and included a randomized controlled therapy withdrawal study. The longitudinal study demonstrated an approximately 70% reduction in the median AHI in patients with moderate to severe OSA from a baseline of 29.3 events per hour to 9.0 events per hour at 12 months following initial treatment. STAR trial follow-up has shown results similar to the initial data at 18 months, three years, and five years following initial treatment. At five years, median AHI in patients with moderate to severe OSA remained low at 6.2 events per hour. The effectiveness of Inspire therapy was further demonstrated by the results of the randomized controlled therapy withdrawal study, in which patients in the therapy withdrawal group regressed to near-baseline AHI levels while patients in the control group that continued therapy experienced sustained therapeutic benefits.

In addition to the STAR trial, we have established a global real-world patient registry ("ADHERE") to collect data on safety, effectiveness, weekly usage, overall compliance, and satisfaction from patients who have been implanted with an Inspire system for one year after implant. The target enrollment of 5,000 patients was achieved in 2024 and patient follow-up is ongoing. For more details on ADHERE, please see the section titled "Clinical Results and Studies—ADHERE Patient Registry" below.

We sell our Inspire system to hospitals and ambulatory surgery centers ("ASCs") in the U.S. and in select countries in Europe through a direct sales organization, and we sell our Inspire system in Japan and Singapore through distributors. As of December 31, 2024, we had 335 sales territories in the U.S. and 25 outside of the U.S. Our direct sales force engages in sales efforts and promotional activities focused on ENT physicians, and sleep centers. In addition, we highlight our compelling clinical data and value proposition to increase awareness and adoption amongst referring physicians. We build upon this top-down approach with strong direct-to-consumer marketing initiatives to create awareness of the benefits of our Inspire system and drive demand through patient empowerment. This outreach helps to educate thousands of patients on our Inspire therapy.

Our U.S. customers are generally reimbursed for the cost of patient treatment by various third-party payors, such as commercial insurance providers and Medicare. We have secured positive coverage policies with many U.S. commercial payors, including all large national commercial insurers, encompassing approximately 260 million covered lives in the U.S. We are in active discussions with regional commercial insurers to establish additional positive coverage policies, as well as modify existing positive coverage policies to support reimbursement of Inspire therapy. In parallel, a subset of our market access team, which we refer to as our prior authorization team, is focused on assisting patients and physicians in obtaining prior authorization approvals from commercial payors on a case-by-case basis in advance of treatment with our Inspire therapy. In addition, all seven Medicare

Administrative Contractors ("MACs") provide coverage of Inspire therapy when certain medical necessity criteria are met. We also have a U.S. government contract for patients who are treated by the Veterans Health Administration.

Reimbursement in other countries can often be established through a combination of private (commercial insurance) and public funding sources, or at the hospital level through innovation budgets.

Our Competitive Strengths

We believe the continued growth of our company will be driven by the following competitive strengths:

- **First to market with an innovative, closed-loop, minimally invasive solution.** We have developed the first and only FDA-approved neurostimulation technology that provides a safe and effective treatment for patients with moderate to severe OSA who have been confirmed to fail or cannot tolerate PAP treatments, such as CPAP. We received a PMA from the FDA in 2014 for our Inspire therapy. Unlike CPAP, which is limited by low patient compliance primarily due to patient discomfort with the mask or device, our innovative, closed-loop, minimally invasive solution is designed to provide comfort and convenience, resulting in high compliance for patients with moderate to severe OSA. We believe we have a significant first mover advantage and momentum over future competitors, as physicians have treated more than 90,000 patients with Inspire therapy.
- **Significant body of strong clinical data.** We have developed a significant body of clinical data that demonstrates the safety and effectiveness, therapy adherence, and long-term sustained benefits of our Inspire therapy. The benefits of treatment with Inspire therapy have been consistent across seven sponsored and more than 100 independent clinical studies that evaluated several thousand patients and have been highlighted in more than 350 peer-reviewed publications. Data reported in these clinical studies also demonstrated a high level of overall patient satisfaction. We believe this favorable data provides us with a significant competitive advantage and will continue to support increased adoption of our Inspire therapy.
- **Holistic and targeted approach to market development and patient engagement.** We have established a methodical approach to market development which centers on active engagement across three key stakeholders in the OSA treatment paradigm: physicians, sleep centers, and patients. Our sales force is focused on building long-lasting relationships with ENT physicians and sleep centers as we support physicians through all aspects of a case—from diagnosis to surgical support to patient follow-up. In addition, we are highlighting our compelling clinical data set and value proposition to increase awareness and adoption amongst referring physicians. We build upon this top-down approach with a strong direct-to-consumer marketing initiative that further drives demand through patient empowerment. This outreach helps to educate thousands of patients on our Inspire therapy. Our patient call center, the Advisor Care Program, assists patients with making a connection with a qualified healthcare provider based on their specific needs. We are confident that this holistic approach to engagement across multiple constituents will continue to drive increased awareness of and demand for our Inspire therapy.
- **Dedicated team focused on providing market access for patients and providers.** We have a refined, efficient approach to advance patients, once identified, to placement of the Inspire system. When required, our dedicated prior authorization team helps patients and providers work with commercial payors to secure prior authorization approvals in advance of initial treatment. In addition, by highlighting the compelling clinical data and the value of our Inspire therapy, the market access team proactively works with payors to establish positive coverage policies where needed and update policies to match the FDA criteria where a policy already exists. This highly effective team has been successful in helping providers and patients to secure reimbursement from hundreds of commercial payors to date, and positive coverage policies from most U.S. commercial payors, including all large national payors.
- **Strong research and development capabilities and comprehensive intellectual property portfolio.** Our commitment to driving innovation has allowed us to achieve continuous, significant improvements of our Inspire therapy. For example, in 2024, we received approval from the FDA for our next generation

Inspire system, which we expect to fully launch in the U.S. in 2025. We have a comprehensive patent portfolio to protect our intellectual property and technology, with rights as of December 31, 2024 to 98 issued U.S. patents, 72 issued foreign patents, 67 pending U.S. patent applications, and 69 pending foreign patent applications that cover aspects of our Inspire system and future product concepts.

Our Strategy

Our goal is to be a global leader in providing clinically proven innovative solutions that improve sleep, quality of life, and health of patients with moderate to severe OSA. We believe the following strategies will play a critical role in achieving this goal and our future growth:

- **Foster strong and consistent patient outcomes.** Patient outcomes remain the single most important focus for Inspire as we scale our business, and we have a dedicated patient outcomes team furthering this mission. Our Surgical Implant Trainers are tasked with conducting physician trainings and proctoring implants. Care Pathway Specialists develop and promote consistent post-implant care protocols. Our team of Sleep Support Specialists educate and oversee local sleep lab titrations. We believe these teams are critical to ensuring that outcomes continue to improve even as implant volumes increase around the world.
- **Improve the customer experience.** We believe that by enhancing interconnectivity, simplifying the care pathway, and closely tracking outcomes, we can optimize the customer experience and improve therapy adherence. We have invested in initiatives that we believe will drive higher quality patient flow to reduce time to treatment and increase the capacity of providers to treat and manage more patients. We expect that this will allow patients and health care providers to more efficiently realize the proven benefits of Inspire therapy. We also continue to invest in our SleepSync™ platform, a cloud-based patient management system which allows patients and physicians alike to remotely monitor key compliance and outcomes measures for connected and coordinated care management, thereby optimizing therapy.
- **Promote awareness of and reliance on Inspire therapy among patients, ENT physicians, sleep centers, and referring physicians.** We believe that many patients who have failed or cannot tolerate CPAP are unaware of our Inspire therapy as a safe and effective alternative treatment for moderate to severe OSA. We intend to continue to promote awareness of our therapy through training and educating ENT physicians, sleep centers, key opinion leaders, and various medical societies on the proven clinical benefits of Inspire therapy. In addition, we intend to continue to publish additional clinical data in various industry and scientific journals and online, and to present at various industry conferences. We also plan to continue building patient awareness through our direct-to-consumer marketing initiatives, which include paid online search, radio, social media, television, and online videos.
- **Expand our sales and marketing organization to facilitate adoption of our Inspire therapy.** We plan to continue to expand our sales and marketing organization and seek to recruit and train exceptionally talented sales representatives in existing and new markets to help facilitate further adoption and broaden awareness of our Inspire therapy. Our success to date in developing new markets has been primarily due to our ability to identify new regions with high volume medical centers, educate ENT and sleep physicians, help generate steady patient demand, and provide sufficient support staff to our sales representatives. We believe investing in a scalable, efficient direct sales force and continuing the development of our marketing efforts will help us broaden adoption of our Inspire therapy and drive revenue growth.
- **Drive an increase in utilization of Inspire therapy at established centers.** In addition to continuing to expand our footprint more broadly, we will also focus on building stronger and deeper relationships with customers. We have extensive learnings through our years of pioneering our hypoglossal nerve stimulation therapy, which we intend to use to educate providers on strategies that allow them to improve their identification and potential treatment of moderate-severe OSA patients.
- **Invest in research and development to drive innovation and expand indications.** Our foundational commitment to driving innovation and improving patient lives fuels our desire for continuous product

development. We intend to invest in existing and next generation technologies to further improve our products and clinical outcomes, optimize patient acceptance and comfort, and broaden the patient population that can benefit from our Inspire therapy. Recent examples of our product innovation include the next generation of the Inspire system and our SleepSync™ programmer as discussed above. We have launched a cloud-based patient management system called the SleepSync™ platform (formerly referred to as Inspire Cloud), which allows physicians to monitor patient compliance and more efficiently coordinate patient care, and the Inspire Sleep app for patients' smartphones. A recent example of our efforts to expand our label indications for the Inspire system include obtaining FDA approval in 2023 to offer Inspire therapy to certain pediatric patients with Down syndrome. Additionally in 2023, we received approval from the FDA on an expanded indication which includes an increase on the upper limit of the AHI to 100 events per hour from 65 and raises the BMI warning in the labeling to 40 from 32.

- **Further penetrate and expand into existing and new international markets.** We plan to continue to establish and strengthen our presence internationally. Our goal is to further increase sales of our Inspire therapy in existing international markets in Europe, including Germany, France, and the Netherlands, and in the Asia Pacific region, including Japan, Singapore, and Hong Kong. We also plan to expand our reach to markets in new regions, such as Thailand and South Korea. We plan to strategically invest in new markets based on our assessment of market size and opportunity and prospects for compelling reimbursement coding and coverage.

Our Solution for OSA

Overview of Inspire Therapy

Our proprietary Inspire system is the first and only FDA-approved closed-loop neurostimulation technology that provides a safe and effective treatment for patients with moderate to severe OSA. Both our Inspire IV and Inspire V systems consist of a remote control and the following implantable components (except as otherwise noted):

- in the Inspire IV system, a pressure sensing lead, which detects when the patient is attempting to breathe;
- a neurostimulator, which houses the electronics, battery power for the device, and, as to the Inspire V system, a respiratory sensor; and
- a stimulation lead, which delivers electrical stimulation to the hypoglossal nerve.

A respiratory sensor is used to monitor the patient's breathing. Our proprietary algorithm tracks breathing patterns and the neurostimulator delivers electrical stimulation at the start of inspiration. This electrical stimulation of the hypoglossal nerve causes a slight forward movement of the back of the tongue that helps maintain an open airway, thereby preventing obstructive events and enabling the patient to inhale freely.

To receive the Inspire system, patients undergo a short outpatient surgical procedure, typically lasting about 90 minutes, during which the neurostimulator, sensing lead, and stimulation lead are implanted. The procedure is minimally invasive and performed with two small incisions. Patients typically recover quickly and are able to resume normal activities in just a few days. Initial activation of the system occurs 30 days after the implantation. After the initial activation, the patient is instructed to use the therapy each night by turning on their Inspire system before going to sleep using their remote control.

Patients turn their Inspire system on when they plan to go to sleep and turn it off when they awaken. The device has a programmed delay, typically 30 minutes, to allow patients to fall asleep naturally before the device activates. It then monitors the patient's breathing and delivers mild stimulation to the hypoglossal nerve at the start of the inspiratory phase, causing a slight forward movement at the back of the tongue to maintain an open airway during the inspiratory phase of respiration. The therapy is designed to provide stimulation for each breath to prevent obstructive events.

The effectiveness of Inspire therapy to relieve OSA is objectively measured during a sleep study or polysomnogram. A sleep study records a patient's breathing, airflow, and blood oxygen levels before and after

activating the device. Before activation, the patient experiences multiple periods of interrupted breathing, and oxygen levels repeatedly drop before the patient experiences a transient arousal that allows air intake.

Benefits of Inspire Therapy

We believe our Inspire therapy overcomes many of the limitations of PAP and other current treatments of moderate to severe OSA by providing the following key benefits:

- **Safe, effective, and durable treatment.** Results from our clinical studies provide compelling safety and efficacy data regarding the clinical benefits of Inspire therapy as many as five years after initial treatment. The results from our STAR trial, a five-year follow-up phase III pivotal trial, demonstrated an approximately 70% reduction in the median AHI from a baseline of 29.3 events per hour to 9.0 events per hour at 12 months following initial treatment. STAR trial follow-up has shown similar results to the initial data at 18 months, three years, and five years. At five years, median AHI remained low at 6.2 events per hour. The results from our ADHERE patient registry also reflect similar median AHI reductions to the STAR trial in a real-world setting.
- **Closed-loop system.** The Inspire system uses proprietary algorithms to continuously monitor a patient's breathing and provide electrical stimulation during the inspiratory phase, working with the body's natural actions to keep the airway open during the breathing cycle.
- **Comfortable and convenient therapy resulting in high patient satisfaction.** Data reported in the most recent publication of our ongoing ADHERE patient registry demonstrated that patients used Inspire therapy an average of 5.7 hours per night an average of 12 months after initial treatment, with overall patient satisfaction reported to be at 90%.
- **Strong patient compliance.** Results from our STAR trial demonstrated that 80% of patients continue to use Inspire therapy on a nightly basis five years after initial treatment.
- **Similar outcomes and usage as CPAP.** Several independent clinical studies demonstrating Inspire therapy has similar improvements in symptoms, and similar nightly usage as CPAP.
- **Minimally invasive outpatient procedure.** The Inspire system's implantable components are placed during an approximately 90-minute outpatient procedure. The procedure is minimally invasive and performed with two small incisions. Patients typically recover quickly and are able to resume normal activities within a few days.
- **Long-lasting solution.** Our Inspire system uses a battery designed to last approximately 11 years without charging or maintenance.

Commercialization of Inspire Therapy

In the U.S., we obtained PMA for our Inspire system in 2014. Additionally, we received a certificate of conformity for commercialization of our Inspire system in the EU in 2010 which allowed us to affix the European Conformity ("CE") mark on our device. Japan's MLHW approved Inspire therapy to treat moderate to severe OSA in 2018 and was formally added to the Japan National Health Insurance Payment Listing in 2021. Reimbursement in Singapore is handled through hospital innovation budgets or private health insurance sources.

To commercialize our Inspire system, we focus on physician and patient awareness and adoption of our Inspire therapy. To achieve this, our commercialization strategy primarily consists of our direct sales force engaging in sales efforts and promotional activities focused on ENT physicians and sleep centers and highlighting our compelling clinical data and value proposition. Our direct sales force utilizes strong direct-to-consumer marketing initiatives to create awareness of the benefits of our Inspire system. We intend to make significant investments building our sales and marketing organization by increasing the number of U.S. sales representatives and continuing our direct-to-consumer marketing efforts in existing and new markets throughout the U.S. and Europe.

In Singapore and Hong Kong, our commercialization approach is through exclusive distribution partners, who are responsible for local sales and promotional activities focused on ENT physicians, sleep centers, and community awareness. We work closely with the distributors to ensure a globally consistent approach and effective employee and customer training are in place.

In addition, a significant part of our commercialization effort consists of supporting our customers through the reimbursement process. Most commercial U.S. insurers now cover Inspire therapy. For those commercial payors that do not have a positive policy, Inspire provides assistance to patients and physicians on a case-by-case basis to help support appropriate prior authorization approvals in advance of treatment. Medicare also has positive coverage for all states, and we have a U.S. government contract for patients who are treated by the Veterans Health Administration.

Treatment with Inspire Therapy

Patient Selection

Inspire therapy is indicated for patients with moderate to severe OSA (AHI of 15 to 100) who do not have significant central sleep apnea and do not have a complete concentric collapse of the airway at the soft palate level. Patients undergo a drug-induced sleep endoscopy ("DISE") performed by an ENT surgeon in order to confirm that they satisfy this anatomical requirement. In addition, patients in the U.S. and Japan must have been confirmed to fail or be unable to tolerate PAP treatments, such as CPAP, and be 18 years of age or older, though there are no similar requirements for patients in Europe. Patients who fail PAP are those that are not able to eliminate moderate to severe OSA despite PAP usage. Patients who cannot tolerate PAP treatments are those who either are unable to use PAP more than five nights per week for at least four hours per night, or who are unwilling to use PAP treatment.

Implantation

The Inspire system is implanted under general anesthesia through two small incisions. One incision is under the lower jaw, where the stimulation lead is attached around a distal branch of the hypoglossal nerve that is responsible for forward movement of the tongue. A second incision in the upper right chest below the clavicle is used to implant the neurostimulator, which houses all the electronics and battery power for the device, and a pressure sensing lead to monitor the breathing cycle. The functionality of the Inspire system is tested in the operating room to verify proper placement of the stimulation and pressure sensing leads. The wires for the electrodes are tunneled under the skin and the incisions are closed. The Inspire system is powered by an internal battery that is designed to last approximately 11 years without needing to be recharged. After this time, the neurostimulator is replaced during a simple outpatient procedure.

The implantation procedure is performed in an outpatient setting and surgery is completed in approximately 90 minutes. Patients may experience mild discomfort and swelling at the incision sites for a few days that is usually managed with over-the-counter pain medications. Patients can return home and resume a normal diet shortly after completion of the procedure and resume most daily activities within a few days. The only restriction on their activity is to avoid strenuous activities until the incisions have had time to heal.

Activation

Patients are allowed to heal for a month before the Inspire system is activated through a wireless connection to the device in the clinician's office. The initial activation is performed by the clinician using a programming tablet that is able to turn the system on as well as change various parameters such as the strength, timing, and duration of the stimulation pulse, the stimulating electrode configuration, and the sensitivity of respiration detection. With the exception of pulse strength, the factory default settings are used in the majority of patients. The pulse strength is initially adjusted to the lowest level required to move the tongue forward.

Patients receive a remote control that they use to turn their Inspire system on when they plan to go to sleep and to turn it off when they awaken. The device has a programmed delay, typically 30 minutes, to allow patients to fall asleep naturally before the device activates. It then delivers mild stimulation to the hypoglossal nerve, causing the

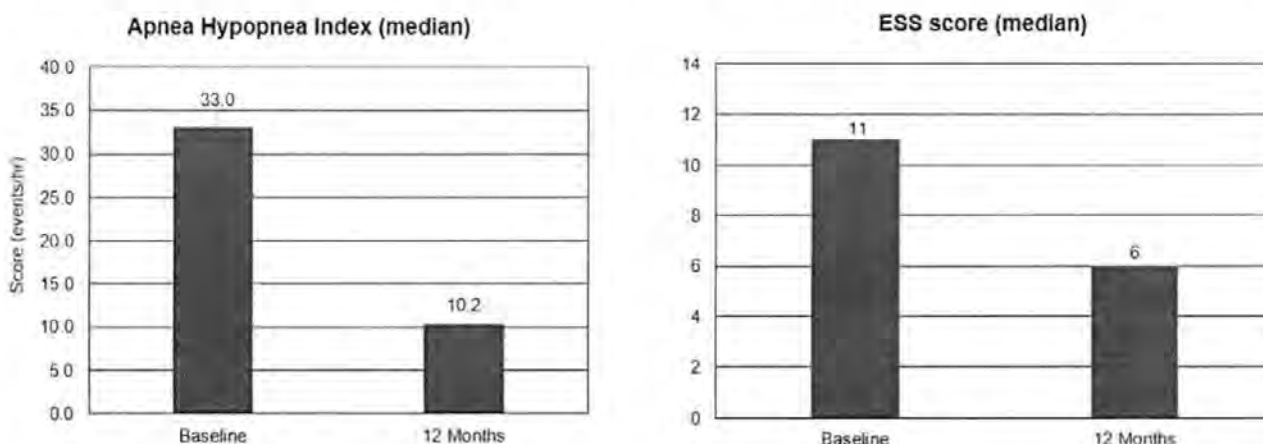
tongue to move as the patient is inhaling. The remote enables patients to adjust the strength of the stimulation to optimize their therapy and comfort. The range of control given to patients is limited to avoid setting the strength of the stimulation to an ineffective or excessively high level. Patients also have the ability to temporarily pause therapy if they awaken during the night.

Clinical Results and Studies

A significant body of published clinical evidence, which includes seven sponsored and more than 100 independent clinical studies that evaluated several thousand patients, supports the safety and effectiveness of Inspire therapy. The results of the STAR trial, our phase III pivotal clinical trial that served as the basis for the FDA approval of our PMA application, were published in the *New England Journal of Medicine*, and the results of additional clinical studies have been published in more than 350 peer-reviewed publications.

ADHERE Patient Registry

We have established a global patient registry, which we refer to as our ADHERE patient registry, to collect data on safety, effectiveness, weekly usage, overall compliance, and satisfaction from patients who have been implanted with an Inspire system for one year after Inspire implant. The target enrollment of 5,000 patients was achieved in 2024. The most recent analysis, published in the *Journal of Clinical Sleep Medicine* in 2022 on 1,963 patients enrolled, showed that patients used Inspire therapy an average of 5.7 hours per night when measured an average of 12 months after implantation. Median AHI was reduced from 33.0 events per hour to 10.2 events per hour and median ESS score improved from 11 to 6 over the same period. Overall satisfaction with Inspire therapy was reported by patients to be 90%, with 92% of patients reporting that they would choose the procedure again. In addition, 91% of patients reported a better experience than CPAP. This same study demonstrated comparable outcomes across five disease severity groups.



Select Recent Clinical Results and Studies

Meta-analysis showed Inspire therapy has been effective over time

Dr. Do Hyun Kim and colleagues published a meta-analysis of hypoglossal nerve stimulation therapy effectiveness in 2024 in *Otolaryngology–Head and Neck Surgery*. Meta-analysis is a statistical method to estimate effect size across data from high quality publications, i.e. a "study of studies", and can identify potential trends and consistency across a body of data. They identified 44 studies (total of 8,670 patients) of sufficient quality for inclusion. For 12 month follow up, they found that 82% of patients evaluated in this publication had an AHI<15 and a success rate of 80%, where success was defined as the patient's residual AHI is no greater than half of the baseline AHI, and is also no greater than 20. A similar trend was reported for three year follow up at which 74% of patients had an AHI<15 and a success rate of 73%. The authors concluded that hypoglossal nerve stimulation is an effective treatment for obstructive sleep apnea that can significantly improve clinical outcomes over long-term

(three year) follow up. We note that this meta-analysis included publications using other devices, but most of the data was from Inspire therapy patients.

Meta-analysis showed Inspire therapy is an effective alternative to other airway surgeries

Dr. Kim and colleagues published another meta-analysis in the *Journal of Sleep Research* in 2024 of papers that compared hypoglossal nerve stimulation outcomes to outcomes either from no treatment or from other airway surgeries (e.g., uvulopalatopharyngoplasty). They identified ten papers (nine of which included only Inspire therapy patients) that met inclusion criteria for a total of 2,209 patients in the analysis. Among their findings: compared to airway surgeries and to PAP therapy, hypoglossal nerve stimulation therapy had higher rate of patients achieving AHI<15. Analysis also showed that the hypoglossal nerve stimulation therapy success rate was higher than the success rate from all other evaluated airway surgeries. Success was defined as residual AHI no greater than 20 and no greater than half of the baseline AHI. The results of this meta-analysis suggest that hypoglossal nerve stimulation has shown results comparable to those evaluating PAP, and potentially superior to other airway surgeries, in reducing AHI, and that all therapies have demonstrated similar effectiveness in reducing daytime sleepiness. The authors conclude that hypoglossal nerve stimulation could be an effective treatment for moderate to severe obstructive sleep apnea patients who are intolerant of PAP.

Post market surveillance data support the safety of Inspire therapy

Inspire partnered with implanting surgeons and sleep physicians to publish an analysis of Inspire's post-market surveillance data in 2024 in the *Journal of Clinical Sleep Medicine*. Medical device manufacturers are mandated by government regulations to collect and monitor adverse events such as surgical revisions or device explants. Precise estimates of revision and explant rates were calculated by combining the post-market surveillance data with corresponding sales volume. Of 20,881 Inspire therapy devices implanted at least one year prior to the analysis, 151 devices (0.7%) were explanted and 322 devices (1.5%) required a surgical revision procedure within a year of the implant. A subset of 5,820 of these devices were implanted three years prior to the analysis, of which 156 devices (2.7%) were explanted, and 207 devices (3.6%) required a revision procedure between one and three years after implant.

Sales and Marketing

We have established a methodical approach to market development which centers on active engagement across three key stakeholders in the OSA treatment paradigm: patients, physicians, and sleep centers.

We sell our Inspire system through a direct sales force that primarily targets ENT physicians and sleep centers in the U.S., Europe, and Japan, and through distributors in Singapore and Hong Kong. The implant procedure for our Inspire therapy is typically performed by an ENT physician or in some cases by a neurosurgeon. We also focus on sleep centers because they diagnose and manage large volumes of patients with sleep apnea and are often an important referral base for ENT physicians. In addition, because OSA is sometimes diagnosed during other procedures, we have developed programs to help educate general practitioners and specialists in other fields, such as cardiovascular surgeons, electrophysiologists, and dentists, regarding our Inspire therapy.

We have 335 sales territories in the U.S. and 25 outside of the U.S. We seek to recruit sales representatives with strong sales backgrounds, direct experience developing markets with new technologies, and core knowledge of medical device coding, reimbursement, and the prior authorization process. In certain Asian markets, we rely on our distribution partners for local sales and promotional activities.

We believe that direct patient education is essential to our ability to become a mainstay therapy which is why we intentionally invest in a robust direct-to-consumer marketing program. We reach patients through national TV (both linear and streaming), Facebook, Google, and other high-performing digital channels. Our goal is to ensure that all eligible OSA patients are aware of the therapy, can learn more on our website, and get connected with a doctor in their area to see if the therapy is right for them. We believe that our direct-to-consumer program continues to be highly effective in driving patient engagement and conversion.

We also have the Inspire Sleep app for patients' smartphones. This app is an educational tool for patients and also interfaces with our SleepSync™ platform to allow physicians to collect clinical data from patients directly. We continue to enhance the functionality of this app as part of our overall digital platform development.

Commercial Activities Outside of the U.S.

Our general practice is to limit commercial investments in countries until such time as there is a determined reimbursement pathway. We have 25 sales territories in Europe and Japan, and we sell our products through distributors in Singapore and Hong Kong. We provide consistent training in geographies outside of the U.S. as is conducted in the U.S. and have established a support team in Europe and Japan for patient outreach and education, implant support, and device programming. In Singapore and Hong Kong, we assist our distribution partners with patient outreach and education initiatives. We expect to continue to scale our commercial activities in Europe as we continue to develop country-wide reimbursement in additional markets. We also have regulatory approval in Thailand and are currently pursuing regulatory approval in Korea.

Third-Party Reimbursement

Our market access team is responsible for all of our reimbursement processes and initiatives. Our team of professionals are focused on all key aspects of reimbursement, which include coding, payment, coverage, and prior authorization.

Coding and Payment

In the U.S., we sell our products to hospitals and ASCs. These customers in turn bill various third-party payors, such as commercial payors and Medicare, for the cost required to treat each patient.

Third-party payors require physicians and hospitals to identify the service for which they are seeking reimbursement by using Current Procedural Terminology ("CPT") codes, which are created and maintained by the American Medical Association. The procedures performed to implant, revise, or explant our Inspire IV device are described for billing purposes using Category I CPT codes (64582, 64583, and 64584, respectively) to identify hypoglossal nerve stimulator services. A Category I code (42975) is used for DISE, which may be a necessary procedure to determine which patients are appropriate for Inspire therapy.

Physician reimbursement under Medicare is based on a defined fee schedule, the Medicare Physician Fee Schedule, through which payment amounts are determined by the relative values of the professional service rendered. Medicare provides reimbursement to our hospital and ASC customers under the outpatient prospective payment system and ASC prospective payment system, respectively, which provide bundled amounts generally intended to reimburse the hospital or ASC for all facility costs related to procedures performed in the outpatient setting.

Reimbursement rates from commercial payors vary depending on the procedure performed, the commercial payor, contract terms, and other factors.

Commercial Payor and Government Program Coverage

A core pillar of our reimbursement strategy involves broadening our third-party payor coverage when possible. We continue to have active discussions with commercial payors to establish new and modify existing positive coverage policies by highlighting our compelling and robust clinical data, increased patient demand, and support from leading medical societies and key opinion leaders. We have been successful in helping our customers and patients pursue prior authorization approvals from most commercial payors for the Inspire device and procedure. Historically, commercial payors, including Medicare Advantage plans, cover approximately 65% to 70% of Inspire implants in the U.S. We estimate that the majority of patients who meet the FDA-approved indication for Inspire therapy are covered by commercial insurance companies and we have secured coverage policies with all major national commercial payors.

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Wholesaler Application

Non-Refundable \$1,000 Fee

Rev (05/12/2022)

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>Inspire Medical Systems, Inc.</u>		
Physical Address: <u>6105 Golden Hills Dr, Suite 100</u>		
City: <u>Golden Valley</u> State: <u>MN</u> Zip: <u>55416</u>		
Mailing Address (if different from physical address): _____		
City: _____ State: _____ Zip: _____		
Telephone: <u>763-205-7972</u> Website: <u>https://www.inspiresleep.com/en-us/</u>		
Name of Designated Representative (DR): <u>Blake Johnson</u>		
Licensing Company Email: _____ DR Email: <u>BlakeJohnson@inspiresleep.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: _____	City: _____	State: _____	Zip: _____
Address: _____	City: _____	State: _____	Zip: _____
Name: _____	City: _____	State: _____	Zip: _____
Address: _____	City: _____	State: _____	Zip: _____
Name: _____	City: _____	State: _____	Zip: _____
Address: _____	City: _____	State: _____	Zip: _____
Name: _____	City: _____	State: _____	Zip: _____
Address: _____	City: _____	State: _____	Zip: _____

Section 4: Publicly Traded Corporation

State of Incorporation: <u>Delaware</u>		
Parent Company (if any): <u>N/A</u>		
Corporation Name: <u>Inspire Medical Systems, Inc.</u>		
Mailing Address: <u>5500 Wayzata Blvd., Suite 1600</u>		
City: <u>Golden Valley</u>	State: <u>MN</u>	Zip: <u>55416</u>
Telephone: <u>763-205-7973</u>	Email: <u>BlakeJohnson@inspiresleep.com</u>	
Contact Person Name: <u>Blake Johnson</u>		
Date of SEC Registration: <u>5/3/2018</u>	SEC Registration Number: <u>1609550</u>	Stock Exchange Symbol: <u>INSP</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:		✓
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. 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.

Inspire Medical Systems, Inc.

Facility Name

Blake Johnson

Print Name of Authorized Person Submitting Application



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

17 July 2025

Date

Board Use Only

Date Received:

7/29/25

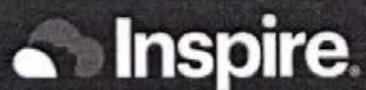
Amount:

\$1000.00 033676

**INSPIRE MEDICAL SYSTEMS, INC.
LIST OF DIRECTORS AND CORPORATE OFFICERS**

Name of Director	Title
Timothy P. Herbert	Chairman, President and Chief Executive Officer
Shelley G. Broader	Director
Cynthia B. Burks	Director
Myriam J. Curet, M.D.	Director
Gary L. Ellis	Director
Georgia Garinois-Melenikiotou	Director
Shawn T. McCormick	Director
Dana G. Mead, Jr.	Director
Casey M. Tansey	Director
Richard Buchholz	Chief Financial Officer
Carlton Weatherby	Chief Strategy and Growth Officer
Jason Kelly	Chief Manufacturing and Quality Officer
Randall Ban	Executive Vice President, Patient Access and Therapy Development
Bryan Phillips	Senior Vice President General Counsel, Chief Compliance Officer and Corporate Secretary
John Rondoni	Chief Technology Officer
Melissa Mann	Chief People Officer

2024



Proxy Statement

and Notice of Annual Meeting

Celebrating
50,000
patients treated with
Inspire® therapy



TABLE OF CONTENTS



STOCK OWNERSHIP

Name of Beneficial Owner	Number of Shares Beneficially Owned	Percentage of Shares Beneficially Owned
Holders of More than 5%:		
FMR LLC ⁽¹⁾	3,257,544	10.8%
The Vanguard Group ⁽²⁾	2,931,469	9.7%
BlackRock, Inc. ⁽³⁾	1,800,118	5.9%
Named executive officers and directors:		
Timothy P. Herbert ⁽⁴⁾	547,328	1.8%
Marilyn Carlson Nelson ⁽⁵⁾	92,691	*
Richard J. Buchholz ⁽⁶⁾	91,167	*
Randall A. Ban ⁽⁷⁾	88,408	*
Shawn T. McCormick ⁽⁸⁾	54,008	*
Philip J. Ebeling ⁽⁹⁾	53,573	*
Dana G. Mead, Jr. ⁽¹⁰⁾	48,453	*
Casey M. Tansey ⁽¹¹⁾	48,266	*
Jerry C. Griffin, M.D. ⁽¹²⁾	22,636	*
Gary L. Ellis ⁽¹³⁾	14,414	*
Shelley G. Broader ⁽¹⁴⁾	7,051	*
Georgia Garinois-Melenikiotou ⁽¹⁵⁾	6,304	*
Cynthia B. Burks ⁽¹⁶⁾	1,277	*
Carleton W. Weatherby	2,694	*
Myriam J. Curet, M.D.	1,364	*
All executive officers and directors as a group (19 individuals) ⁽¹⁷⁾	1,236,277	4.1%

* Represents less than 1%.

- (1) Based on a Schedule 13G/A filed with the SEC on February 9, 2024 by FMR LLC and Abigail P. Johnson, which reflects that FMR LLC has sole voting and dispositive power with respect to 3,257,544 shares of our common stock and Abigail P. Johnson has sole dispositive power with respect to 3,257,544 shares of our common stock. Abigail P. Johnson is a Director, the Chairman and the Chief Executive Officer of FMR LLC. The address of FMR LLC and Abigail P. Johnson is 245 Summer St., Boston, MA 02210.
- (2) Based on a Schedule 13G/A filed with the SEC on February 13, 2024 by The Vanguard Group, which reflects that The Vanguard Group has shared voting power with respect to 12,359 shares, sole dispositive power with respect to 2,888,175 shares, and shared dispositive power with respect to 43,294 shares of our common stock. The address of The Vanguard Group is 100 Vanguard Blvd., Malvern, PA 19355.
- (3) Based on a Schedule 13G/A filed with the SEC on January 29, 2024, by BlackRock, Inc., which reflects that BlackRock, Inc. has sole voting power with respect to 1,725,819 shares of our common stock and sole dispositive power with respect to 1,800,118 shares of our common stock. The address of BlackRock, Inc. is 55 East 52nd Street, New York, NY 10055.
- (4) Includes for Mr. Herbert, (i) 219,839 shares of common stock held by trusts as to which Mr. Herbert may be deemed to have beneficial ownership, (ii) 117,658 shares of common stock held by an LLC as to which Mr. Herbert may be deemed to have beneficial ownership, and (iii) 200,591 shares of common stock underlying options currently exercisable or exercisable within 60 days of March 5, 2025. As of March 5, 2024, Mr. Herbert had pledged as collateral under a line of credit 127,911 shares of common stock, which was approved in accordance with our Insider Trading Compliance Policy.
- (5) Includes for Ms. Nelson, (i) 50,919 shares of common stock held by GDN Holdings, LLC ("GDN"), as to which Ms. Nelson is the managing member and (ii) 16,505 shares of common stock underlying stock options currently exercisable or exercisable within 60 days of March 5, 2024.
- (6) Includes for Mr. Buchholz, 44,221 shares of common stock underlying stock options currently exercisable or exercisable within 60 days of March 5, 2024. Does not include 1,225 shares of common stock held by his daughter as to which Mr. Buchholz disclaims beneficial ownership.
- (7) Includes for Mr. Ban, 85,213 shares of common stock underlying stock options currently exercisable or exercisable within 60 days of March 5, 2024. Does not include 166 shares of common stock held by his daughter as to which Mr. Ban disclaims beneficial ownership.
- (8) Includes for Mr. McCormick, (i) 3,000 shares of common stock held by a trust as to which Mr. McCormick serves as trustee and (ii) 38,821 shares of common stock underlying stock options currently exercisable or exercisable within 60 days of March 5, 2024.
- (9) Includes for Mr. Ebeling, 50,546 shares of common stock underlying stock options currently exercisable or exercisable within 60 days of March 5, 2024.

Delaware

The First State

Page 1

I, CHARUNI PATIBANDA-SANCHEZ, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "INSPIRE MEDICAL SYSTEMS, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FIFTH DAY OF MARCH, A.D. 2025.

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.



4433911 8300

SR# 20250939697

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

C. P. Sanchez

Charuni Patibanda-Sanchez, Secretary of State

Authentication: 203091549

Date: 03-05-25

0327

Inspire Medical Systems, Inc.
5500 Wayzata Blvd, Suite 1600 and 6105 Golden Hills Drive, Suite 100
Golden Valley, MN 55416

April 7, 2025

Katy Herman, JD, CCEP:

At this time the State of Minnesota does not regulate medical device companies (manufacturers or distributors) through either the Board of Pharmacy or any other health board or division. As there is no statutory reference to this, we provide the following related FAQ information from our official website:

<https://mn.gov/boards/pharmacy/resourcesfaqs/faqs/generalfaqs.isp>

Does your Board of Pharmacy license or register medical device or medical supply manufacturers, wholesale distributors, supplies or retailers?

The Board does not license or register companies that exclusively manufacture, distribute, supply or sell medical devices or supplies. If a company that handles medical devices or supplies also manufactures or distributes drugs, it must be licensed as a drug manufacturer or drug wholesaler. Exception if the drug is coated on or embedded in the device (e.g. drug-coated stents) and the resultant product is approved by the FDA as a device, the company does not have to be licensed as a manufacturer or wholesale distributor.

If you have any questions you or any jurisdiction your clients are seeking licensure in may reach out to me at the MN Board of Pharmacy.

Thank you,


Tim Litsey RPh
Pharmacy Surveyor

Minnesota Board of Pharmacy
335 Randolph Ave, Suite 230
Saint Paul, MN 55102
Office: 651-201-2825
Fax: 651-215-0951
Protecting the Public Since 1885 | mn.gov/boards/pharmacy

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

09/30/2025

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 CBIZ Insurance Services, Inc. 222 S 9th St. STE 1000 Minneapolis, MN 55402 763 549-2200		CONTACT NAME: Laurie Pflaster PHONE (A/C, No, Ext): 763 549-2231 FAX (A/C, No): E-MAIL ADDRESS: lpflaster@cbiz.com	
INSURED Inspire Medical Systems, Inc. 5500 Wayzata Boulevard Suite 1600 Golden Valley, MN 55416		INSURER(S) AFFORDING COVERAGE INSURER A: The Phoenix Insurance Company	NAIC # 25623
		INSURER B: Travelers Property Casualty Co of Ameri	25674
		INSURER C: Arch Specialty Insurance Company	21199
		INSURER D: St. Paul Mercury Insurance Company	24791
		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 GEN'L AGGREGATE LIMIT APPLIES PER: ☒ POLICY ☐ PRO-JECT ☐ LOC OTHER:		H6304F216451PHX25	03/01/2025	03/01/2026	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 ☒ HIRED AUTOS ONLY ☐ SCHEDULED AUTOS NON-OWNED AUTOS ONLY		BA6K64499325I2G	03/01/2025	03/01/2026	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 \$0		CUP9H74875A25I2	03/01/2025	03/01/2026	EACH OCCURRENCE \$10,000,000 AGGREGATE \$10,000,000 \$
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? ☒ N If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N/A	UB0K33806325I2G	03/01/2025	03/01/2026	☒ PER STATUTE ☐ OTH-ER E.L. EACH ACCIDENT \$500,000 E.L. DISEASE - EA EMPLOYEE \$500,000 E.L. DISEASE - POLICY LIMIT \$500,000
B	Product Liability		ZPP16N1311725I2	03/01/2025	03/01/2026	\$10M Agg / \$10M Occ
B	Cyber Liab & Professional Liab		ZPL81N5172625I2	03/01/2025	03/01/2026	\$10M Aggregate \$50k Ded

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

***CYBER EXCESS - INSURER C - POLICY #NPL200057102 - 03/01/2025 - 03/01/2026 - LIMIT: \$5,000,000 ***

Coverage also includes 6105 Golden Hills Drive, Suite 100, Minneapolis, MN 55416

CERTIFICATE HOLDER

CANCELLATION

Evidence of Coverage

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

CBIZ Insurance Services, Inc.

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 Inspire Medical Systems, Inc. MDEG License # (if applicable) _____
Physical Address 6105 Golden Hills Dr, Suite 100
City Golden Valley State MN Zip 55416
Mailing Address (if different from physical address) _____
City _____ State _____ Zip _____
Telephone (844) 672-4357 Website www.inspiresleep.com/en-us/
Licensing Company Email joelaaberg@inspiresleep.com

Section 2: Personal Information

First Blake Middle _____ Last Johnson
Alias(es, nicknames, name changes, etc.) _____
Date of Birth [REDACTED] SSN or ITIN [REDACTED] Sex ☒ M ☐ F ☐ X
Mailing Address 6105 GOLDEN HILLS DR
City GOLDEN VALLEY State MN Zip 55416
Telephone [REDACTED] Email joelaaberg@inspiresleep.com blakejohnson@inspiresleep.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	ST THOMAS UNIVERSITY		From - To (MM/YY - MM/YY)	9/97 - 5/02	
Address		City	ST PAUL	State	MN
Diploma/Degree obtained, if any	MBA				
School Name	PURDUE UNIVERSITY		From - To (MM/YY - MM/YY)		
Address		City	W. LAFAYETTE	State	IN
Diploma/Degree obtained, if any	BSME				
School Name	LIBERTYVILLE High School		From - To (MM/YY - MM/YY)	9/75 - 5/78	
Address	1	City	LIBERTYVILLE	State	IL
Diploma/Degree obtained, if any	High School Diploma				
School Name			From - To (MM/YY - MM/YY)		
Address		City		State	
Diploma/Degree obtained, if any					
School Name			From - To (MM/YY - MM/YY)		
Address		City		State	
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)	6/88 - PRESENT	City	PLYMOUTH	State	MN	Zip	
From - To (MM/YY - MM/YY)		City		State		Zip	
From - To (MM/YY - MM/YY)		City		State		Zip	
From - To (MM/YY - MM/YY)		City		State		Zip	
From - To (MM/YY - MM/YY)		City		State		Zip	
From - To (MM/YY - MM/YY)		City		State		Zip	
From - To (MM/YY - MM/YY)		City		State		Zip	
From - To (MM/YY - MM/YY)		City		State		Zip	
From - To (MM/YY - MM/YY)		City		State		Zip	
From - To (MM/YY - MM/YY)		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 INSTIRE Medical Systems		From - To (MM/YY - MM/YY) 2/11 → 5/25	
Business Address 6105 GOLDEN HILLS DR		City GOLDEN VALLEY	State MN
Phone 612-910-3871	Title VICE PRESIDENT OF OPERATIONS	Number of Employed Hours 28,000	
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			

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POSITION TITLE: Vice President, Regulatory Affairs**DEPARTMENT:** Regulatory

POSITION SUMMARY

This person works with multiple business functions to develop regulatory strategies for new products, therapies and changes to existing products and therapies. This person is responsible for regulatory compliance activities including pre-market progress reports, post-market progress reports, post-market medical device and vigilance reports, and geographic licensing and renewals (i.e. CE Mark, PMA approvals, etc.)

MAIN DUTIES/RESPONSIBILITIES

- ☐ Develop and maintain a regulatory department capable of:
 - Working with engineers, technical experts, and subject matter expert personnel to determine regulatory requirements and resolve potential regulatory issues and questions.
 - Prepare US and OUS submissions for new products, product changes and manufacturing process changes as required to ensure timely approvals for clinical studies and full commercialization releases.
 - Provide support to commercialized products as applicable. This includes label review, promotional material review, product and manufacturing changes, literature reviews and documentation for changes requiring various governmental approvals.
 - Provide post market expertise for both US Medical Device Report and European Vigilance report filings as well as product reporting support.
 - Review and approve design history file documents, device master record documents, ECOs and supplier change request records.
- ☐ Educates technical staff and management team on new or changing regulatory requirements.
- ☐ Provides new employee training and e-learning modules on regulatory subjects as required (i.e.; HIPAA, indications for use, promotional standards, etc.)
- ☐ Develops and maintains standard operating procedures as requested.
- ☐ Acts as Person Responsible for Regulatory Compliance (PRRC) under the European Medical Device Regulation as follows:
 - Technical documentation and the European Declaration of Conformity (DoC) are drawn up and kept up to date.
 - For European Investigational devices, issuing the statement referred to in section 4.1 of Chapter II of Annex XV (MDR) or Annex XIV (IVDR)

QUALITY SYSTEM RESPONSIBILITIES

- ☐ Documents product and therapy related field reports within the prescribed timelines and provides any necessary documents required to complete the investigation. Provides follow-up reporting as needed.
- ☐ Completes training requirements and competency confirmations as required for this position within the required timeline.
- ☐ Complies with applicable quality system procedures/policies and makes suggestions for continuous process improvement.
- ☐ Ensures all direct reports maintain training records that comply with applicable quality system requirements.

QUALIFICATIONS

Educational Requirements:

Required

Bachelor's degree

Preferred

Graduate degree in a relevant discipline

Required Experience:

- ☐ Minimum of 10 years' experience in the medical device or pharmaceutical industry
- ☐ Minimum of 7 years' experience in regulatory affairs
- ☐ Experience with IDE, PMA and CE Mark applications.

Preferred Experience:

- ☐ Experience negotiating directly with regulatory agencies at the management level
- ☐ Experience managing regulatory personnel

POSITION CLASSIFICATION

This position description is applicable to several classification levels which include the following titles:

- ☐ Vice President, Regulatory Affairs
- ☐ Sr. Vice President, Regulatory Affairs

Classification levels are determined based on achieving department goals and objectives, years of experience, years of service with the company and manager input.



POSITION DESCRIPTION

Document: PD-0500-00004

Document Version: 1

Document Title: Vice President, Regulatory Affairs

POSITION DESCRIPTION APPROVER(S)

Phil Ebeling COO	<i>Electronic signature and approval record are stored in the QMS</i>
<i>Hiring Manager</i>	<i>Signature</i>
Andrea Rasmussen VP, Quality	<i>Electronic signature and approval record are stored in the QMS</i>
<i>Quality Representative</i>	<i>Signature</i>
Erin Gilbertson Sr. Human Resource Generalist	<i>Electronic signature and approval record are stored in the QMS</i>
<i>Human Resources Representative</i>	<i>Signature</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			

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

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

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

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

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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)

JUNE 4, 2025
Date

I, Blake Johnson, certify that as the MDEG Administrator for
Inspire Medical Systems, Inc.,

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

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

Blake Johnson

Print Name (First, Last)


Original Signature (electronic, copies or stamps not accepted)

May 6, 2025
Date

Board Use Only

Date Received: 7/12/15



Inspire Medical Systems, Inc.

Listing of Nevada Employees as of June 17, 2025

No.	First Name	Last Name
1.	Michael	Marshall
2.	Sanjeev	Prasad
3.	Terrell	Hickmon
4.	Joel	Grace
5.	Eric	Gundry
6.	Joseph	Knapik
7.	Cheryl	Glickman
8.	Indiana	Gavlak

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, 2024

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: 001-38468



Inspire Medical Systems, Inc.

(Exact name of registrant as specified in its charter)

Delaware

26-1377674

(State or other jurisdiction of incorporation or organization)

(I.R.S. Employer Identification No.)

**5500 Wayzata Blvd., Suite 1600
Golden Valley, MN**

55416

(Address of principal executive offices)

(Zip Code)

Registrant's telephone number, including area code: **(844) 672-4357**

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

<u>Title of each class</u>	<u>Trading Symbol(s)</u>	<u>Name of exchange on which registered</u>
Common stock, \$0.001 par value	INSP	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 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 ☐
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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 ☒

As of June 28, 2024, the last business day of the registrant's most recently completed second fiscal quarter, the aggregate market value of the registrant's common stock held by non-affiliates was approximately \$3,929,568,386, based on the closing price of the registrant's common stock as reported on the New York Stock Exchange on such date.

As of February 3, 2025, the registrant had 29,669,407 shares of common stock, \$0.001 par value per share, outstanding.

DOCUMENTS INCORPORATED BY REFERENCE

Portions of the registrant's definitive proxy statement for its 2025 annual stockholders' meeting, which is to be filed within 120 days of the registrant's fiscal year ended December 31, 2024, are incorporated by reference into Part III of this Annual Report on Form 10-K.

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Forward-Looking Statements

This Annual Report on Form 10-K contains forward-looking statements within the meaning of the Private Securities Litigation Reform Act of 1995. We intend such forward-looking statements to be covered by the safe harbor provisions for forward-looking statements contained in Section 27A of the Securities Act of 1933, as amended (the "Securities Act") and Section 21E of the Securities Exchange Act of 1934, as amended (the "Exchange Act"). All statements other than statements of historical fact contained in this Annual Report on Form 10-K are forward-looking statements, including, without limitation, statements regarding our future results of operations and financial position, business strategy, the impact of macroeconomic trends on our business, financial results and financial position, prospective products, international product approvals and commercializations, our expectations regarding the final reimbursement levels for Inspire therapy procedures, research and development costs, timing and likelihood of success, other insurance providers' plans to begin approving our Inspire therapy, human capital initiatives, pay equity reviews, environmental, social, and governance reporting, our sales and marketing initiatives, potential supply chain disruptions, and the plans and objectives of management for future operations.

In some cases, you can identify forward-looking statements by terms such as "anticipate," "believe," "can," "continue," "could," "designed," "estimate," "expect," "forecast," "goal," "intend," "may," "might," "plan," "possible," "potential," "predict," "project," "should," "target," "will," "would," or the negative of these terms or other similar expressions, although not all forward-looking statements contain these words. The forward-looking statements in this Annual Report on Form 10-K are only predictions and are based largely on our current expectations and projections about future events and financial trends that we believe may affect our business, financial condition, and results of operations. These forward-looking statements speak only as of the date of this Annual Report on Form 10-K and are subject to a number of known and unknown risks, uncertainties and assumptions, including, but not limited to the factors described in "Part I, Item 1. Business," "Part I, Item 1A. Risk Factors," and "Part I, Item 2. Management's Discussion and Analysis of Financial Condition and Results of Operations" of this Annual Report on Form 10-K. Moreover, we operate in an evolving environment. New risk factors and uncertainties may emerge from time to time, and it is not possible for management to predict all risk factors and uncertainties.

Except as required by applicable law, we do not plan to publicly update or revise any forward-looking statements contained herein, whether as a result of any new information, future events, changed circumstances or otherwise.

Unless the context requires otherwise, references to "Inspire," the "Company," "we," "us," and "our," refer to Inspire Medical Systems, Inc.

Summary Risk Factors

Our business is subject to numerous risks and uncertainties, including those described in Part I, Item 1A. "Risk Factors" in this Annual Report on Form 10-K. You should carefully consider these risks and uncertainties when investing in our common stock. The principal risks and uncertainties affecting our business include the following:

- our history of operating losses and dependency on our Inspire system for revenues;
- commercial success and market acceptance of our Inspire therapy;
- our ability to achieve and maintain adequate levels of coverage or reimbursement for our Inspire system or any future products we may seek to commercialize;
- competitive companies, technologies and pharmaceuticals in our industry;
- our ability to expand our indications and develop and commercialize additional products and enhancements to our Inspire system;
- future results of operations, financial position, research and development costs, capital requirements, and our needs for additional financing;

- our ability to forecast customer demand for our Inspire system and manage our inventory;
- our dependence on third-party suppliers, vendors, and contract manufacturers;
- risks related to consolidation in the healthcare industry;
- our ability to expand, manage, and maintain our direct sales and marketing organization, and to market and sell our Inspire system in markets outside of the United States;
- our ability to manage our growth;
- our ability to hire and retain our senior management and other highly qualified personnel;
- risks related to product liability claims and warranty claims;
- our ability to address quality issues that may arise with our Inspire system;
- our ability to successfully integrate any acquired business, products, or technologies;
- changes in global macroeconomic conditions;
- any failure of key information technology systems, processes, or sites or damage to or inability to access our physical facilities;
- our ability to commercialize or obtain regulatory approvals or certifications for our Inspire therapy and system, or the effect of delays in commercializing or obtaining regulatory approvals or certifications;
- any violations of anti-bribery, anti-corruption, and anti-money laundering laws;
- our ability to use our net operating losses and research and development carryforwards;
- risks related to the increasing and evolving focus on sustainability and environmental, social, and governance initiatives;
- U.S. Food and Drug Administration ("FDA") or other United States or foreign regulatory actions affecting us or the healthcare industry generally, including risks associated with regulatory approvals, certifications, or healthcare reform measures in the United States and international markets;
- our ability to establish and maintain intellectual property protection for our Inspire therapy and system or avoid claims of infringement;
- changes in U.S. and foreign tax laws; and
- risks related to our common stock.

PART I

Item 1. Business.

Overview

We are a medical technology company focused on the development and commercialization of innovative, minimally invasive solutions for patients with obstructive sleep apnea ("OSA"). Our proprietary Inspire system is the first and only FDA, European Union ("EU") Regulation No. 2017/745 ("MDR" or "EU Medical Devices Regulation"), and Japan Pharmaceuticals and Medical Devices Agency-approved neurostimulation technology of its kind that provides a safe and effective treatment for patients with moderate to severe OSA. We have developed a novel, closed-loop solution that continuously monitors a patient's breathing and delivers mild hypoglossal nerve stimulation to maintain an open airway. A significant body of clinical data, which includes a publication in the *New England Journal of Medicine*, multiple publications in leading respiratory, ear, nose and throat ("ENT") and sleep medicine journals, and more than 350 peer-reviewed publications, supports the safety and efficacy of Inspire therapy. Inspire therapy received premarket approval ("PMA") from the FDA in 2014 and has been commercially available in certain European markets since 2011. Japan's Ministry of Health, Labour and Welfare ("MLHW") approved Inspire therapy to treat moderate to severe OSA in 2018. Inspire therapy is indicated for patients with moderate to severe OSA who do not have significant central sleep apnea and do not have a complete concentric collapse of the airway at the soft palate level. Physicians have treated more than 90,000 patients with Inspire therapy at over 1,575 medical centers across the United States ("U.S."), Europe, and Asia.

Sleep apnea is a serious and chronic disease that negatively impacts a patient's sleep, health, and quality of life. OSA is the most common form of sleep apnea. OSA occurs when a person's breathing is interrupted during sleep by a partially or completely blocked airway and affects patients of all ages, sexes, and body types. The severity of OSA is measured by the number of partial or complete airway blockages that a patient experiences in an hour, referred to as the apnea-hypopnea index ("AHI"). Moderate OSA patients have an AHI of 15 to 30 events per hour, while severe OSA patients have an AHI of 30 more events per hour. Left untreated, OSA increases the risk of high blood pressure, hypertension, heart failure, stroke, coronary artery disease, and other life-threatening diseases.

CPAP is the leading therapy for patients with moderate to severe OSA. CPAP is delivered through a face or nasal mask that connects through a hose to a bedside air pump. In order for CPAP to be most effective, the mask must form an airtight seal on the patient's face or nose and the mask must be worn every night. The effectiveness of CPAP has been limited by low patient compliance as many patients find the mask or treatment cumbersome, uncomfortable, and loud. When CPAP fails or cannot be tolerated, patients' remaining treatment options consist primarily of invasive surgical procedures developed to modify or remove existing tissue in an attempt to create free air flow. These invasive surgical procedures have limited or unpredictable clinical benefit, are irreversible, and can be extremely painful.

We believe that there continues to be both an urgent clinical need and a strong market opportunity for an alternative to CPAP that is effective and minimally invasive. Data shows that patients with CPAP intolerant OSA have a higher risk for mortality than patients with CPAP-tolerant OSA and higher healthcare utilization rates based on increased cardiovascular health risks. Two recent findings published in 2022 from Medicare and the French national healthcare insurance databases have demonstrated, in large national cohorts, risks of CPAP intolerance. Specifically, Medicare patients with CPAP intolerance had higher risks of new cardiovascular events than those who were adherent. Similarly, the French national reimbursement database showed that in over 176,000 patients, CPAP non-adherent patients had a higher risk for mortality and new onset of heart failure than those who were adherent. These findings show the urgency of treating CPAP-intolerant OSA to improve patient outcomes and potentially reduce healthcare utilization.

Inspire therapy is an innovative, closed-loop, minimally invasive solution designed to provide comfort and convenience, and which results in high compliance for patients with moderate to severe OSA. Once implanted, the Inspire system delivers electrical stimulation that causes a slight forward movement of the back of the tongue, which helps to maintain an open airway, enabling the patient to inhale freely without interruption. We believe our Inspire therapy provides the following benefits:

- **Safe, effective, and durable treatment** supported by compelling clinical data, including long-term efficacy results out to five years from initial treatment.
- **Closed-loop system** that uses a proprietary algorithm to continuously monitor patients' breathing and provide electrical stimulation during the inspiratory phase.
- **Comfortable and convenient therapy resulting in high patient satisfaction** that was reported to be 90% in patients who were followed an average of 12 months from initial treatment, according to the most recent publication of our ongoing global patient registry.
- **Strong patient compliance**, with 80% of patients reporting continued nightly use through five years from initial treatment in our Stimulation Therapy for Apnea Reduction ("STAR") trial.
- **Minimally invasive outpatient procedure** with short recovery time.
- **Long-lasting solution** with a battery designed to last approximately 11 years without charging or maintenance.

The results from multiple clinical studies, which include seven sponsored and more than 100 independent clinical studies that evaluated several thousand patients, have shown that our Inspire therapy provides statistically significant and sustained reduction in the severity of patients' OSA, improvement in sleep-related quality of life and reduction in snoring, as well as high patient compliance rates and a strong safety profile.

Our pivotal STAR trial was designed to demonstrate longitudinal therapy efficacy and included a randomized controlled therapy withdrawal study. The longitudinal study demonstrated an approximately 70% reduction in the median AHI in patients with moderate to severe OSA from a baseline of 29.3 events per hour to 9.0 events per hour at 12 months following initial treatment. STAR trial follow-up has shown results similar to the initial data at 18 months, three years, and five years following initial treatment. At five years, median AHI in patients with moderate to severe OSA remained low at 6.2 events per hour. The effectiveness of Inspire therapy was further demonstrated by the results of the randomized controlled therapy withdrawal study, in which patients in the therapy withdrawal group regressed to near-baseline AHI levels while patients in the control group that continued therapy experienced sustained therapeutic benefits.

In addition to the STAR trial, we have established a global real-world patient registry ("ADHERE") to collect data on safety, effectiveness, weekly usage, overall compliance, and satisfaction from patients who have been implanted with an Inspire system for one year after implant. The target enrollment of 5,000 patients was achieved in 2024 and patient follow-up is ongoing. For more details on ADHERE, please see the section titled "Clinical Results and Studies—ADHERE Patient Registry" below.

We sell our Inspire system to hospitals and ambulatory surgery centers ("ASCs") in the U.S. and in select countries in Europe through a direct sales organization, and we sell our Inspire system in Japan and Singapore through distributors. As of December 31, 2024, we had 335 sales territories in the U.S. and 25 outside of the U.S. Our direct sales force engages in sales efforts and promotional activities focused on ENT physicians, and sleep centers. In addition, we highlight our compelling clinical data and value proposition to increase awareness and adoption amongst referring physicians. We build upon this top-down approach with strong direct-to-consumer marketing initiatives to create awareness of the benefits of our Inspire system and drive demand through patient empowerment. This outreach helps to educate thousands of patients on our Inspire therapy.

Our U.S. customers are generally reimbursed for the cost of patient treatment by various third-party payors, such as commercial insurance providers and Medicare. We have secured positive coverage policies with many U.S. commercial payors, including all large national commercial insurers, encompassing approximately 260 million covered lives in the U.S. We are in active discussions with regional commercial insurers to establish additional positive coverage policies, as well as modify existing positive coverage policies to support reimbursement of Inspire therapy. In parallel, a subset of our market access team, which we refer to as our prior authorization team, is focused on assisting patients and physicians in obtaining prior authorization approvals from commercial payors on a case-by-case basis in advance of treatment with our Inspire therapy. In addition, all seven Medicare

Administrative Contractors ("MACs") provide coverage of Inspire therapy when certain medical necessity criteria are met. We also have a U.S. government contract for patients who are treated by the Veterans Health Administration.

Reimbursement in other countries can often be established through a combination of private (commercial insurance) and public funding sources, or at the hospital level through innovation budgets.

Our Competitive Strengths

We believe the continued growth of our company will be driven by the following competitive strengths:

- **First to market with an innovative, closed-loop, minimally invasive solution.** We have developed the first and only FDA-approved neurostimulation technology that provides a safe and effective treatment for patients with moderate to severe OSA who have been confirmed to fail or cannot tolerate PAP treatments, such as CPAP. We received a PMA from the FDA in 2014 for our Inspire therapy. Unlike CPAP, which is limited by low patient compliance primarily due to patient discomfort with the mask or device, our innovative, closed-loop, minimally invasive solution is designed to provide comfort and convenience, resulting in high compliance for patients with moderate to severe OSA. We believe we have a significant first mover advantage and momentum over future competitors, as physicians have treated more than 90,000 patients with Inspire therapy.
- **Significant body of strong clinical data.** We have developed a significant body of clinical data that demonstrates the safety and effectiveness, therapy adherence, and long-term sustained benefits of our Inspire therapy. The benefits of treatment with Inspire therapy have been consistent across seven sponsored and more than 100 independent clinical studies that evaluated several thousand patients and have been highlighted in more than 350 peer-reviewed publications. Data reported in these clinical studies also demonstrated a high level of overall patient satisfaction. We believe this favorable data provides us with a significant competitive advantage and will continue to support increased adoption of our Inspire therapy.
- **Holistic and targeted approach to market development and patient engagement.** We have established a methodical approach to market development which centers on active engagement across three key stakeholders in the OSA treatment paradigm: physicians, sleep centers, and patients. Our sales force is focused on building long-lasting relationships with ENT physicians and sleep centers as we support physicians through all aspects of a case—from diagnosis to surgical support to patient follow-up. In addition, we are highlighting our compelling clinical data set and value proposition to increase awareness and adoption amongst referring physicians. We build upon this top-down approach with a strong direct-to-consumer marketing initiative that further drives demand through patient empowerment. This outreach helps to educate thousands of patients on our Inspire therapy. Our patient call center, the Advisor Care Program, assists patients with making a connection with a qualified healthcare provider based on their specific needs. We are confident that this holistic approach to engagement across multiple constituents will continue to drive increased awareness of and demand for our Inspire therapy.
- **Dedicated team focused on providing market access for patients and providers.** We have a refined, efficient approach to advance patients, once identified, to placement of the Inspire system. When required, our dedicated prior authorization team helps patients and providers work with commercial payors to secure prior authorization approvals in advance of initial treatment. In addition, by highlighting the compelling clinical data and the value of our Inspire therapy, the market access team proactively works with payors to establish positive coverage policies where needed and update policies to match the FDA criteria where a policy already exists. This highly effective team has been successful in helping providers and patients to secure reimbursement from hundreds of commercial payors to date, and positive coverage policies from most U.S. commercial payors, including all large national payors.
- **Strong research and development capabilities and comprehensive intellectual property portfolio.** Our commitment to driving innovation has allowed us to achieve continuous, significant improvements of our Inspire therapy. For example, in 2024, we received approval from the FDA for our next generation

Inspire system, which we expect to fully launch in the U.S. in 2025. We have a comprehensive patent portfolio to protect our intellectual property and technology, with rights as of December 31, 2024 to 98 issued U.S. patents, 72 issued foreign patents, 67 pending U.S. patent applications, and 69 pending foreign patent applications that cover aspects of our Inspire system and future product concepts.

Our Strategy

Our goal is to be a global leader in providing clinically proven innovative solutions that improve sleep, quality of life, and health of patients with moderate to severe OSA. We believe the following strategies will play a critical role in achieving this goal and our future growth:

- **Foster strong and consistent patient outcomes.** Patient outcomes remain the single most important focus for Inspire as we scale our business, and we have a dedicated patient outcomes team furthering this mission. Our Surgical Implant Trainers are tasked with conducting physician trainings and proctoring implants. Care Pathway Specialists develop and promote consistent post-implant care protocols. Our team of Sleep Support Specialists educate and oversee local sleep lab titrations. We believe these teams are critical to ensuring that outcomes continue to improve even as implant volumes increase around the world.
- **Improve the customer experience.** We believe that by enhancing interconnectivity, simplifying the care pathway, and closely tracking outcomes, we can optimize the customer experience and improve therapy adherence. We have invested in initiatives that we believe will drive higher quality patient flow to reduce time to treatment and increase the capacity of providers to treat and manage more patients. We expect that this will allow patients and health care providers to more efficiently realize the proven benefits of Inspire therapy. We also continue to invest in our SleepSync™ platform, a cloud-based patient management system which allows patients and physicians alike to remotely monitor key compliance and outcomes measures for connected and coordinated care management, thereby optimizing therapy.
- **Promote awareness of and reliance on Inspire therapy among patients, ENT physicians, sleep centers, and referring physicians.** We believe that many patients who have failed or cannot tolerate CPAP are unaware of our Inspire therapy as a safe and effective alternative treatment for moderate to severe OSA. We intend to continue to promote awareness of our therapy through training and educating ENT physicians, sleep centers, key opinion leaders, and various medical societies on the proven clinical benefits of Inspire therapy. In addition, we intend to continue to publish additional clinical data in various industry and scientific journals and online, and to present at various industry conferences. We also plan to continue building patient awareness through our direct-to-consumer marketing initiatives, which include paid online search, radio, social media, television, and online videos.
- **Expand our sales and marketing organization to facilitate adoption of our Inspire therapy.** We plan to continue to expand our sales and marketing organization and seek to recruit and train exceptionally talented sales representatives in existing and new markets to help facilitate further adoption and broaden awareness of our Inspire therapy. Our success to date in developing new markets has been primarily due to our ability to identify new regions with high volume medical centers, educate ENT and sleep physicians, help generate steady patient demand, and provide sufficient support staff to our sales representatives. We believe investing in a scalable, efficient direct sales force and continuing the development of our marketing efforts will help us broaden adoption of our Inspire therapy and drive revenue growth.
- **Drive an increase in utilization of Inspire therapy at established centers.** In addition to continuing to expand our footprint more broadly, we will also focus on building stronger and deeper relationships with customers. We have extensive learnings through our years of pioneering our hypoglossal nerve stimulation therapy, which we intend to use to educate providers on strategies that allow them to improve their identification and potential treatment of moderate-severe OSA patients.
- **Invest in research and development to drive innovation and expand indications.** Our foundational commitment to driving innovation and improving patient lives fuels our desire for continuous product

development. We intend to invest in existing and next generation technologies to further improve our products and clinical outcomes, optimize patient acceptance and comfort, and broaden the patient population that can benefit from our Inspire therapy. Recent examples of our product innovation include the next generation of the Inspire system and our SleepSync™ programmer as discussed above. We have launched a cloud-based patient management system called the SleepSync™ platform (formerly referred to as Inspire Cloud), which allows physicians to monitor patient compliance and more efficiently coordinate patient care, and the Inspire Sleep app for patients' smartphones. A recent example of our efforts to expand our label indications for the Inspire system include obtaining FDA approval in 2023 to offer Inspire therapy to certain pediatric patients with Down syndrome. Additionally in 2023, we received approval from the FDA on an expanded indication which includes an increase on the upper limit of the AHI to 100 events per hour from 65 and raises the BMI warning in the labeling to 40 from 32.

- **Further penetrate and expand into existing and new international markets.** We plan to continue to establish and strengthen our presence internationally. Our goal is to further increase sales of our Inspire therapy in existing international markets in Europe, including Germany, France, and the Netherlands, and in the Asia Pacific region, including Japan, Singapore, and Hong Kong. We also plan to expand our reach to markets in new regions, such as Thailand and South Korea. We plan to strategically invest in new markets based on our assessment of market size and opportunity and prospects for compelling reimbursement coding and coverage.

Our Solution for OSA

Overview of Inspire Therapy

Our proprietary Inspire system is the first and only FDA-approved closed-loop neurostimulation technology that provides a safe and effective treatment for patients with moderate to severe OSA. Both our Inspire IV and Inspire V systems consists of a remote control and the following implantable components (except as otherwise noted):

- in the Inspire IV system, a pressure sensing lead, which detects when the patient is attempting to breathe;
- a neurostimulator, which houses the electronics, battery power for the device, and, as to the Inspire V system, a respiratory sensor; and
- a stimulation lead, which delivers electrical stimulation to the hypoglossal nerve.

A respiratory sensor is used to monitor the patient's breathing. Our proprietary algorithm tracks breathing patterns and the neurostimulator delivers electrical stimulation at the start of inspiration. This electrical stimulation of the hypoglossal nerve causes a slight forward movement of the back of the tongue that helps maintain an open airway, thereby preventing obstructive events and enabling the patient to inhale freely.

To receive the Inspire system, patients undergo a short outpatient surgical procedure, typically lasting about 90 minutes, during which the neurostimulator, sensing lead, and stimulation lead are implanted. The procedure is minimally invasive and performed with two small incisions. Patients typically recover quickly and are able to resume normal activities in just a few days. Initial activation of the system occurs 30 days after the implantation. After the initial activation, the patient is instructed to use the therapy each night by turning on their Inspire system before going to sleep using their remote control.

Patients turn their Inspire system on when they plan to go to sleep and turn it off when they awaken. The device has a programmed delay, typically 30 minutes, to allow patients to fall asleep naturally before the device activates. It then monitors the patient's breathing and delivers mild stimulation to the hypoglossal nerve at the start of the inspiratory phase, causing a slight forward movement at the back of the tongue to maintain an open airway during the inspiratory phase of respiration. The therapy is designed to provide stimulation for each breath to prevent obstructive events.

The effectiveness of Inspire therapy to relieve OSA is objectively measured during a sleep study or polysomnogram. A sleep study records a patient's breathing, airflow, and blood oxygen levels before and after

activating the device. Before activation, the patient experiences multiple periods of interrupted breathing, and oxygen levels repeatedly drop before the patient experiences a transient arousal that allows air intake.

Benefits of Inspire Therapy

We believe our Inspire therapy overcomes many of the limitations of PAP and other current treatments of moderate to severe OSA by providing the following key benefits:

- **Safe, effective, and durable treatment.** Results from our clinical studies provide compelling safety and efficacy data regarding the clinical benefits of Inspire therapy as many as five years after initial treatment. The results from our STAR trial, a five-year follow-up phase III pivotal trial, demonstrated an approximately 70% reduction in the median AHI from a baseline of 29.3 events per hour to 9.0 events per hour at 12 months following initial treatment. STAR trial follow-up has shown similar results to the initial data at 18 months, three years, and five years. At five years, median AHI remained low at 6.2 events per hour. The results from our ADHERE patient registry also reflect similar median AHI reductions to the STAR trial in a real-world setting.
- **Closed-loop system.** The Inspire system uses proprietary algorithms to continuously monitor a patient's breathing and provide electrical stimulation during the inspiratory phase, working with the body's natural actions to keep the airway open during the breathing cycle.
- **Comfortable and convenient therapy resulting in high patient satisfaction.** Data reported in the most recent publication of our ongoing ADHERE patient registry demonstrated that patients used Inspire therapy an average of 5.7 hours per night an average of 12 months after initial treatment, with overall patient satisfaction reported to be at 90%.
- **Strong patient compliance.** Results from our STAR trial demonstrated that 80% of patients continue to use Inspire therapy on a nightly basis five years after initial treatment.
- **Similar outcomes and usage as CPAP.** Several independent clinical studies demonstrating Inspire therapy has similar improvements in symptoms, and similar nightly usage as CPAP.
- **Minimally invasive outpatient procedure.** The Inspire system's implantable components are placed during an approximately 90-minute outpatient procedure. The procedure is minimally invasive and performed with two small incisions. Patients typically recover quickly and are able to resume normal activities within a few days.
- **Long-lasting solution.** Our Inspire system uses a battery designed to last approximately 11 years without charging or maintenance.

Commercialization of Inspire Therapy

In the U.S., we obtained PMA for our Inspire system in 2014. Additionally, we received a certificate of conformity for commercialization of our Inspire system in the EU in 2010 which allowed us to affix the European Conformity ("CE") mark on our device. Japan's MLHW approved Inspire therapy to treat moderate to severe OSA in 2018 and was formally added to the Japan National Health Insurance Payment Listing in 2021. Reimbursement in Singapore is handled through hospital innovation budgets or private health insurance sources.

To commercialize our Inspire system, we focus on physician and patient awareness and adoption of our Inspire therapy. To achieve this, our commercialization strategy primarily consists of our direct sales force engaging in sales efforts and promotional activities focused on ENT physicians and sleep centers and highlighting our compelling clinical data and value proposition. Our direct sales force utilizes strong direct-to-consumer marketing initiatives to create awareness of the benefits of our Inspire system. We intend to make significant investments building our sales and marketing organization by increasing the number of U.S. sales representatives and continuing our direct-to-consumer marketing efforts in existing and new markets throughout the U.S. and Europe.

In Singapore and Hong Kong, our commercialization approach is through exclusive distribution partners, who are responsible for local sales and promotional activities focused on ENT physicians, sleep centers, and community awareness. We work closely with the distributors to ensure a globally consistent approach and effective employee and customer training are in place.

In addition, a significant part of our commercialization effort consists of supporting our customers through the reimbursement process. Most commercial U.S. insurers now cover Inspire therapy. For those commercial payors that do not have a positive policy, Inspire provides assistance to patients and physicians on a case-by-case basis to help support appropriate prior authorization approvals in advance of treatment. Medicare also has positive coverage for all states, and we have a U.S. government contract for patients who are treated by the Veterans Health Administration.

Treatment with Inspire Therapy

Patient Selection

Inspire therapy is indicated for patients with moderate to severe OSA (AHI of 15 to 100) who do not have significant central sleep apnea and do not have a complete concentric collapse of the airway at the soft palate level. Patients undergo a drug-induced sleep endoscopy ("DISE") performed by an ENT surgeon in order to confirm that they satisfy this anatomical requirement. In addition, patients in the U.S. and Japan must have been confirmed to fail or be unable to tolerate PAP treatments, such as CPAP, and be 18 years of age or older, though there are no similar requirements for patients in Europe. Patients who fail PAP are those that are not able to eliminate moderate to severe OSA despite PAP usage. Patients who cannot tolerate PAP treatments are those who either are unable to use PAP more than five nights per week for at least four hours per night, or who are unwilling to use PAP treatment.

Implantation

The Inspire system is implanted under general anesthesia through two small incisions. One incision is under the lower jaw, where the stimulation lead is attached around a distal branch of the hypoglossal nerve that is responsible for forward movement of the tongue. A second incision in the upper right chest below the clavicle is used to implant the neurostimulator, which houses all the electronics and battery power for the device, and a pressure sensing lead to monitor the breathing cycle. The functionality of the Inspire system is tested in the operating room to verify proper placement of the stimulation and pressure sensing leads. The wires for the electrodes are tunneled under the skin and the incisions are closed. The Inspire system is powered by an internal battery that is designed to last approximately 11 years without needing to be recharged. After this time, the neurostimulator is replaced during a simple outpatient procedure.

The implantation procedure is performed in an outpatient setting and surgery is completed in approximately 90 minutes. Patients may experience mild discomfort and swelling at the incision sites for a few days that is usually managed with over-the-counter pain medications. Patients can return home and resume a normal diet shortly after completion of the procedure and resume most daily activities within a few days. The only restriction on their activity is to avoid strenuous activities until the incisions have had time to heal.

Activation

Patients are allowed to heal for a month before the Inspire system is activated through a wireless connection to the device in the clinician's office. The initial activation is performed by the clinician using a programming tablet that is able to turn the system on as well as change various parameters such as the strength, timing, and duration of the stimulation pulse, the stimulating electrode configuration, and the sensitivity of respiration detection. With the exception of pulse strength, the factory default settings are used in the majority of patients. The pulse strength is initially adjusted to the lowest level required to move the tongue forward.

Patients receive a remote control that they use to turn their Inspire system on when they plan to go to sleep and to turn it off when they awaken. The device has a programmed delay, typically 30 minutes, to allow patients to fall asleep naturally before the device activates. It then delivers mild stimulation to the hypoglossal nerve, causing the

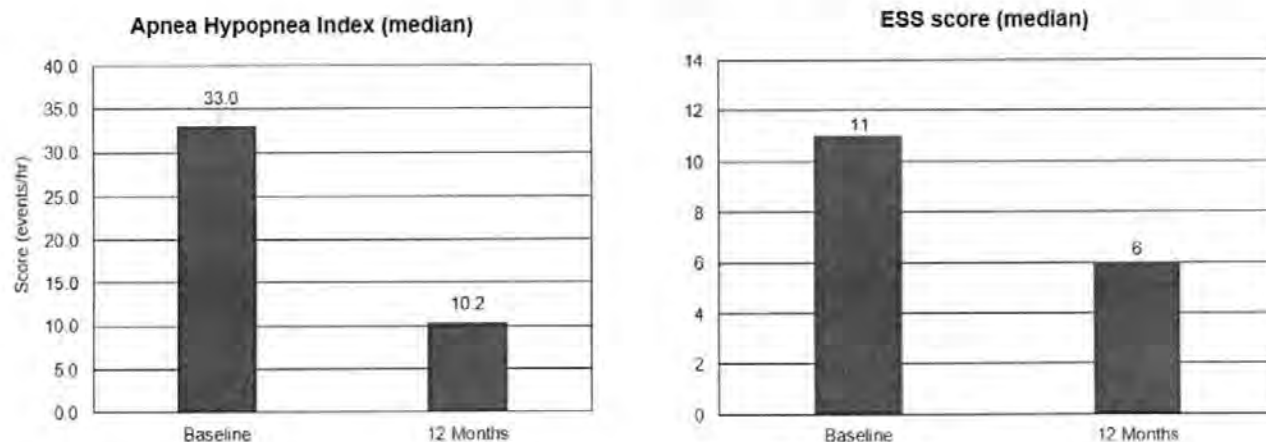
tongue to move as the patient is inhaling. The remote enables patients to adjust the strength of the stimulation to optimize their therapy and comfort. The range of control given to patients is limited to avoid setting the strength of the stimulation to an ineffective or excessively high level. Patients also have the ability to temporarily pause therapy if they awaken during the night.

Clinical Results and Studies

A significant body of published clinical evidence, which includes seven sponsored and more than 100 independent clinical studies that evaluated several thousand patients, supports the safety and effectiveness of Inspire therapy. The results of the STAR trial, our phase III pivotal clinical trial that served as the basis for the FDA approval of our PMA application, were published in the *New England Journal of Medicine*, and the results of additional clinical studies have been published in more than 350 peer-reviewed publications.

ADHERE Patient Registry

We have established a global patient registry, which we refer to as our ADHERE patient registry, to collect data on safety, effectiveness, weekly usage, overall compliance, and satisfaction from patients who have been implanted with an Inspire system for one year after Inspire implant. The target enrollment of 5,000 patients was achieved in 2024. The most recent analysis, published in the *Journal of Clinical Sleep Medicine* in 2022 on 1,963 patients enrolled, showed that patients used Inspire therapy an average of 5.7 hours per night when measured an average of 12 months after implantation. Median AHI was reduced from 33.0 events per hour to 10.2 events per hour and median ESS score improved from 11 to 6 over the same period. Overall satisfaction with Inspire therapy was reported by patients to be 90%, with 92% of patients reporting that they would choose the procedure again. In addition, 91% of patients reported a better experience than CPAP. This same study demonstrated comparable outcomes across five disease severity groups.



Select Recent Clinical Results and Studies

Meta-analysis showed Inspire therapy has been effective over time

Dr. Do Hyun Kim and colleagues published a meta-analysis of hypoglossal nerve stimulation therapy effectiveness in 2024 in *Otolaryngology–Head and Neck Surgery*. Meta-analysis is a statistical method to estimate effect size across data from high quality publications, i.e. a “study of studies”, and can identify potential trends and consistency across a body of data. They identified 44 studies (total of 8,670 patients) of sufficient quality for inclusion. For 12 month follow up, they found that 82% of patients evaluated in this publication had an AHI<15 and a success rate of 80%, where success was defined as the patient’s residual AHI is no greater than half of the baseline AHI, and is also no greater than 20. A similar trend was reported for three year follow up at which 74% of patients had an AHI<15 and a success rate of 73%. The authors concluded that hypoglossal nerve stimulation is an effective treatment for obstructive sleep apnea that can significantly improve clinical outcomes over long-term

(three year) follow up. We note that this meta-analysis included publications using other devices, but most of the data was from Inspire therapy patients.

Meta-analysis showed Inspire therapy is an effective alternative to other airway surgeries

Dr. Kim and colleagues published another meta-analysis in the *Journal of Sleep Research* in 2024 of papers that compared hypoglossal nerve stimulation outcomes to outcomes either from no treatment or from other airway surgeries (e.g., uvulopalatopharyngoplasty). They identified ten papers (nine of which included only Inspire therapy patients) that met inclusion criteria for a total of 2,209 patients in the analysis. Among their findings: compared to airway surgeries and to PAP therapy, hypoglossal nerve stimulation therapy had higher rate of patients achieving $AHI < 15$. Analysis also showed that the hypoglossal nerve stimulation therapy success rate was higher than the success rate from all other evaluated airway surgeries. Success was defined as residual AHI no greater than 20 and no greater than half of the baseline AHI. The results of this meta-analysis suggest that hypoglossal nerve stimulation has shown results comparable to those evaluating PAP, and potentially superior to other airway surgeries, in reducing AHI, and that all therapies have demonstrated similar effectiveness in reducing daytime sleepiness. The authors conclude that hypoglossal nerve stimulation could be an effective treatment for moderate to severe obstructive sleep apnea patients who are intolerant of PAP.

Post market surveillance data support the safety of Inspire therapy

Inspire partnered with implanting surgeons and sleep physicians to publish an analysis of Inspire's post-market surveillance data in 2024 in the *Journal of Clinical Sleep Medicine*. Medical device manufacturers are mandated by government regulations to collect and monitor adverse events such as surgical revisions or device explants. Precise estimates of revision and explant rates were calculated by combining the post-market surveillance data with corresponding sales volume. Of 20,881 Inspire therapy devices implanted at least one year prior to the analysis, 151 devices (0.7%) were explanted and 322 devices (1.5%) required a surgical revision procedure within a year of the implant. A subset of 5,820 of these devices were implanted three years prior to the analysis, of which 156 devices (2.7%) were explanted, and 207 devices (3.6%) required a revision procedure between one and three years after implant.

Sales and Marketing

We have established a methodical approach to market development which centers on active engagement across three key stakeholders in the OSA treatment paradigm: patients, physicians, and sleep centers.

We sell our Inspire system through a direct sales force that primarily targets ENT physicians and sleep centers in the U.S., Europe, and Japan, and through distributors in Singapore and Hong Kong. The implant procedure for our Inspire therapy is typically performed by an ENT physician or in some cases by a neurosurgeon. We also focus on sleep centers because they diagnose and manage large volumes of patients with sleep apnea and are often an important referral base for ENT physicians. In addition, because OSA is sometimes diagnosed during other procedures, we have developed programs to help educate general practitioners and specialists in other fields, such as cardiovascular surgeons, electrophysiologists, and dentists, regarding our Inspire therapy.

We have 335 sales territories in the U.S. and 25 outside of the U.S. We seek to recruit sales representatives with strong sales backgrounds, direct experience developing markets with new technologies, and core knowledge of medical device coding, reimbursement, and the prior authorization process. In certain Asian markets, we rely on our distribution partners for local sales and promotional activities.

We believe that direct patient education is essential to our ability to become a mainstay therapy which is why we intentionally invest in a robust direct-to-consumer marketing program. We reach patients through national TV (both linear and streaming), Facebook, Google, and other high-performing digital channels. Our goal is to ensure that all eligible OSA patients are aware of the therapy, can learn more on our website, and get connected with a doctor in their area to see if the therapy is right for them. We believe that our direct-to-consumer program continues to be highly effective in driving patient engagement and conversion.

We also have the Inspire Sleep app for patients' smartphones. This app is an educational tool for patients and also interfaces with our SleepSync™ platform to allow physicians to collect clinical data from patients directly. We continue to enhance the functionality of this app as part of our overall digital platform development.

Commercial Activities Outside of the U.S.

Our general practice is to limit commercial investments in countries until such time as there is a determined reimbursement pathway. We have 25 sales territories in Europe and Japan, and we sell our products through distributors in Singapore and Hong Kong. We provide consistent training in geographies outside of the U.S. as is conducted in the U.S. and have established a support team in Europe and Japan for patient outreach and education, implant support, and device programming. In Singapore and Hong Kong, we assist our distribution partners with patient outreach and education initiatives. We expect to continue to scale our commercial activities in Europe as we continue to develop country-wide reimbursement in additional markets. We also have regulatory approval in Thailand and are currently pursuing regulatory approval in Korea.

Third-Party Reimbursement

Our market access team is responsible for all of our reimbursement processes and initiatives. Our team of professionals are focused on all key aspects of reimbursement, which include coding, payment, coverage, and prior authorization.

Coding and Payment

In the U.S., we sell our products to hospitals and ASCs. These customers in turn bill various third-party payors, such as commercial payors and Medicare, for the cost required to treat each patient.

Third-party payors require physicians and hospitals to identify the service for which they are seeking reimbursement by using Current Procedural Terminology ("CPT") codes, which are created and maintained by the American Medical Association. The procedures performed to implant, revise, or explant our Inspire IV device are described for billing purposes using Category I CPT codes (64582, 64583, and 64584, respectively) to identify hypoglossal nerve stimulator services. A Category I code (42975) is used for DISE, which may be a necessary procedure to determine which patients are appropriate for Inspire therapy.

Physician reimbursement under Medicare is based on a defined fee schedule, the Medicare Physician Fee Schedule, through which payment amounts are determined by the relative values of the professional service rendered. Medicare provides reimbursement to our hospital and ASC customers under the outpatient prospective payment system and ASC prospective payment system, respectively, which provide bundled amounts generally intended to reimburse the hospital or ASC for all facility costs related to procedures performed in the outpatient setting.

Reimbursement rates from commercial payors vary depending on the procedure performed, the commercial payor, contract terms, and other factors.

Commercial Payor and Government Program Coverage

A core pillar of our reimbursement strategy involves broadening our third-party payor coverage when possible. We continue to have active discussions with commercial payors to establish new and modify existing positive coverage policies by highlighting our compelling and robust clinical data, increased patient demand, and support from leading medical societies and key opinion leaders. We have been successful in helping our customers and patients pursue prior authorization approvals from most commercial payors for the Inspire device and procedure. Historically, commercial payors, including Medicare Advantage plans, cover approximately 65% to 70% of Inspire implants in the U.S. We estimate that the majority of patients who meet the FDA-approved indication for Inspire therapy are covered by commercial insurance companies and we have secured coverage policies with all major national commercial payors.

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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 <u>N/A</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>Lantheus Medical Imaging, Inc.</u>		
Physical Address: <u>325 Treble Cove Road</u>		
City: <u>North Billerica</u> State: <u>MA</u> Zip: <u>01862</u>		
Mailing Address (if different from physical address): <u>331 Treble Cove Road, PO Box 272</u>		
City: <u>North Billerica</u> State: <u>MA</u> Zip: <u>01862</u>		
Telephone: <u>(978) 436-7387</u> Website: <u>www.lantheus.com</u>		
Name of Designated Representative (DR): <u>Jill M. Corbett</u>		
Licensing Company Email: <u>Jill.corbett@lantheus.com</u> DR Email: <u>Jill.corbett@lantheus.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: Government and Radiopharmacies.	☒ 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)?		✓

N/A

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

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

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

Provide explanation below:

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: N/A - Start up company.

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): Lantheus Holdings, Inc.

Corporation Name: Lantheus Medical Imaging, Inc. (parent company)

Mailing Address: 331 Treble Cove Road, PO Box 272

City: North Billerica State: MA Zip: 01862

Telephone: (978) 436-7387 Email: Jill.corbett@lantheus.com

Contact Person Name: Jill M. Corbett

Date of SEC Registration: 8/4/2021 SEC Registration Number: 0001521036 Stock Exchange Symbol: LNTH

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: _____

N/A

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

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• List of <u>all</u> Officers and Directors. See Attachment C	✓	✓		
• List the <u>top four</u> corporation shareholders and their percent ownership. N/A	✓			
• 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 E		✓	✓	✓
• Personal History Record Application must be completed by each shareholder/stockholder/partner/owner owning more than 10% of the business stocks/shares. Access form at http://bop.nv.gov/Services/newapps/Business/ N/A - Wholly owned by parent company		✓	✓	✓
• 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 C	✓	✓	✓	✓
• 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/ See Attachment G	✓	✓	✓	✓
• If providing ^a Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957). The MDEG wholesaler shall maintain liability insurance of at least one million dollars (\$1,000,000.00). See Attachment H	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)				
N/A - See Attachment A • 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.

Lantheus Medical Imaging, Inc.

Facility Name

Jill M. Corbett

Print Name of Authorized Person Submitting Application



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

01 OCT 2025

Date

Board Use Only

Date Received: 10/7/25

Amount: 1000-CC

Attachment C

Personnel Information

Lantheus Medical Imaging, Inc.

Lantheus Medical Imaging, Inc. is wholly-owned by its parent company, Lantheus Holdings, Inc.

Corporate Officers:

Brian A. Markison
CEO

Paul M. Blanchfield
President

Daniel M. Niedzwiecki
Chief Administrative Officer & General Counsel

Robert J. Marshall Jr.
Chief Financial Officer & Treasurer

Designated Representative:

Jill M. Corbett
Trade and Transportation Compliance Manager

Enclosed please find a list of all site employees.

Delaware

The First State

Page 1

I, CHARUNI PATIBANDA-SANCHEZ, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "LANTHEUS MEDICAL IMAGING, 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. 2025.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "LANTHEUS MEDICAL IMAGING, INC." WAS INCORPORATED ON THE SEVENTEENTH DAY OF SEPTEMBER, A.D. 1999.

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



3098309 8300

SR# 20254100535

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

A handwritten signature in cursive script, reading "C. P. Sanchez", is written over a horizontal line.

Charuni Patibanda-Sanchez, Secretary of State

Authentication: 204873827

Date: 09-26-25

0362

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 Drug Manufacturer or Drug Distributor Controlled Substance Registration to:

Lantheus Medical Imaging, Inc.
325 Treble Cove Road
North Billerica, MA 01862



Robert Goldstein, MD, PhD
Commissioner - Department of Public Health

Registration Number: RMD400242

Type: Manufacture, Distribute

Issue Date: 09/10/2025

Schedules: VI

Expiration Date: 09/10/2026





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
10/02/2025

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

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

PRODUCER MARSH USA, LLC. 99 HIGH STREET BOSTON, MA 02110 Attn: Boston.certrequest@Marsh.com Fax: 212-948-4377	CONTACT NAME: PHONE (A/C, No, Ext): FAX (A/C, No): E-MAIL ADDRESS:
INSURED Lantheus Holdings, Inc. 201 Burlington Road South Building Bedford, MA 01730	INSURER(S) AFFORDING COVERAGE INSURER A: Federal Insurance Company INSURER B: N/A INSURER C: INSURER D: INSURER E: INSURER F:
CN117978885-XPROD-GAWXP-25-	NAIC # 20281 N/A

COVERAGES **CERTIFICATE NUMBER:** NYC-012418695-03 **REVISION NUMBER:** 9

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:			36066254	02/01/2025	02/01/2026	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 2,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ \$
	AUTOMOBILE LIABILITY ☐ ANY AUTO ☐ OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☐ HIRED AUTOS ONLY ☐ NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB ☐ OCCUR EXCESS LIAB ☐ CLAIMS-MADE DED ☐ RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) 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 \$
A	PRODUCTS LIABILITY			3594-17-29	02/01/2025	02/01/2026	EACH OCC. / AGG. 10,000,000 DEDUCTIBLE 250,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
This coverage applies to the 325 Treble Cove Rd, North Billerica, MA 01862, and 331 Treble Cove Rd, North Billerica, MA 01862 sites.

CERTIFICATE HOLDER Lantheus Holdings, Inc 201 Burlington Road Bedford, MA 01730	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 <i>Marsh USA LLC</i>
---	--

Attachment B

Exemption from the Surety Bond

According to your office, companies that are subsidiaries of publicly-traded companies are not required to provide Nevada surety bonds. Lantheus Medical Imaging, Inc. is a 100% wholly-owned subsidiary of its publicly-traded parent, Lantheus Holdings, Inc., and is therefore exempt from the requirement to provide proof of a surety bond or alternative means of security.

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 Lantheus Medical Imaging, Inc. MDEG License # (if applicable) N/A
Physical Address 325 Treble Cove Road
City North Billerica State MA Zip 01862
Mailing Address (if different from physical address) 331 Treble Cove Road, PO Box 272
City North Billerica State MA Zip 01862
Telephone (978) 436-7387 Website www.lantheus.com
Licensing Company Email Jill.corbett@lantheus.com

Section 2: Personal Information

First Jill Middle Meredith Last Corbett
Alias(es, nicknames, name changes, etc.) N/A
Date of Birth [REDACTED] SSN or ITIN [REDACTED] Sex ☐ M ☒ F ☐ X
Mailing Address [REDACTED]
City North Billerica State MA Zip [REDACTED]
Telephone (978) 436-7387 Email Jill.corbett@lantheus.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? <u>N/A</u>		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)				
School Name		From - To (MM/YY - MM/YY)		
University of Massachusetts		09/97 - 06/06		
Address	City	State	Zip	
181 Presidents Drive	Amherst	MA	01003	
Diploma/Degree obtained, if any				
Bachelor of Arts: Economics				
School Name		From - To (MM/YY - MM/YY)		
Reading Memorial High School		09/93 - 06/97		
Address	City	State	Zip	
62 Oakland Road	Reading	MA	01867	
Diploma/Degree obtained, if any				
High School Diploma				
School Name		From - To (MM/YY - MM/YY)		
Address	City	State	Zip	
Diploma/Degree obtained, if any				
School Name		From - To (MM/YY - MM/YY)		
Address	City	State	Zip	
Diploma/Degree obtained, if any				
School Name		From - To (MM/YY - MM/YY)		
Address	City	State	Zip	
Diploma/Degree obtained, if any				

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)				
From - To (MM/YY - MM/YY)	Address	City	State	Zip
11/24 - Current		Belmont	MA	
From - To (MM/YY - MM/YY)	Address	City	State	Zip
12/07 - 10/24		Belmont	MA	
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	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 Lantheus Medical Imaging, Inc.		From - To (MM/YY - MM/YY) 07/15 - Present	
Business Address 325/331 Treble Cove Road		City North Billerica	State MA
Phone (978) 436-7387	Title Trade and Transportation Compliance Manager	Zip 01862	
		Number of Employed Hours 40 hours / week	

Description of Duties
Responsible for all regulatory compliance including PDMA, Customs, US Export, Domestic and International Hazardous Materials Regulations (DOT and IATA).

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

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: 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.		✓

N/A

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:

N/A

Original Signature (electronic, copies or stamps not accepted)

N/A

Date

I, Jill Meredith Corbett, certify that as the MDEG Administrator for

Lantheus Medical Imaging, 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.

Jill Corbett

Print Name (First, Last)


Original Signature (electronic, copies or stamps not accepted)

01 OCT 2025
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 Lantheus Medical Imaging, Inc.
Pharmacy/Wholesaler License # (if applicable) Pending
Physical Address 325 Treble Cove Road
City North Billerica State MA Zip 01862
Mailing Address (if different from physical address) 331 Treble Cove Road, PO Box 272
City North Billerica State MA Zip 01862
Telephone (978) 436-7387 Website www.lantheus.com
Licensing Company Email Jill.corbett@lantheus.com

Section 2: Personal Information

First Jill Middle Meredith Last Corbett
Alias(es, nicknames, name changes, etc.) N/A
Date of Birth [REDACTED] SSN or ITIN [REDACTED] Sex ☐ M ☒ F ☐ X
Mailing Address [REDACTED]
City North Billerica State MA Zip [REDACTED]
Telephone (978) 436-7387 Email Jill.corbett@lantheus.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?		☒

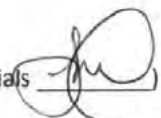


Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name University of Massachusetts		From - To (MM/YY - MM/YY) 09/97 - 06/06	
Address 181 Presidents Drive	City Amherst	State MA	Zip 01003
Diploma/Degree obtained, if any Bachelor of Arts: Economics			
School Name Reading Memorial High School		From - To (MM/YY - MM/YY) 09/93 - 06/97	
Address 62 Oakland Road	City Reading	State MA	Zip 01867
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) 11/24 - Current	Address [REDACTED]	City Belmont	State MA	Zip [REDACTED]
From - To (MM/YY - MM/YY) 12/07 - 10/24	Address [REDACTED]	City Belmont	State MA	Zip [REDACTED]
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	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 Lantheus Medical Imaging, Inc.		From - To (MM/YY – MM/YY) 07/15 - Present	
Business Address 325/331 Treble Cove Road		City North Billerica	State MA
Phone (978) 436-7387	Title Trade and Transportation Compliance Manager		Zip 01862
Description of Duties Responsible for all regulatory compliance including PDMA, Customs, US Export, Domestic and International Hazardous Materials Regulations (DOT and IATA).			

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	

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.

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.			
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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? 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?		✓

N/A

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

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

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

Provide explanation below:

N/A

Original Signature (electronic, copies or stamps not accepted)

N/A

Date

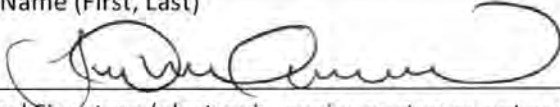
I, Jill Meredith Corbett, certify that as the designated representative for
Lantheus Medical Imaging, Inc.

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

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

Jill Corbett

Print Name (First, Last)


Original Signature (electronic, copies or stamps not accepted)

01 OCT 2025
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.

Jill Corbett

Print Name (First, Last)



Original Signature (electronic, copies or stamps not accepted)

01 OCT 2025

Date

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

State of Massachusetts, ss. County of Middlesex

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



Original Signature

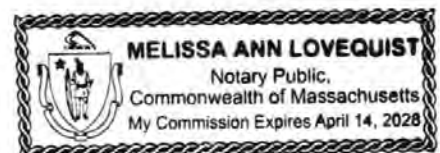
01 OCT 2025

Date

Subscribed and Sworn to before me this 1st day of OCTOBER 2025



Notary Public Signature



(Seal)

Employee Name	Employee Name	Employee Name	Employee Name	Employee Name
Abbott, Mark	Balakrishna, Jayachandra	Blemings, Allan	Butler, John	Cherukuri, Venkat
Abesamra, Michael	Balcom, Megan	Blydenburgh, Cathy M.	Butterworth, Anne	Chhim, Sophat
Abril, Shaun A.	Balfe, Matt	Boer, Rick	Bynoe, Chris J.	Chhoeun, Romdol
Adair, Todd	Ball, Cheryl	Boker, Ilhan	Byrne, Afton J.	Chhoun, Mala J.
Adames Rojas, Maite	Balsley, Aaron C.	Boland, Martha M.	Byrne, Daniel S.	Chi, Sherry
Adams, Jason	Baltimore, Dawn R.	Boles, Laura I.	Caceres, Marianne	Chinnasamy, Kalaivani
Adane, Diane	Bangalore, Raghu	Bolla, Saigopal	Cadden, Meg	Chintapalli, Satyannarayana
Aftewicz Jr., John J.	Banks, John C.	Bond, Susan	Cahill, Julie	Chum, Sam
Aggarwal, Rishabh	Baranowitz, Steven A.	Bostick, Jay B.	Caldwell, Matthew	Cianelli, Katy E.
Aggarwal, Shubham	Barrett, Padraig J.	Bostick, Jay B.	Campbell, Lervill	Cicciarella, Adam R.
Akillian, Amy	Barrieau, Amy	Boston, Catherine	Capaldo, Steven J.	Clare, Jeff R.
Akodu, Obehi	Barrios, Laura	Boudreau, Kevin	Carlson, Craig T.	Clark, Colin
Akurathi, Vamsidhar	Barros, Angela	Bourgeois, Jacob D.	Carlson, Jennifer M.	Clark, Kevin R.
Alajoki, Kristy	Barr-Potty, Dorothy	Bourque, Jeffrey P.	Carney, Melissa	Class, Raquel M.
Alamo, Roberto	Bartholomaeus, Sophie M.	Bowhill, Bill J.	Carothers, Chris	Clish II, Rob J.
Alas, Oscar O.	Bartlett, Susan	Bowie, Tyler P.	Carr, Tim G.	Coffman, Jeanne
Albach, Kay	Basdeo, Ryan	Boyce, Kiran P.	Carrell, Skyler	Coffman, Randal
Alcius, Rudline	Baskaran Ph.D., Saradha	Boyle, John	Carreola, Paula	Cogswell III, Larry P.
Alexander, David	Bawa, David	Boyle, Sean	Carrier, Lucie	Coiscou, Julio C.
Alexander, Jajuan	Bazin, Ruben	Bozon, Viviana	Carrington, Zahir	Cola, Kim A.
Ali, Ken I.	Beans, Michael	Bradley, Conor	Carter, Michael E.	Cole, Inge
Allen, Kenisha Q.	Beaudin, Deirdre B.	Bradosky, James	Carter, Vincent A.	Collazo, Julio V.
Almquist, Brian	Beck, Andrew	Brand, Amy B.	Carver, Brent	Collinge, Jenna
Alpatov, Roman	Becker, Jenna	Brauneis, James R.	Carvin, Dean	Collums, Chad A.
Aly, Mohamed	Bedell, Sarah	Breedlove, Leslie	Casara, David	Comeau, Claudia A.
Anand, Prateesh	Bedward, Laura	Brennan, Nicholas P.	Castaldo, Heather	Comer, Ann
Anastasiou, Peter	Beigi, Naz	Brett, Sean	Castellanos, Carlos G.	Conley, Andrea L.
Andhe, Saikiran	Beimler, Sarah J.	Brittain, Jennifer	Castillo, Kiana D.	Connolly, Tamara J.
Andoji, Vikram	Belcik, J Todd	Brock, Jessica A.	Cava, Timothy	Conroy, William F.
Ansari, Umar	Belem, Thierry	Broderick, Nina	Cavaliere, Alessandra	Conway, Michael
Antsiperovich, Tatsiana	Bell, Britt J.	Broullire, Sabrina N.	Cavanagh, Ryan P.	Cook, Andrew P.
Anwar, Sharlin	Belliveau, Paul M.	Broverman, Marissa A.	Cavanaugh, Brennan	Cooper, Becky
Arami, Robine	Benites, Pedro	Brown, Celeste L.	Cavanaugh, Mollie M.	Corbett, Jill
Arendall, Jessalynn R.	Benko, Lynn	Brown, Christopher E.	Cave, Cathy	Corcoran, Seth C.
Arnold, Austin M.	Bentley, Chris H.	Brown, C.J. J.	Ceballos, Alex C.	Cormier, Kim S.
Arora, Shubham	Bermudez, Christian J.	Brown, Jerry	Cervantes, Priscilla	Cornejo, Caitlin
Ashby, Vikki	Berthiaume, Ryan	Brown, Karla	Cesar, Kenny	Coss, Tish
Ashworth, Margo M.	Bharat, Pratik	Brown, Kim A.	Chakraborty, Raul	Costa Soares, Basilio
Asinas, Debbie L.	Bhardwaj, Rupanshi	Brown, Rocky J.	Chakravarthy, Jay	Costa Soares, Basilio
Asinas, Debbie L.	Bhardwaj, Sudeep	Brown, Taylor	Chalaganyan, Vivian M.	Cote, Noah A.
Asman, Lynne M.	Bhati, Sidhant	Buchanan, Linda	Chalasani, Vithal	Cotton, Catherine
Assefa, Mahlet T.	Bhatlapenumarthi, Raghav	Buck, Robert	Chalikonda, Ira	Covarrubias, Tania A.
Assouline, Samuel	Bhatt, Shubham	Buckley, Ceara B.	Chan, Elizabeth	Cox, David E.
Attebery, Alysia K.	Bhirud, Mahesh	Buettikofer, Angelo	Chan, Lyn B.	Cox, Rachele
Aulson, Molly	Biagiotti, Conor	Bui, Matt M.	Chand, Avni	Crampton, Rob J.
Baca, Nick A.	Bilderback, Dave L.	Burfoot, Michael	Chand, Gitasha	Croasdale, Katie I.
Bagley, Eryn M.	Biradar, Deepak	Burke, Deb E.	Chandler, Scott G.	Cross, Christina M.
Bagos, Ellaine	Biskup, Courtney	Burke, Tim W.	Chanekar, Parag	Crowley-Nowick, Peg
Bai, Bing	Bistika, Gabriel	Burks, Carlos	Chapleau, Marianne	Cuffel, Tim
Bailey, Erin M.	Bladdick, Stephanie	Burns, Shaina S.	Chapman, Paul	Curran, John P.
Bailey, Sarah	Blair, Julie M.	Burrington, Carson S.	Chatterjee, Simi	Cutroni, Mike
Bailey, Sean	Blair, Nancy J.	Burruss, Virginia C.	Chaudhari, Meenal	Da Cunha, Chris
Baker, Daniel S.	Blais, Marie-claude	Bush, Corey C.	Chauhan, Surya	Dahn, William
Baker, Dennis M.	Blanchfield, Paul M.	Butland, Tricia D.	Chea, Lida	Dalal, Fenil P.
Bakken, Christina	Blankenship, Sadie	Butler, David C.	Chen, Than K.	Dale, Tyler

Employee Name	Employee Name	Employee Name	Employee Name	Employee Name
Dalia, Ozzie	Domenici-Bell, Carla A.	Fearon, Maeve M.	Gendreau, James R.	Gupta, Vineet
Dalipi, Andrew	Domingo, Genevieve M.	Feliz Sr., Francis	George, Aleena	Gutierrez Jr., Pat N.
Daly, Bill A.	Dominique, David	Feng, Zhongling	George, Tracy E.	Gutierrez, Roxanne A.
Dame, Matt	Donahue, Jimmy A.	Fenton, Bob W.	Gershteyn, Arkady M.	Gyles, Michael
Dandegaonkar, Priya	Donnelly, Brian W.	Fercsik, Szabi	Gharat, Abhishek	Haas, David H.
Dange, Rashmi	Donnelly, Tom	Ferencsik, Michael R.	Gill, Sunny	Haas, Steve
Danh, Daniel	Donohoe, Stacy D.	Ferguson, Heather	Gillespie, Renee E.	Hacunda, Josh Y.
Daniel-Collins, Shauna	Donovan, Christopher	Fernandez, Julia I.	Gillette, Jacklen	Hahn III, Bill H.
Daniels, Shane R.	Donovan, John	Ferris, James W.	Giovino, Maria	Hahn, Brittany L.
Darabian, Darius	Donovan, Seamus	Ferroni, Kim	Girardi, Jess M.	Haley, Mark
Darzynski, Rafal	Doshi, Parin	Fields, Paul	Glasscock, Heather	Halsey, Anne M.
Davis, Elizabeth	Douglas, Diah A.	Finan, Dan	Goel, Harshit	Hamilton, Rebekah
Davis, Nikki	Dowling, Bonnie J.	Finne, Justin	Goldbaum, Mike A.	Han, Edward
Davison, Courtney	Downs, Melissa	Fischer, Amanda	Gomes, Nicole	Hanam, Christine
Dawidczyk, Ann Marie M.	Doyle, Cassidy	Fish, Hillary E.	Gomez, Paul S.	Hang, Rene
De Cara, Andre	Doyle, Kerry	Fisher, Anna E.	Gonzales-Kempsey, M	Hang-Las, Alexia
De, Sangeetha	Dozer, Chris A.	Fishkin, Jake M.	Gonzalez, Mony	Harrigan, Craig
Deb, Srabana	Driscoll, Kelsey R.	Fitzpatrick, Timothy	Goodman Jr., Ronald B	Harris, Kaylyn N.
DeBellis, Demetra	Driskill, Jared	Flaherty, Conor P.	Goodstal, Sam M.	Hartland, Chris
Dehaas III, John	Dudzisz-Pounds, Cassandra	Fleming, Patrick	Goodwin, Glenn	Hasegawa, Brian
Denes, Bela	Duffy, Jillian C.	Fletcher, Shanna R.	Gopi, Seshagiri V.	Hassan, Mir
Denney, Laurie	Dufur, Becky M.	Flowers, Keegan	Gorai, Smita	Hatfield, Sean R.
Dennis, Deidre	Duggan, Nancy E.	Folan, Nicholas	Gordian, Liana	Hatter, Breanne N.
Denny, Jon	Dullum, Justin E.	Folwell, Kate H.	Gordon, Alessandra	Hatton, Niki
DeNoble, Phillip J.	Dumas, Robert W.	Forman, Judy A.	Gordon, Tricia-Gaye	Havey, James
Dentino, Dave A.	Dumas, Stephanie	Forrester, Melissa E.	Gordon, Valerie	Hawks, Dustin K.
DePersiis, Brian	Dumouchel, Darin	Fox-Hypolite, Kerry	Gorker, Michael	Hayat, Ali A.
DeRidder, Michelle	Duncan, Angel C.	Francoeur, John	Gorney, Christopher J.	He, Ping
Desai, Bimal	Dunn, Keith W.	Frank, Ashley M.	Gorthi, Srivatsa	Heaton, Golnar A.
Desbiens-Côté, Lizanne	Duran, Jessica	Frank, Corey	Goud, Megan	Heckman, John C.
Descoutures, Astrid	Dury, Timothy L.	Fraumeni, Rosemarie	Gould, Aileen	Hedrick, Doug W.
Dessert, Alison	Dwivedi, Abhishek	Freitas, Cheryl A.	Goyal, Puneet	Hehir, Brandon
Devarapu, Sriharsha	Ealy, Jeffrey A.	French, John T.	Goyal, Shubham	Heino, Liam G.
Devi, Sakthi	Eang, Kaila	Frent, Ioana	Grabher, Barbara J.	Hembree, Michael
Devonish, Shadaae	Eastman, Jeremy	Fresca, Pete P.	Graham, Diana V.	Hemenway, Angela
Dewrell, Angela	Ebbers, Chuck C.	Freyschlag, Brittany N	Grant, Jason E.	Henderson III, Everett
Dharmawan, Tiffany T.	Echols Jr., Ron R.	Fucci, Michael	Grasso, Brittany M.	Hendrix, Rachel D.
Dhingra, Brian	Eden, Michelle	Furlong, Joann	Grau, Larry	Heng, Paul
Di Paolo, Maria	Edwards, Don	Gac, Jayne P.	Grawer, Brian D.	Heng, Rithy A.
Di Pippo, Vincent A.	Einhaus, Greg C.	Gacek, Mark W.	Gray, Cynthia	Hengge, Lexie L.
Dias, Aurea	Electricwala, Nazeer	Gadson, Damion	Gray, Pamela	Hermann, Klaus
Digan, Jefferson	Ellis Berry, Kerry	Gaikwad, Shailendra	Green, Eric	Hernandez, Genesis
Diiorio, Sal	Ellis, Shawn M.	Gallagher, Rachel M.	Greenberg, Ben P.	Hernandez, George
Dinkins, Adejoke	Engda, Engdawork	Gamel, Laura M.	Gregoire, Ethan	Hernandorena, Victoria
DiPietro, Aimee E.	Ennis, Matt K.	Gangadharan, Nitin	Griffin, Timothy	Herring, Cindy D.
Dirisam, Raja	Eno, Karen A.	Gangadharan, Nitin	GS, Anusha	Hetland, Matthew
Dirschauer, Jan	Evans, Chris C.	Ganier, Keith P.	GS, Minupama	Hilaire, Luna
DiSanto, Alissa M.	Fabrizio, Lauren	Ganthimarri, Nagendr	Guerrero, Camila S.	Hill, Kelly A.
DiVincenzo, J.R. R.	Fanelli II, Richard M.	Garg, Harshita R.	Gumera, Rigor	Hoefner, Rolf A.
Do, Vincent M.	Farhat, Anthony	Garg, Payal	Gundy, Kathy L.	Holbrook, Jim
Dobson, Ellen	Farmer, Brent G.	Garg, Swati	Guntaka, Satish	Holland, Kate E.
Dogu Tumer, Sinem	Farnik, Maggie M.	Gasid, Carla	Gupta, Aditya	Holland, Neil
Doherty, Matthew N.	Farr, LuAnne M.	Gee, Jason	Gupta, Ayushi	Holloway, Kalee N.
Dollen, Miranda	Fatout, Kurt J.	Gelfand, Elliot M.	Gupta, Gaurav	Holmes, Bob
Dolores Valdivieso, Jose	Fayyoumi, Waleed K.	Gelinas, Sean	Gupta, Prabhanshu	Holt, Gina

Employee Name	Employee Name	Employee Name	Employee Name	Employee Name
Holtzmuller, Claire	Johnson, Kathleen M.	Koo, Vannary S.	Lewis, David A.	Malekiani, Allison C.
Howard, Josh C.	Johnson, Meridith K.	Kosmidis, Chantal V.	L'Heureux, Nicole F.	Malik, Deepak
Howarth, Ryan	Johnson, Shawn	Koza, Kevin M.	L'Heureux, Ronald A.	Malladhi, Avinash
Howe, David M.	Johnson, Steven A.	Kraay, Matt N.	Li, Jenny (Qianqiu)	Maluso, Bob J.
Howe, Lee Anne A.	Johnston, Wade W.	Krause, Kevin S.	Li, June J.	Manasa, Akula
Hubaud, Alexis B.	Jones, William B.	Kremer, Danielle L.	Libby, Elissa	Mandava, Shilpa
Huffman, Karen N.	Jordan, Shaun	Krishnanunni, Gopal	Lichter, Sam	Mang, Charles J.
Hull, Lisa	Junkmann, Jake	Krishnatry, Bhavna	Lieder, Anna M.	Manning, Tess M.
Humphrey, Lindsey S.	Juris, Annie M.	Kron, Laura E.	Limberti, Samantha	Manoharan, Geethika
Humphrey, Shannan M.	Justice, Jeannie D.	Krystofik, Allison R.	Limon, Aimee N.	Mansoor, Usman
Humphreys, Jason	Kabak, Brad	Kuhlmann, Anthony	Lin, Jing L.	Mao, Kimsan
Hung, Curtis	Kaiser, Dan	Kulacz, Cheryl L.	Linskey, Alexis	Mara, Bryanne L.
Hurdle, Greg A.	Kakhandki, Anjum	Kumar, Amit	Liss, Kara L.	Marasco, John
Hurley, Diana	Kaligotla, Tanishq	Kumar, Pavan	Little, Scott M.	Marcano, Gelen
Hurst, Tyler	Kalinoski, Jonathan M.	Kumar, Sankalp	Littlejohn, Scott M.	Margolin, Lauren P.
Huseinovic, Neda	Kane, Tracy	Kumar, Yash S.	Loblundo, Chris	Marino, Courtney
Hutchinson, Samuel R.	Kanekar Ph.D., Shalini A.	Kumari, Priyanka	Lohiya, Prateek	Marino, Mike L.
Hyun, Min	Kannan, Pavithra	Kumari, Rohini	Lopez, George	Markison, Brian A.
Iglinski, Brian C.	Kapoor, Akhil	Kunkel, Erin W.	Lopez, Kat C.	Marlin, Julia H.
Inadmar, Azra	Kar, Sabyasachi	Kurane, Tanay	LoPilato, Peter D.	Marple, Jessica
Infanger, Julie A.	Karunakar, Narasimha	Kurisipati, Sri Harsha	Love, Tiffany M.	Marshall, Bob
Infantolino, Alanna M.	Kasprzak, Nancy M.	Kwak, Minsang	Lovequist, Mel	Martin, Shawn M.
Ingram, Melissa L.	Kathuria, Sakshi	Kwit, Melissa	Lowe, Fred	Martina-Mamber, Carlyn
Insixiengmay, Lanita	Kaur, Romanpreet	Kwong, Alton A.	Lowe, Michael J.	Martindale, Susan R.
Iorio, Melissa J.	Kaushik, Aakanksha	Ky, Erik	Lucas, Derek J.	Martineau, Tammy L.
Irons, Keith W.	Keaton, Mark	Lack, Jesse	Luis, Val M.	Martinez, Jonel C.
Irvine-Salvi, Holly E.	Keegan, Rich M.	Laforge, Dave	Luther, Christian	Martino, John W.
Islam, Mohammed M.	Keen, Robert	LaFrance, Todd	Luu, Wilson	Marwaha, Rashmi
Iyer, Siva C.	Kell, Richard B.	Laishram, Ashwini	Ly, Tyrrel	Masiello, Lisa A.
Jackson, Raul N.	Kelleher, Liz	Lalwani, Aashish	Ly, Tyrrel S.	Mastrofrancesco, Adrian
Jacobs, Dennis E.	Kelley, Elizabeth	Lambert, Michael P.	Lynch, Timothy T.	Matrisciano, Dan
Jacques, Bill H.	Kennedy, Stacy L.	Lamrhari, Abdellah	Macaoay, Peggy E.	Matthews, Rebecca K.
Jadhav, Mansi	Kerwin, Thomas	Lane, Mike M.	Maccini, Samantha	Mattucci, Michelle
Jaffri, Saima	Khan, Arfiya	Langston, Jacquie G.	MacDerment, Rita	Matys, Ben
Jain, Jyoti	Khorn, Jerra	Lanni, Paolo	Macdonald, Corey W.	Maurer, Allison
Jain, Rajesh	Khurana, Diksha	LaPlante Jr., Raye M.	Macdonald, Raymond	May, Molly J.
Janeczko, Tom	Kick, Alan P.	Laramée, Melissa R.	Mache Fonhoue, Bren	Mayfield, Maria B.
Jangula, Turina D.	Kilambi, Gayathri	LaRose, Amy	MacLean, Richard	McAndrew, Jen A.
Jannu, Ann	Kim, Chantilly	Larson, Dara A.	MacNeil, Stephen	McAveney, Michael F.
Jarvill, Shirley	Kim, Julie Y.	Laserte, Lauren	Madabhushini, Indran	McCabe, Sean R.
Jastive, Mark	Kimes, Roxanna D.	Laterza, Maryse	Madaffari, Darren	McCabe, Thomas
Javan, Chris	Kinamey, Mark	Lau, Shing N.	Madan, Navdeep	McClure, Liz T.
Jayakumar, Ramesh	King, Courtney L.	Lawrence Ph.D., Paul T.	Magargee, Peter S.	McCurdy, Patrick
Jayaraman, Arun	King, Paden P.	Lazares, Helena	Magliozzi, Deana L.	McDonough, Maura A.
JeBailey, Lellean J.	Kinney, Megan L.	Leary, Kate E.	Magnotta, Joanne	McElyea, Jason B.
Jee, Ankit	Kippola, Heather	Leary, Kristin E.	Mahale, Sanket	McKee, Rachele D.
Jeffrey-Kwanisai, Akim	Kirby, Nicholas M.	Leary, Kristin E.	Mahalingam, Sivakum	Mckenzie, Scott W.
Jensen, Shelli	Kirk, Taylor N.	Leblanc, Doris A.	Mahapatro, Debabrata	McLaughlin, Brian
Jeon, Moon S.	Klitzner, Kathryn A.	Lee, Kim M.	Maharjan, Poonam	McLaughlin, Brie E.
Jeon, Nathan	Kloster, Brian E.	Lee, Laura	Mahon, Colin	McLaughlin, Jeffrey J.
Jimenez, Elton	Knisley, Carina	Lee, William G.	Mahoney, Chelsey L.	McNaughton, Jill M.
Jimmerson, Leah C.	Kohli, Prashant	Lemieux, Jason A.	Maione, Vanessa	Meas, Dave
Joffrion, Clint	Kokesh, Palmer	Lennox, Linda	Maj, Melissa A.	Medina Jr., Carlos L.
John, Neethu	Kolanda, Kenan J.	Levey, Kevin	Malani, Aditya	Meech, William W.
Johnson, Celeste I.	Konnur, Shreeya	Levy, Mike	Malapaka, Harika	Meer, Sam

Employee Name	Employee Name	Employee Name	Employee Name
Mejia, Felix	Moul, Bopha	Normandin, Donald R.	Paunicka, Christine
Mejia, Nick	Mourtada, Billal A.	Novo, Kelsey	Peck, Jessica
Melcher, Crystal	Moussa, Tarek	NV, Prakruthi	Pelleriti, Sandra
Mellace, Timothy	Moy, Jennifer	Nyalakonda, Shabari	Pelluri, Madhu
Mello, Sheridan A.	Mujavar, Abdul	Oaks, Teela M.	Pena, Ridelka
Melvin, Andre	Mukherjee, Annay	O'Brien, Colin	Perault, Thomas J.
Melvin, Carrie L.	Mumford, Robert W.	O'Brien, Ken	Pereira, Mike
Mendonca, Lynn C.	Munroe, Chris M.	Octa, Andrew	Pereira, Randy
Menzo, Sophie	Munshi, Arnav	Ogikubo Ph.D., Junichi	Perillo, Jesse H.
Meppen, Michelle B.	Murdock, Taylor J.	Ojeda III, Enrique	Periwal, Sapan
Mercado, Susan	Murphy, Meara K.	Ojeda, Juan	Perkins, Jennifer L.
Merrill, Raymond	Murray, Karen J.	O'Keefe, Bryan	Perkins, Michael T.
Messina, Christopher W.	Murray-Pietsch, Helene	O'Keefe, Hilary L.	Perla, Eric J.
Metzgar, Liz	Murtagh, Scott	O'Keefe, Megan P.	Perrin, Hayley E.
Metzger, Janice	Murugesan, Siva	Ola, Taiwo D.	Peters, Gabriel H.
Mien, Malydyna	Muthoni, Ann W.	Olcott, Christopher	Peterson, Davonda H.
Milano Jr., Edward G.	Myatt, Leslie	Onclin, Raf	Pfeiffer, Don
Millan, Jenn	Mysliwiec, Sylvia	O'Neil, Matthew	Pfile, Leah A.
Miller, Audra B.	Nadkarni, Shirish S.	O'Neill, Denise C.	Phay, Chunhak
Miller, Rebecca M.	Nagarkar, Nainesh	O'Neill, Jillian L.	Pian, Denice C.
Miller, Shane W.	Naik, Shrikant	Onthank, David C.	Pickar, Jessie
Mills, Karen	Najafi Khosroshahi Ph.D.	Onyeberechi, Odu	Picozza, Alex
Min, Annabelle S.	Nalepa, Elizabeth J.	Opolski, Christopher J.	Pierce, Liz
Miriyala, Harthik	Nallapuneni, Venkat	Ortiz, Jose R.	Pieretti, Daniel
Mirza, Kurush	Nallasura, Vidya	Ostermann, Abbey E.	Pieretti, Jillian R.
Mishra, Abhishek	Namale, Briannah	Otero, Katherine A.	Pimple, Shrikant
Mishra, Ankur	Namour, Maresa	Ou, Boramy	Pineda, Erica
Mishra, Divyanshi	Nanaware, Yogita	Paans, Roxy	Pineda, Marlyne P.
Mishra, Sidhant	Narkhede, Gunjan	Padia, Vishnu	Pinet, Michelle E.
Mitchell, Lindsye L.	Narula, Shobhit	Padilla, Victor	Pinto, Liz J.
Mittal, Ujjwa	Nasaazi, Joan	Pailin, Thary	Pitrofsky, Eric
Mockler, Matt R.	Nash, Haralambos	Palaniappan, Sindhuja	Plourde, Laura K.
Moertl, Daniel	Nason, Timothy	Palermo, Louis	Poku, Manny
Mogielnicki, Nick	Natal, Yandeira	Palreddy, Raghav R.	Polefko, Andrew
Mohammed, Nomaan	Nazifi, Debbie	Paltinavich, Shannon M	Pollock, Ryan J.
Mohan, Vishnu	Neerukonda, Lakshmi N.	Pampuro, Rick P.	Popoloski, Emery A.
Mohapatra, Abinash	Nelson, Brett A.	Panigrahi, Kalpana	Post, Josh C.
Molina, Vincent	Nelson, Brian A.	Pantinas, Nick C.	Pote, Maria G.
Mollanazar, Mikela	Nelson, Ricky	Papa, Vina	Pradhan, Ranjit
Moller, Teresia	Neogy, Ruma	Papayoti, Maria H.	Prakash, Harita
Mom, Leap	Nestor, Joann S.	Papenhausen, Greg D.	Prasad, Jagdamba
Monaco, Tony E.	Nezafat, Maryam	Papneja, Varun	Prasad, Subdha
Mondal, Soumya	Ngeth, Bunra	Pappo, Alfred	Prasad, Varun
Montagut, Etienne	Ngo, Isabelle B.	Pare, Judy M.	Pream, Nate
Moore, Robert C.	Nguyen, Nhung	Parikh, Atman	Pream, Nate T.
Morelli, Brian J.	Nguyen, Quang-De	Park, Hannah E.	Pril, Tony V.
Morgan, Amanda	Nguyen, Vi	Parker, James J.	Printup, Dana M.
Morgan, Benjamin	Nicolucci, Christopher R.	Parker, Lacy L.	Provost, Jean-Claude
Morgan, Craig L.	Niedzwiecki, Dan	Partridge, Jenna N.	Prusha, Darren T.
Morrell, Adam H.	Nielson, Jake M.	Passamonti, Luca	Pun, Michael
Morrell, Jason	Nieves Huertas, Arelis	Patel, Dhruva	Pundir, Shivansh
Morrison, Cameron A.	Nirschel, Chris	Patel, Pritisha H.	Punjabi, Rinika
Morrison, Jane-Marie	NK, Harishbabu	Patel, Riya	Qi, Irene
Morsi, Omar	NM, Ramya	Patil, Amruta	Quadri, Syed M.
Moses, Jemimah	Nolet, Zachary E.	Patten, Dawn M.	Quilapio, Jenelyn

Employee Name	Employee Name	Employee Name	Employee Name	Employee Name
Quinby, Richard D.	Rodriguez, Eric	Seetharam, Amrit	Smith, Sara	Tank, Gabriel C.
Quintero, Manny	Rogers, Jodie	Sehajpal, Jyotsna	Smith-Michelin, Vickie J.	Tao, Meng
Quirbach, Eric C.	Rokadia, Zainab	Seismundo, Nicole	Snody, Melissa M.	Tarajos, Meghan
Quirk, TJ	Romano, Stephen P.	Sena Reddy Somu, Rudr	Snody, Melissa M.	Taunk, Bhimesh
Radulescu, Vlad	Rosi, Matt	Seng, Erica	Soares, Kristina	Taylor, Dan
Raduzycski, Richard K.	Rossano Ph.D., Sam	Sforzo, Kerri A.	Sobande, Crystal O.	Taylor, Danielle
Raghavan, Veera	Roth, Nat	Shah, Riva	Soiland, Michael S.	Taylor, John B.
Raghunath, Aswathy	Rotshteyn, Daniel	Shah, Vishwal	Sok, Savoeun	Taylor, Natalie
Rai, Kundan	Rowell, Steven	Shahi, Harman	Sokolewicz, John	Taylor, Ryan
Ramaswamy, Madhu	Rowland, Elizabeth	Shahi, Harman	Solem, Cinnamon T.	Teffner, Fred S.
Ramirez, Julio Cesar C.	Roy, Indrajeet	Shahid, Muhammad	Sommers, Sara M.	Tengale, Pravin Panduran
Ramisetty, Suresh Babu	Ruby, Colleen L.	Shahidullah, Khurshida	Song, Ying	TenPas, Puja
Ramos-Torres, Karla M	Rudnicki, Jeff	Shaikh, Moeez	Sordillo, Matthew P.	Tetreault Sr., Richard P.
Rana, Ritish	Rudoltz, Marc	Shamani, Mehek	Sotiropoulos, Demetri G.	Thadani, Raman
Randall, Karen	Ruff, Denise	Shangari, Shweta S.	Soto, Roman	Theum, April P.
Rappaport, James	Rumrill, Sarah	Shapiro, Eric	Sousa, Teresa R.	Thever, Sabaripriya
Rathore, Mukarram A.	Rumsey Thomas, Dela	Sharma, Anika	Spaeth, Jamie L.	Thiruvadi, Senthilvel
Raul, Uma	Rung, Jonathan	Sharma, Dipanshu	Sparks, Sharon R.	Thomas, Christopher J.
Ravelli, Jill M.	Ruster, Catherine	Sharma, Sakshi	Speich, Henry E.	Thompkins, Leslie
Ravulapati, Vindhya	Ryan, Peg	Sharples, Janine L.	Spencer, Harry	Thompsett, Ula S.
Reddy, Hemanth	Rybczynski, Adam R.	Shaw, Todd T.	Srambickal, Vinod	Thompson, Carl D.
Reddy, Sharat	Rydberg, Nicklas	Sherman, Rob S.	Srambikkal, Sejo	Thompson, Diana S.
Reeves, Stephanie D.	S, Naresh	Sherwin, Brian A.	Srivastava, Amit	Thore, Subodh
Regan, Declan	Saal, Cassidy R.	Shibley, Sam V.	St. Cyr, Randy	Thyparambil, Keerthana
Reid, Nathaniel C.	Saha, Pratima	Shilo, Jeff	Stambler, Nancy	Tilton, Wendy S.
Reilly, Sarah	Sahana, Souhik	Shirodkar, Krunal	Stamp, Brad C.	Timmons, Michael
Reiner, Chris J.	Sailan, Jaydeep	Shivakavi, Mike	Stanage, Bobbie J.	Tinaya, Kyla
Reinhardt, Katy E.	Sakala, Jonah M.	Shroff, Prakash	Stanford, Claire	Tiwari, Ashish
Renard, Bob N.	Salas, Brandon A.	Shultz, Cliff J.	Staples, Kyle	Tobin, Bill W.
Resnik, Scott J.	Salazar, Pablo	Shuping, Joanna	Stapleton, Daniel J.	Tom, Donna F.
Reyes II, Jose M.	Saldanha, Nathan	Siegel, Kirsten	Starr, Tom D.	Toncheva, Vesselina
Reyes, Jacquilyn	Salmo, Mia B.	Siegler, Robert W.	Steel, Stewart	Tote, Akshata
Reyes, Rosa M.	Sanderson, Kevin P.	Sillman, Paul E.	Steffens, Molly M.	Toth, Jennifer L.
Rezuke, Joseph	Sandjong, Patrick P.	Sim, Sodavy	Stender, Karina	Towers, Julius
Ricard, Stephane	Sangenario, Jennifer L	Simmen, David	Stepenuck, Jonathan	Tracey, Amber
Ricci, Steve M.	Sannie, Tiffany N.	Simmons, Jon S.	Stewich, Karen R.	Traglia, Lou
Richmond, Will	Santos, Brett	Simmons, Michael J.	Stone, Dawnaa	Tramontozzi, Joseph
Rideout, Zach D.	Sapienza, Jason	Simon, Ivan D.	Stow, Lisa R.	Tremblay, Amy E.
Riley, Cathleen M.	Sapp, Kevin	Singh, Ipkal	Strouss, Meghan A.	Tremont, Jennifer A.
Ringuette, Julie	Sar, Kevin	Singh, Lokender P.	Stuart, Chris	Trever, John R.
Riordan, William F.	Sassa, Karin	Singh, Neelima	Sturgill, Brian P.	Trexler, Brandy L.
Rios, Michael L.	Sathyendra, Brentha	Sinha, Anand K.	Suarez, David A.	Tridenti, Judy A.
Rivera, Angel	Sawant, Rajat	Sites, Jonathan	Subramaniyan, Gokula	Trinh, Linh
Rivera, Christopher E.	Sawarkar, Daksha	Sitthirath, Keo	Suk, Lily	Trudel, Kimberly A.
Rivera, Elena F.	Sawyer, Jenny L.	Sjostrand, Karl	Sullivan, Jim	Trufel, Yoanlli
Rivera, Emmanuel	Sayahi, Sami	Skelton, Selina	Sullivan, Melanie A.	Tsangu, Charlotte B.
Rivera, Israel	Sayed-Roshan, Manav	Slaterry, MaryKate	Sultana, Yasmeen	Tso, Ben
Rivera, Victor G.	Scammell, Robert	Small, Autumn L.	Suresh, Anusha	Tully, Trenten R.
Roach, Anita	Scartezina, Angela	Smeltzer, Ally	Suresh, Ramya	Turnas, Tara
Roberson, Jason	Schafer, Christine L.	Smith, April M.	Syed, Mohsin	Turner, Alex M.
Robinson, Simon P.	Schnebly, Keith G.	Smith, Ashley	Sylvester, Jennifer A.	Tuttle, Lauren G.
Robinson, Trasean	Schrader, Laurel-Ann	Smith, Benjamin	T, Sridevi	Tyagi, Deepanshu
Robson, Jordan A.	Schram, Jared	Smith, Brenda K.	Tah, Ankita	Tyson, Chris D.
Roccia, Anthony J.	Scott, Bryant L.	Smith, Heidi	Talukder, Neha	Tzelias, Michael A.
Rodriguez, Adriana	Scranton, Megan E.	Smith, Michael J.	Tang, Brandon K.	Tzetzto, Kristin

Employee Name	Employee Name	Employee Name
Uppara, Vijaya Kumar	Welch, Tyler	Zhang, Zoe
Upputuri, Chiranjeevi	Wendrick, Todd	Zhou, Chloe
Utsey Jr., Delton	Weslager, Bill W.	Zhu, Sam
V, Rajini	Westermann, Taylor L.	Zinader Orsini, Brooke
Vaillancourt, Kiley M.	Weston, Charles F.	Zinzuvadiya, Dharmik
Valappil, Vinayan	Wetmore, Haley L.	Zona, Kelsey M.
Valappil, Vinayan	Whitaker Sayre, Ashley F.	
Valdes, AJ	White, Benjamin R.	
Valeriano, Melody	White, Valerie	
Valerio Ramirez, Birelis	White, Vicki	
Valientes, Ana Andrea F.	Whited, Luke	
Van Kirk, Charles	Whitney Jr., Len G.	
Van Vonderer, Kelsey M.	Whitney, Ian	
Vande Poele, Jeff S.	Wiggins, John	
Vandenbossche, Chuck	Willette, Sally	
Vandenbroucke St Amar	Williams, Melissa M.	
Vanstone, Darlene A.	Williams, Michelle	
VanSumeren, Marcia L.	Williams, Wayne	
Vardhan, Pavan	Willis, Rick B.	
Vargas, Steven	Wilmot, Caroline M.	
Varshney, Deepanshu	Wilson, Earnest	
Vasconcellos, Beverly	Wilson, Stacy N.	
Vats, Shivang	Winer, Chris P.	
Veetukuri, Pradeep	Winton, Tammy M.	
Venkata, Sreedhar	Wishon, Michele L.	
Verlinden, Matt C.	Wisniewski, Julie C.	
Verma, Madhu	Wolf, Erica A.	
Verma, Richa	Wong, Lok	
Victoria, Jaylyn	Wong, Vivien	
Vigeant, Michael A.	Wongsee, Nickey	
Villa, Charlene	Wood, Derrick	
Vincent, Kirk	Wood, Jason L.	
Viswas, Raja	Wooten, Carson R.	
Vleck, Sydney	Worley, Casey A.	
Voltz, Bill	Wrench, Mary A.	
Vyas, Renuka	Wright, Christine N.	
Waghmare, Urmilla	Wynns, Ryan	
Wagner, Sabrina E.	Xu, Jackie	
Wahl, Devin	Yerdon, Wendell G.	
Waingortin, Lauren	Yerra, Suresh	
Walia, Jasvinder S.	Yi, Daniel M.	
Walsh, Danny	Yogurtian, Harout	
Walton, Joshua	Young, Mackenzie J.	
Wang, Chao	Young, Phil A.	
Wang, Zemin	Yuan, Gengyang	
Warren, Beth	Yuan, Harvey	
Warwick, Cindy	Zahara, Steven	
Wasytyshyn, Ryan J.	Zalke, Pranali	
Watson, Brittany E.	Zanengo, Zachary A.	
Watson, Rena	Zeeshan, Aliya	
Weeks, Bruce D.	Zenger, Thomas	
Wei, Helen	Zhang, Amy Y.	
Weidman, Christian	Zhang, Casey	
Weisenhoff, Michael	Zhang, Marina Y.	
Weiss, Debra J.	Zhang, Shaohui	

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, 2024

☐ 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 001-36569

LANTHEUS HOLDINGS, INC.

(Exact name of registrant as specified in its charter)

Delaware

35-2318913

(State or other jurisdiction of incorporation or organization)

(I.R.S. Employer Identification No.)

201 Burlington Road, South Building, Bedford, MA

01730

(Address of principal executive offices)

(Zip Code)

Registrant's telephone number, including area code: (978) 671-8001

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

Title of Each Class	Trading Symbol(s)	Name of Each Exchange on Which Registered
<u>Common Stock, \$0.01 par value per share</u>	<u>LNTN</u>	<u>NASDAQ Global Market</u>

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 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, or a smaller reporting company. See definitions of "large accelerated filer," "accelerated filer," "smaller reporting company," and "emerging growth company" in Rule 12b-2 of the Exchange Act.

<u>Large accelerated filer</u>	☒	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. Yes ☒

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 by Rule 12b-2 of the Act) Yes ☐ No ☒

The aggregate market value of the registrant's common stock held by non-affiliates of the registrant on June 30, 2024 was approximately \$4,238.4 million based on the last reported sale price of the registrant's common stock on the NASDAQ Global Market on June 30, 2024 of \$80.29 per share.

As of February 20, 2025 the registrant had 68,476,575 shares of common stock, \$0.01 par value, issued and outstanding.

[Table of Contents](#)**DOCUMENTS INCORPORATED BY REFERENCE**

Listed hereunder are the documents, portions of which are incorporated by reference, and the parts of this Form 10-K into which such portions are incorporated:

The Registrant's Definitive Proxy Statement for use in connection with the Annual Meeting of Stockholders to be held on May 1, 2025, portions of which are incorporated by reference into Parts II and III of this Form 10-K. The 2025 Proxy Statement will be filed with the Securities and Exchange Commission no later than 120 days after the close of our year ended December 31, 2024.

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ANNUAL REPORT ON FORM 10-K
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Some of the statements contained in this Annual Report on Form 10-K ("Form 10-K") are forward-looking statements within the meaning of Section 27A of the Securities Act of 1933, as amended (the "Securities Act"), and Section 21E of the Securities Exchange Act of 1934, as amended (the "Exchange Act"). These forward-looking statements, including, in particular, statements about our plans, strategies, prospects and industry estimates, are subject to risks and uncertainties. These statements identify prospective information and can generally be identified by words such as "anticipates," "believes," "can," "commitment," "could," "designed," "estimates," "expects," "generate," "impact," "increasing," "hopes," "intends," "launch," "likely," "long-term," "maintain," "may," "pipeline," "plans," "potential," "predict," "remain," "seek," "should," "sustain," "target," "will," "would" and similar expressions, or by express or implied discussions regarding potential acquisitions, collaborations, development and commercialization plans described in this Form 10-K, or regarding potential future revenues and expenses related to such acquisitions, collaborations, development and commercialization plans. Examples of forward-looking statements include statements we make relating to our outlook and expectations including, without limitation, in connection with:

- Continued market expansion and penetration for our established commercial products, particularly PYLARIFY and DEFINITY, in a competitive environment, and our ability to clinically and commercially differentiate our products;
- Our ability to have third parties manufacture our products and our ability to manufacture DEFINITY in our in-house manufacturing facility, in amounts and at the times needed;
- The availability of raw materials, key components, and equipment, either used in the production of our products and product candidates, or in the use by healthcare professionals ("HCPs") of our products and product candidates, including, but not limited to positron emission tomography ("PET") scanners PYLARIFY, MK-6240 and NAV-4694;
- Our ability to satisfy our obligations under our existing clinical development partnerships using MK-6240 or NAV-4694 as a research tool and under the license agreements through which we have rights to MK-6240 and NAV-4694, and to further develop and commercialize MK-6240 and NAV-4694 as approved products, including the timing for any potential regulatory submissions for these investigational assets;
- Our ability to successfully secure necessary shareholder and regulatory approvals relating to potential acquisitions, including of Life Molecular Imaging Ltd. ("Life Molecular") and Evergreen Theragnostics, Inc. ("Evergreen"), the time and expense involved in seeking to secure those approvals, potential disruption to our business operations or those of the companies we plan to acquire while the acquisitions are pending or as a result of regulatory requirements related to the acquisitions and potential disruption to operations and productivity during the integration process after necessary approvals are secured and the potential that we are unable to integrate and realize the anticipated benefits that each acquisition is predicted to bring;
- Our strategies, future prospects, and our projected growth, including revenue related to our collaboration agreements with POINT Biopharma Global Inc. ("POINT"), including our ability to obtain U.S. Food and Drug Administration ("FDA") approval for PNT2002 and PNT2003 and to be successful in the patent litigation associated with PNT2003;
- Our ability to successfully realize the anticipated benefits of our 2024 transactions with Perspective Therapeutics, Inc. ("Perspective");
- The cost, efforts and timing for clinical development, regulatory approval, adequate coding, coverage and payment, and successful commercialization of our product candidates and new clinical applications and territories for our products, in each case, that we or our strategic partners may undertake; and
- Our ability to identify opportunities to collaborate with strategic partners and to acquire or in-license additional diagnostic and therapeutic product opportunities in oncology, neurology and other strategic areas and continue to grow and advance our pipeline of products.

Forward-looking statements are based on our current expectations and assumptions regarding our business, the economy and other future conditions. Because forward-looking statements relate to the future, such statements are subject to inherent uncertainties, risks and changes in circumstances that are difficult to predict. Our actual results may differ materially from those contemplated by the forward-looking statements. These statements are neither statements of historical fact nor guarantees or assurances of future performance. The matters referred to in the forward-looking statements contained in this Form 10-K may not in fact occur. We caution you, therefore, against relying on any of these forward-looking statements. These forward-looking statements are subject to a number of risks, uncertainties and assumptions, including those described in Part I, Item 1A, "Risk Factors" of this Form 10-K.

Any forward-looking statement made by us in this Form 10-K speaks only as of the date on which it is made. Factors or events that could cause our actual results to differ may emerge from time to time, and it is not possible for us to predict all of them. We undertake no obligation to publicly update any forward-looking statement, whether as a result of new information, future developments or otherwise, except as may be required by law.

[Table of Contents](#)**SUMMARY OF MATERIAL RISKS ASSOCIATED WITH OUR BUSINESS**

Our business is subject to a number of risks, including risks that may adversely affect our business, results of operations, cash flows, and prospects. These risks are discussed more fully below and include, but are not limited to:

Risks Related to Our Portfolio of Commercial Products

- Our ability to continue to grow PYLARIFY as a commercial product is dependent on (A) the ability of PET manufacturing facilities ("PMFs") to manufacture PYLARIFY to meet product demand, or that PYLARIFY will always be available at the specific time of day preferred by the end-user, (B) our ability to maintain adequate coding, coverage, and payment for PYLARIFY, (C) our ability to promote PYLARIFY to customers and to maintain PYLARIFY as the most utilized prostate-specific membrane antigen ("PSMA") PET imaging agent, including after the expiration of transitional pass-through payment status ("TPT Status") at the end of 2024, (D) whether and when a potential generic version of PYLARIFY may enter the market and (E) our ability to clinically and commercially differentiate PYLARIFY from other products.
- Our ability to continue to (A) grow the appropriate use of DEFINITY in suboptimal echocardiograms in a competitive environment, (B) mitigate the risk of generic competition as a result of patent and regulatory exclusivity expirations, (C) maintain DEFINITY as the most utilized ultrasound enhancing agent, and (D) have third parties manufacture our products and our ability to manufacture DEFINITY in our in-house manufacturing facility.

Risks Related to Reimbursement and Regulation

- The dependence of many of our customers upon third party healthcare payors and the uncertainty of third party coverage and reimbursement rates.
- Uncertainties regarding the impact of federal and state healthcare reform measures and proposals on our business, including measures and proposals related to reimbursement for our current and potential future products, controls over drug pricing, drug pricing transparency, generic drug competition and the potential that efforts to extend or secure separate or otherwise adequate payment for radiopharmaceutical diagnostics are unsuccessful.
- The extensive government regulation and oversight we and our business partners, suppliers and contract manufacturers are subject to, the ability to comply with those regulations and the costs of compliance, including costs to comply with new regulations or changes to the interpretation of existing regulations.

Risks Related to our Business Operations and Financial Results

- Our ability to hire or retain the number of qualified personnel, particularly scientific, medical and sales personnel, required for our business.
- Our ability, and our business partners' abilities, to defend against any claims that we, or our partners, have infringed, misappropriated or otherwise violated the patent or other intellectual property rights of a third party.
- Our ability to continue to grow PYLARIFY and to successfully launch new PET diagnostic products, including MK-6240 and NAV-4694, is dependent upon the availability of PET scanners generally.
- Our ability to successfully integrate acquisitions, including of Life Molecular and Evergreen, including the potential for unforeseen expenses related to integration activities, the accuracy of our financial models, the potential for unforeseen liabilities within those businesses, the ability to integrate disparate information technology systems, retain key talent and create a merged corporate culture that successfully realizes the full potential of the combined organization.
- Our ability to introduce new products and adapt to an evolving technology and medical practice landscape.
- Our ability to influence and manage the decision-making process with our collaboration partners, in particular where our partners are responsible for the performance of certain key tasks or functions, for example related to manufacturing or regulatory strategy, or where decisions may be controlled by, or subject to the approval of our collaboration partners, who may have views that differ from our own.

Risks Related to Our and our Strategic Partners' Portfolios of Clinical Development Candidates

- Risks associated with the commercialization of our diagnostic product candidates, MK-6240 and NAV-4694, to be used in diagnosing, staging and monitoring Alzheimer's disease, including (A) our ability to satisfy our obligations under our existing clinical development partnerships using those product candidates as a research tool; (B) disagreements with the counterparties to our license agreements for MK-6240 and NAV-4694 or the former stockholders of the companies we acquired who could receive future milestone and royalty-based payments that could arise over proprietary rights, contract interpretation or the preferred course of product research, development or marketing; and (C) our ability to further

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develop and commercialize MK-6240 and NAV-4694 as approved products, including obtaining regulatory approval and gaining post-approval market acceptance and adequate coding, coverage, and payment.

- Risks associated with the development and commercialization of PNT2002, including (A) the outcome of the Phase 3 registrational clinical trial for PNT2002, which we refer to as SPLASH, after full data becomes available, (B) our ability to obtain regulatory approval for PNT2002; (C) the additional costs and risks associated with our ability to successfully launch PNT2002 as a commercial product; (D) the market and patient receptivity to PNT2002 as a radiopharmaceutical therapy; (E) the existence, availability and profile of competing products and therapies; (F) our ability to gain post-approval market acceptance and adequate coding, coverage, and payment for PNT2002; (G) POINT's ability to successfully develop and scale the manufacturing capabilities to support the launch of PNT2002; and (H) the outcome of the patent infringement claim by Endocyte, Inc. ("Endocyte"), Novartis and Purdue Research Foundation against POINT and Eli Lilly and Co ("Lilly") alleging that POINT's manufacturing and sale of PNT2002 infringes an Endocyte patent.
- Risks associated with the commercialization of PNT2003, including (A) the outcome of the patent infringement claim by Advanced Accelerator Applications USA, Inc. and Advanced Accelerator Applications SA, each a Novartis entity, in response to our filing of our Abbreviated New Drug Application; (B) our ability to obtain regulatory approval for PNT2003, including the 180-day period of generic marketing exclusivity in the U.S. market as the "first applicant," as provided under the Hatch-Waxman Act; (C) our ability to gain post-approval market acceptance and adequate coding, coverage, and payment for PNT2003; and (D) POINT's ability to successfully develop and scale the manufacturing capabilities to support the launch of PNT2003.
- Risks associated with our agreements with Perspective, including finalizing the license agreements in the event we exercise our options to do so, the value of our current and any future equity interest in Perspective, and Perspective's ability to successfully develop its alpha-particle therapy and innovative platform technology.
- Risks associated with the development of our pipeline assets, including (A) under agreements with third parties such as the license and collaboration agreement for LNTH-2401 and LNTH-2402 relating to RM2, (B) the development of LNTH-2403 and LNTH-2404, the associated investment in Radiopharm Theranostics Limited ("Radiopharm") and our co-development partnership with Radiopharm relating to the clinical development of our innovative products and product candidates in Australia.

Risks Related to our Capital Structure

- Risks related to our outstanding indebtedness and our ability to satisfy those obligations, including the 2.625% Convertible Senior Notes due 2027.
- Risks related to the ownership of our common stock.

NOTE REGARDING COMPANY REFERENCES

Unless the context requires otherwise, references to "Lantheus," "the Company," "our company," "we," "us" and "our" refer to Lantheus Holdings, Inc. and its direct and indirect wholly-owned subsidiaries; reference to "Lantheus Holdings" refer to Lantheus Holdings, Inc. and not to any of its subsidiaries; references to "LMI" refer to Lantheus Medical Imaging, Inc., the wholly owned subsidiary of Lantheus Holdings; references to "Lantheus Alpha" and "Meilleur" refer to Lantheus Alpha Therapy, LLC and Meilleur Technologies, Inc., respectively, each a wholly owned subsidiary of Lantheus Holdings; references to "Cerveau," "Lantheus Real Estate," "Lantheus Two," "Lantheus Three," and "Progenics" refer to Cerveau Technologies, Inc.; Lantheus MI Real Estate, LLC; Lantheus Two, LLC; Lantheus Three, LLC; and Progenics Pharmaceuticals, Inc., respectively, each a wholly owned subsidiary of LMI, and references to "EXINI" refer to EXINI Diagnostics AB, a wholly owned subsidiary of Progenics.

NOTE REGARDING TRADEMARKS

We own or have the rights to various trademarks, service marks and trade names, including, among others, the following: PYLARIFY®, DEFINITY®, and Find Fight and Follow® referred to in this Form 10-K. Solely for convenience, we refer to trademarks and service marks in this Form 10-K without the TM, SM and ® symbols. Those references are not intended to indicate, in any way, that we will not assert, to the fullest extent permitted under applicable law, our rights to our trademarks and service marks. Each trademark, trade name or service mark of any other company appearing in this Form 10-K is, to our knowledge, owned by that other company.

[Table of Contents](#)**PART I****Item 1. Business****Overview**

We are the leading radiopharmaceutical-focused company, delivering life-changing science to enable clinicians to Find, Fight and Follow disease to deliver better patient outcomes. We classify our products in three categories: Radiopharmaceutical Oncology, Precision Diagnostics, and Strategic Partnerships and Other Revenue. Our leading Radiopharmaceutical Oncology products help healthcare professionals ("HCPs") Find, Fight and Follow cancer. Our leading Precision Diagnostic products assist HCPs to Find and Follow diseases, with a focus in cardiology. Our Strategic Partnerships include biomarkers and digital solutions in support of our partners' therapeutic development, out-licensing agreements for non-core assets and optimization of our assets geographically.

Our commercial products are used by cardiologists, internal medicine physicians, nuclear medicine physicians, oncologists, radiologists, sonographers, technologists, and urologists working in a variety of clinical settings. We believe that our diagnostic products provide information that enables HCPs to better detect and characterize, or rule out, disease, with the potential to achieve better patient outcomes, reduce patient risk, and limit overall costs.

We produce and market our products throughout the United States (the "United States" or the "U.S."), selling primarily to hospitals, independent diagnostic testing facilities, and radiopharmacies. We sell our products outside the U.S. through a combination of direct distribution in Canada and third party distribution relationships in Europe, Canada, Australia, Asia-Pacific, Central America and South America.

Our executive offices are located in Bedford, Massachusetts, with additional offices in North Billerica, Massachusetts; Montreal, Canada and Lund, Sweden.

Chief Executive Officer Transition

On March 1, 2024, Brian Markison, became our Chief Executive Officer ("CEO"), and Mary Anne Heino retired as our CEO and became the Chair of our Board of Directors ("Board"). As part of this leadership transition, Mr. Markison assumed the role of Executive Chair of the Board as of January 23, 2024 until the effectiveness of his CEO appointment in March 2024, and Board Member Julie McHugh became Lead Independent Director.

Evolution into Fully-Integrated, Radiopharmaceutical Company

During 2024, we executed on our strategy to evolve into a fully integrated radiopharmaceutical company, supported by our increasingly diversified portfolio and our targeted initiatives to expand our pipeline, commercial, development and manufacturing capabilities. Over the course of the year and into 2025, we announced multiple strategic transactions, which further our goals to focus on new high growth markets and expand and diversify our capabilities and development pipeline with complementary assets. A brief description of these transactions is summarized below.

Pending Acquisition of Life Molecular Imaging

On January 13, 2025, we announced that we entered into a definitive agreement to acquire Life Molecular. Life Molecular is based in Berlin, Germany and is dedicated to advancing novel PET radiopharmaceutical diagnostics. The definitive agreement provides for an upfront payment of \$350.0 million and up to an additional \$400.0 million in potential earn-out and milestone payments. The transaction is expected to close in the second half of 2025, subject to the satisfaction of customary regulatory and closing conditions. This acquisition would enable us to establish a commercial franchise in Alzheimer's disease, expand our growth profile with Neuraceq, an approved Alzheimer's disease radiodiagnostic, enhance our research and development and clinical development capabilities, and strengthen our innovative radiodiagnostic pipeline.

Previously, on July 3, 2024, we acquired from Life Molecular the global rights to its clinical stage RM2, a gastrin-releasing peptide receptor ("GRPR")-targeting agent, including the associated novel, clinical-stage radiotherapeutic and radiodiagnostic pair, previously referred to as 177Lu-DOTA-RM2 and 68Ga-DOTA-RM2 (and which we now refer to as LNTH-2402 and LNTH-2401, respectively), for an upfront payment of \$35.0 million plus a \$1.0 million payment made prior to the acquisition, and potential regulatory milestone payments plus royalties (the "RM2 Asset Purchase"). GRPR is a member of the bombesin G protein-coupled receptor family, which has been found to be overexpressed in multiple cancers, including prostate, breast and lung. First-in-human dosimetry showed a favorable safety and dosimetry profile and confirmed preclinical data demonstrating dose-dependent efficacy of LNTH-2402. We intend to begin a Phase 1/2a study with LNTH-2402 in prostate cancer patients in 2025. We expect LNTH-2401 could be used as a companion diagnostic, and that together, LNTH-2401 and LNTH-2402 could potentially allow us to enter into new disease areas.

For more information on the acquisition of the global rights to RM2, see Note 21, "Acquisition of Assets" to our consolidated financial statements included in Part II, Item 8, "Financial Statements and Supplementary Data" of this Form 10-K.

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Pending Acquisition of Evergreen Theragnostics

On January 27, 2025, we announced that we entered into an Agreement and Plan of Merger (the “Evergreen Merger Agreement”) with Evergreen and Shareholder Representative Services LLC, pursuant to which we will acquire Evergreen by means of a statutory merger of our subsidiary with and into Evergreen, with Evergreen surviving as our wholly-owned subsidiary (the “Evergreen Merger”). Evergreen is a clinical-stage radiopharmaceutical company engaged in contract development and manufacturing services, as well as drug discovery and commercialization of proprietary products. Our acquisition of Evergreen would enhance our capabilities across the radiopharmaceutical value chain, specifically strengthening our clinical and commercial manufacturing capabilities in therapeutic oncology; expand our late-stage pipeline with a registrational-stage PET diagnostic agent that could complement PNT2003; and grow our early-stage pipeline with multiple clinical and pre-clinical theranostic pairs.

Acquisition of NAV-4694

On June 18, 2024, we acquired Meilleur Technologies, Inc. (“Meilleur”), including its asset NAV-4694, an investigational F-18-PET imaging agent that targets beta amyloids in Alzheimer’s disease. Under the terms of the agreement, we paid the stockholders of Meilleur (“Meilleur Stockholders”) an upfront payment of \$32.9 million and an additional \$10.0 million payment in August 2024 after the successful completion of a technology transfer. We could pay additional milestone payments upon achievement of specified U.S. regulatory milestones related to NAV-4694. We could also pay double-digit milestone payments upon achievement of specified annual commercial sales and double-digit royalty payments for research revenue and commercial sales. Research revenue is derived from partnerships with pharmaceutical companies and academic institutions that use NAV-4694 in clinical trials.

For more information, see Note 21, “*Acquisition of Assets*” to our consolidated financial statements included in Part II, Item 8, “*Financial Statements and Supplementary Data*” of this Form 10-K.

Exclusive License for Radiopharm Theranostics Limited

On June 15, 2024, we entered into an agreement with Radiopharm to acquire all of Radiopharm’s global, exclusive rights to two licensed preclinical assets for an upfront payment of \$2.0 million (the “Radiopharm Asset Purchase”). We acquired global, exclusive rights to both a monoclonal antibody that targets LRRC15, a preclinical therapeutic candidate targeting osteosarcoma, and a Trophoblast cell surface antigen 2 (“TROP2”)–targeted nanobody, a preclinical stage therapy. In connection with this acquisition, we are assuming the underlying license agreements related to the two preclinical assets, together with their respective milestone and royalty payment obligations.

For more information, see Note 21, “*Acquisition of Assets*” to our consolidated financial statements included in Part II, Item 8, “*Financial Statements and Supplementary Data*” of this Form 10-K.

Strategic Agreements with Perspective Therapeutics, Inc.

On January 8, 2024, we entered into multiple strategic agreements with Perspective, a radiopharmaceutical company that is pursuing advanced treatment applications for cancers throughout the body. Under the agreements, we obtained an option to exclusively license Perspective’s Pb212-VMT- α -NET, a clinical stage alpha therapy in development for the treatment of neuroendocrine tumors, and an option to co-develop certain early-stage therapeutic candidates targeting prostate cancer using Perspective’s innovative platform technology for an aggregate upfront payment of \$28.0 million in cash.

On March 1, 2024, we transferred the fixed assets and associated lease of our Somerset, New Jersey facility to Perspective, and the parties entered into a transition services arrangement pursuant to which we provided certain services relating to final disposal of radioactive waste and certain other related services.

During 2024, we also purchased an aggregate of 11,677,339 shares of Perspective’s common stock (the “Perspective Shares”), after giving effect to a 1-for-10 reverse stock split, resulting in the Company holding approximately 19.9% of Perspective’s outstanding common stock (or 17.35% on a fully diluted basis) as of March 6, 2024.

For more information, see Note 21, “*Acquisition of Assets*” to our consolidated financial statements included in Part II, Item 8, “*Financial Statements and Supplementary Data*” of this Form 10-K.

Other Notable Transactions

Prior to 2024, we executed on some additional transactions that are notable to our business, including the following:

Exclusive License for PNT2002 & PNT 2003

On December 20, 2022, we announced the closing of a set of strategic collaborations with POINT Biopharma Global Inc. (“POINT”), in which we were granted a license to exclusive worldwide rights (excluding Japan, South Korea, China (including Hong Kong, Macau and Taiwan), Singapore, and Indonesia) to co-develop and commercialize POINT’s PNT2002 and PNT2003 product.

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candidates. PNT2002 is a PSMA-targeted radiopharmaceutical therapy in development for the treatment of metastatic castration-resistant prostate cancer ("mCRPC"). PNT2003 is a somatostatin receptor ("SSTR") therapy with non-carrier added lutetium-177, which is in registration to treat patients with SSTR-positive neuroendocrine tumors.

On December 27, 2023, Lilly announced the completion of its acquisition of POINT. The acquisition has not impacted the status of the license agreements related to these product candidates or the work being performed in connection with those license agreements and our collaboration with POINT.

PNT2002

POINT is generally responsible for funding and development activities required for FDA approval of PNT2002, including generating all clinical and nonclinical data, analysis and other information, and we are responsible for preparing for and seeking regulatory approval, as well as performing and funding all future development and commercialization following such approval. POINT will be responsible for all manufacturing of PNT2002, subject to certain exceptions described in the license and collaboration agreement between the Company and POINT, dated November 11, 2022 (the "PNT2002 License Agreement").

The Phase 3 registrational clinical trial for PNT2002 ("SPLASH") was designed to evaluate the efficacy and safety of PNT2002 in patients with mCRPC who have progressed following treatment with an androgen receptor pathway inhibitor ("ARPI"). On December 18, 2023, we announced that the SPLASH trial met its primary endpoint, demonstrating a median radiographic progression-free survival ("rPFS") per blinded independent central review of 9.5 months for patients treated with PNT2002, compared to 6 months for patients treated with ARPI in the control arm, a statistically significant 29% reduction in the risk of radiographic progression or death (hazard ratio ("HR") 0.71; $p=0.0088$). At the time of the analysis, interim overall survival ("OS") results were immature (46% of protocol pre-specified target OS events reached), and the HR was 1.11. On September 15, 2024, we presented additional clinical data from initial topline results of SPLASH during the European Society of Medical Oncology Congress 2024. On November 6, 2024, we announced that the second interim analysis performed at 75% of protocol pre-specified overall survival events demonstrated results for both rPFS and OS that did not materially change from the interim analysis that was performed at 46% of pre-specified events. The OS results and HR in the intent-to-treat population remain confounded by the overwhelming number of patients who crossed over to receive PNT2002. Crossover adjusted analyses were post-hoc, and we are continuing to review the data and perform additional subset analyses in collaboration with our partner in preparation for further interactions on our path forward.

PNT2002 demonstrated a favorable safety profile compared to patients treated with ARPI in the control arm. Only 3.0% of patients treated with PNT2002 halted or reduced therapy as a result of treatment-emergent adverse events ("TEAEs"), compared to 11.5% of patients treated with ARPI, and 17.1% of PNT2002 patients experienced serious TEAEs compared to 23.1% of ARPI patients.

The open-label study randomized 412 patients with PSMA-expressing mCRPC who had progressed on ARPI therapy and either refused or were not eligible for chemotherapy, in a 2:1 randomization ratio. At the time of the first interim analysis, 84.6% of patients who experienced progressive disease in the control arm subsequently crossed over to receive PNT2002. SPLASH was conducted across the United States, Canada, Europe, and the United Kingdom. Eighty percent of SPLASH patients resided in North America and approximately ten percent of all participants were Black or African American.

In June 2024, Endocyte, Novartis and Purdue Research Foundation sued POINT and Lilly alleging that POINT's manufacturing and sale of PNT2002 infringes an Endocyte patent.

PNT2003

POINT is responsible for curating all data, analysis and other information necessary for regulatory approval, and supporting us in the preparation of regulatory filings for PNT2003. We are responsible for preparing for and seeking regulatory approval of all such applications, as well as performing and funding all future development and commercialization following such approval. POINT will be responsible for all manufacturing of PNT2003, subject to certain exceptions described in the license and collaboration agreement between our subsidiary, Lantheus Three and POINT, dated November 11, 2022 (the "PNT2003 License Agreement").

On January 11, 2024, we announced that our Abbreviated New Drug Application ("ANDA") for PNT2003 had been accepted for filing by the FDA. On January 26, 2024, we were sued in the District Court for the District of Delaware by Advanced Accelerator Applications USA, Inc. and Advanced Accelerator Applications SA, each a Novartis entity, for patent infringement in response to our ANDA filing and Paragraph IV certification, consistent with the process established by the Hatch-Waxman Act. Under the terms of the Hatch-Waxman Act, full FDA approval of our ANDA filing could be subject to a stay of up to 30 months. If our filing is stayed for the full 30-month period and we are successful in obtaining FDA approval, we would expect to launch PNT2003 in 2026, although there can be no assurance of that approval or timing. Based on the most recent update to the FDA's online Paragraph IV database listings, we believe we are the first applicant to have filed a substantially complete ANDA for lutetium Lu 177 dotatate containing a Paragraph IV certification under the provisions of the Hatch-Waxman Act. As the first applicant, if our ANDA is approved, we

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believe we will be eligible for 180 days of generic marketing exclusivity in the U.S. Upon approval, we believe PNT2003 will be the first radioequivalent to lutetium Lu 177 dotatate, which is indicated for the treatment of somatostatin receptor-positive gastroenteropancreatic neuroendocrine tumors ("GEP-NETs"), including foregut, midgut, and hindgut neuroendocrine tumors. We define radioequivalent as a radiopharmaceutical whose mechanism of action is determined to be equivalent to that of the reference product by the FDA, or a similar regulator outside the United States.

For more information, see Note 21, "Acquisition of Assets" to our consolidated financial statements included in Part II, Item 8, "Financial Statements and Supplementary Data" of this Form 10-K.

Our Portfolio of Commercial Products and Other Sources of Revenue

Radiopharmaceutical Oncology

Our commercial product in our Radiopharmaceutical Oncology category includes the following:

- PYLARIFY (also known as piflufolastat F-18, 18F-DCFPyL or PyL) is an F-18-labelled PSMA-targeted PET imaging agent used with PET/computed tomography ("CT"). PYLARIFY is indicated in the U.S. for PET imaging of PSMA-positive lesions in men with prostate cancer with suspected metastasis who are candidates for initial definitive therapy and in men with suspected recurrence based on elevated serum prostate-specific antigen ("PSA") levels. Piflufolastat F-18 is approved under the name PYLCLARI in Europe and licensed by us to Curium.

Precision Diagnostics

Our commercial products in our Precision Diagnostics category include the following:

- DEFINITY is an injectable ultrasound enhancing agent with perflutren-containing lipid microspheres, or microbubbles, that is used in echocardiography exams. The indication for DEFINITY in the U.S. is for use in adult and pediatric patients with suboptimal echocardiograms to opacify the left ventricular chamber and to improve the delineation of the left ventricular endocardial border. We believe we are currently the most utilized worldwide provider of ultrasound enhancing agents for use in echocardiography. DEFINITY is approved under the name LUMINITY in Europe and sold through third-party distribution relationships.
- Technelife is a Technetium ("Tc-99m") generator that provides the essential nuclear material used by radiopharmacies to radiolabel NEUROLITE, CARDIOLITE and other Tc-99m-based radiopharmaceuticals used in nuclear medicine procedures. Technelife uses Molybdenum-99 ("Mo-99") as its active ingredient.
- NEUROLITE is an injectable, Tc-99m-labeled imaging agent used with single-photon emission computed tomography ("SPECT") technology to identify the area within the brain where blood flow has been blocked or reduced due to stroke.
- Xenon-133 ("Xenon") is a radiopharmaceutical gas that is inhaled and used to assess pulmonary function and also to image cerebral blood flow. Xenon is manufactured by a third party as a bi-product of Mo-99 production and is processed and finished by us.
- CARDIOLITE, also known by its generic name sestamibi, is an injectable, Tc-99m-labeled imaging agent used in myocardial perfusion imaging ("MPI") procedures to assess blood flow to the muscle of the heart using SPECT. Included in CARDIOLITE revenues are branded CARDIOLITE and generic sestamibi revenues.

Strategic Partnerships and Other Revenue

Our commercial products in our Strategic Partnerships and Other Revenue product category include the following:

- Automated Bone Scan Index ("aBSI") automatically calculates the disease burden of prostate cancer by detecting and classifying bone scan tracer uptakes as metastatic or benign lesions using an artificial neural network. aBSI is FDA cleared and received a European Conformity Marking ("CE mark").
- aPROMISE, or PYLARIFY AI, is artificial intelligence medical device software that is designed to allow HCPs and researchers to perform standardized quantitative assessment of PSMA PET/CT images in prostate cancer, including those images obtained by using PYLARIFY.

Our Strategic Partnerships and Other Revenue, also includes revenue derived from partnerships with pharmaceutical companies and academic institutions that use our investigational products, such as MK-6240 and NAV-4694, in clinical trials as research tools, as well as royalties and other milestone payments received from our strategic partners that have commercialized products pursuant to license arrangements with us. For example, flurpiridaz is an F-18-based PET MPI agent that we previously licensed to GE Healthcare Limited ("GE Healthcare"). Flurpiridaz was approved by the FDA in 2024 under the name Flycado for PET MPI under rest or stress (pharmacologic or exercise) in adult patients with known or suspected coronary artery disease ("CAD") to evaluate for myocardial ischemia and infarction. Similarly, RELISTOR (methylnaltrexone bromide) is a treatment for opioid-induced constipation that decreases the constipating side effects induced by opioid pain medications such as morphine and codeine without diminishing their ability to relieve pain. RELISTOR is approved in two forms: a subcutaneous injection and an oral tablet. In 2011 Progenics licensed

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methylantrexone ("MNTX") along with products containing MNTX, including both approved forms of RELISTOR, to Salix Pharmaceuticals, Inc., a Bausch Health Companies, Inc. ("Bausch") and on August 2, 2023, we sold the right to the RELISTOR net sales royalties under that license agreement and retained the rights to future sales-based milestone payments.

Additional Information about our Product Categories**Radiopharmaceutical Oncology**

PYLARIFY is the most utilized radiopharmaceutical diagnostic agent indicated for PET imaging of PSMA-positive lesions in patients with prostate cancer with suspected metastasis who are candidates for initial definitive therapy and in patients with suspected recurrence based on elevated PSA levels. PYLARIFY works by binding to PSMA, a protein that is overexpressed on the surface of more than 90% of primary and metastatic prostate cancer cells. PYLARIFY works with PET/CT technology to produce a combined scan that enables the scan reader to detect and locate the disease.

According to the American Cancer Society, prostate cancer is the second most common cancer in American men - one in eight American men will be diagnosed with prostate cancer in their lifetimes and over 3.3 million American men are living with prostate cancer today. Based on estimates from third-party sources regarding the incidence of prostate cancer in men in the U.S., we believe the current market potential for PSMA PET imaging agents in the U.S. for 2025 could be about 525,000 scans, and the total addressable market by 2030 could be approximately 750,000 annual scans.

PYLARIFY is manufactured on a diverse, F-18 distributor supply network of PMFs, ensuring convenient and reliable supply. After being made on a cyclotron at a PMF, the F-18 is then combined with certain chemical ingredients in specially designed chemistry synthesis boxes to manufacture PYLARIFY. The finished PYLARIFY is then quality control tested and transferred to a radiopharmacist who prepares and dispenses patient-specific doses of the final product. Because each PMF manufacturing PYLARIFY is deemed by the FDA to be a separate manufacturing site, each is separately approved by the FDA. As of December 31, 2024, we had activated a total of 62 PMF manufacturing sites in our PMF network, up from 54 activated sites as of December 31, 2023. These additional sites provide geographic breadth, out-the-door time flexibility and added optionality. Overall, we have achieved broad national distribution of PYLARIFY with customers in 48 of 50 states, the District of Columbia and Puerto Rico.

In addition to our network of commercial PMFs, we also work with academic medical centers in the U.S. that have radioisotope-producing cyclotrons and that have expressed an interest in manufacturing PYLARIFY. For this initiative, we enter into a fee-for-service arrangement under which the academic medical center manufactures F-18 on its cyclotron and completes the manufacturing process for PYLARIFY. PYLARIFY can then be used by the academic medical center itself, and in some cases distributed to other customers under separate purchase agreements.

Our Healthcare Procedure Coding System code, which enables streamlined billing, went into effect as of January 1, 2022. In addition, effective January 1, 2022, the Centers for Medicare and Medicaid Services ("CMS") granted transitional pass-through payment status ("TPT Status") in the hospital outpatient setting for PYLARIFY, enabling traditional Medicare fee-for-service ("FFS") to provide separate payment for PYLARIFY in addition to the payment for the PET/CT procedure in that setting. TPT Status for PYLARIFY expired on December 31, 2024.

In November 2024, CMS released the final rule for its calendar year 2025 Medicare Hospital Outpatient Prospective Payment System (the "CMS 2025 OPPS Rule"), which recognizes the value and need for broad access in diagnostic radiopharmaceuticals. The rule provides separate payment for those diagnostic radiopharmaceuticals with per day costs greater than \$630. Effective January 1, 2025, CMS is maintaining separate payment for PYLARIFY after the expiration of TPT Status for the approximately 20% of patients with traditional Medicare FFS insurance coverage who are treated in the hospital outpatient setting. The calendar year 2025 payment rate for PYLARIFY is listed in Addendum B of the final rule. We plan to continue working with CMS on the potential adoption of payment based on Average Sales Price ("ASP") in the future. We have been reporting ASP since our first dose sold, helping to provide a clear path forward for CMS to potentially make payments based on ASP instead of mean unit cost ("MUC").

Our continued growth of PYLARIFY will depend on our ability to clinically and commercially differentiate PYLARIFY from other products on the market and to maintain PYLARIFY as the most utilized PSMA PET imaging agent in a competitive space. PYLARIFY's current competition is primarily two Gallium-68 ("Ga-68")-based PSMA imaging agents, an F-18-based PSMA imaging agent, and other non-PSMA-based imaging agents commonly referred to as conventional imaging. The potential for future generic entrants to the market as a result of the expiry of PYLARIFY's five-year new chemical entity ("NCE") exclusivity period in 2026, on the fifth anniversary of the FDA's approval, could generate increased competition for PYLARIFY. Continued growth and revenue contribution from PYLARIFY will also depend on our ability to differentiate PYLARIFY, including through flexible and dependable access to PYLARIFY nationally, a best-in-class customer experience and through long-term strategic contracts.

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We actively pursue patents in connection with PYLARIFY, both in the U.S. and internationally. In the U.S. for PYLARIFY, we have patents listed in the FDA's publication, "Approved Drug Products with Therapeutic Equivalence Evaluations" (the "Orange Book"), including composition of matter patents, the last of which expires in 2037. Outside of the U.S., we have, and are currently pursuing, additional patents related to piflufolastat F-18 to obtain similar patent protection as in the U.S.

See Part I, Item 1A, "Risk Factors" for information regarding certain risks associated with PYLARIFY and Part II, Item 7, "Management's Discussion and Analysis of Financial Condition and Results of Operations - Comparison of the Periods Ended December 31, 2024 and 2023 - Revenues" of this Form 10-K for further information on total revenue contributed by PYLARIFY since its approval.

Precision Diagnostics

DEFINITY is the most utilized ultrasound enhancing agent in the U.S. and is indicated for use in adult and pediatric patients with suboptimal echocardiograms to opacify the left ventricular chamber and to improve the delineation of the left ventricular endocardial border. Numerous patient conditions can decrease the quality of images of the left ventricle, the primary pumping chamber of the heart. The term DEFINITY refers to both its activated and non-activated forms.

DEFINITY is a clear, colorless, sterile liquid that, upon activation in a VIALMIX or VIALMIX RFID, medical devices specifically designed for DEFINITY, becomes a homogenous, opaque, milky white injectable suspension of perflutren-containing lipid microspheres. After activation and intravenous injection, DEFINITY opacifies the left ventricular chamber and improves the delineation of the left ventricular endocardial border, or innermost layer of tissue that lines the chamber of the left ventricle. Better visualization of the left ventricle allows clinicians to make more informed decisions about disease status.

Based on estimates from third party sources, we believe there were approximately 27 to 32 million echocardiograms performed in the U.S. in 2023 (the latest time period for which full year data is available). Assuming that between 20% and 30% of echocardiograms produce suboptimal images, as stated in the clinical literature, we estimate that approximately 5 to 10 million echocardiograms in 2023 produced suboptimal images.

Since its launch in 2001, DEFINITY has been used in imaging procedures in more than 28 million echocardiograms throughout the world. In March 2024, we received FDA approval for our supplemental new drug application for the use of DEFINITY in pediatric patients with suboptimal echocardiograms. The FDA decision was based on usage data from three pediatric clinical trials conducted with DEFINITY. We estimate that, as of December 31, 2024, DEFINITY had over 80% share of the U.S. segment for ultrasound enhancing agents in echocardiography procedures. DEFINITY currently competes with two other FDA-approved ultrasound enhancing agents, as well as echocardiography without the use of ultrasound enhancing agents and non-echocardiography imaging modalities. DEFINITY and the other FDA-approved ultrasound enhancing agents all carry an FDA-required boxed warning, which has been modified over time, to notify physicians and patients about potentially serious safety concerns or risks posed by the products. See Part I, Item 1A, "Risk Factors-Ultrasound enhancing agents may cause side effects which could limit our ability to sell DEFINITY;" of this Form 10-K for more information.

We continue to actively pursue additional patents in connection with DEFINITY, both in the U.S. and internationally. In the U.S. for DEFINITY, we have Orange Book-listed method-of-use patents, the last of which expires in 2037, as well as additional manufacturing patents that are not Orange Book-listed expiring in 2037. The Orange Book-listed patents include a patent on the use of VIALMIX RFID (see below), which expires in 2037; we have submitted additional VIALMIX RFID patent applications in major markets throughout the world.

DEFINITY is activated through the use of medical devices branded as VIALMIX and VIALMIX RFID. The activation rate and time are controlled by VIALMIX RFID through the use of radio-frequency identification technology ("RFID") to ensure reproducible activation of DEFINITY. The RFID tag, which is affixed to the vial label, enables the DEFINITY vial to be appropriately activated with the VIALMIX RFID activation device. We rely on Jubilant HollisterStier ("JHS") as a significant supplier of DEFINITY. We also produce DEFINITY in our in-house manufacturing facility at our North Billerica campus.

See Part I, Item 1A, "Risk Factors" for information regarding certain risks associated with DEFINITY and Part II, Item 7, "Management's Discussion and Analysis of Financial Condition and Results of Operations - Comparison of the Periods Ended December 31, 2024 and 2023 - Revenues" for further information on revenue contributed by DEFINITY.

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TechneLite

TechneLite is a self-contained system or generator of Tc-99m, a radioactive isotope with a six hour half-life, used by radiopharmacies to prepare various nuclear imaging agents. Tc-99m results from the radioactive decay of Mo-99, itself a radioisotope with a 66-hour half-life sourced in our supply chain in nuclear research reactors located in Belgium, South Africa and Australia from enriched uranium. The TechneLite generator houses a vertical glass column at its core that contains Mo-99, which degrades to Tc-99m. During our manufacturing process, Mo-99 is added to the column within the generator where it is adsorbed onto alumina powder. The column is sterilized, enclosed in a lead shield and further sealed in a cylindrical plastic container, which is then immediately shipped to our radiopharmacy customers. Because of the half-lives of Mo-99 and Tc-99m, radiopharmacies typically purchase TechneLite generators on a weekly basis pursuant to standing orders.

Our ability to produce and market TechneLite is highly dependent on our supply of Mo-99. See “*Raw Materials and Supply Relationships—Molybdenum-99*” below.

TechneLite is currently marketed primarily in the U.S., Canada, Central America and South America, largely to radiopharmacies that prepare unit doses of radiopharmaceutical imaging agents and ship these preparations directly to hospitals for administration to patients.

See Part II, Item 7, “*Management’s Discussion and Analysis of Financial Condition and Results of Operations - Comparison of the Periods Ended December 31, 2024 and 2023 - Revenues*” for further information on revenue contributed by TechneLite.

Strategic Partnerships and Other Revenue

We continue to seek ways to further increase the overall value of our products and product candidates. In addition to our recently announced plans to acquire Life Molecular and Evergreen, we are evaluating a number of different opportunities to collaborate, in-license or acquire additional products, product candidates, businesses and technologies to drive our future growth. In particular, we are focused on radiopharmaceutical diagnostic and therapeutic product opportunities in oncology, neurology and other strategic areas that complement our existing portfolio. Our Biomarker Solutions business focuses on advancing innovative imaging biomarker solutions, such as our investigational late-stage Alzheimer’s disease radiodiagnostic candidates, MK-6240 and NAV-4694, through collaborations with pharmaceutical companies and academic centers.

Our Biomarker Solutions business also includes our Microbubble Platform, in which we generally enter into collaborations with partners seeking to include our microbubble as part of a kit used with our partner’s medical device for therapeutic applications. In these collaborations, our microbubble is generally intended to be used as a vehicle to deliver a therapeutic drug. Our Digital Solutions business focuses on developing and commercializing 510(k) cleared and CE marked digital applications to enhance the performance of imaging agents; our Digital Solutions portfolio currently includes aBSI, aPROMISE, and PYLARIFY AI.

Oncology

As we continue to pursue expanding strategic partnerships, our Biomarker Solutions activities in oncology include:

- **Prostate Cancer** – We collaborate with pharmaceutical companies developing therapies and diagnostics in prostate cancer.
 - Curium (our licensee for piflufolastat F-18 in Europe) is commercializing piflufolastat F-18 under the name PYLCLARI in Europe. In addition, we previously entered into an agreement with Curium to add PYLARIFY to its U.S. ECLIPSE trial, a multi-center, open-label, randomized Phase 3 trial comparing the safety and efficacy of Curium’s PSMA-targeted therapeutic versus hormone therapy in patients mCRPC. PYLARIFY is being used to determine PSMA-avidity as part of patient selection.
 - We have also entered into several other separate agreements, including with POINT and Regeneron Pharmaceuticals, Inc., under which we supply PYLARIFY in connection with their clinical trials. Under a strategic collaboration with the Prostate Cancer Clinical Trial Consortium (“PCCTC”), a premier multicenter clinical research organization that specializes in prostate cancer research, our artificial intelligence (“AI”) platform is being integrated into PCCTC studies to advance the development and validation of novel AI-enabled biomarkers.
- **Pan-Oncology** - In collaboration with Ratio Therapeutics LLC (previously Noria Therapeutics, Inc.), we are developing LNTH-1363S, a novel copper-64 labeled PET imaging agent, targeting fibroblast activation protein alpha. We believe this diagnostic agent candidate could have broad potential applicability and use in oncology as well as inflammatory diseases. In 2024, we completed a Phase I study for LNTH-1363S to evaluate the pharmacokinetics, biodistribution and radiation dosimetry in adult healthy volunteers and initiated a Phase 1/2a study.

Microbubble Platform

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We previously entered into microbubble collaborations with strategic partners that are using our microbubbles in connection with the development of their medical devices. For example, CarThera SAS is developing SonoCloud, a proprietary implantable device in development for the treatment of recurrent glioblastoma that will be used in combination with our microbubbles. Similarly, Insightec Ltd. is developing a transcranial guided focused ultrasound device for the treatment of glioblastoma, as well as other neurodegenerative conditions, and such device will also be used in combination with our microbubbles.

MK-6240

MK-6240 is an investigational late-stage F-18-labeled PET imaging agent designed to detect tau protein in the form of neurofibrillary tangles in the brains of patients with known or suspected Alzheimer's disease. MK-6240 is currently in Phase 3 development and is also being used as a biomarker in more than 100 ongoing academic and industry sponsored clinical trials, many for late-stage therapeutic candidates. Research revenue is derived from the use of MK-6240 in those clinical trials and includes milestone and dose-related payments.

NAV-4694

NAV-4694 is an investigational late-stage F-18-labeled PET imaging agent that targets beta amyloid in Alzheimer's disease. NAV-4694 is currently in Phase 3 development and is also being used in academic and industry sponsored clinical trials. Research revenue is derived from the use of NAV-4694 in those clinical trials and includes milestone and dose-related payments.

RELISTOR

On August 2, 2023, we sold our right to our RELISTOR net sales royalty asset under our license agreement with Bausch; we retained the rights to future sales-based milestone payments. We received an initial payment of approximately \$98.0 million in connection with the sale. Pursuant to our license agreement with Bausch, we are eligible to receive one-time sales milestone payments upon achievement of specified U.S. net sales targets, including:

U.S. Net Sales Levels in any Single Calendar Year	Payment
In excess of \$150 million	\$15.0 million
In excess of \$200 million	\$20.0 million
In excess of \$300 million	\$30.0 million
In excess of \$750 million	\$50.0 million
In excess of \$1 billion	\$75.0 million

During the fourth quarter of 2023, the Company earned the \$15.0 million sales-based milestone payment listed above and did not earn a sales-based milestone payment in 2024. Each sales milestone payment is payable one time only, regardless of the number of times the condition is satisfied. The remaining milestone payments could be made within the same calendar year if the highest sales levels were reached in any single calendar year.

aBSI

aBSI automatically calculates the disease burden of prostate cancer by detecting and classifying bone scan tracer uptakes as metastatic or benign lesions using an artificial neural network. The cloud based aBSI was made available for clinical use in the U.S. on August 5, 2019. In February 2020, Progenies received a CE mark for the standalone workstation model of aBSI, meeting the quality standards set by the European Economic Area. In September 2020, the FDA granted 510(k) clearance for the use of aBSI as software-as-a-medical device on a GE Healthcare imaging system.

PYLARIFY AI

PYLARIFY AI is an FDA-cleared AI medical device software that is designed to allow healthcare professionals and researchers to perform standardized quantitative assessment of PSMA PET/CT images in prostate cancer, including those images obtained by using PYLARIFY. Our subsidiary, EXINI, was granted 510(k) clearance by the FDA in the U.S. and received a CE mark in Europe for aPROMISE. We commercially launched aPROMISE under the name PYLARIFY AI in the U.S. in November 2021 and the FDA granted us an additional 510(k) clearance during the second quarter of 2022.

Flurpiridaz

In 2017, we entered into a definitive, exclusive global Collaboration and License Agreement with GE Healthcare for development and worldwide commercialization of flurpiridaz, an F-18-based PET MPI agent designed to assess blood flow to the heart in patients suspected of CAD. Under the agreement, we received an upfront cash payment of \$5.0 million and are eligible to receive up to \$60.0 million in regulatory and sales milestone payments, tiered double-digit royalties on U.S. sales, and mid-single digit

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royalties on sales outside of the U.S. In September 2024, GE Healthcare announced that it had received FDA approval of flurpiridaz under the name Flyrcado for coronary artery disease diagnosis and anticipated commercialization to begin in the first half of 2025.

See Part I, Item 1A, “Risk Factors” for information regarding certain risks associated with our strategic activities.

Our Clinical Development Candidates

In addition to our commercial products and strategic partnerships with third parties, we also have ongoing clinical development programs, including the following:

- **MK-6240** is an investigational late-stage F-18-labeled PET imaging agent that targets tau tangles in Alzheimer’s disease. MK-6240 is currently in Phase 3 development and is also being used in over 100 ongoing academic and industry trials, many for late-stage therapeutic candidates.
- **NAV-4694** is an investigational late-stage F-18-labeled PET imaging agent that targets beta amyloid in Alzheimer’s disease. NAV-4694 is currently in Phase 3 development and is also being used in academic and industry sponsored clinical trials.
- **PNT2002** is an investigational PSMA-targeted radiopharmaceutical therapy for the treatment of mCRPC. On December 18, 2023, we announced positive topline results from SPLASH, the Phase 3 registrational trial for PNT2002 designed to evaluate superiority to the standard of care in mCRPC pre-chemotherapy patients who have failed one androgen receptor pathway inhibitor. At the time of the analysis, interim OS results were immature (46% of protocol pre-specified target OS events reached), and the HR was 1.11. On September 15, 2024, we presented additional clinical data from initial topline results of SPLASH during the European Society of Medical Oncology Congress 2024. On November 6, 2024, we announced that the second interim analysis performed at 75% of protocol pre-specified OS demonstrated results for both rPFS and OS that did not materially change from the interim analysis that was performed at 46% of pre-specified OS events. Crossover adjusted analyses were post hoc, and we are continuing to review the data and perform additional subset analyses in collaboration with our partner in preparation for further interactions on our path forward.
- **PNT2003** is an investigational SSTR therapy with non-carrier added lutetium-177, which is in registration to treat patients with SSTR-positive neuroendocrine tumors. On January 11, 2024, we announced that our ANDA for PNT2003, which included Paragraph IV certification, was accepted for filing by the FDA. Pursuant to the procedure set forth in the Hatch Waxman Act, we were sued for patent infringement by Advanced Accelerator Applications USA, Inc. and Advanced Accelerator Applications SA, each a Novartis entity. See Part I, Item 1, “Business - Other Notable Transactions - Exclusive License for PNT2002 & PNT2003 - PNT2003,” for more information on the litigation.
- **LNTH-1363S** is an investigational fibroblast activation protein, alpha targeted, copper-64 labeled PET imaging agent candidate that we believe could have broad potential imaging applicability and use in oncology. We completed a Phase 1 study for LNTH-1363S to evaluate the pharmacokinetics, biodistribution and radiation dosimetry in adult healthy volunteers and initiated a Phase 1/2a study.
- **LNTH-2401**, also known as 68Ga-DOTA-RM2, is a novel radiodiagnostic targeting the gastrin-releasing peptide receptor. We expect LNTH-2401 could be used as a companion diagnostic to LNTH-2402.
- **LNTH-2402**, also known as 177Lu-DOTA-RM2, is a novel gastrin-releasing peptide receptor targeted radiotherapeutic for solid tumors including prostate, breast, lung and other cancers. We intend to begin a Phase 1/2a study with LNTH-2402 in prostate cancer patients in 2025.
- **LNTH-2403**, also known as LRR15, is a leucine-Rich Repeat-Containing Protein 15 targeted radiotherapeutic. It received Orphan Drug and Rare Pediatric Disease designation from the FDA for the treatment of osteosarcoma.
- **LNTH-2404** is a Trophoblast cell surface antigen-2 targeted radiotherapeutic designed to target TROP2, an intracellular calcium signal transducer that is overexpressed in various types of adenocarcinomas with minimal expression in normal tissues and is associated with tumor aggressiveness, poor prognosis and drug resistance.

For the years ended December 31, 2024, 2023 and 2022, we invested \$168.1 million, \$77.7 million and \$311.7 million in research and development (“R&D”), respectively, primarily related to our clinical development candidates. In addition to our clinical development group, our R&D team also includes our Medical Affairs, Regulatory, Clinical Operations, Research and Pharmaceutical Development, and Isotope Strategy functions.

See Part I, Item 1A, “Risk Factors” for information regarding certain risks associated with our strategic partnerships and clinical development programs.

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>McKesson Medical-Surgical Inc.</u>		
Physical Address: <u>4435 Thompson Mill Road Buford</u>		
City: <u>Buford</u> State: <u>GA</u> Zip: <u>30519</u>		
Mailing Address (if different from physical address): <u>Same as above.</u>		
City: _____ State: _____ Zip: _____		
Telephone: _____ Website: <u>www.mckesson.com</u>		
Name of Designated Representative (DR): <u>Kim-Eva Hutchins</u>		
Licensing Company Email: <u>mckessonlicensing@mckesson.c</u> DR Email: _____		
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:

Attached

D.R

Original Signature (electronic, copies or stamps not accepted)

15 Sep 2025

Date

Please note that the disciplinary actions described below do NOT pertain to operations at the location set forth in this application.

McKesson Corporation and its wholly owned subsidiaries (hereinafter "McKesson") delivers pharmaceutical and medical products and business services to retail pharmacies and institutional providers like hospitals and health systems throughout North America and globally. Over the past 185 years, McKesson has developed multiple businesses that operate pharmacies, medical supply distribution centers, wholesale drug distribution centers, 3PL facilities, repackaging facilities, and other entities subject to federal and state regulation. Currently, McKesson owns and operates over 100 facilities in the United States that are licensed, permitted, or registered with the respective state agency with jurisdiction over its business type. We have limited this summary to disciplinary actions taken against these facilities during the time frame specified in the question or the last six years in accordance with McKesson Corporation's Records and Information Management (RIM) Policy. *The information in this statement is provided to the best of our knowledge and belief and includes all public disciplinary actions. This statement does not include any fines that are deemed non-disciplinary by the issuing state (for example, it does not include non-disciplinary Citations and Fines issued by California). Please let us know if your state requires information regarding non-disciplinary fines.*

On January 7, 2020, **McKesson Corporation** entered into a Consent Agreement and Final Order with the Iowa Board of Pharmacy regarding pseudoephedrine products that had not been included in the McKesson's Clear Lake, IA facility's annual controlled substance inventory and butalbital products that continued to be treated as legend drugs after such products became schedule III products in the state on June 26, 2019 (the "2020 Clear Lake Consent").

On January 14, 2020, **McKesson Medical-Surgical Inc.** entered into a Consent Agreement with the Arizona State Board of Pharmacy, regarding its Tempe, AZ distribution center, for shipping prescription drugs to an entity that was not properly licensed to receive them. A monetary civil penalty of \$1,000 was imposed and paid on January 14, 2020.

On February 20, 2020, in response to the DEA Settlement, McKesson Corporation entered into a final agreement with the Indiana Board of Pharmacy. The agreement applies to the McKesson distribution center located in Washington Court House, Ohio. The facility's right to distribute controlled substances into Indiana has been placed on indefinite probation until the facility's DEA Registration is fully re-instated on or about February 16, 2021. The suspension period imposed by Indiana aligns with the federal DEA suspensions and with those imposed by other states that have taken reciprocal action based on the DEA Settlement.

On May 29, 2020, the Colorado Department of Regulatory Agencies cited **McKesson Medical-Surgical Inc.** concerning its Roseville, CA distribution center for failure to submit in a timely manner, an application to the Board detailing a change of designated representative. A fine of \$1,150 was imposed and paid on July 1, 2020.

On January 27, 2021, Ohio Board of Pharmacy chose to issue a warning rather than take formal disciplinary action against **McKesson Medical-Surgical Inc.**'s Grove City, OH license. The Board conducted an investigation regarding McKesson Specialty Care Distribution LLC's sale of 3 vials of Dangerous Drugs to an unlicensed Terminal Distributor of Dangerous Drugs on August 14, 2019. This is a non-disciplinary action.

On April 20, 2021, **McKesson Medical-Surgical Inc.** entered into a Consent Agreement with the Ohio Board of Pharmacy, regarding its Leetsdale, PA distribution center, for shipping prescription drugs to an entity that was not properly licensed to receive them. A monetary civil penalty of \$1,125 was imposed and paid on April 20, 2021.

On May 05, 2021, **McKesson Medical-Surgical Inc.** entered into a Consent Agreement with the Maine Board of Pharmacy, regarding its Roseville, CA distribution center, in relation to the late reporting of a disciplinary action that was imposed by the Colorado Board of Pharmacy, for failure to report a change of designated representative within the required timeframe. A \$500 civil penalty/fine was paid on 5/7/2021.

On May 22, 2021, in response to the DEA Settlement, **McKesson Corporation** entered into a final agreement with the Illinois Department of Financial and Professional Regulation. The Illinois Consent Order applies to the McKesson distribution centers located in Aurora, Colorado, Livonia, Michigan and Washington Court House, Ohio.

- Aurora, Colorado - the facility's Illinois controlled substance was restricted. The facility was prohibited from distributing controlled substances into the state until 1/17/2020 except for various exceptions that mirror exceptions in the DEA settlement;
- Livonia, Michigan - the facility's Illinois controlled substance was restricted. The facility was prohibited from distributing controlled substances into the state until 1/17/2019 except for various exceptions that mirror exceptions in the DEA settlement; and
- Washington Court House, Ohio - the facility's Illinois controlled substance was restricted. The facility was prohibited from distributing controlled substances into the state until 1/18/2021 except for various exceptions that mirror exceptions in the DEA settlement.

On May 27, 2021, **McKesson Corporation** entered into a consent agreement with the Maine Board of Pharmacy regarding its Aurora, IL distribution center failing to report the Colorado disciplinary action to the Maine Board of Pharmacy within 10 days as required. The Colorado disciplinary action is now reported to the Maine Board of Pharmacy. The terms of the consent agreement included a fine in the amount of \$500.00.

On June 6, 2021, **McKesson Medical-Surgical Inc.** entered into a Settlement Agreement with the Ohio Board of Pharmacy, regarding its Leetsdale, PA distribution center, for shipping prescription drugs to an entity that was not properly licensed to receive them. A monetary civil penalty of \$500 was imposed and paid on June 8, 2021.

On June 15, 2021, **McKesson Medical-Surgical Inc.** entered into a Settlement Agreement with the Ohio Board of Pharmacy, regarding its Urbancrest, OH distribution center, for shipping prescription drugs to an entity that was not properly licensed to receive them. A monetary civil penalty of \$3000.00 was imposed and paid on June 15, 2021.

On June 23, 2021, **McKesson Medical-Surgical Inc.** entered into a Settlement Agreement with the Ohio Board of Pharmacy, regarding its Urbancrest, OH distribution center, for shipping prescription drugs to an entity that was not properly licensed to receive them. A monetary civil penalty of \$125 was imposed and paid on June 23, 2021.

On October 1, 2021, **McKesson Corporation** ("McKesson") entered into a non-disciplinary agreement with the Connecticut Department of Consumer Protection, regarding its Memphis, TN distribution center. The agreement resolves allegations that, from January 2015 – January 2021, McKesson sold controlled substances to a practitioner that did not have an active Connecticut Controlled Substances Certificate of Registration. McKesson made no admission of liability and there were no findings of any violation of law. A monetary penalty of \$4,500 was imposed.

On October 14, 2021, in response to the DEA Settlement, **McKesson Corporation** entered into a Settlement Agreement with the Ohio Board of Pharmacy (the "WCH Ohio Settlement"). The WCH Ohio Settlement applies to the McKesson distribution center located in Washington Court House, Ohio. The Ohio Settlement also resolved allegations of suspicious order reporting violations related to sales occurring between 2011 and 2017. Under the terms of the WCH Ohio Settlement, there were no findings of any violation of law and McKesson made no admissions to the same. McKesson was subject to a reprimand and a fine of twenty-thousand dollars (\$20,000).

On December 20, 2021, **McKesson Corporation** entered into a Consent Order with the Division of Professional Regulation of the Illinois Department of Financial and Professional Regulation (the "IDFPR") based on reciprocal state action from the 2020 Clear Lake Consent. The Illinois Consent applied to McKesson's Clear Lake, IA distribution center. Under the terms of the Illinois Consent Order, the facility was subject to a public reprimand by the IDFPR.

On January 18, 2022, **McKesson Medical-Surgical Inc.** entered into a Settlement Agreement with the Ohio Board of Pharmacy, regarding its Urbancrest, OH distribution center, for shipping prescription drugs to an entity that was not properly licensed to receive them. A monetary civil penalty of \$500 was imposed and paid on January 18, 2022.

On January 20, 2022, **McKesson Medical-Surgical Inc.** was fined by the California Board of Pharmacy related to the fact that its Middletown, PA distribution center failed to timely notify the state of California when their designated representative left the company. The designated representative required by the home state was always in place. The new designated representative is now fully licensed. McKesson Medical-Surgical Inc. paid \$700 fine. The fine is related to a non-disciplinary action.

February 15, 2022, **McKesson Corporation** entered into a Settlement Agreement with the United States Department of Justice, the United States Attorney's Office for the Western District of Tennessee, and the Drug Enforcement Administration resolving allegations of recordkeeping and reporting deficiencies at one of its packaging facilities located in Memphis, Tennessee, known as McKesson **RxPak**. McKesson RxPak ceased all operations on March 4, 2020 and is no longer in business. There are no admissions of liability or wrongdoing under the terms of the Settlement Agreement.

On March 24, 2022, **McKesson Corporation** and the California Board of Pharmacy (the "Board") entered into a settlement agreement which resolved allegations against McKesson relating to the sale of controlled substances in 2017 and 2018 to an outpatient hospital pharmacy that the pharmacy discovered were being stolen by a pharmacy employee. Pursuant to the settlement agreement, the Board publicly reprovved McKesson's Santa Fe Springs distribution center permit, and McKesson agreed to pay the board's costs related to the investigation and enforcement of the matter. As set forth in the settlement agreement, McKesson denies any allegation that it violated California laws regarding the distribution of controlled substances and there are no findings of any violation of state or federal laws.

On May 20, 2022, **McKesson Medical Surgical, Inc.**'s Urbancrest, Ohio facility entered into a consent order with the MI Dept of Licensing in connection with an Administrative Complaint from January 2022. The Administrative Complaint is a result of two settlement agreements with the Ohio BOP. Michigan states that these settlement agreements violated MCL 333.17768(2)(d). A \$500.00 fine was imposed and paid.

On July 19, 2022, **McKesson Medical Surgical, Inc.**'s Urbancrest, Ohio facility entered into a settlement agreement with the Alabama Board of Pharmacy. The Alabama discipline was in response to discipline the facility received from the Ohio Board of Pharmacy in 2021 McKesson paid a \$3,000 fine under the Alabama settlement.

On September 16, 2022, **McKesson Medical-Surgical Inc.**'s Leetsdale, PA facility entered into a consent order with the MI Dept of Licensing in connection with an Administrative Complaint from January 2022. The Administrative Complaint is a result of two settlement agreements with the Ohio BOP. Michigan states that these settlement agreements violated MCL 333.17768(2)(d). A \$500.00 fine was imposed and paid.

On October 28, 2022, **McKesson Corporation**'s Aurora, IL facility received a non-disciplinary confidential letter of concern from the Colorado State Board of Pharmacy in relation to the late reporting of the 2021 Maine Board of Pharmacy discipline. No formal action or penalty was imposed.

On July 22, 2023, **McKesson Corporation**'s Santa Fe Springs, CA distribution center entered into a Consent Order with the Alabama Board of Pharmacy. The Consent Order constitutes reciprocal disciplinary action that was based entirely on a February 22, 2022, Decision and Order from the California Board of Pharmacy. There were no new facts giving rise to the Alabama Consent. Your office was notified of the California Order on or about 03/25/2022. Pursuant to the terms of the Alabama Consent, McKesson agreed to pay a fine of \$25,000.

On April 12, 2024, **McKesson Corporation**'s Duluth, GA distribution center entered into a Public Consent Agreement with the Georgia State Board of Pharmacy. McKesson Corporation was disciplined for failure to maintain prescription drugs securely and assessed a fine of \$10,000.

On May 29, 2024, **McKesson Medical-Surgical Inc.**'s Jacksonville, FL facility entered into a Consent Agreement with the Georgia State Board of Pharmacy due to the facility changing ownership and updating their licensure prior to receiving board approval. Under O.C.G.A § 26-4-40, the Georgia State Board of Pharmacy is authorized to deny Applicants application for licensure due to changing ownership without Board Approval. Based on the Consent Agreement, McKesson

Medical-Surgical Inc shall submit a payment of One-Thousand Seven-Hundred Dollars (\$1,700) for the violation. The Board agrees to grant the ownership change and licensure update once the terms and conditions of the agreement are met.

On August 29, 2024, the Ohio Board of Pharmacy issued a Final Order to **McKesson Corporation** for activities that occurred at McKesson's former distribution center previously located in Washington Courthouse, OH for purchases of dangerous drugs from an unlicensed entity from July 2019 to April 2021. The Board imposed a monetary fine in the amount of \$2,750.00.

On August 30, 2024, **McKesson** (in addition to Cardinal Health, Inc. and Cencora, Inc. (f/k/a AmerisourceBergen Corporation) (collectively, the "Distributors")) has agreed to enter into a settlement agreement with third party payor ("TPP") plaintiffs to resolve certain opioid-related claims.

On September 12, 2024, the Idaho Board of Pharmacy ("BOP") entered into a Stipulation and Consent Order with **McKesson Medical-Surgical Inc.** ("MMS") whereby the parties mutually agree to settle two separate matters from MMS' Chino, CA and Roseville, CA distribution centers in 2020 and 2021 involving a deficient Designated Representative application and failure to timely renew its license application, respectively. The parties agree that sufficient mitigating factors exist (including the COVID-19 pandemic and various stay-at-home orders) to warrant resolution of these matters via the Stipulation and Consent Order without an admission of guilt by MMS and whereby the Stipulation and Consent Order requires MMS to pay a fine to the BOP in the amount of \$6,000 and to reimburse the BOP for investigative costs in the amount of \$5,200.

On September 25, 2024, **McKesson Corporation's** Montgomery, NY facility entered into a Settlement Agreement with the Connecticut Department of Consumer Protection Drug Control Division. Pursuant the terms of the Agreement, the Department of Consumer Protection alleged that McKesson's contracted courier failing to maintain prescription drugs securely in violation of Section 21a-115-32(b)(4) of the Regulations of Connecticut State Agencies. The Settlement Agreement shall neither be considered an admission of liability or a violation of law for any purpose, nor as evidence supporting the allegations of the Department of Consumer Protection. Per the Settlement Agreement, McKesson Corporation shall submit a payment of One Thousand Five Hundred Dollars (\$1,500) to the Department of Consumer Protection and shall be issued a Letter of Reprimand.

On November 14, 2024, **McKesson Corporation's** Montgomery, NY facility entered into a Settlement Agreement with the Connecticut Department of Consumer Protection Drug Control Division. Pursuant the terms of the Agreement, the Department of Consumer Protection alleged that McKesson's contracted courier failing to maintain prescription drugs securely in violation of Section 21a-115-32(b)(4) of the Regulations of Connecticut State Agencies. The Settlement Agreement shall neither be considered an admission of liability or a violation of law for any purpose, nor as evidence supporting the allegations of the Department of Consumer Protection. Per the Settlement Agreement, McKesson Corporation shall submit a payment of Five Thousand Dollars (\$5,000) to the Department of Consumer Protection and shall be issued a Letter of Reprimand.

On March 19th, 2025, Maryland State Board of Pharmacy (“MBOP”) and **McKesson Medical-Surgical, Inc.** (“MMS”) entered into a Pre-Charge Consent Order (“Consent Order”) after MMS self-reported distributing prescription products into Maryland from its Distribution Center in Suwanee, GA without the required wholesale distributor permits. An MMS internal investigation revealed that approximately 400 prescription orders were distributed without the permit between September 2019 and September 2024 due to a miscoding error. MMS has since updated its product classifications and implemented additional checks. As part of the Consent Order, MMS agreed to pay a \$5,000 fine to the MBOP and MBOP agreed to process MMS’ pending wholesale permit application.

On April 22, 2025, the Nevada State Board of Pharmacy (“NV BOP”) issued a citation and fine order to **McKesson Medical-Surgical, Inc.** (“MMS”) distribution center located in Chino, CA for unprofessional conduct. MMS erroneously shipped drugs to a hospice patient's home without a legitimate request, due to a mis-pick error. This action violated NAC 639.945(1)(i) and NRS 639.210(4), posing serious risks to patient safety. The NV BOP assessed an administrative fine of \$500 to MMS for the incident.

On August 20, 2025, the Michigan Board of Pharmacy issued a Consent Order and Stipulation resolving disciplinary action against **McKesson Corporation** distribution center located in Holt, MI, resulting in a fine of \$1,000. The Michigan Board of Pharmacy found violations of Mich Admin Code R 338.3141(1) and MCL 333.17768(2)(e), which require effective controls against theft and diversion of controlled substances.

If you need any additional information, please contact us at mckessonlicensing@mckesson.com.

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: Virginia

Parent Company (if any): McKesson Medical-Surgical Holdings Inc - ultimate owner McKesson Corporation publicly traded

Corporation Name: McKesson Medical-Surgical Inc.

Mailing Address: 6535 N State Highway 161

City: Irving State: TX Zip: 75039

Telephone: 972.446.4800 Email: mckessonlicensing@mckesson.com

Contact Person Name: Steven Tarantino III

Date of SEC Registration: 07/07/1994 SEC Registration Number: 2417015 Stock Exchange Symbol: MCK

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: _____

Parent Company (if any): _____

Corporation/Organization Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 6: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 7: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

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

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	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)	✓	✓	✓	✓
• ^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.

McKesson Medical-Surgical Inc.

Facility Name

Daniel Wright

Print Name of Authorized Person Submitting Application



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

15 Sep 2025

Date

Board Use Only

Date Received: 9/25/25

Amount: \$10000

NABP ACCREDITED

DRUG DISTRIBUTOR

McKesson Medical-Surgical Inc.



located at

4435 Thompson Mill Rd, Buford, GA, 30519

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

McKesson Medical-Surgical Inc. – Additional Details

Virginia company incorporated on February 27th, 1980.

Applicant:

McKesson Medical-Surgical Inc.
4435 Thompson Mill Road
Buford, GA 30519
Gwinnet
Phone: 470-949-7080
FEIN: 94-2640465

Parent Company:

McKesson Medical-Surgical Holdings Inc. – 100% Ownership
9954 Mayland Drive, Suite 4000, Richmond, VA 23233
FEIN: 13-3734754

Corporate Officers and Directors:

Stanton J. McComb, President, Director
9954 Mayland Drive, Suite 4000, Richmond, VA 23233

Gregory S. Keyes, Executive Vice President, Chief Financial Officer
9954 Mayland Drive, Suite 4000, Richmond, VA 23233

Steven Tarantino III, Vice President
9954 Mayland Drive, Suite 4000, Richmond, VA 23233

Daniel R. Wright, Vice President
9954 Mayland Drive, Suite 4000, Richmond, VA 23233

Saralisa C. Brau, Secretary
6555 State HWY 161 Irving, TX 75039

Designated Representative:

Kim-Eva Hutchins

Application Contact:

Danielle Wright, Senior Regulatory Affairs Specialist
Email: mckessonlicensing@mckesson.com
Phone [REDACTED]



Commonwealth of Virginia



State Corporation Commission

CERTIFICATE OF GOOD STANDING

I Certify the Following from the Records of the Commission:

That McKesson Medical-Surgical Inc. is duly incorporated under the law of the Commonwealth of Virginia;

That the corporation was incorporated on February 27, 1980;

That the corporation's period of duration is perpetual; and

That the corporation is in existence and in good standing in the Commonwealth of Virginia as of the date set forth below.

Nothing more is hereby certified.



Signed and Sealed at Richmond on this Date:

January 16, 2025

A handwritten signature in cursive script, reading "Bernard J. Logan".

Bernard J. Logan, Clerk of the Commission



STATE OF GEORGIA
Georgia Board of Pharmacy
Wholesaler Pharmacy
LICENSE NO. PHWH006043 Status: Active

McKesson Medical - Surgical Inc

4435 Thompson Mill Road
Buford GA 30519

Expires: 06/30/2027

Issued: 06/02/2025

Real-time license verification is available at gadch.mylicense.com/verification

Above is your wall certificate license to practice as a **Wholesaler 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
Wholesaler Pharmacy
LICENSE NO. PHWH006043 Status: Active
McKesson Medical - Surgical Inc
4435 Thompson Mill Road
Buford GA 30519

Expires: 06/30/2027

Issued: 06/02/2025

Real-time license verification is available at gadch.mylicense.com/verification

Licensee Information

Name: McKesson Medical - Surgical Inc
Owner:
DBA:
Address: 4435 Thompson Mill Road
Buford GA 30519

Primary Source License Information

Profession:	Pharmacy	License No:	PHWH006043	License Status:	Active
License Type:	Wholesaler Pharmacy	Obtained By Method:	Application	License Subtype:	
Issue Date:	6/2/2025	Expiration Date:	6/30/2027	Last Renewal Date:	

Discipline Information

- 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.

Associated Licenses

No data available

You may close this window to return to your search results

Data current as of: September 22, 2025 15:45:45

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.

Supplier	ADDRESS_1	ADDRESS_2	CITY	STATE	ZIP
PFIZER	BANK OF AMERICA	P.O. BOX 100539	ATLANTA	GA	30384
AMGEN INC	ONE AMGEN CENTER DR		THOUSAND OAKS	CA	91320
GLAXO VACCINE	3 FRANKLIN PLAZA	1600 VINE STREET	PHILADELPHIA	PA	19102



CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)
06/20/2025

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 Aon Risk Insurance Services West, Inc. Seattle WA Office 1420 Fifth Avenue Suite 3020 Seattle WA 98101-4030 USA	CONTACT NAME:	
	PHONE (A/C No. Ext): (866) 283-7122	FAX (A/C No.): (800) 363-0105
INSURED McKesson Corporation and all its subsidiaries 6555 North State Highway 161 Irving TX 75039 USA	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	
	NAIC #	
	INSURER A: Old Republic Insurance Company 24147	
	INSURER B:	
	INSURER C:	
	INSURER D:	
INSURER E:		
INSURER F:		

COVERAGES

CERTIFICATE NUMBER: 570113398855

REVISION NUMBER:

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

Limits shown are as requested

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: ☒ POLICY ☐ PROJECT ☐ LOC OTHER:			MWZY319292	07/01/2025	07/01/2026	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
A	AUTOMOBILE LIABILITY ☒ ANY AUTO ☐ OWNED AUTOS ONLY ☐ HIRED AUTOS ONLY ☐ SCHEDULED AUTOS ☐ NON-OWNED AUTOS ONLY			MWTB 319291 Self Insured for Phys Dam	07/01/2025	07/01/2026	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	
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	N/A	MWC31382625	07/01/2025	07/01/2026	☒ 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 INSURANCE ONLY.

CERTIFICATE HOLDER**CANCELLATION**

MCKESSON CORPORATION 6555 STATE HIGHWAY 161 IRVING TX 75039 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 <i>Aon Risk Insurance Services West, Inc.</i>

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ACORD 25 (2016/03)

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0420

Holder Identifier :

Certificate No : 570113398855

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)

Y

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of MDEG McKesson Medical-Surgical Inc. MDEG License # (if applicable) _____
Physical Address 4435 Thompson Mill Road
City Buford State GA Zip 30519
Mailing Address (if different from physical address) 4435 Thompson Mill Road
City Buford State GA Zip 30519
Telephone (770) 576-5980 Website www.mckesson.com
Licensing Company Email mckessonlicensing@mckesson.com

Section 2: Personal Information

First Kim-Eva Middle N/A Last Hutchins
Alias(es, nicknames, name changes, etc.) Kim-Eva Hitchcock
Date of Birth [REDACTED] SSN or ITIN [REDACTED] Sex ☐ M ☒ F ☐ X
Mailing Address 4435 Thompson Mill Road
City Buford State GA Zip 30519
Telephone (770) 576-5980 Email Kim.Hutchins@McKesson.com
Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)

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

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)

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

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

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

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

From - To (MM/YY – MM/YY)	Address	City	State	Zip
07/2023 - Present	[REDACTED]	Statham	GA	[REDACTED]
From - To (MM/YY – MM/YY)	Address	City	State	Zip
09/2006 - 07/2023	[REDACTED]	Bethlehem	GA	[REDACTED]
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	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 McKesson Medical-Surgical Inc.		From - To (MM/YY – MM/YY) 11/1998 - Current	
Business Address 4435 Thompson Mill Road		City Buford	State GA
Phone 470-760-7860	Title Operations Supervisor	Number of Employed Hours 26 years	
Description of Duties Oversee daily operations, see attached resume			

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.			
--	--	--	--

To Whom It May Concern,

My name is Kim-Eva Hutchins. Around the year 1993, I was arrested in the state of Georgia for driving with a suspended license. At the time, I was enroute to a job interview when I was pulled over and informed that my Georgia driver's license had been suspended due to an issue reported by the state of Virginia.

The suspension was the result of a misunderstanding: Virginia believed I had not paid a traffic ticket. However, I had in fact paid the ticket and had proof of payment. Unfortunately, Virginia had not received the payment at the time, which led to the suspension being reported in error.

Once the issue was clarified, the charges were dropped. I resubmitted the payment to ensure the matter was fully resolved.

Sincerely,

Kim-Eva Hutchins

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:

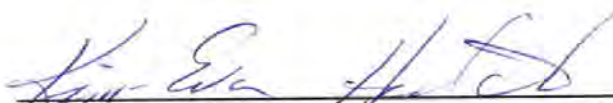
Date of Event/Arrest 04/05/1988	Disposition Date 04/21/1988	State GA	City Warner Robins	County Houston County
Case # 88040378		Governing, licensing, Arresting Presiding Body/Agency/Court Warner Robins Municipal Court		
Reason/Charge Driving while license suspended or revoked				
Plaintiff/Defendant/Claimant/Respondent N/A			Lawsuit/Arbitration/Bankruptcy N/A	
Name of Business/Industry/Entity N/A				

Provide explanation below:

I was arrested in the state of Georgia for driving with a suspended license. At the time, I was enroute to a job interview when I was pulled over and informed that my Georgia driv-er's license had been suspended due to an issue reported by the state of Virginia.

The suspension was the result of a misunderstanding: Virginia believed I had not paid a traffic ticket. However, I had in fact paid the ticket and had proof of payment. Unfortunately, Virginia had not received the payment at the time, which led to the suspension being reported in error.

Once the issue was clarified, the charges were dropped. I resubmitted the payment to en-sure the matter was fully resolved.


Original Signature (electronic, copies or stamps not accepted)


Date

This file contains confidential information. Disclosing, copying, distributing, or taking any action in reliance on the contents of this information is strictly prohibited.

FQ: GA, ATTNSPDHUTCHINS, E, Y, GA1405261E - Received 07/16/2025 12:43:11

SOURCE: CCH

FR.GASIR0000.GA0070300.*GA.TXT
ATN/ATTNSPDHUTCHINS

Georgia Crime Information Center
3121 Panthersville Road
Decatur, GA 30037
(404) 244-2639

***** CRIMINAL HISTORY RECORD *****

Produced on 2025-07-16

***** Introduction *****

This rap sheet was produced in response to the following request:

State Id Number	GA1405261E (GA)
ARN	2025SPD98
Purpose Code	E
Attention	ATTNSPDHUTCHINS

The information in this rap sheet is subject to the following caveats:

**THIS RESPONSE IS BEING PRODUCED FOR YOUR REQUEST SENT: 2025-07-16
(GA; 2007-08-11)

Important! Criminal history record information is obtained one of two ways: 1) by conducting an inquiry using personal identifiers such as name and date of birth (name search), or 2) by submitting fingerprint cards to the Georgia Crime Information Center (GCIC). When conducting a name search for criminal history record information, there is a possibility that the information returned belongs to a different person with the same, or similar, identifiers. In this case, a positive match of the person whose criminal history record is sought requires submission of fingerprint cards to GCIC. When conducting a fingerprint search for criminal history record information, the information returned does, in fact, belong to the individual. In this case, conducting a name search using the individual's personal identifiers would be the same information. (GA; 2007-08-11)

When the information contained in a criminal history report causes an adverse employment or licensing decision the individual, business or agency making the decision must inform the applicant of all information pertinent to the decision. The disclosure must include information that a criminal history record check was conducted, the specific contents of the record and the effect the record had upon the decision. Failure to provide all such information to the person subject to the adverse decision is a misdemeanor offense under Georgia law. Additionally, any unauthorized dissemination of this record or information herein also violates Georgia law. The plea of nolo contendere may be considered a

conviction for some purposes: however, except as otherwise provided by law, it shall not be used against the defendant in any other court as a conviction or admission of guilt or for the purpose of effecting any civil disqualification of the defendant to hold public office, to vote, to serve upon any jury, or any other civil disqualification imposed upon a person convicted of any offense under the laws of this state.
(GA; 2007-08-11)

In the event that identifiers are not clearly associated to a specific cycle, the information is most likely non-fingerprint based information received from the Department of Corrections at the time of release from incarceration. (GA; 2007-08-11)

***** IDENTIFICATION *****

Subject Name(s)

HITCHCOCK, KIMEVA [REDACTED]

Subject Description

State Id Number

Social Security Number

Sex

Female [REDACTED]

Race

White [REDACTED]

Height

Weight

Date of Birth

Hair Color

Eye Color

Place of Birth

***** CRIMINAL HISTORY *****

===== OTN 00014046686 (Cycle 001 of 001) =====

Offender Tracking Number (OTN)	00014046686
Earliest Event Date	1988-04-05
Offense Date	1988-04-05
Arrest SRF	32442282
Judicial SRF	32512012

Arrest	(Cycle 001)
Arrest Date	1988-04-05
Case Number	88040378
Arresting Agency	GA0760200 WARNER ROBINS POLICE DEPARTMENT
Subject's Name	HITCHCOCK, KIMEVA
Arrest Type	Adult

Charge	1
Charge Tracking Number	00014046686-001
Charge Literal	DRIVING WHILE LICENSE SUSPENDED OR REVOKED
Statute	40-5-121; GA

NCIC Offense Code 5499
State Offense Code 5412
Severity Misdemeanor

Court Disposition (Cycle 001)
Case Number 88040378
Court Agency GA076021J WARNER ROBINS MUNICIPAL COURT
Subject's Name HITCHCOCK, KIMEVA

Charge 1
Charge Tracking Number 00014046686-001
Charge Literal DRIVING WHILE LICENSE SUSPENDED OR REVOKED
Statute 40-5-121; GA
NCIC Offense Code 5499
State Offense Code 5412
Severity Misdemeanor
Disposition GUILTY (CONVICTED / ADJUDICATED) (1988-04-21;
Convicted)

Sentencing (Cycle 001)
Sentence Date 1988-04-21
Sentencing Agency GA076021J WARNER ROBINS MUNICIPAL COURT

Charge 1
Charge Tracking Number 00014046686-001
Charge Literal DRIVING WHILE LICENSE SUSPENDED OR REVOKED
Sentence CONFINEMENT 10 DAYS

***** INDEX OF AGENCIES *****

Agency WARNER ROBINS POLICE DEPARTMENT; GA0760200;
CHIEF OF POLICE
Agency Telephone 478-302-5378
Agency Facsimile 478-302-5485
Address
100 WATSON BLVD. PO BOX 8629
WARNER ROBINS, GA 310990093

Agency WARNER ROBINS MUNICIPAL COURT; GA076021J;
JUDGE
Agency Telephone 478-293-1000
Agency Facsimile 478-929-1124
Address
700 WATSON BLVD. PO BOX 8629
WARNER ROBINS, GA 31095

* * * END OF RECORD * * *

TRACKING: 07/16/2025, 12:41:28
- MKE: FR
- Source: CCH
- To: STPD
- REF: YFRXLGJB23
- ISN: 0775N7SM26

I, Kim-Eva Hutchins, certify that as the MDEG Administrator for
McKesson Medical-Surgical Inc.

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

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

Kim-Eva Hutchins

Print Name (First, Last)

Kim-Eva Hutchins
Original Signature (electronic, copies or stamps not accepted)

9/11/25
Date

Board Use Only

Date Received: 9/25/25

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 McKesson Medical-Surgical Inc.
Pharmacy/Wholesaler License # (if applicable) _____
Physical Address 4435 Thompson Mill Road
City Buford State GA Zip 30519
Mailing Address (if different from physical address) Same as above
City _____ State _____ Zip _____
Telephone 470-949-7080 Website www.mckesson.com
Licensing Company Email mckessonlicensing@mckesson.com

Section 2: Personal Information

First Kim-Eva Middle _____ Last Hutchins
Alias(es, nicknames, name changes, etc.) Kim-Eva Hitchcock
Date of Birth _____ SSN or ITIN _____ Sex ☐ M ☒ F ☐ X
Mailing Address 4435 Thompson Mill Road
City Buford State GA Zip 30519
Telephone (770) 576-5980 Email Kim.Hutchins@McKesson.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	Timberlake Regional High School			From - To (MM/YY - MM/YY)	07/79 - 06/13
Address	36 Greenough Rd	City	Winston	State	NH
Diploma/Degree obtained, if any	Highschool Diploma				

School Name	White Pines College			From - To (MM/YY - MM/YY)	09/83 - 05/84
Address	410 Chester St	City	Chester	State	NH
Diploma/Degree obtained, if any					

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

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

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

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

From - To (MM/YY - MM/YY)	Address	City	State	Zip
07/2023 - Current		Statham	GA	
From - To (MM/YY - MM/YY)	Address	City	State	Zip
09/2006 - 07/2023		Bethlehem	GA	
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	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 McKesson Medical-Surgical Inc.		From - To (MM/YY – MM/YY) 11/1998 - Current	
Business Address 1005 Satellite Boulevard		City Suwanee	State GA
Phone (678) 957-8170	Title Operations Supervisor		Zip 30024
Description of Duties Manage and oversee daily operations, ensure proper training, and record keeping.			Number of Employed Hours 26 years

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

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			

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:

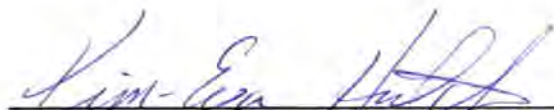
Date of Event/Arrest 04/05/1988	Disposition Date 04/21/1988	State GA	City Warner Robins	County Houston County
Case # 88040378		Governing, licensing, Arresting Presiding Body/Agency/Court Warner Robins Police Department		
Reason/Charge Driving while license suspended or revoked				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy N/A	
Name of Business/Industry/Entity N/A				

Provide explanation below:

Around the year 1993, I was arrested in the state of Georgia for driving with a suspended license. At the time, I was en-route to a job interview when I was pulled over and informed that my Georgia driver's license had been suspended due to an issue reported by the state of Virginia.

The suspension was the result of a misunderstanding: Virginia believed I had not paid a traffic ticket. However, I had in fact paid the ticket and had proof of payment. Unfortunately, Virginia had not received the payment at the time, which led to the suspension being reported in error.

Once the issue was clarified, the charges were dropped. I resubmitted the payment to ensure the matter was fully resolved.



Original Signature (electronic, copies or stamps not accepted)



Date

I, Kim-Eva Hutchins, certify that as the designated representative for
McKesson Medical-Surgical Inc.

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

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

Kim-Eva Hutchins

Print Name (First, Last)

Kim-Eva Hutchins
Original Signature (electronic, copies or stamps not accepted)

9/11/25
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.

Kim-Eva Hutchins

Print Name (First, Last)

Kim-Eva Hutchins
Original Signature (electronic, copies or stamps not accepted)

9/11/25
Date

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

State of LA, ss. County of Berrow

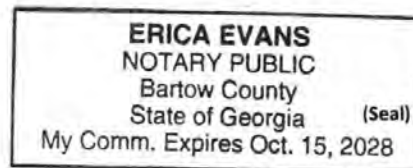
I, Kim-Eva Hutchins, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that 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.

Kim-Eva Hutchins
Original Signature

9/11/25
Date

Subscribed and Sworn to before me this 11 day of Sept 2025

Erica Evans
Notary Public Signature



Name	Location	Name	Location
Lewis Kemp	Buford, GA, USA - 4435 Thompson Mill Road	Nicola Jackson	Buford, GA, USA - 4435 Thompson Mill Road
Ronnie Henley	Buford, GA, USA - 4435 Thompson Mill Road	Pamela Miles	Buford, GA, USA - 4435 Thompson Mill Road
Jenerick Hill	Buford, GA, USA - 4435 Thompson Mill Road	Shamira Mirimi	Buford, GA, USA - 4435 Thompson Mill Road
Romario Ramjhattan	Buford, GA, USA - 4435 Thompson Mill Road	Sharon Roseboro	Buford, GA, USA - 4435 Thompson Mill Road
Frank Baxter	Buford, GA, USA - 4435 Thompson Mill Road	Sulma Zapata Moncada	Buford, GA, USA - 4435 Thompson Mill Road
Nour Bokoum	Buford, GA, USA - 4435 Thompson Mill Road	Valrie Rose	Buford, GA, USA - 4435 Thompson Mill Road
Phillip Gilstrap	Buford, GA, USA - 4435 Thompson Mill Road	ChorThai Lo	Buford, GA, USA - 4435 Thompson Mill Road
Raven Wells	Buford, GA, USA - 4435 Thompson Mill Road	Daniela Sarmiento	Buford, GA, USA - 4435 Thompson Mill Road
William Tillmon	Buford, GA, USA - 4435 Thompson Mill Road	Genesis Velazquez	Buford, GA, USA - 4435 Thompson Mill Road
Brad Turnipseed	Buford, GA, USA - 4435 Thompson Mill Road	Jami Pierson	Buford, GA, USA - 4435 Thompson Mill Road
Anthony Clayton	Buford, GA, USA - 4435 Thompson Mill Road	Jorge Pérez Roquez	Buford, GA, USA - 4435 Thompson Mill Road
Justin Foster	Buford, GA, USA - 4435 Thompson Mill Road	Milton Hernandez Chacon	Buford, GA, USA - 4435 Thompson Mill Road
kesha Nelvis	Buford, GA, USA - 4435 Thompson Mill Road	Obaro Agbanoma	Buford, GA, USA - 4435 Thompson Mill Road
Eddie Toliver	Buford, GA, USA - 4435 Thompson Mill Road	Pa Te	Buford, GA, USA - 4435 Thompson Mill Road
Melvin Ford	Buford, GA, USA - 4435 Thompson Mill Road	Robert Fresh	Buford, GA, USA - 4435 Thompson Mill Road
Adrain Burton	Buford, GA, USA - 4435 Thompson Mill Road	Roschelly Pineda	Buford, GA, USA - 4435 Thompson Mill Road
Paola Perez	Buford, GA, USA - 4435 Thompson Mill Road	Van Thang	Buford, GA, USA - 4435 Thompson Mill Road
Rencys Vielma	Buford, GA, USA - 4435 Thompson Mill Road	Brandon Nadon	Buford, GA, USA - 4435 Thompson Mill Road
Talia Chambers	Buford, GA, USA - 4435 Thompson Mill Road	Carlos Sarmiento	Buford, GA, USA - 4435 Thompson Mill Road
Alhassane Diaoune	Buford, GA, USA - 4435 Thompson Mill Road	Curtis Rosebud	Buford, GA, USA - 4435 Thompson Mill Road
Anthony Tavarez	Buford, GA, USA - 4435 Thompson Mill Road	Gregory Beriguete Angomas	Buford, GA, USA - 4435 Thompson Mill Road
Carlos Jonathan Samame Davila	Buford, GA, USA - 4435 Thompson Mill Road	John Escalante	Buford, GA, USA - 4435 Thompson Mill Road
Erin Rudley	Buford, GA, USA - 4435 Thompson Mill Road	Lorraine Broussard	Buford, GA, USA - 4435 Thompson Mill Road
Felix Manford	Buford, GA, USA - 4435 Thompson Mill Road	Malique Henderson	Buford, GA, USA - 4435 Thompson Mill Road
Gustavo Bravo	Buford, GA, USA - 4435 Thompson Mill Road	Monique Lee	Buford, GA, USA - 4435 Thompson Mill Road
Jairus Smith	Buford, GA, USA - 4435 Thompson Mill Road	Raisa Ortiz	Buford, GA, USA - 4435 Thompson Mill Road
Kokibe Sanami	Buford, GA, USA - 4435 Thompson Mill Road	Rene Deluna	Buford, GA, USA - 4435 Thompson Mill Road
Lesma Arkilley	Buford, GA, USA - 4435 Thompson Mill Road	Xiaozhou Ye	Buford, GA, USA - 4435 Thompson Mill Road
Lorenzo Mata	Buford, GA, USA - 4435 Thompson Mill Road	Bila Nuimi	Buford, GA, USA - 4435 Thompson Mill Road
Mia Islam	Buford, GA, USA - 4435 Thompson Mill Road	Denisse Santana	Buford, GA, USA - 4435 Thompson Mill Road
Michael Chukwu	Buford, GA, USA - 4435 Thompson Mill Road	Eliana Duarte	Buford, GA, USA - 4435 Thompson Mill Road
Mohammad Batan	Buford, GA, USA - 4435 Thompson Mill Road	Florinel Marica	Buford, GA, USA - 4435 Thompson Mill Road
Nicholas Knipe	Buford, GA, USA - 4435 Thompson Mill Road	Franelicia Quezada	Buford, GA, USA - 4435 Thompson Mill Road
Raul Hidalgo	Buford, GA, USA - 4435 Thompson Mill Road	Maria Soto	Buford, GA, USA - 4435 Thompson Mill Road
Rosangelica Ojeda	Buford, GA, USA - 4435 Thompson Mill Road	Melquis Amador Martinez	Buford, GA, USA - 4435 Thompson Mill Road
Stanford Smith	Buford, GA, USA - 4435 Thompson Mill Road	Ngun Thang	Buford, GA, USA - 4435 Thompson Mill Road
Tatiya Tantimawanich	Buford, GA, USA - 4435 Thompson Mill Road	Randaah Wilson	Buford, GA, USA - 4435 Thompson Mill Road
Thierno Balde	Buford, GA, USA - 4435 Thompson Mill Road	Yauk Nann	Buford, GA, USA - 4435 Thompson Mill Road
Trong Nguyen	Buford, GA, USA - 4435 Thompson Mill Road	Abdul Sulemana	Buford, GA, USA - 4435 Thompson Mill Road
Wander Mojica	Buford, GA, USA - 4435 Thompson Mill Road	Alberto Arthur	Buford, GA, USA - 4435 Thompson Mill Road
Breonca Wade	Buford, GA, USA - 4435 Thompson Mill Road	Hammad Hussain	Buford, GA, USA - 4435 Thompson Mill Road
Cutid Kelly	Buford, GA, USA - 4435 Thompson Mill Road	Kayla Foster	Buford, GA, USA - 4435 Thompson Mill Road
Marilyn Fland	Buford, GA, USA - 4435 Thompson Mill Road	Larry Poe	Buford, GA, USA - 4435 Thompson Mill Road
Mia Guzman	Buford, GA, USA - 4435 Thompson Mill Road	LaTrese Judkins	Buford, GA, USA - 4435 Thompson Mill Road
Peter Abisai Rodriguez Ortiz	Buford, GA, USA - 4435 Thompson Mill Road	Martin Hule	Buford, GA, USA - 4435 Thompson Mill Road
Samuell Hutchins	Buford, GA, USA - 4435 Thompson Mill Road	Phil Seiders	Buford, GA, USA - 4435 Thompson Mill Road
Scott Sabellona	Buford, GA, USA - 4435 Thompson Mill Road	Raquel Lopez	Buford, GA, USA - 4435 Thompson Mill Road
Singsavath Hongkham	Buford, GA, USA - 4435 Thompson Mill Road	Ronnie Heard	Buford, GA, USA - 4435 Thompson Mill Road
Tivonee Dunlap	Buford, GA, USA - 4435 Thompson Mill Road	Abdulkader Ahmed	Buford, GA, USA - 4435 Thompson Mill Road
Angely Puello	Buford, GA, USA - 4435 Thompson Mill Road	Alpha Diallo	Buford, GA, USA - 4435 Thompson Mill Road
Britani Jennings	Buford, GA, USA - 4435 Thompson Mill Road	Angel Wilson	Buford, GA, USA - 4435 Thompson Mill Road
Fayez Bazz	Buford, GA, USA - 4435 Thompson Mill Road	Ath Im	Buford, GA, USA - 4435 Thompson Mill Road
Jerrica Williams	Buford, GA, USA - 4435 Thompson Mill Road	Biak Muana	Buford, GA, USA - 4435 Thompson Mill Road
Juan Gomez	Buford, GA, USA - 4435 Thompson Mill Road	David Aponte	Buford, GA, USA - 4435 Thompson Mill Road
Louis Shockley	Buford, GA, USA - 4435 Thompson Mill Road	Diana Cardona	Buford, GA, USA - 4435 Thompson Mill Road

Matthew Doctor	Buford, GA, USA - 4435 Thompson Mill Road	Doeun Rin	Buford, GA, USA - 4435 Thompson Mill Road
Pamela Dossett	Buford, GA, USA - 4435 Thompson Mill Road	Emmanuel Wellington	Buford, GA, USA - 4435 Thompson Mill Road
Simon Robinson	Buford, GA, USA - 4435 Thompson Mill Road	Jared German	Buford, GA, USA - 4435 Thompson Mill Road
Tawanna Billings	Buford, GA, USA - 4435 Thompson Mill Road	Jarrall Meadows	Buford, GA, USA - 4435 Thompson Mill Road
Walter Banks	Buford, GA, USA - 4435 Thompson Mill Road	Kayla Ngoeun	Buford, GA, USA - 4435 Thompson Mill Road
Angela Jordan	Buford, GA, USA - 4435 Thompson Mill Road	Lesley Velarde	Buford, GA, USA - 4435 Thompson Mill Road
Daniel Tyson	Buford, GA, USA - 4435 Thompson Mill Road	Mamadou Sakho	Buford, GA, USA - 4435 Thompson Mill Road
Darrell Williams	Buford, GA, USA - 4435 Thompson Mill Road	Mamoudou Conde	Buford, GA, USA - 4435 Thompson Mill Road
Edward Miller	Buford, GA, USA - 4435 Thompson Mill Road	Markcus Toney	Buford, GA, USA - 4435 Thompson Mill Road
Ignatius Thang	Buford, GA, USA - 4435 Thompson Mill Road	Maryflor Sanchez	Buford, GA, USA - 4435 Thompson Mill Road
Justin Brown	Buford, GA, USA - 4435 Thompson Mill Road	Michael Simons	Buford, GA, USA - 4435 Thompson Mill Road
Kevon Rolle	Buford, GA, USA - 4435 Thompson Mill Road	Than Zuala	Buford, GA, USA - 4435 Thompson Mill Road
Luel Babu	Buford, GA, USA - 4435 Thompson Mill Road	Claudiu Aciu	Buford, GA, USA - 4435 Thompson Mill Road
Manuel Ramirez	Buford, GA, USA - 4435 Thompson Mill Road	Corey Williams	Buford, GA, USA - 4435 Thompson Mill Road
Ronald Lomax	Buford, GA, USA - 4435 Thompson Mill Road	Edward Cherry	Buford, GA, USA - 4435 Thompson Mill Road
Santiago Hoyos Wagner	Buford, GA, USA - 4435 Thompson Mill Road	Eldin Sisic	Buford, GA, USA - 4435 Thompson Mill Road
Tha Llan	Buford, GA, USA - 4435 Thompson Mill Road	Gerard Atkins	Buford, GA, USA - 4435 Thompson Mill Road
Chi Lam Ung	Buford, GA, USA - 4435 Thompson Mill Road	Gilbert Alvarez	Buford, GA, USA - 4435 Thompson Mill Road
Courtney Chesser	Buford, GA, USA - 4435 Thompson Mill Road	Glenn Walker	Buford, GA, USA - 4435 Thompson Mill Road
Cristhian Branco	Buford, GA, USA - 4435 Thompson Mill Road	Hady Santoso	Buford, GA, USA - 4435 Thompson Mill Road
Daniel Hammond	Buford, GA, USA - 4435 Thompson Mill Road	Jake Roberts	Buford, GA, USA - 4435 Thompson Mill Road
Darwin Sanchez	Buford, GA, USA - 4435 Thompson Mill Road	Jason Roberts	Buford, GA, USA - 4435 Thompson Mill Road
Hamidou Balde	Buford, GA, USA - 4435 Thompson Mill Road	Jimmy Brown	Buford, GA, USA - 4435 Thompson Mill Road
Jhohan Peña	Buford, GA, USA - 4435 Thompson Mill Road	Josh Brown	Buford, GA, USA - 4435 Thompson Mill Road
Jorge Leon	Buford, GA, USA - 4435 Thompson Mill Road	Kayla Rogers	Buford, GA, USA - 4435 Thompson Mill Road
Jose Chirinos	Buford, GA, USA - 4435 Thompson Mill Road	Kenyon Dunbar	Buford, GA, USA - 4435 Thompson Mill Road
Jovita Velez	Buford, GA, USA - 4435 Thompson Mill Road	Mario Bigby	Buford, GA, USA - 4435 Thompson Mill Road
Keith Miller	Buford, GA, USA - 4435 Thompson Mill Road	Mel Parker	Buford, GA, USA - 4435 Thompson Mill Road
Kwaku Baah	Buford, GA, USA - 4435 Thompson Mill Road	Miguel A Barrientos	Buford, GA, USA - 4435 Thompson Mill Road
Lai Pui	Buford, GA, USA - 4435 Thompson Mill Road	Raul Equite Larios	Buford, GA, USA - 4435 Thompson Mill Road
Mary Tavenner	Buford, GA, USA - 4435 Thompson Mill Road	Roberto Tejada	Buford, GA, USA - 4435 Thompson Mill Road
Norma Aleman	Buford, GA, USA - 4435 Thompson Mill Road	Tom Jozwiak	Buford, GA, USA - 4435 Thompson Mill Road
Reynold Walker	Buford, GA, USA - 4435 Thompson Mill Road	William Martinez	Buford, GA, USA - 4435 Thompson Mill Road
Sang Puia	Buford, GA, USA - 4435 Thompson Mill Road	Clarence Hightower	Buford, GA, USA - 4435 Thompson Mill Road
Victor Alvarado	Buford, GA, USA - 4435 Thompson Mill Road	Curtis Ezell	Buford, GA, USA - 4435 Thompson Mill Road
Belinda Mobley	Buford, GA, USA - 4435 Thompson Mill Road	Dylan Johnson	Buford, GA, USA - 4435 Thompson Mill Road
Denny Taveras	Buford, GA, USA - 4435 Thompson Mill Road	Earl Johnson	Buford, GA, USA - 4435 Thompson Mill Road
Kristen Sumpter	Buford, GA, USA - 4435 Thompson Mill Road	Emmanuel Andre	Buford, GA, USA - 4435 Thompson Mill Road
Stephanie Young	Buford, GA, USA - 4435 Thompson Mill Road	Franklin Johnston	Buford, GA, USA - 4435 Thompson Mill Road
Edwardo Conde	Buford, GA, USA - 4435 Thompson Mill Road	Jamal Mcfarlande	Buford, GA, USA - 4435 Thompson Mill Road
Martin Rodriguez	Buford, GA, USA - 4435 Thompson Mill Road	James Gleaton	Buford, GA, USA - 4435 Thompson Mill Road
Marvin Gardner	Buford, GA, USA - 4435 Thompson Mill Road	Marcus Henry	Buford, GA, USA - 4435 Thompson Mill Road
Ayrton Paredes	Buford, GA, USA - 4435 Thompson Mill Road	Pierre Robinson	Buford, GA, USA - 4435 Thompson Mill Road
Bernice Appoh	Buford, GA, USA - 4435 Thompson Mill Road	Alexis Ward	Buford, GA, USA - 4435 Thompson Mill Road
Jimmy Tran	Buford, GA, USA - 4435 Thompson Mill Road	Ana Samame	Buford, GA, USA - 4435 Thompson Mill Road
Najma Wajid	Buford, GA, USA - 4435 Thompson Mill Road	Elcey Joseph	Buford, GA, USA - 4435 Thompson Mill Road
Neethu Jacob	Buford, GA, USA - 4435 Thompson Mill Road	Jennyfer Diaz	Buford, GA, USA - 4435 Thompson Mill Road
Alen Pasic	Buford, GA, USA - 4435 Thompson Mill Road	Josselyn Tejada	Buford, GA, USA - 4435 Thompson Mill Road
Christopher Ortiz	Buford, GA, USA - 4435 Thompson Mill Road	Kristen Darko	Buford, GA, USA - 4435 Thompson Mill Road
Kimberly Campbell	Buford, GA, USA - 4435 Thompson Mill Road	Luciana T Garcia	Buford, GA, USA - 4435 Thompson Mill Road
Lamar Finch	Buford, GA, USA - 4435 Thompson Mill Road	Maria Jhovana Solano Vargas	Buford, GA, USA - 4435 Thompson Mill Road
Tyisha Frederick	Buford, GA, USA - 4435 Thompson Mill Road	Martha Victoras	Buford, GA, USA - 4435 Thompson Mill Road
Yadisha Roman	Buford, GA, USA - 4435 Thompson Mill Road	Solciret Briceno	Buford, GA, USA - 4435 Thompson Mill Road
Anita Maisuria	Buford, GA, USA - 4435 Thompson Mill Road	Wilnath Carolina Gutiérrez Lopez	Buford, GA, USA - 4435 Thompson Mill Road
Antonio Hodges	Buford, GA, USA - 4435 Thompson Mill Road	Yelitza Ramos	Buford, GA, USA - 4435 Thompson Mill Road

Dawn McPherson	Buford, GA, USA - 4435 Thompson Mill Road	Yoxelys Delgadillo	Buford, GA, USA - 4435 Thompson Mill Road
Eleni Degefu	Buford, GA, USA - 4435 Thompson Mill Road	Alexander Bannerman	Buford, GA, USA - 4435 Thompson Mill Road
Eric Garcia	Buford, GA, USA - 4435 Thompson Mill Road	Chee Wai Lai	Buford, GA, USA - 4435 Thompson Mill Road
Hawa Camara	Buford, GA, USA - 4435 Thompson Mill Road	Georgette Yopez	Buford, GA, USA - 4435 Thompson Mill Road
Irene Slocum	Buford, GA, USA - 4435 Thompson Mill Road	NaTasha Judkins	Buford, GA, USA - 4435 Thompson Mill Road
Kadidiatou Diakhaby	Buford, GA, USA - 4435 Thompson Mill Road	Pam Jackson	Buford, GA, USA - 4435 Thompson Mill Road
Maria Romero	Buford, GA, USA - 4435 Thompson Mill Road	Pete Hedrick	Buford, GA, USA - 4435 Thompson Mill Road
Phuong Nguyen	Buford, GA, USA - 4435 Thompson Mill Road	Regina Johnston	Buford, GA, USA - 4435 Thompson Mill Road
Truc Phan	Buford, GA, USA - 4435 Thompson Mill Road	Richard Mensah	Buford, GA, USA - 4435 Thompson Mill Road
Aaron Jersey	Buford, GA, USA - 4435 Thompson Mill Road	Helen Thluai	Buford, GA, USA - 4435 Thompson Mill Road
Amadou Sy Savane	Buford, GA, USA - 4435 Thompson Mill Road	Jerimey Best	Buford, GA, USA - 4435 Thompson Mill Road
Barbara Richardson	Buford, GA, USA - 4435 Thompson Mill Road	Jimmie McClendon	Buford, GA, USA - 4435 Thompson Mill Road
Bryon K Johnson	Buford, GA, USA - 4435 Thompson Mill Road	John Taylor	Buford, GA, USA - 4435 Thompson Mill Road
Crisleudy Perez De Nunez	Buford, GA, USA - 4435 Thompson Mill Road	Kevin van der Veen	Buford, GA, USA - 4435 Thompson Mill Road
Daouda Hann	Buford, GA, USA - 4435 Thompson Mill Road	Kim-Eva Hutchins	Buford, GA, USA - 4435 Thompson Mill Road
Donovan McLean	Buford, GA, USA - 4435 Thompson Mill Road	Rocio Nunez	Buford, GA, USA - 4435 Thompson Mill Road
Mickey McNair	Buford, GA, USA - 4435 Thompson Mill Road	Valerie Peay	Buford, GA, USA - 4435 Thompson Mill Road
Sam Olusanya	Buford, GA, USA - 4435 Thompson Mill Road	Eric Agyemang	Buford, GA, USA - 4435 Thompson Mill Road
Adamu Yussif	Buford, GA, USA - 4435 Thompson Mill Road	Helene Camara	Buford, GA, USA - 4435 Thompson Mill Road
Andreina Cordero	Buford, GA, USA - 4435 Thompson Mill Road	Jember Balga	Buford, GA, USA - 4435 Thompson Mill Road
Anyeliz Chacin	Buford, GA, USA - 4435 Thompson Mill Road	Jesse Douglas	Buford, GA, USA - 4435 Thompson Mill Road
Cerimar Diaz	Buford, GA, USA - 4435 Thompson Mill Road	Ngoc Loan To	Buford, GA, USA - 4435 Thompson Mill Road
Cher Zing	Buford, GA, USA - 4435 Thompson Mill Road	Norma De La Cruz	Buford, GA, USA - 4435 Thompson Mill Road
Elizabeth Quartey	Buford, GA, USA - 4435 Thompson Mill Road	Rodolfo Villagomez	Buford, GA, USA - 4435 Thompson Mill Road
Genesis Asare	Buford, GA, USA - 4435 Thompson Mill Road	Steyania Johnson	Buford, GA, USA - 4435 Thompson Mill Road
Kaedyn Covington	Buford, GA, USA - 4435 Thompson Mill Road	Alejandro Machado	Buford, GA, USA - 4435 Thompson Mill Road
Kimberly Garcia	Buford, GA, USA - 4435 Thompson Mill Road	Alfredo Prieto	Buford, GA, USA - 4435 Thompson Mill Road
Mai Par	Buford, GA, USA - 4435 Thompson Mill Road	Champhirak Kong	Buford, GA, USA - 4435 Thompson Mill Road
Noela Men	Buford, GA, USA - 4435 Thompson Mill Road	Daisy Soto	Buford, GA, USA - 4435 Thompson Mill Road
Rozalia Si	Buford, GA, USA - 4435 Thompson Mill Road	Del Arkilley	Buford, GA, USA - 4435 Thompson Mill Road
Run Zahau	Buford, GA, USA - 4435 Thompson Mill Road	Dixon Ocando	Buford, GA, USA - 4435 Thompson Mill Road
Shazma Rizwan	Buford, GA, USA - 4435 Thompson Mill Road	Efetite Ogbevire	Buford, GA, USA - 4435 Thompson Mill Road
Siang Sung	Buford, GA, USA - 4435 Thompson Mill Road	Eric Merriman	Buford, GA, USA - 4435 Thompson Mill Road
Sul Lan	Buford, GA, USA - 4435 Thompson Mill Road	Jankl Smith	Buford, GA, USA - 4435 Thompson Mill Road
Susamma Sam	Buford, GA, USA - 4435 Thompson Mill Road	Jamicheal Turner	Buford, GA, USA - 4435 Thompson Mill Road
syed usman Iqbal	Buford, GA, USA - 4435 Thompson Mill Road	Jimil Martin	Buford, GA, USA - 4435 Thompson Mill Road
Thi Nguyen	Buford, GA, USA - 4435 Thompson Mill Road	Joel Antoine	Buford, GA, USA - 4435 Thompson Mill Road
Van Huu Vu	Buford, GA, USA - 4435 Thompson Mill Road	Macky Diallo	Buford, GA, USA - 4435 Thompson Mill Road
wajid iqbal	Buford, GA, USA - 4435 Thompson Mill Road	Michelle Gonzalez	Buford, GA, USA - 4435 Thompson Mill Road
Yasmin Alicia Mendoza De Lucena	Buford, GA, USA - 4435 Thompson Mill Road	Sheron Brown	Buford, GA, USA - 4435 Thompson Mill Road
Yesenia Aponte	Buford, GA, USA - 4435 Thompson Mill Road	Tilvia Addison	Buford, GA, USA - 4435 Thompson Mill Road
Zam Mawi	Buford, GA, USA - 4435 Thompson Mill Road	Victor Garcia	Buford, GA, USA - 4435 Thompson Mill Road
Akeem Vernon	Buford, GA, USA - 4435 Thompson Mill Road	Yatcer A Valecillos Zuleta	Buford, GA, USA - 4435 Thompson Mill Road
Asantay Ramsey	Buford, GA, USA - 4435 Thompson Mill Road	Adenis Rodriguez	Buford, GA, USA - 4435 Thompson Mill Road
Buah Nu	Buford, GA, USA - 4435 Thompson Mill Road	Andrea Lewis	Buford, GA, USA - 4435 Thompson Mill Road
Chhoeuth Seang	Buford, GA, USA - 4435 Thompson Mill Road	Atsu Emmanuel Akligo	Buford, GA, USA - 4435 Thompson Mill Road
Chundra Jones	Buford, GA, USA - 4435 Thompson Mill Road	Charise Vaughn	Buford, GA, USA - 4435 Thompson Mill Road
Elhadji Diallo	Buford, GA, USA - 4435 Thompson Mill Road	Duyentrang Le	Buford, GA, USA - 4435 Thompson Mill Road
Hai Nguyen	Buford, GA, USA - 4435 Thompson Mill Road	Joyce Dempsey	Buford, GA, USA - 4435 Thompson Mill Road
Heidy Uron	Buford, GA, USA - 4435 Thompson Mill Road	Lesi Yopez	Buford, GA, USA - 4435 Thompson Mill Road
Janett Gallardo	Buford, GA, USA - 4435 Thompson Mill Road	Man Lun	Buford, GA, USA - 4435 Thompson Mill Road
Jenesis Rueda	Buford, GA, USA - 4435 Thompson Mill Road	Michael Vaden	Buford, GA, USA - 4435 Thompson Mill Road
Loan Nguyen	Buford, GA, USA - 4435 Thompson Mill Road	Mireya Fland	Buford, GA, USA - 4435 Thompson Mill Road
Maria Galicia Martinez	Buford, GA, USA - 4435 Thompson Mill Road	Moy Phouanesouvanh	Buford, GA, USA - 4435 Thompson Mill Road
Mousto Balde	Buford, GA, USA - 4435 Thompson Mill Road	Myhang Ngo	Buford, GA, USA - 4435 Thompson Mill Road

Myhien Nguyen	Buford, GA, USA - 4435 Thompson Mill Road	Phidella Hatsu	Buford, GA, USA - 4435 Thompson Mill Road
Phuc Nguyen	Buford, GA, USA - 4435 Thompson Mill Road	Tha Kim	Buford, GA, USA - 4435 Thompson Mill Road
Tamarion Mosley	Buford, GA, USA - 4435 Thompson Mill Road	Thuy Linh Le	Buford, GA, USA - 4435 Thompson Mill Road
Amanda Lopez	Buford, GA, USA - 4435 Thompson Mill Road	Thuy Pham	Buford, GA, USA - 4435 Thompson Mill Road
Comeisha Hopkins	Buford, GA, USA - 4435 Thompson Mill Road	Veronica Graham	Buford, GA, USA - 4435 Thompson Mill Road
Dawud Washington	Buford, GA, USA - 4435 Thompson Mill Road	Yoselin Ruiz	Buford, GA, USA - 4435 Thompson Mill Road
Eldrich Granger	Buford, GA, USA - 4435 Thompson Mill Road	Adelaida Angomas	Buford, GA, USA - 4435 Thompson Mill Road
Shedrick Elmore	Buford, GA, USA - 4435 Thompson Mill Road	Altagracia Castillo	Buford, GA, USA - 4435 Thompson Mill Road
Amanda Gomez Morales	Buford, GA, USA - 4435 Thompson Mill Road	Daniel Sarmiento	Buford, GA, USA - 4435 Thompson Mill Road
Aniefiok Inim	Buford, GA, USA - 4435 Thompson Mill Road	David Camacho Quiroz	Buford, GA, USA - 4435 Thompson Mill Road
Bosede Ajayi	Buford, GA, USA - 4435 Thompson Mill Road	Emellis Aquino	Buford, GA, USA - 4435 Thompson Mill Road
Brandon Hauser	Buford, GA, USA - 4435 Thompson Mill Road	Jean Luis Gomez Eduardo	Buford, GA, USA - 4435 Thompson Mill Road
Cenobia Andrade	Buford, GA, USA - 4435 Thompson Mill Road	Ledys M Del Rosario	Buford, GA, USA - 4435 Thompson Mill Road
Donna Smith	Buford, GA, USA - 4435 Thompson Mill Road	Leon Wedderburn	Buford, GA, USA - 4435 Thompson Mill Road
Felicite Brownlee	Buford, GA, USA - 4435 Thompson Mill Road	Luis Rogelio Nevarez Cardoza	Buford, GA, USA - 4435 Thompson Mill Road
Hlawn Mawi	Buford, GA, USA - 4435 Thompson Mill Road	Michael Osho	Buford, GA, USA - 4435 Thompson Mill Road
James Brantley	Buford, GA, USA - 4435 Thompson Mill Road	Pamela Enenmuo	Buford, GA, USA - 4435 Thompson Mill Road
Lakessia Harris	Buford, GA, USA - 4435 Thompson Mill Road	Phun Sang	Buford, GA, USA - 4435 Thompson Mill Road
Moriah Evans	Buford, GA, USA - 4435 Thompson Mill Road	Thang Lian	Buford, GA, USA - 4435 Thompson Mill Road
		Thawng Zahau	Buford, GA, USA - 4435 Thompson Mill Road
		TV Vu	Buford, GA, USA - 4435 Thompson Mill Road

**UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549
FORM 10-K**

☒ **ANNUAL REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934**
For the fiscal year ended **March 31, 2025**

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: **1-13252**

McKESSON

McKESSON CORPORATION

(Exact name of registrant as specified in its charter)

Delaware

94-3207296

(State or other jurisdiction of incorporation or organization)

(I.R.S. Employer Identification No.)

6555 State Hwy 161,

Irving, TX 75039

(Address of principal executive offices, including zip code)

(972) 446-4800

(Registrant's telephone number, including area code)

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

<i>(Title of each class)</i>	<i>(Trading Symbol)</i>	<i>(Name of each exchange on which registered)</i>
Common stock, \$0.01 par value	MCK	New York Stock Exchange
1.500% Notes due 2025	MCK25	New York Stock Exchange
1.625% Notes due 2026	MCK26	New York Stock Exchange
3.125% Notes due 2029	MCK29	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 15(d) of the Act. Yes ☐ No ☒

Indicate by check mark whether the registrant (1) has filed all reports required to be filed by Section 13 or 15(d) of the Securities Exchange Act of 1934 during the preceding 12 months (or for such shorter period that the registrant was required to file such reports), and (2) has been subject to such filing requirements for the past 90 days. Yes ☒ No ☐

Indicate by check mark whether the registrant has submitted electronically every Interactive Data File required to be submitted pursuant to Rule 405 of Regulation S-T (§232.405 of this chapter) during the preceding 12 months (or for such shorter period that the registrant was required to submit such files). Yes ☒ No ☐

Indicate by check mark whether the registrant is a large accelerated filer, an accelerated filer, a non-accelerated filer, a smaller reporting company, or an emerging growth company. See the definitions of "large accelerated filer," "accelerated filer," "smaller reporting company," and "emerging growth company" in Rule 12b-2 of the Exchange Act.

Large accelerated filer	☒	Accelerated filer	☐
Non-accelerated filer	☐	Smaller reporting company	☐
		Emerging growth company	☐

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

Indicate by check mark whether the registrant has filed a report on and attestation to its management's assessment of the effectiveness of its internal control over financial reporting under Section 404(b) of the Sarbanes-Oxley Act (15 U.S.C. 7262(b)) by the registered public accounting firm that prepared or issued its audit report. ☒

If securities are registered pursuant to Section 12(b) of the Act, indicate by check mark whether the financial statements of the registrant included in the filing reflect the correction of an error to previously issued financial statements. ☐

Indicate by check mark whether any of those error corrections are restatements that required a recovery analysis of incentive-based compensation received by any of the registrant's executive officers during the relevant recovery period pursuant to §240.10D-1(b). ☐

Indicate by check mark whether the registrant is a shell company (as defined in Rule 12b-2 of the Act). Yes ☐ No ☒

The aggregate market value of the voting and non-voting common equity 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, September 30, 2024, was approximately \$62.7 billion.

Number of shares of common stock outstanding on April 30, 2025: 125,112,236

DOCUMENTS INCORPORATED BY REFERENCE

Portions of the registrant's Proxy Statement for its calendar year 2025 Annual Meeting of Shareholders are incorporated by reference into Part III of this Annual Report on Form 10-K.

McKESSON CORPORATION

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McKESSON CORPORATION

PART I

Item 1. Business.

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General

McKesson Corporation together with its subsidiaries (collectively, the “Company,” “McKesson,” “we,” “our,” or “us” and other similar pronouns), which traces its business roots to 1833, is a diversified healthcare services leader dedicated to advancing health outcomes for patients everywhere. Our teams partner with biopharma companies, care providers, pharmacies, manufacturers, governments, and others to deliver insights, products, and services to help make quality care more accessible and affordable.

The Company’s fiscal year begins on April 1 and ends on March 31. Unless otherwise noted, all references in this document to a particular year refers to the Company’s fiscal year. The Company was incorporated on July 7, 1994 in the State of Delaware.

Our Annual Report on Form 10-K, Quarterly Reports on Form 10-Q, Current Reports on Form 8-K, and amendments to those reports filed or furnished pursuant to Section 13(a) or 15(d) of the Securities Exchange Act of 1934 (the “Exchange Act”), are available free of charge on the Company’s website (www.mckesson.com under the “Investors — Financials — SEC Filings” caption) as soon as reasonably practicable after such material is electronically filed with, or furnished to, the Securities and Exchange Commission (“SEC”). The content on any website referred to in this Annual Report on Form 10-K (“Annual Report”) is not incorporated by reference into this report, unless expressly noted otherwise. The SEC maintains a website that contains reports, proxy and information statements, and other information regarding issuers, including the Company, that file electronically with the SEC. The address of the website is www.sec.gov.

McKESSON CORPORATION

Business Segments

The Company operates its business in four reportable segments: U.S. Pharmaceutical, Prescription Technology Solutions ("RxTS"), Medical-Surgical Solutions, and International.

Our U.S. Pharmaceutical segment distributes branded, generic, specialty, biosimilar and over-the-counter ("OTC") pharmaceutical drugs, and other healthcare-related products in the United States ("U.S."). This segment also provides practice management, technology, clinical support, and business solutions to community-based oncology and other specialty practices. In addition, the segment sells financial, operational, and clinical solutions to pharmacies (retail, hospital, alternate sites) and provides consulting, outsourcing, technological, and other services.

Our RxTS segment helps solve medication access, affordability and adherence challenges for patients by working across healthcare to connect patients, pharmacies, providers, pharmacy benefit managers, health plans, and biopharma companies. RxTS serves our biopharma and life sciences partners, delivering innovative solutions that help people get the medicine they need to live healthier lives. RxTS offers technology services, which includes electronic prior authorization, prescription price transparency, benefit insight, and dispensing support services, in addition to third-party logistics and wholesale distribution support designed to benefit stakeholders.

Our Medical-Surgical Solutions segment provides medical-surgical supply distribution, logistics, and other services to healthcare providers, including physician offices, surgery centers, nursing homes, hospital reference labs, and home health care agencies. We offer more than 245,000 national brand medical-surgical products as well as McKesson's own line of high-quality products through a network of distribution centers in the U.S.

Our International segment provides distribution and services to wholesale, institutional, and retail customers in Canada and Norway where we own, partner, or franchise with retail pharmacies, and support better, safer patient care by delivering vital medicines, supplies, and information technology solutions. During fiscal 2025, we completed the sale of Rexall and Well.ca businesses in Canada. Refer to Financial Note 2, "Business Acquisitions and Divestitures," to the consolidated financial statements included in this Annual Report for more information.

U.S. Pharmaceutical Segment:

Our U.S. Pharmaceutical segment provides distribution and logistics services for branded, generic, specialty, biosimilar, and OTC pharmaceutical drugs along with other healthcare-related products to customers. This business provides solutions and services to pharmacies, hospitals, oncology and other specialty practices, pharmaceutical manufacturers, biopharma partners, physicians, payors, and patients throughout the U.S. We also source generic pharmaceutical drugs through our ClarusONE Sourcing Services LLP joint venture with Walmart Inc. ("ClarusONE").

Our U.S. Pharmaceutical segment operates and serves customers through a network of 27 distribution centers in the U.S., including two strategic redistribution centers. We invest in technology and other systems at all of our distribution centers to enhance safety, reliability, and product availability. For example, we offer McKesson ConnectSM, an internet-based ordering system that provides item look-up and real-time inventory availability as well as ordering, purchasing, third-party reconciliation, and account management functionality. We make extensive use of technology as an enabler to ensure customers have the right products at the right time in the right place.

To maximize distribution efficiency and effectiveness, we follow the Six Sigma methodology, which is an analytical approach that emphasizes setting high-quality objectives, collecting data, and analyzing results to a fine degree in order to improve processes, reduce costs, and enhance service accuracy and safety. We provide solutions to our customers including supply management technology, world-class marketing programs, managed care, repackaging products, and services to help them meet their business and quality goals. We continue to implement information systems to help achieve greater consistency and accuracy both internally and for our customers, as well as make investments to increase capacity and automation.

We have four primary customer pharmaceutical distribution channels: (i) retail national accounts, which include national and regional retail chains, food and drug combinations, mail order pharmacies, and mass merchandisers, (ii) community pharmacies and health (formerly described as independent, small, and medium chain retail pharmacies), (iii) institutional healthcare providers such as hospitals, health systems, integrated delivery networks, and long-term care providers, and (iv) oncology, biopharma, and other specialty partners.

McKESSON CORPORATION

Retail National Accounts: We provide business solutions that help our retail national account customers increase revenues and profitability. Solutions include:

- Central FillSM – Prescription refill service that enables pharmacies to more quickly refill prescriptions remotely, more accurately, and at a lower cost, while reducing inventory levels and improving customer service.
- Strategic Redistribution Centers – Two facilities totaling over 740,000 square feet that offer access to inventory for single source warehouse purchasing, including pharmaceuticals and biologics. These distribution centers also provide the foundation for a two-tiered distribution network that supports best-in-class direct store delivery.
- McKesson SynerGx[®] – Generic pharmaceutical purchasing program and inventory management that helps pharmacies maximize their cost savings with a broad selection of generic drugs, competitive pricing, and one-stop shopping.
- Inventory Management – An integrated solution comprised of forecasting software and automated replenishment technologies that reduce inventory-carrying costs.
- ExpressRx TrackTM – Pharmacy automation solution featuring state-of-the-art robotics, upgraded imaging, and expanded vial capabilities, and industry-leading speed and accuracy in a small footprint.

Community Pharmacy and Health: We strengthen the overall health of community pharmacies and elevate the role they play in people's lives. We accomplish this by providing supply chain excellence, pharmacy and patient solutions, as well as supporting independent pharmacies through industry and legislative advocacy. Our pharmacy and patient solutions include:

- Health Mart[®] – A national network of approximately 4,400 independently-owned pharmacies and one of the industry's most comprehensive pharmacy franchise programs. Health Mart provides solutions for franchisees to promote excellence in business operations, team development, patient health, marketing and merchandising, and protects financial health through proactive audit support.
- Health Mart Atlas[®] and Atlas Specialty – Comprehensive managed care services that connect the continuum of care to help community pharmacies, health systems and physician practices save time, access competitive reimbursement rates, and improve cash flow.
- McKesson Reimbursement AdvantageSM ("MRA") – MRA is one of the industry's most comprehensive reimbursement optimization packages, comprising financial services (automated claim resubmission), analytic services, and customer care.
- McKesson Provider Pay[®] – Provider Pay is an automated reconciliation and payment management solution designed to maximize third-party cash flow and pursue unpaid claims.
- McKesson Amplify – Provides resources for state pharmacy associations in all 50 states, including dedicated support funding, resources, and opportunities to participate in best practice sharing consortia. The funding helps to support advocacy initiatives that address the unique challenges faced by independent pharmacies and promote their sustainability and growth.
- McKesson OneStop Generics[®] – Generic pharmaceutical purchasing program that helps pharmacies maximize their cost savings with a broad selection of generic drugs, competitive pricing, and one-stop shopping.
- Pinpoint Community Solutions – McKesson's perpetual inventory management system targeted to independent pharmacy owners with five or fewer stores. The solution provides customers the opportunity to improve cash flow and increase efficiency with inventory visibility to help maximize operational performance.
- FrontEdgeTM – Strategic planning, merchandising, and price maintenance program that helps community pharmacies maximize store profitability.
- McKesson RxOwnership Program – A confidential, no-fee resource for pharmacists and pharmacy owners interested in buying, starting, or selling an independent pharmacy, regardless of their pharmacy affiliation.

McKESSON CORPORATION

Institutional Healthcare Providers: At McKesson, we are relentless in our pursuit of opportunities to achieve operational efficiency, reduce waste, and improve the financial performance of our customers so they can achieve more of their goals today and into the future. Solutions include:

- Professional and Advisory Services – Comprehensive suite of advisory and consulting services designed to support health system business of pharmacy initiatives, including patient care, business operations, ambulatory services, inpatient operations, data and digitization, pharmacy workforce management, leadership, and compliance with safety, quality, and regulatory standards. Specialized consulting areas include 340B optimization, orphan drug support and retail pharmacy payer solutions.
- McKesson Plasma and Biologics – Specialty and plasma drug distributor that leads in market exclusive drug access; partner to health systems customers in navigating the complexities of limited distribution drug; and optimization of McKesson Distribution benefits.
- Outpatient, Retail, and Specialty Pharmacy – A portfolio of services and solutions customized to each customer's business and clinical strategy.
- Contracting and Contract/Purchasing Optimization – Solutions across generics, specialty, branded products, biosimilars, and 340B products, for inpatient and outpatient settings.
- Supply Assurance – Solutions and strategies to enhance product availability and proactively manage inventory of critical items.

The U.S. Pharmaceutical segment also offers solutions which enable its customers to drive greater efficiencies in their day-to-day operations, effectively managing their inventories and complying with complex government regulations. Solutions include McKesson Pharmacy Systems, MacroHelix, and Supply Logix, all of which provide innovative software technology and services that support retail pharmacies and hospitals.

Oncology, Biopharma, and Other Specialty Partners:

The U.S. Pharmaceutical segment provides a range of solutions to oncology and other specialty practices and offers community specialists (oncologists, rheumatologists, ophthalmologists, urologists, neurologists, and other specialists) an extensive set of customizable solutions and services designed to strengthen core practice operations, enhance value-based care delivery, and expand their service offering to patients. Community-based physicians in this business have broad flexibility and discretion to select the products and commitment levels that best meet their practice needs. Services in provider solutions include specialty drug distribution, group purchasing organizations ("GPO") like Onmark®, technology solutions, practice consulting services, and vaccine distribution, including our exclusive distributor relationship with the Centers for Disease Control and Prevention's ("CDC") Vaccines for Children program.

This business provides a variety of solutions, including practice operations, healthcare information technology, revenue cycle management and managed care contracting solutions, evidence-based guidelines, and quality measurements to support The U.S. Oncology Network ("USON"), one of the nation's largest networks of physician-led, integrated, community-based oncology practices dedicated to advancing high-quality, evidence-based cancer care. SCRI Oncology, LLC, an oncology research business in which we own a 51% controlling interest, is one of the nation's largest research networks and specializes in enhancing clinical trial access and availability across the country.

This segment includes Ontada®, McKesson's oncology technology and insights business providing software to support the clinical, financial, and operational needs of our oncology practice customers. Ontada also partners with oncology providers and biopharma partners to perform real-world evidence studies, retrospective research, and to provide clinical data insights, advisory solutions and education opportunities.

When we discuss specialty products or services, we consider the following factors: diseases requiring complex treatment regimens such as cancer and rheumatoid arthritis; plasma and biologics products; ongoing clinical monitoring requirements, high-cost, special handling, storage, and delivery requirements and, in some cases, exclusive distribution arrangements. Our use of the term "specialty" may not be comparable to that used by other industry participants, including our competitors.

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Prescription Technology Solutions Segment:

Our Prescription Technology Solutions segment works across healthcare to connect patients, pharmacies, providers, pharmacy benefit managers, health plans, and biopharma to deliver medication access solutions that support patients from first prescription fill to ongoing therapy, regardless of their insurance coverage. RxTS has connections with most electronic health record systems, over 50,000 pharmacies, approximately 950,000 providers, most pharmacy benefit managers and health plans, and has supported over 650 biopharma brands representing most therapeutic areas. Through its industry connections and ability to navigate the healthcare ecosystem, RxTS offers innovative solutions created to benefit healthcare stakeholders. Its comprehensive solution suites and technology services span across the entire patient journey, including medication access and affordability, prescription decision support, prescription price transparency, benefit insight and dispensing support services, as well as third-party logistics and wholesale distribution support, to help increase speed to therapy, reduce prescription abandonment, and support improved health outcomes for the patient. In the past year, RxTS helped patients save more than \$10 billion on brand and specialty medications, helped to prevent an estimated 12 million prescriptions from being abandoned due to affordability challenges, and helped patients access their medicine more than 100 million times.

Medical-Surgical Solutions Segment:

Our Medical-Surgical Solutions segment delivers medical-supply distribution, logistics, biomedical maintenance, and other services to healthcare providers across the alternate-site spectrum. Our more than 340,000 customers include physician offices, surgery centers, post-acute care facilities, hospital reference labs, and home health agencies. We partner with manufacturers and channel partners to support our key target end-markets, including primary care, extended care, government, and other markets. We distribute medical-surgical supplies (such as gloves, needles, syringes, and wound care products), infusion pumps, laboratory equipment, and pharmaceuticals. Through a network of distribution centers in the U.S., we offer more than 245,000 products from national brand manufacturers and McKesson's own brand of high-quality products. Through the right mix of products and services, we help improve efficiencies, profitability, and compliance. We also never lose focus on helping customers improve patient and business outcomes. We develop customized plans to address the product, operational, and clinical support needs of our customers, including inventory management, reducing administrative burdens, and training and educating clinical staff. We deliver for our customers, so they can deliver and care for their patients. In May 2025, the Company announced its intention to separate this segment into an independent company.

International Segment:

Our International segment includes operations in Canada and Norway. McKesson Canada is one of the largest pharmaceutical wholesale and retail distributors in Canada. The wholesale business delivers products to retail pharmacies, hospitals, long-term care centers, clinics and institutions in Canada through a national network of distribution centers and provides logistics and distribution services for manufacturers.

Beyond wholesale pharmaceutical logistics and distribution, McKesson Canada provides automation and technology solutions to its retail and hospital customers. Additionally, McKesson Canada provides comprehensive specialty health services to Canadians and provides biopharma services to manufacturers, including a national network of specialty pharmacies, personalized patient care and support programs, and INVIVA, Canada's first and largest accredited network of private infusion clinics. McKesson Canada also owns and operates PDCL, Canada's leading market access consultancy, supporting manufacturers as they introduce new products into the Canadian market.

The Canada retail business includes approximately 2,700 banner pharmacies under the IDA[®], Guardian[®], The Medicine Shoppe[®], Remedy'sRx[®], Proxim[®], and Uniprix[®] banners. During fiscal 2025, we completed the previously announced transaction to sell our Rexall and Well.ca businesses. This divestiture is further described in Financial Note 2, "Business Acquisitions and Divestitures," to the consolidated financial statements included in this Annual Report.

In July 2021, we announced our intention to exit our businesses in Europe. We divested the majority of our European businesses during fiscal 2022 and fiscal 2023. Our remaining operations in Europe provide distribution and services to wholesale and retail customers in Norway where we own, partner, or franchise with retail pharmacies. We continue to evaluate suitable exit alternatives for our retail and distribution businesses in Norway. Refer to Financial Note 2, "Business Acquisitions and Divestitures," to the consolidated financial statements included in this Annual Report for additional information on our European divestitures.

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Investments, Restructuring, Business Combinations, and Divestitures

We invest in new and existing distribution centers to increase scale and capacity, improve efficiency through automation and technology, and enhance regulatory compliance capabilities. Additionally, we invest in data and analytics to support our growth priorities, including artificial intelligence ("AI"). We are in the early stages of exploring potential AI capabilities and related data and analytics across our enterprise to improve productivity and efficiency, as well as enhance our products and services to better support patients, employees, and customers.

We have undertaken additional strategic initiatives in recent years designed to increase operational efficiencies, focus on our core healthcare businesses, execute our business strategy, and enhance our competitive position. These initiatives are detailed in Financial Note 2, "Business Acquisitions and Divestitures," and Financial Note 3, "Restructuring, Impairment, and Related Charges, Net," to the consolidated financial statements included in this Annual Report.

Competition

We operate in highly competitive environments in North America and Norway. In recent years, the healthcare industry has been subject to increasing consolidation. In the pharmaceutical distribution environment in which our U.S. Pharmaceutical and International segments operate, we face strong competition from international, national, regional, and local full-line, short-line, and specialty distributors, service merchandisers, self-warehousing chain drug stores, manufacturers engaged in direct distribution, third-party logistics companies, and large payer organizations. We consider our largest competitors in distribution, wholesaling, and logistics to be Cencora, Inc. and Cardinal Health, Inc.

Our RxTS business experiences substantial competition from many companies, including other biopharma services companies, software services firms, consulting firms, shared service vendors, and internet-based companies with technology applicable to the healthcare industry. Competition in this business varies in size from large to small companies, in geographical coverage, and in scope and breadth of products and services offered.

Our Medical-Surgical Solutions segment experiences competition from a wide range of national and regional medical supply and equipment distributors throughout the U.S.

In addition, we compete with other service providers and healthcare manufacturers, as well as other potential customers of our businesses, which may from time to time decide to develop, for their own internal needs, supply management capabilities that might otherwise be provided by our businesses. We believe that our scale and diversity of product and service offerings are our primary competitive advantages. In all areas, key competitive factors include price, quality of service, breadth of product lines, innovation, adoption of new and evolving technologies, and, in some cases, convenience to the customer.

Patents, Trademarks, Copyrights, and Licenses

McKesson and its subsidiaries hold patents, copyrights, trademarks, and trade secrets related to McKesson products and services. We pursue patent protection for our innovations and obtain copyright protection for our original works of authorship when such protection is advantageous. Through these efforts, we have developed a portfolio of patents and copyrights in the U.S. and worldwide. In addition, we have registered or applied to register certain trademarks and service marks in the U.S. and in foreign countries.

We believe that, in the aggregate, McKesson's confidential information, patents, copyrights, trademarks, and intellectual property licenses are important to its operations and market position, but we do not consider any of our businesses to be dependent upon any one patent, copyright, trademark, or trade secret, or any family or families of the same. We cannot guarantee that our intellectual property portfolio will be sufficient to deter misappropriation, theft, or misuse of our technology, nor that we can successfully enjoin infringers. We periodically receive notices alleging that our products or services infringe on third-party patents and other intellectual property rights. These claims may result in McKesson entering settlement agreements, paying damages, discontinuing use or sale of accused products, or ceasing other activities. While the outcome of any litigation or dispute is inherently uncertain, we do not believe that the resolution of any of these infringement notices would have a material adverse impact on our results of operations.

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We hold inbound licenses for certain intellectual property that is used internally, and in some cases, utilized in McKesson's products or services. While in the future it may be necessary to seek or renew licenses relating to various aspects of our products and services, we believe, based upon past experience and industry practice, such licenses generally can be obtained on commercially reasonable terms. We believe our operations as well as our products and services are not materially dependent on any single license or other agreement with any third party.

Human Capital

Everything we do at McKesson begins with our employees, who bring our mission and purpose to life every day. As of March 31, 2025, we had approximately 45,000 employees worldwide, which includes 2,000 part-time employees. We had approximately 36,000 employees in the U.S., 5,000 employees in Canada, and 4,000 employees in the rest of the world. We also supplement our work-force with contractors and/or consultants for certain business projects, processes, and/or operations as demand requires.

Culture and Leadership: One of McKesson's defining characteristics is our strong culture. We take pride in fostering a sense of belonging, finding meaning in our work, and caring for each other, our customers, and all those who depend on us. Our I²CARE values (Integrity, Inclusion, Customer-First, Accountability, Respect, Excellence) and ILEAD leadership behaviors (Inspire, Leverage, Execute, Advance, Develop) are at the core of our daily actions – from how we interact with each other and our customers, to how we make decisions, both big and small. We also offer all employees the opportunity to join employee resource groups ("ERGs"), which are voluntary, employee-led, company-sponsored networks that aim to make a positive impact on our employees' lives. Each ERG is non-exclusive and open to every employee. Our ERGs focus on helping employees make authentic connections, celebrate and learn from each other, showcase leadership skills and find ways to nurture and support belonging and empowerment.

Investment in Employees: We are committed to investing in our employees, so that they, in turn, can focus on furthering our purpose of Advancing Health Outcomes for All[®]. We offer employees health and wellness benefits focused on physical, mental, and social well-being, savings programs to help prepare them for retirement and flexible work arrangements, and other offerings. We also offer employees regular training, coaching, and 360-degree assessments, and financial assistance programs for higher education opportunities.

We seek to attract and retain the best talent through competitive compensation and pay for performance, while prioritizing recognition of merit and compliance with laws. Our compensation philosophy is rooted in a fair and transparent program that regularly conducts benchmarking to assess market rates for talent, based on geography and other factors.

We solicit employee feedback through annual and mid-year employee opinion surveys, which assesses our employees' levels of engagement, commitment and overall satisfaction using industry benchmarks, and then design action plans to improve those metrics. We also seek feedback on our people leaders through our annual manager quality survey, which is an opportunity for employees to help their managers grow professionally and build valuable leadership skills that help to promote a positive and productive workplace.

Health and Safety: Our security and safety teams employ systems designed to continually monitor our facilities and work environment to help identify and prevent or mitigate risks. This includes having procedures and investing in equipment for both physical and electronic security. Our employees receive specialized training related to their role, work setting, and equipment used in their work environment.

Government Regulation

We operate in many highly regulated environments and are subject to oversight by various federal, state, and local governmental entities in the U.S. and elsewhere. We incur significant expense and make large capital expenditures and investments to enable us to comply with laws and guidance promulgated by governmental entities.

The regulatory framework affecting our business and industry is continuously evolving and influenced by conditions such as public policy developments; shifts in governmental priorities, initiatives, and focus areas, including due to changes in federal, state, and local representation; and varied interpretations of laws and agency rulemaking conventions. These conditions create uncertainties for our business, and we are unable to predict the impact of future changes to the regulatory framework, or any prolonged uncertainty, on our operations and compliance costs.

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See “Risk Factors” in Item 1A of Part I below for information regarding material risks associated with our compliance with governmental regulations.

Operational Licenses and Permits; Controlled Substances: We are subject to the operating and security standards of the U.S. Drug Enforcement Administration (“DEA”), the U.S. Food and Drug Administration (“FDA”), the U.S. Department of Health and Human Services (“HHS”), the Centers for Medicare & Medicaid Services (“CMS”), various state boards of pharmacy, state health departments, and comparable agencies in the U.S. and other countries. Certain of our businesses may be required to register for permits and/or licenses with governmental agencies, depending upon the type of operations and location of product development, manufacture, distribution, and sale. For example, we are required to hold valid DEA and state-level registrations and licenses, meet various security and operating standards, and comply with the Controlled Substances Act and its accompanying regulations governing the sale, marketing, packaging, holding, distribution, and disposal of controlled substances. We maintain extensive controlled substance monitoring and reporting programs at considerable expense in order to help us meet those standards.

Government Contracts: Our contracts with governmental entities typically are subject to procurement laws that include socio-economic, employment practices, environmental protection, recordkeeping and accounting, and other requirements. These statutory and regulatory requirements complicate our business and increase our compliance burden. We are subject to audits, investigations, and oversight proceedings about our compliance with contractual and legal requirements.

Healthcare Program Regulation: Federal, state, and local governmental entities in the U.S. and elsewhere continue to strengthen their position on, and scrutiny of, practices that may indicate fraud, waste, and abuse affecting government healthcare programs such as Medicare and Medicaid. Our relationships with pharmaceutical and medical-surgical product manufacturers, healthcare providers, and other companies and individuals, as well as our provision of products and services to governmental entities, subject our business to statutes, regulations, and government guidance that are intended to prevent fraud and abuse. Among other things, those laws: (1) prohibit persons from soliciting, offering, receiving, or paying any remuneration in order to induce the referral of an individual for, or to induce the ordering or purchasing of, items or services that are in any way paid for by Medicare, Medicaid, or other government healthcare programs; (2) prohibit physicians from referring certain “designated health services” to an entity with which they have a financial relationship, unless an exception applies; and (3) prohibit knowingly submitting, or causing to be submitted, a false or fraudulent claim for payment to the government; and (4) require certain entities to report and return an overpayment by Medicare or Medicaid within 60 days of identifying the overpayment.

Many of these healthcare fraud and abuse laws are vague or indefinite and are often subject to varied and evolving interpretations by courts, regulators, and enforcing agencies and, as such, may be interpreted or applied by a prosecutorial, regulatory, or judicial authority in a manner that could require us to make changes in our operations at added expense.

In the U.S., the Patient Protection and Affordable Care Act (“ACA”) significantly expanded health insurance coverage to uninsured Americans and changed the way healthcare is financed by both governmental and private payors. The implementation of the Inflation Reduction Act of 2022 (“IRA”) has begun to change benefit design and how Medicare pays for drugs, which are all intended to reduce the price of drugs. Three central features of the IRA have authorized the government to negotiate drug prices for certain Parts B and D drugs over time, establish an inflation rebate program, and cap patient cost sharing under Medicare Part D.

Provincial governments in Canada that provide partial funding for the purchase of pharmaceuticals and independently regulate the sale and reimbursement of drugs have sought to reduce the costs of publicly funded health programs. For example, provincial governments have taken steps to reduce consumer prices for generic pharmaceuticals and, in some provinces, change professional allowances paid to pharmacists by generic drug manufacturers.

McKesson continues to advocate for policies that would improve drug cost transparency under a patient's drug plan to better inform prescribing decisions, and also address access to care, affordability, and treatment regimen adherence, all designed to improve clinical outcomes and reduce the health spending burden.

FDA Regulation and Supply Chain Integrity: In the U.S., the FDA is the principal federal authority that regulates the safety, efficacy, quality, testing, premarket approval, manufacture, labeling, storage, distribution, and post-market surveillance of healthcare products, such as drugs and medical devices, foods, and cosmetics.

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Federal and state laws regulate the pharmaceutical drug supply chain in order to prevent the distribution of counterfeit, stolen, contaminated, or otherwise harmful prescription drugs in interstate commerce. At the federal level, the Drug Supply Chain Security Act ("DSCSA"), among other things, requires standardized, unit-level traceability of pharmaceutical products along the entire drug supply chain and requires all trading partners to cooperate in an electronic, interoperable prescription drug traceability system. In October 2024, the FDA extended the compliance deadlines for the DSCSA interoperable unit-level traceability requirements to May 27, 2025, for manufacturers, August 27, 2025 for distributors, and November 27, 2025 for dispensers. The FDA stated that these extensions apply to trading partners who meet certain conditions. The Company believes its businesses are eligible for the extensions. The DSCSA also sets forth national standards for the licensure of wholesale drug distributors and third-party logistic providers and other requirements applicable to these entities and the FDA has issued a proposed rule with respect to these requirements. These federal and state regulatory requirements have increased, and may further increase, our compliance burden and distribution costs.

Additionally, federal and state governments may adopt other laws intended to protect the integrity of the supply chain, and those laws could affect our distribution business. For example, the Federal Trade Commission ("FTC") and HHS issued a request for public comment in 2024 on how the practices of pharmaceutical wholesalers and group purchasing organizations impact generic drug shortages. Various industry stakeholders responded to this request, but no further action has been taken by the FTC or HHS.

Cybersecurity, Data Security, Privacy, and AI: We are subject to many cybersecurity, privacy, and data protection laws that change frequently and have requirements that vary from jurisdiction to jurisdiction. Our efforts to comply with these laws complicate our operations and add to our costs. We are subject to significant compliance obligations under privacy laws such as the Health Insurance Portability and Accountability Act of 1996, the General Data Protection Regulation in the European Union, the Personal Information Protection and Electronic Documents Act in Canada, and an expanding list of comprehensive state privacy laws in the U.S. Some privacy laws may prohibit the transfer of personal information to certain other jurisdictions or otherwise limit our use and disclosure of data. Many of these laws also require us to provide access or other data rights (modification, deletion, portability, etc.) to consumers' and patients' individual personal data records within specified periods of time. Cybersecurity laws such as the federal Cyber Incident Reporting for Critical Infrastructure Act of 2022, proposed changes to the Federal Acquisition Regulation, and SEC reporting requirements may require us to provide notifications of certain cybersecurity incidents within short timeframes. Regulations and guidance targeting critical infrastructure entities, including McKesson, continue to be a focus of regulators. We are subject to privacy and data protection compliance audits or investigations by various governmental agencies. There is also an emerging trend of governmental entities proposing and providing regulatory guidance related to AI, including generative AI. If we or our third-party providers are restricted from using AI as a result of any regulatory views, laws or other measures, it could impact our operations, increase our compliance expense and burden, and cause us to incur costs to replace or modify our use of AI.

Environmental Regulation: We are subject to various federal, state, local, and foreign laws concerning the environment, including laws addressing the discharge of pollutants into the air and water, the management and disposal of hazardous substances and wastes, and the cleanup of contaminated sites, as well as laws governing the operation of radiation-emitting equipment at U.S. Oncology Network practices.

We sold our chemical distribution operations in 1987 and retained responsibility for certain environmental obligations. Agreements with the U.S. Environmental Protection Agency and certain states have required and may require environmental assessments and cleanups at several closed sites. These matters are described further in Financial Note 17, "Commitments and Contingent Liabilities," to the consolidated financial statements included in this Annual Report.

Climate Change Regulation: Governments in the U.S. and abroad have adopted or are considering new or expanded policies and laws to address climate change. Such policies and laws may necessitate reductions in greenhouse gas ("GHG") emissions; mandate that companies implement processes and controls to monitor and disclose climate-related matters; and impose additional taxes or offset charges on specified energy sources, among other requirements. Compliance with climate-related policies and laws may be further complicated by disparate regulatory approaches in various jurisdictions. Methodologies for reporting climate-related information may change and previously reported information may be retroactively adjusted, if required. New or expanded climate-related policies and laws could impose costs on us, including capital expenditures to develop data gathering and reporting systems, third-party attestations, and additional GHG reduction measures. Until the timing and extent of climate-related policies and laws are clarified, including due to legal challenges, we cannot predict their potential effect on our capital expenditures, results of operations, or competitive position.

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Antitrust Laws: Antitrust and competition laws in the U.S. and elsewhere prohibit types of conduct deemed to be anti-competitive. Antitrust enforcement in the healthcare industry remains a focus of the FTC and the U.S. Department of Justice. Some of our strategic transactions may require review by competition regulators, with inherent delays. Violations of the antitrust laws can result in sanctions and other adverse actions, including criminal and civil penalties. Private plaintiffs also may bring civil lawsuits for alleged antitrust law violations, including claims for treble damages. These laws contribute to our compliance efforts and expense, and their enforcement might materially adversely affect our operations and growth strategy.

Other Information about the Business

Customers: During fiscal 2025, sales to our ten largest customers, including group purchasing organizations (“GPOs”) accounted for approximately 72% of our total consolidated revenues. Sales to our largest customer, CVS Health Corporation (“CVS”), accounted for approximately 24% of our total consolidated revenues in fiscal 2025. In fiscal 2023, we extended our pharmaceutical distribution partnership with CVS to June 2027. Our ten largest customers comprised approximately 48%, and CVS was approximately 23% of our total trade accounts receivable at March 31, 2025. We also have agreements with GPOs, each of which functions as a purchasing agent on behalf of member hospitals, pharmacies, and other healthcare providers, as well as with government entities and agencies. The accounts receivable balances are with individual members of the GPOs, and therefore no significant concentration of credit risk exists. Substantially all of these revenues and accounts receivable are included in our U.S. Pharmaceutical segment.

Suppliers: We obtain pharmaceutical and other products from manufacturers and our largest supplier accounted for 11% of our total purchases in fiscal 2025. The loss of a supplier could adversely affect our business if alternate sources of supply are unavailable. We believe that our relationships with our suppliers are generally sound. The ten largest suppliers in fiscal 2025 accounted for approximately 69% of our total purchases.

Some of our distribution arrangements with manufacturers provide us consideration based on a percentage of our purchases. In addition, we have certain distribution arrangements with pharmaceutical manufacturers that include an inflation-based consideration component whereby we benefit when the manufacturers increase their prices as we sell our existing inventory at the new higher prices. For these manufacturers, a reduction in the frequency and magnitude of price increases, as well as restrictions in the amount of inventory available to us, could have an adverse impact on our gross profit margin.

Research and Development: Research and development expenses were \$91 million, \$77 million, and \$89 million for the years ended March 31, 2025, 2024, and 2023, respectively.

Financial Information About Foreign and Domestic Operations: Certain financial information relating to foreign and domestic operations is discussed in Financial Note 20, “Segments of Business,” to the consolidated financial statements included in this Annual Report as well as in “Foreign Operations” in Item 7 of Part II of this Annual Report. See “Risk Factors” in Item 1A of Part I below for information regarding risks associated with our foreign operations.

Forward-Looking Statements

This Annual Report, including “Management’s Discussion and Analysis of Financial Condition and Results of Operations” in Item 7 of Part II of this report and the “Risk Factors” in Item 1A of Part I of this report, contains forward-looking statements within the meaning of Section 27A of the Securities Act of 1933 (“Securities Act”) and Section 21E of the Exchange Act. Forward-looking statements may be identified by their use of terminology such as “believes,” “expects,” “anticipates,” “may,” “will,” “should,” “seeks,” “approximately,” “intends,” “projects,” “plans,” “estimates,” “targets,” or the negative of these words or other comparable terminology. The discussion of trends, strategy, plans, prospects, assumptions, expectations, or intentions may also include forward-looking statements. Forward-looking statements involve risks and uncertainties that could cause actual results to differ materially from those projected, anticipated, or implied. Although it is not possible to predict or identify all such risks and uncertainties, they include, but are not limited to, the factors discussed in Item 1A of Part I of this report under “Risk Factors” and in our publicly available SEC filings and press releases. Readers are cautioned not to place undue reliance on forward-looking statements, which speak only as of the date such statements were first made. Except to the extent required by federal securities laws, we undertake no obligation to publicly release the result of any revisions to any forward-looking statements to reflect events or circumstances after the date the statements are made, or to reflect the occurrence of unanticipated events.

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Available Information

We routinely post on our company website, and via our social media channels, information that may be material to investors, including details and updates to information disclosed elsewhere, which may include business developments, earnings and financial performance, sustainability matters, details regarding upcoming events, and materials for presentations to investors and financial analysts. Investors are encouraged to monitor our website www.mckesson.com. Interested parties can sign up on our website, including our Investor Relations site, to receive automated e-mail alerts, such as via RSS newsfeed, when we post certain information. Interested parties can also follow our social media feed @McKesson on X, formerly known as Twitter. The content on any website or social media channel is not incorporated by reference into this report, unless expressly noted otherwise.

Item 1A. Risk Factors.

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The discussion below identifies certain representative risks that might cause our actual business results to materially differ from our estimates. It is not practical to identify or describe all risks and uncertainties that might materially impact our business operations, reputation, financial position, or results of operations. Our business could be materially affected by risks that we have not yet identified or that we currently consider to be immaterial. This is not a complete discussion of all potential risks and uncertainties.

Litigation and Regulatory Risks

We experience costly and disruptive legal disputes.

We are routinely named as a defendant in litigation or regulatory proceedings and other legal disputes, which may include asserted class action litigation, such as those described in [Financial Note 17, "Commitments and Contingent Liabilities,"](#) to the consolidated financial statements included in this Annual Report. Regulatory proceedings involve allegations such as false claims, healthcare fraud and abuse, and antitrust violations. Civil litigation proceedings involve commercial, employment, environmental, intellectual property, tort, and other claims. Despite valid defenses that we assert, legal disputes are often costly, time-consuming, distracting to management, and disruptive to normal business operations. The uncertainty and expense associated with unresolved legal disputes might harm our business and reputation even if the matter ultimately is favorably resolved. The outcome of legal disputes is difficult to predict, and outcomes may occur that we believe are not justified by the evidence or existing law. Outcomes include monetary damages, penalties and fines, and injunctive or other relief that requires us to change our business operations and incur significant expense. Accordingly, legal disputes might have a materially adverse impact on our reputation, our business operations, and our financial position or results of operations.

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We experience losses not covered by insurance or indemnification.

Our business exposes us to risks that are inherent in the distribution, manufacturing, dispensing, and administration of pharmaceuticals and medical-surgical supplies, the provision of ancillary services, the conduct of our payer businesses, practice support services, and the provision of products that assist clinical decision-making and relate to patient medical histories and treatment plans. For example, pharmacy operations are exposed to risks such as improper filling of prescriptions, mislabeling of prescriptions, inadequacy of warnings, unintentional distribution of counterfeit drugs, and expiration of drugs. Although we seek to maintain adequate insurance coverage, such as property insurance for inventory and professional and general liability insurance, coverages on acceptable terms might be unavailable, or coverages might not cover our losses. We generally seek to limit our contractual exposure, but limitations of liability or indemnity provisions in our contracts may not be enforceable or adequately protect us from liability. Uninsured or non-indemnified losses might have a materially adverse impact on our business operations and our financial position or results of operations.

We experience costly legal disputes, government actions, and adverse publicity regarding our role in distributing controlled substances such as opioids.

The Company is a defendant in many litigation matters alleging claims related to the distribution of controlled substances (opioids), as described in Financial Note 17, "Commitments and Contingent Liabilities," to the consolidated financial statements in this Annual Report. We are sometimes named as a defendant in similar, new cases. The plaintiffs in those cases include governmental entities (such as states, provinces, counties, and municipalities) as well as businesses, groups, and individuals. The cases allege violations of controlled substance laws and other laws, and they make common law claims such as negligence and public nuisance. Many of these cases raise novel theories of liability and can have unexpected outcomes that we believe are not justified by evidence or existing law. Legal proceedings such as these often involve significant expense, management time and distraction, and risk of loss that can be difficult to predict or quantify. It is not uncommon for claims to be resolved over many years. Outcomes include monetary damages, penalties and fines, and injunctive or other relief that requires us to change our business operations and incur significant expense. Although the Company has valid defenses and is vigorously defending itself, some proceedings have been, and others may be, resolved by negotiated outcome. For example, we are subject to consent decrees issued by state courts that govern our distribution of controlled substances. Not all proceedings, however, are resolved by settlement. Our reputation has been and may continue to be impacted by publicity regarding opioids litigation and related allegations. An adverse outcome of any such legal proceedings might have a materially adverse impact on our business operations and our financial position or results of operations.

We experience increased costs to distribute controlled substances such as opioids.

Legislative, regulatory, or industry measures related to the distribution of controlled substances such as prescription opioids could affect our business in ways that we may not be able to predict. For example, some states have passed legislation that could require us to pay taxes or assessments on the distribution of opioid medications in those states and other states have considered similar legislation. Liabilities for taxes or assessments or other costs of compliance under any such laws might have a materially adverse impact on our reputation, our business operations, and our financial position or results of operations.

We are subject to extensive, complex, and challenging healthcare, environmental, and other laws.

As described in "Government Regulation" in Item 1 of Part I above, our industry is highly regulated, and further regulation of our distribution businesses, technology products, and services could impose increased costs, negatively impact our profit margins and the profit margins of our customers, delay the introduction or implementation of our new products, or otherwise negatively impact our business and expose the Company to litigation and regulatory investigations. We incur cleanup costs under environmental laws and may incur additional costs under environmental laws. Additionally, we are subject to various routine and ad hoc inspections and requests for information by governmental agencies to determine compliance with various statutes and regulations. Any noncompliance by us with applicable laws, or the failure to maintain, renew, or obtain necessary permits and licenses, could lead to enforcement actions or litigation and might have a materially adverse impact on our business operations and our financial position or results of operations.

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We are subject to extensive and frequently changing laws relating to healthcare fraud, waste, and abuse.

As described in "Government Regulation" in Item 1 of Part I above, federal, state, and local governmental entities in the U.S. and elsewhere continue to strengthen their position on, and scrutiny of, practices that may indicate fraud, waste, and abuse affecting government healthcare programs such as Medicare and Medicaid. Those laws may be interpreted or applied in a manner that could require us to make changes in our operations at added expense. Alleged failures to comply with those laws, including the federal Anti-Kickback Statute, expose us to federal or state government investigations or qui tam actions, and to liability for damages and civil and criminal penalties. Such failures might result in the loss of licenses or our ability to participate in Medicare, Medicaid, or other federal and state healthcare programs, or pursue government contracts. These sanctions might have a materially adverse impact on our business operations and our financial position or results of operations.

We might lose our ability to purchase, store, or distribute pharmaceuticals, including controlled substances, and medical products.

As described in "Government Regulation" in Item 1 of Part I above, we are subject to the operating, quality, regulatory, and security requirements of the DEA, the FDA, various state boards of pharmacy, state health departments, CMS, and other agencies. Noncompliance with these requirements can result in inspectional observations, warning letters, product recalls, withdrawals or other market action, fines, seizures, injunctions, and other administrative, civil, and criminal enforcement actions. Noncompliance, enforcement actions or adverse decisions by regulators, or the inability to obtain, maintain, or renew permits, licenses, or other regulatory approvals needed for the operation of our businesses might have a materially adverse impact on our reputation, our business operations and our financial position or results of operations.

Privacy, cybersecurity, data protection, and AI laws increase our compliance burden.

As described in "Government Regulation" in Item 1 of Part I above, we are subject to a variety of privacy, cybersecurity, data protection, and AI laws that change frequently and have requirements that vary from jurisdiction to jurisdiction. Failure to comply with these laws subjects us to potential regulatory enforcement activity, fines, private litigation including class actions, reputational impacts, and other costs. We also have contractual obligations that might be breached if we fail to comply with privacy and data security laws. The use of AI solutions by our employees or third parties on which we rely could also lead to the misuse of data or public disclosure of confidential information (including personal data or proprietary information) in contravention of our internal policies, applicable laws, contractual requirements, or third-party intellectual property rights. Our efforts to comply with privacy, data security, and AI laws complicate our operations and add to our costs. A significant cybersecurity and/or privacy breach or failure to comply with privacy and data security laws, by us or by external service providers, vendors, or other third parties with which we do business, might have a materially adverse impact on our reputation, our business operations, and our financial position or results of operations.

Anti-bribery and anti-corruption laws increase our compliance burden.

We are subject to laws prohibiting improper payments and bribery, including the U.S. Foreign Corrupt Practices Act, the U.K. Bribery Act, and similar regulations in other jurisdictions. Our failure to comply with these laws might subject us to civil and criminal penalties that might have a materially adverse impact on our reputation, our business operations, and our financial position or results of operations.

4N

NEVADA STATE BOARD OF PHARMACY

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

Wholesaler Application

Non-Refundable \$1,000 Fee

Rev (08/17/2022)

Where is the facility located?		☐ Nevada ☒ Out-of-State
Type of Application (check applicable box)		Wholesaler Business Type (check applicable box)
☒ New Wholesaler ☐ Ownership Change* ☐ Name Change* ☐ Location Change* (in-state only)	* If making a change, provide current license number: WH _____	☒ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ☐ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)
Section 1: General Information		
Facility Name: <u>Avidity Biosciences, Inc.</u>		
Physical Address: <u>3020 Callan Road</u>		
City: <u>San Diego</u> State: <u>CA</u> Zip: <u>92121</u>		
Mailing Address (if different from physical address): <u>3020 Callan Rd</u>		
City: <u>San Diego</u> State: <u>CA</u> Zip: <u>92121</u>		
Telephone: <u>(858) 401-7900</u> Website: <u>https://www.aviditybiosciences.com/</u>		
Name of Designated Representative (DR): <u>Husam Younis</u>		
Licensing Company Email: <u>statelicensing@aviditybio.com</u> DR Email: <u>husam@aviditybio.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 & Specialty Pharmacies	☐ Dangerous Drugs ☐ Controlled Substances ☐ *Medical devices, equipment, supplies, gases ☒ Others: Biologic	☐ 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: no suppliers sold, dispensed or distributed within the last year

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

Name: _____

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

Name: _____

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

Name: _____

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

Section 4: Publicly Traded Corporation

State of Incorporation: DE

Parent Company (if any): N/A Publicly Traded

Corporation Name: Avidity Biosciences, Inc.

Mailing Address: 3020 Callan Rd

City: San Diego State: CA Zip: 92121

Telephone: (858) 401-7900 Email: statelicensing@aviditybio.com

Contact Person Name: Husam Sadoon Younis

Date of SEC Registration: 02/18/2014 SEC Registration Number: 0001599901 Stock Exchange Symbol: RNA

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: _____

Parent Company (if any): _____

Corporation/Organization Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 6: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 7: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

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

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

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

Provide explanation below:

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	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/ .		✓	✓	✓

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

Avidity Biosciences, Inc.
Facility Name

Eric Mosbrooker
Print Name of Authorized Person Submitting Application


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

9-24-2025
Date

Board Use Only	Date Received: <u>10/27/25</u>	Amount: <u>\$1000.00 4602</u>
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Ryan Rainey

From: edrls@fda.hhs.gov
Sent: Friday, February 14, 2025 4:19 PM
To: Ruth Hatfield
Subject: Labeler Code Request Approved

eDRLS - Electronic Drug Registration & Listing System

Current Date: 14-FEB-2025
Labeler DUNS: 078670869
Labeler Name: Avidity Biosciences
Labeler Code Assigned: 85272

*Verified
N.H. 2/30/25*

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

For CDER Direct Users: Open the previously submitted and accepted Labeler Code Request, click Create New Version, enter the Labeler Code assigned in the field for "Labeler Code", and Submit SPL.

This Labeler Code should be used to create the NDC (National Drug Code) assigned to all drugs you manufacture or distribute for U.S. commercial distribution. The assignment of NDC is extensively discussed in Title 21 of Code of Federal Regulations (CFR) 207.35. The NDC for each drug must be submitted as part of drug listing information submitted to FDA. Per 21 CFR Part 207, owners or operators of an establishment entering into the manufacture or processing of a drug or drugs shall drug list, every drug in commercial distribution within 5 days after the beginning of operation. Labeler Codes are assigned by FDA and may be inactivated at any time upon violation of the Federal Food, Drug and Cosmetic Act.

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

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



DESCRIPTION OF OPERATIONS

Avidity Biosciences, Inc. ("Avidity") is a publicly held (NASDAQ: RNA), California-based, biopharmaceutical company focused on profoundly improving people's lives by revolutionizing the delivery of RNA therapeutics. Avidity's proprietary AOCs are designed to combine the specificity of monoclonal antibodies with the precision of oligonucleotide therapies to target the root cause of diseases previously untreatable with RNA therapeutics.

Avidity is a virtual manufacturer with hours of operation 8am - 5pm PST, M-F. Avidity's products are manufactured by a Contract Manufacturer and will be distributed by their Third-Party logistics provider.

Avidity uses the following to produce product:

CMO:

Alcami

627 Davis Drive, Suite 100
Morrisville NC 27560

3PL:

Integrated Commercialization Solutions

420 International Blvd., Suite #500

Brooks, KY 40109

PRODUCT

Labeler Code: 85272

As a virtual manufacturer, Avidity does not manufacture, distribute or store product at their CA facility. At no time do contract manufacturers own Avidity's products, contract with Avidity's customers, invoice or sell Avidity products. Avidity's products are not controlled substances. Accordingly, Avidity is not required to maintain DEA registration.



Company Information

Avidity Biosciences

(858) 401-7900

www.aviditybiosciences.com

StateLicensing@aviditybio.com

FEIN: 46-1336960

State of Formation: DE

Date Incorporated: 4-1-2019

Ownership Information

Avidity Biosciences is a Publicly Traded company on the NASDAQ stock exchange under the symbol RNA.

Officers

Eric B. Mosbrooker, Chief Commercial Officer

10578 Science Center Drive, Suite 125

San Diego, CA 92121

(858) 401-7900

John B. Moriarty Jr., Secretary

10578 Science Center Drive, Suite 125

San Diego, CA 92121

(858) 401-7900

Michael MacLean, Chief Financial Officer

10578 Science Center Drive, Suite 125

San Diego, CA 92121

(858) 401-7900

Sarah Boyce, President, Chief Executive Officer

10578 Science Center Drive, Suite 125

San Diego, CA 92121

(858) 401-7900

Delaware

The First State

Page 1

I, CHARUNI PATIBANDA-SANCHEZ, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "AVIDITY BIOSCIENCES, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE NINTH DAY OF JUNE, A.D. 2025.



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SR# 20253002118

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

A handwritten signature in cursive script, reading "C. P. Sanchez".

Charuni Patibanda-Sanchez, Secretary of State

Authentication: 203891840

Date: 06-09-25

0467

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Section: 1 or 2 or 1001


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HEALTH AND SAFETY CODE - HSC**DIVISION 104. ENVIRONMENTAL HEALTH [106500 - 119406]** (Division 104 added by Stats. 1995, Ch. 415, Sec. 6.)**PART 5. SHERMAN FOOD, DRUG, AND COSMETIC LAWS [109875 - 111929.4]** (Part 5 added by Stats. 1995, Ch. 415, Sec. 6.)**CHAPTER 1. General Provisions and Definitions [109875 - 110040]** (Chapter 1 added by Stats. 1995, Ch. 415, Sec. 6.)

[109875.](#) This part shall be known as the Sherman Food, Drug, and Cosmetic Law.
(Added by Stats. 1995, Ch. 415, Sec. 6. Effective January 1, 1996.)

[109880.](#) Unless the context otherwise requires, the definitions set forth in this article govern the construction of this part.
(Added by Stats. 1995, Ch. 415, Sec. 6. Effective January 1, 1996.)

[109885.](#) "Advertisement" means any representations, including, but not limited to, statements upon the products, its packages, cartons, and any other container, disseminated in any manner or by any means, for the purpose of inducing, or that is likely to induce, directly or indirectly, the purchase or use of any food, drug, device, or cosmetic.
(Added by Stats. 1995, Ch. 415, Sec. 6. Effective January 1, 1996.)

[109890.](#) "Antibiotic drug" means any drug, except drugs for use in animals other than humans, composed in whole or in part of any form of penicillin, streptomycin, chlortetracycline chloramphenicol, bacitracin, or any other drug intended for human use containing any quantity of any chemical substance that is produced by micro-organisms, and that has the capacity to inhibit or destroy micro-organisms in dilute solution, including a chemically synthesized equivalent, or any derivative thereof.
(Amended by Stats. 2000, Ch. 796, Sec. 1. Effective January 1, 2001.)

[109895.](#) "Color additive" means a substance that satisfies both of the following requirements:

- (a) It is a dye, pigment, or other substance made by a process of synthesis or similar artifice, or extracted, isolated, or otherwise derived, with or without intermediate or final change of identity, from a vegetable, animal, mineral, or other source.
- (b) When added or applied to a food, drug, device, or cosmetic, or to the human body or any part of the body, it is capable, alone or through reaction with any other substance, of imparting color to the food, drug, device, or cosmetic, or to the human body or the part of the human body, to which it is added or applied.

The term "color additive" does not include any material that the department, by regulation, determines is used, or intended to be used, solely for a purpose or purposes other than coloring.

The term "color," as used in this section, includes black, white, and intermediate grays.

This section does not apply to any pesticide chemical, soil, or plant nutrient, or other agricultural chemical, solely because of its effect in aiding, retarding, or otherwise affecting, directly or indirectly, the growth or other natural physiological process of produce of the soil and thereby affecting its color, whether before or after harvest.

(Added by Stats. 1995, Ch. 415, Sec. 6. Effective January 1, 1996.)

[109900.](#) "Cosmetic" means any article, or its components, intended to be rubbed, poured, sprinkled, or sprayed on, introduced into, or otherwise applied to, the human body, or any part of the human body, for cleansing, beautifying, promoting attractiveness, or altering the appearance.

109965. "Local health department" means the health department of a city, county, city and county, or local health district that qualifies for state assistance pursuant to Chapter 3 (commencing with Section 101175) of Part 3 of Division 101, or any city health department of a city that has had its own health department for 12 years or more. (Added by Stats. 1995, Ch. 415, Sec. 6. Effective January 1, 1996.)

109970. "Manufacture" means the preparation, compounding, propagation, processing, or fabrication of any food, drug, device, or cosmetic. The term "manufacture" includes repackaging or otherwise changing the container, wrapper, or labeling of any food, drug, device, or cosmetic in furtherance of the distribution of the food, drug, device, or cosmetic. The term "manufacture" does not include repackaging from a bulk container by a retailer at the time of sale to its ultimate consumer. (Added by Stats. 1995, Ch. 415, Sec. 6. Effective January 1, 1996.)

109971. "Medical food" means any product that meets the definition of medical food in the Federal Food, Drug, and Cosmetic Act (21 U.S.C. Sec. 360ee(b)(3)). The department shall review all changes to the federal definition of "medical food" before those changes are incorporated by reference pursuant to this section. Within six months after the effective date of any changes to the federal definition, the department shall complete its review of the changes, and submit a report to the Senate Health and Human Services Committee and the Assembly Health Committee that describes the changes and makes a recommendation as to whether it is appropriate to incorporate the changes by reference pursuant to this section. Any change to the federal definition shall take effect pursuant to this section one year after the effective date of the federal change, unless a law that specifically prohibits the change from taking effect is enacted and becomes effective. (Amended by Stats. 2001, Ch. 641, Sec. 3. Effective January 1, 2002.)

109975. "New device" means any of the following:

- (a) Any device the composition, construction, or properties of which are such that the device is not generally recognized, among experts qualified by scientific training and experience to evaluate the safety and effectiveness of devices, as having been adequately shown, through scientific investigations to be safe and effective for use under the conditions prescribed, recommended, or suggested in the labeling or advertising thereof.
- (b) Any device the composition, construction, or properties of which are such that the device, as a result of such investigation to determine its safety and effectiveness for use under these conditions, has become so recognized, but which has not, otherwise than in the investigations, been used to a material extent or for a material time under the conditions.

(Added by Stats. 1995, Ch. 415, Sec. 6. Effective January 1, 1996.)

109980. "New drug" means either of the following:

- (a) Any drug the composition of which is such that the drug is not generally recognized, among experts qualified by scientific training and experience to evaluate the safety and effectiveness of drugs, as safe and effective for use under the conditions prescribed, recommended, or suggested in the labeling or advertising thereof.
- (b) Any drug the composition of which is such that the drug, as a result of investigations to determine its safety and effectiveness for use under these conditions, has become so recognized, but that has not, otherwise than in the investigations, been used to a material extent or for a material time under the conditions.

(Added by Stats. 1995, Ch. 415, Sec. 6. Effective January 1, 1996.)

109985. "Official compendium" means the latest edition of the United States Pharmacopoeia, the latest edition of the Homeopathic Pharmacopoeia of the United States, or the latest edition of the National Formulary, or any supplement to any of these.

(Added by Stats. 1995, Ch. 415, Sec. 6. Effective January 1, 1996.)

109990. "Package" means any container or wrapper that may be used by a manufacturer, producer, jobber, packer, or dealer for enclosing or containing any food, drug, device, or cosmetic.

The term "package" does not include any of the following:

- (a) Any shipping container or outer wrapping used solely for the transportation of a food, drug, device, or cosmetic in bulk quantity to any manufacturer, packer, processor, or wholesale or retail distributor.

License Exemption

subdivision shall be construed to restrict or expand the services that a hospital pharmacy may provide.

(c) "Hospital satellite compounding pharmacy" means an area licensed by the board to perform sterile compounding that is separately licensed by the board pursuant to Section 4127.15 to perform that compounding and is located outside of the hospital in another physical plant that is regulated as a general acute care hospital as defined in subdivision (a) of Section 1250 of the Health and Safety Code.

4030. Intern Pharmacist

"Intern pharmacist" means a person issued a license pursuant to Section 4208.

4031. Laboratory

"Laboratory" means a research, teaching, or testing laboratory not engaged in the dispensing or furnishing of drugs or devices but using dangerous drugs or dangerous devices for scientific or teaching purposes. Every laboratory shall maintain an established place of business and keep purchase records. Every laboratory shall be subject to the jurisdiction of the board.

4032. License

"License" means and includes any license, permit, registration, certificate, or exemption issued by the board and includes the process of applying for and renewing the same.

4033. Manufacturer

(a) (1) "Manufacturer" means and includes every person who prepares, derives, produces, compounds, or repackages any drug or device except a pharmacy that manufactures on the immediate premises where the drug or device is sold to the ultimate consumer.

(2) Notwithstanding paragraph (1), "manufacturer" shall not mean a pharmacy compounding a drug for parenteral therapy,

pursuant to a prescription, for delivery to another pharmacy for the purpose of delivering or administering the drug to the patient or patients named in the prescription, provided that neither the components for the drug nor the drug are compounded, fabricated, packaged, or otherwise prepared prior to receipt of the prescription.

(3) Notwithstanding paragraph (1), "manufacturer" shall not mean a pharmacy that, at a patient's request, repackages a drug previously dispensed to the patient, or to the patient's agent, pursuant to a prescription.

(b) Notwithstanding subdivision (a), as used in Sections 4034, 4163, 4163.1, 4163.2, 4163.3, 4163.4, and 4163.5, "manufacturer" means a person who prepares, derives, manufactures, produces, or repackages a dangerous drug, as defined in Section 4022, device, or cosmetic. Manufacturer also means the holder or holders of a New Drug Application (NDA), an Abbreviated New Drug Application (ANDA), or a Biologics License Application (BLA), provided that such application has been approved; a manufacturer's third party logistics provider; a private label distributor (including colicensed partners) for whom the private label distributor's prescription drugs are originally manufactured and labeled for the distributor and have not been repackaged; or the distributor agent for the manufacturer, contract manufacturer, or private label distributor, whether the establishment is a member of the manufacturer's affiliated group (regardless of whether the member takes title to the drug) or is a contract distributor site.

4034. Outsourcing Facility

"Outsourcing facility" means a facility that meets all of the following:

(a) Is located within the United States of America at one address that is engaged in the compounding of sterile drugs and nonsterile drugs.

4155. Corporate Form Not Required

Nothing in this article shall be construed as requiring the applicant or holder of a pharmacy permit pursuant to Section 4110 to be a pharmacy corporation.

4156. Unprofessional Conduct by Corporation

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.

Article 11. Wholesalers, Third-Party Logistics Providers and Manufacturers**4160. Wholesaler or Third-Party Logistics Provider: License Required**

(a) A person shall not act as a wholesaler or third-party logistics provider of any dangerous drug or dangerous device unless he or she has obtained a license from the board.

(b) Upon approval by the board and the payment of the required fee, the board shall issue a license to the applicant.

(c) (1) A separate license shall be required for each place of business owned or operated by a wholesaler or third-party logistics provider. Each place of business may only be issued a single license by the board, except as provided in paragraph (2). Each license shall be renewed annually and shall not be transferable. At all times during which a place of business is open for business, at least one designated representative, in the case of a wholesaler, or designated representative-3PL in the case of a third-party logistics provider, shall be present. A wholesaler that only acts as a reverse distributor may use either a designated representative or a designated representative-reverse distributor to fulfill this requirement.

(2) A wholesaler and a third-party logistics provider under common ownership may be licensed at the same place of business provided that all of the following requirements are satisfied:

(A) The wholesaler and the third-party logistics provider each separately maintain the records required under Section 4081.

(B) Dangerous drugs and dangerous devices owned by the wholesaler are not commingled with the dangerous drugs and dangerous devices handled by the third-party logistics provider.

(C) Any individual acting as a designated representative for the wholesaler is not concurrently acting as a designated representative-3PL on behalf of the third-party logistics provider. Nothing in this subparagraph shall be construed to prohibit an individual from concurrently holding a license to act as a designated representative and to act as a designated representative-3PL.

(D) The wholesaler has its own designated representative-in-charge responsible for the operations of the wholesaler and the third-party logistics provider has its own responsible manager responsible for the operations of the third-party logistics provider. The same individual shall not concurrently serve as the responsible manager and the designated representative-in-charge for a wholesaler and a third-party logistics provider licensed at the same place of business.

(E) The third-party logistics provider does not handle the prescription drugs or prescription devices owned by a prescriber.

(F) The third-party logistics provider is not a reverse third-party logistics provider.

(G) The wholesaler is not acting as a reverse distributor.

(d) Every wholesaler shall be supervised or managed by a designated representative-in-charge. The designated representative-in-charge shall be responsible for the wholesaler's compliance with state and federal laws governing wholesalers. As part of its initial application for a license, and for each renewal, each wholesaler shall, on a form designed by the board, provide

identifying information and the California license number for a designated representative or pharmacist proposed to serve as the designated representative-in-charge. The proposed designated representative-in-charge shall be subject to approval by the board. The board shall not issue or renew a wholesaler license without identification of an approved designated representative-in-charge for the wholesaler. The designated representative-in-charge shall maintain an active license as a designated representative with the board at all times during which he or she is designated as the designated representative-in-charge. A wholesaler that only acts as a reverse distributor may identify and allow a designated representative-reverse distributor to perform in this capacity. That individual shall maintain an active license as a designated representative-reverse distributor.

(e) Each place of business of a third-party logistics provider shall be supervised and managed by a responsible manager. The responsible manager shall be responsible for the compliance of the place of business with state and federal laws governing third-party logistics providers and with the third-party logistics provider's customer specifications, except where the customer's specifications conflict with state or federal laws. As part of its initial application for a license, and for each renewal, each third-party logistics provider shall, on a form designated by the board, provide identifying information and the California license number for a designated representative-3PL proposed to serve as the responsible manager. The proposed responsible manager shall be subject to approval by the board. The board shall not issue or renew a third-party logistics provider license without identification of an approved responsible manager for the third-party logistics provider. The responsible manager shall maintain an active license as a designated representative-3PL with the board at all times during which he or she is designated as the responsible manager.

(f) A wholesaler shall notify the board in writing, on a form designed by the board, within 30 days of the date when a designated representative-in-charge ceases to act as the designated representative-in-charge, and shall on the same form propose another authorized licensee to take over as the designated representative-in-charge. The proposed replacement designated representative-in-charge shall be subject to approval by the board. If disapproved, the wholesaler shall propose another replacement within 15 days of the date of disapproval, and shall continue to name proposed replacements until a designated representative-in-charge is approved by the board.

(g) A third-party logistics provider shall notify the board in writing, on a form designed by the board, within 30 days of the date when a responsible manager ceases to act as the responsible manager, and shall on the same form propose another designated representative-3PL to take over as the responsible manager. The proposed replacement responsible manager shall be subject to approval by the board. If disapproved, the third-party logistics provider shall propose another replacement within 15 days of the date of disapproval, and shall continue to name proposed replacements until a responsible manager is approved by the board.

(h) A drug manufacturer premises licensed by the Food and Drug Administration or licensed pursuant to Section 111615 of the Health and Safety Code that only distributes dangerous drugs and dangerous devices of its own manufacture is exempt from this section and Section 4161.

(i) The board may issue a temporary license, upon conditions and for periods of time as the board determines to be in the public interest. A temporary license fee shall be required in an amount established by the board as specified in subdivision (f) of Section 4400. When needed to protect public safety, a temporary license may be issued for a period not to exceed 180 days, subject to terms and conditions that the board deems necessary. If the board determines that a temporary license was issued by

mistake or denies the application for a permanent license, the temporary license shall terminate upon either personal service of the notice of termination upon the licenseholder or service by certified mail, return receipt requested, at the licenseholder's address of record with the board, whichever occurs first. For purposes of retaining a temporary license, or for purposes of any disciplinary or license denial proceeding before the board, the temporary licenseholder shall not be deemed to have a vested property right or interest in the license.

4160.5. Nonprescription Diabetes Test Devices – Authorized Distributors Posted on Board Website

Within 30 days of the effective date of the act adding this section, a manufacturer of a nonprescription diabetes test device shall make the names of its authorized distributors available on its Internet Web site and shall provide the board with the names of its authorized distributors. Within 30 days of receiving that information from a manufacturer of a nonprescription diabetes test device, the board shall post the names of authorized distributors of nonprescription diabetes test devices on the board's Internet Web site. A manufacturer of a nonprescription diabetes test device shall, within 30 days of making changes to its authorized distributors, update its Internet Web site and inform the board of changes to its authorized distributors. Within 30 days of receiving notice of any change from a manufacturer of a nonprescription diabetes test device, the board shall post the updated list of the manufacturer's authorized distributors on its Internet Web site.

4161. Nonresident Wholesaler or Nonresident Third-Party Logistics Provider; Requirements

(a) A person located outside this state that (1) ships, sells, mails, warehouses, distributes, or delivers dangerous drugs or dangerous devices into this state or (2) sells, brokers, warehouses, or distributes dangerous drugs or devices within this

Curriculum Vitae

HUSAM S. YOUNIS, PharmD, PhD



Summary

Scientist and leader with >20 years experience in the pharmaceutical/biotechnology industry with proven ability to advance projects from discovery to early and late phase clinical development (>20 INDs or equivalent). Built, lead, manage and motivate multi-disciplinary research and development teams to accomplish objectives on time within available resources. Highly functional in a fast paced environment with keen skill to solve problems; applies sound judgement when making decisions based on limited information. Expertise in drug discovery and development including pharmacology, toxicology and pharmacokinetics across multiple modalities (monoclonal antibodies, oligonucleotides (antisense, siRNA), proteins, small molecules) in numerous therapeutic areas (metabolic and cardiovascular disease, oncology/immuno-oncology, ophthalmology, rare muscle and neurodegenerative diseases).

Professional Experience

• **Avidity Biosciences, Development Sciences, San Diego, CA**

➤ Senior Vice President, 2023- present; Vice President, 2020 to 2022

- Built translational sciences department to advance early drug discovery through late stage clinical development for a new class of drugs (antibody oligonucleotide conjugates). Lead a team (> 20 PhD, MS and BS level scientists) of multi-disciplinary functions (toxicology, drug metabolism and pharmacokinetics, bioanalytical, preclinical and clinical biomarkers) with key responsibilities to define and execute preclinical pharmacology and development strategy. Successful advancement of 3 INDs in 15 months in rare musculoskeletal disease.
- Member of research and development leadership committee to define corporate research strategy, development strategy for lead clinical assets, and organizational/company build.
- Research team leader across a muscle disease franchise encompassing multiple research and development programs. Accountable for all aspects of preclinical research activities working across disciplines to determine and implement in vitro and in vivo pharmacology, drug manufacturing, preclinical safety, and preclinical development strategies.

• **NGM Biopharmaceuticals, Development, South San Francisco, CA**

➤ Executive Director, 2018 to 2020; Senior Director, 2014 to 2018

- Lead product development teams composed of multi-disciplinary functions (clinical, regulatory, CMC, research, nonclinical, PK, project management) to advance programs from candidate nomination to first-in-human and proof of concept clinical studies. Key responsibilities include defining early development strategy and execution of development plans. Advanced 5+ projects from research to FIH and clinical Phase 2 POC. Work closely with executive management (CSO, CMO, CTO) to identify fast to POC strategies and issue resolution. Communicate key project activities to scientific advisory board, partner governance committees and corporate Board of Directors. Served as Chair of joint development committee with large pharma partner.
- Head of nonclinical development department (8+ PhD and MS scientists) responsible and accountable for all aspects of preclinical safety, pharmacokinetics and clinical pharmacology and PKPD evaluation from early research to BLA/NDA. Responsible for content and review of nonclinical sections (pharmacology, PK, toxicology) of regulatory documents. Primary focus on biologic modalities including monoclonal antibodies (agonist and antagonist), proteins and FC-fusion proteins in endocrine/metabolic diseases, ophthalmology and immuno-oncology. Special focus on novel targets to identify potential biomarkers of in vivo pharmacological or on-target activity in preclinical models.

- Responsible for the conduct of in-house and outsourced non-GLP/GLP pharmacokinetics, pharmacodynamics, pharmacology and toxicity evaluation. Implement strategic partnerships with CROs to ensure study quality within a competitive cost structure. Manage and lead department budget and staff including contractors/consultants to support research and development objectives.
- **Ionis Pharmaceuticals Inc., Nonclinical Development, Carlsbad, CA**
 - **Director, 2012 to 2014; Associate Director, 2009 to 2011**
 - Primary responsibilities included preclinical toxicology representative on development project teams in the areas of cardiovascular, metabolic, neurodegenerative diseases and oncology. Responsible for nonclinical development strategy to support projects (>10) from discovery to early/late stage clinical development. Nonclinical safety representative/liaison for major research and development partnership with Biogen with focus on neurodegenerative diseases (ALS, dementia, myotonic dystrophy, among others). Designed, monitored and executed preclinical toxicology studies in multiple species at contract research organizations. Prepare IND-enabling documents and briefing documents for regulatory submissions and interactions across multiple jurisdictions (US, EU, Canada, Australia).
 - Led a company-wide translational sciences initiative that created and developed an integrated animal and human safety database. Directly involved in establishing and curating translational queries to better assess the translation of key safety and efficacy effects from animals to humans. Other key functions include mechanistic investigation of toxicological effects in animals and their potential relevance and translation to humans in the areas of inflammation and immune system activation, hematologic effects, complement, liver and kidney injury, among others.
- **Pfizer Inc. La Jolla Laboratories, Drug Safety Research and Development, San Diego, CA**
 - **Director, 2008 to 2009; Associate Director, 2006 to 2008**

Head of General Toxicology. Manage a group of 3 PhD level study directors/toxicology team representatives and 5 BS level research associate scientists in the conduct of non-GLP in vivo dose range finding and investigative toxicity studies in rodents and non-rodents. Serve as a toxicology team representative on project teams in discovery and development in the areas of ophthalmology, diabetes and oncology. Drug development experience primarily with small molecules with limited experience with monoclonal antibody and siRNA nucleotide-based therapeutic modalities. Prepare study reports, IND-enabling documents, briefing documents for regulatory submissions and interactions. Participate/led global initiatives within the DSRD organization to develop/implement drug development strategy and process improvements. Manage research collaborations with external institutions and contract research organizations. Nonclinical development representative on multiple due diligence/partnering activities.
 - **Senior Principal Scientist, 2005 to 2006**

Head of Experimental Sciences group. Serve as a study director and manage a group responsible for in vivo safety assessment of potential drug candidates. Toxicology representative on several discovery and development project teams to manage the safety assessment of drug candidates in the areas of ophthalmology, diabetes and oncology. Prepared reports and documents for regulatory submissions. Managed research collaborations with external institutions and contract research organizations.
 - **Principal Scientist, 2004 to 2005; Senior Scientist, 2002 to 2004**

Serve as a study director and manage a group responsible for in vivo safety assessment of potential drug candidates. Toxicology representative on a discovery project team in oncology and a development team in ophthalmology to manage the safety assessment of drug candidates. Prepares reports and documents for regulatory submissions.

- **Isis Pharmaceuticals Inc., Nonclinical Development, Carlsbad, CA**

- **Post-Doctoral Scientist, 2001 to 2002**

- Project objectives were to investigate the mechanisms of oligodeoxynucleotide induced immune stimulation and the role of Toll-like receptors. Initiating and coordinating collaborative research with outside research institutions.

- **Wal-Mart Inc., Tucson, AZ**

- **Staff Pharmacist, 1998 to 2001**

- Responsibilities included providing pharmaceutical services, patient counseling, drug information, time and employee management.

Education

- **Doctor of Philosophy (Ph.D.), 2001**

- Department of Pharmacology and Toxicology, College of Pharmacy, University of Arizona, Tucson, AZ. Advisor: I. Glenn Sipes.

- **Doctor of Pharmacy (Pharm.D.), 1998**

- College of Pharmacy, University of Arizona, Tucson, AZ.
Arizona State Board of Pharmacy, License #: S11974

Invited Lectures

E Blasi and H Younis. (2023) Development of AOC 1001, a Novel Antibody Oligonucleotide Conjugate, for the Treatment of Myotonic Dystrophy Type 1 (DM1). CRL Biotech Symposium. La Jolla, CA.

H Younis. (2022) Targeted Delivery of Oligonucleotides to Muscle Using Antibody-Oligonucleotide Conjugates (AOCs). SABPA Annual Meeting. San Diego, CA.

H S Younis. (2017) Efficacy and Safety Profile of a Selective FGFR1/β-Klotho Monoclonal Antibody Agonist, NGM313, in Cynomolgus Monkeys. CRL Biotech Symposium. Carlsbad, CA.

H S Younis. (2014) Translational Safety Assessment of 2'-MOE Antisense Oligonucleotides Using Non-Clinical and Clinical Safety Database Mining. Southern California SOT Regional Meeting. San Diego, CA.

H S Younis. (2014) Clinical and Non-Clinical Safety Database Mining for 2'-MOE Antisense Oligonucleotides: Translational Assessment of Drug Platform Tolerability. Gordon Research Conference: Drug Safety. Boston, MA.

H S Younis and S P Henry. (2014) Development of Antisense Oligonucleotides for Ocular Disease. Boston Area Pharmaceutical Toxicology Group Spring Meeting. Boston, MA.

H S Younis. (2014) An Overview of the Nonclinical Development of Oligonucleotide-Based Therapeutics. Environmental Mutagen Society Annual Meeting, September 13-17, Orlando, FL.

H S Younis and S P Henry. (2013) Development of Antisense Oligonucleotides for Ocular Disease – Emphasis on Preclinical Ocular PK, Safety and Pharmacology and Clinical Translation. 11th Scientific Meeting of the Association for Ocular Pharmacology and Therapeutics. Alicante, Spain.

H S Younis and S P Henry. (2012) Renal Tolerability of 2'-MOE Antisense Oligonucleotides (ASOs) and The Role of Drug Accumulation. Oligonucleotide Therapeutics Society Annual Meeting, October 28-31, Boston, MA.

H S Younis. (2012) Renal Tolerability of 2'MOE Antisense Oligonucleotides and The Role of Drug Accumulation. DIA/FDA Oligonucleotide-Based Therapeutics Meeting, April 15-17, Washington, DC.

H S Younis and S P Henry. (2010) The Genetic Toxicity Evaluation of Antisense Oligonucleotides. Genetic Toxicology Association Annual Meeting, September 15-16, Newark, DE.

H S Younis. (2009) Toxicology Associated with Oligonucleotide Therapeutics. Environmental Mutagen Society Annual Meeting, October 24-28, St. Louis, MI.

H S Younis. (2009) Differential Proinflammatory Properties of CpG and non-CpG Oligodeoxynucleotides. Applied Pharmaceutical Toxicology Meeting, May 11-13, Boston, MA.

H S Younis. (2008) Novel Approaches to Assess the Safety of Modulating Unprecedented Targets. American College of Toxicology Annual Meeting, November 9-13, Tucson, AZ.

H S Younis. (2008) Ocular Safety of Novel Therapeutics for AMD. International Congress for Eye Research Conference, September 24-29, Beijing, China.

H S Younis. (2006) Early Safety Assessment of Novel Targets In Vivo Using Antisense Oligonucleotides. ScreenTech, Analysis to Screening, March 22-24, San Diego, CA.

Publications

Manuscripts

Younis HS, Templin M, Lawrence WO, Kornbrust D, Kim TW, Levin, AA, Henry SP. (2023) Overview of the Nonclinical Development Strategies and Class-Effects of Oligonucleotide-Based Therapeutics In A Faqi (Ed), A Comprehensive Guide to Toxicology in Preclinical Drug Development, (647-664) London, UK, Academic Press

Malecova B, Burke RS, Cochran M, Hood MD, Johns R, Kovach PR, Doppalapudi VR, Erdogan G, Arias JD, Darimont B, Miller CD, Huang H, Geall A, **Younis HS**, Levin AA. (2023) Targeted Tissue Delivery of RNA Therapeutics Using Antibody-Oligonucleotide Conjugates (AOCs). Nucleic Acid Research. Accepted for Publication.

Burel SA, Machemer T, Baker BF, Kwok TJ, Paz S, **Younis H**, Henry SP. (2022) Early-Stage Identification and Avoidance of Antisense Oligonucleotides Causing Species-Specific Inflammatory Responses in Human Volunteer Peripheral Blood Mononuclear Cells. Nucleic Acid Ther. Aug 17

Wykoff CC, Hershberger V, Eichenbaum D, Henry E, **Younis HS**, Chandra P, Yuan N, Solloway M, DePaoli A. (2022) Inhibition of Complement Factor 3 in Geographic Atrophy with NGM621: Phase 1 Dose-Escalation Study Results. Am J Ophthalmol. Mar;235:131-142.

Xi Y, Song B, Ngan I, Solloway MJ, Humphrey M, Wang Y, Mondal K, Wu H, Liu W, Lindhout DA, Li D, Matern H, Kekatpure A, Haldankar R, Kaplan DD, Yang H, Pedersen O, Chen A, Zhou M, Winans B, Guo W, Kutach A, Fanget M, Fox M, Tang J, Zha J, **Younis H**, Shen D, DePaoli A, Tian H, Liu Z. (2022) Glucagon-receptor-antagonism-mediated β -cell regeneration as an effective anti-diabetic therapy. Cell Rep. May 31;39(9):110872.

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- Paz S, Hsiao J, Cauntay P, Soriano A, Bai L, Machemer T, Xiao X, Guo S, Hung G, **Younis H**, Bennett CF, Henry S, Yun TJ, Burel S. (2017) The distinct and cooperative roles of toll-like receptor 9 and receptor for advanced glycation end products in modulating in vivo inflammatory responses to select CpG and non-CpG oligonucleotides. *Nucleic Acid Ther.* Jun 12.
- Crooke ST, Baker BF, Kwoh J, Cheng W, Schulz D, Xia S, Salgado N, Bui HH, Hart CE, Burel S, **Younis HS**, Geary RS, Henry SP, Bhanot S. (2016) Integrated Safety Assessment of 2'-O-Methoxyethyl Chimeric Antisense Oligonucleotides in Non-Human Primates and Healthy Human Volunteers. *Mol Ther.* 24(10):1771-1782.
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- Pandey SK, Wheeler TM, Justice SL, Kim A, **Younis HS**, Gattis D, Jauvin D, Puymirat J, Swayze EE, Freier SM, Bennett CF, Thornton CA, MacLeod AR. (2015) Identification and characterization of modified antisense oligonucleotides targeting DMPK in mice and nonhuman primates for the treatment of myotonic dystrophy type 1. *J Pharmacol Exp Ther.* 355(2):329-40.
- Younis HS**, Templin M, Lawrence WO, Kornbrust D, Kim TW, Henry SP. (2014) Overview of the Nonclinical Development Strategies and Class-Effects of Oligonucleotide-Based Therapeutics In A Faqi (Ed), *A Comprehensive Guide to Toxicology in Preclinical Drug Development*, (647-664) London, UK, Academic Press.
- Shen L, Frazer-Abel A, Reynolds PR, Giclas PC, Chappell A, Pangburn MK, **Younis HS**, Henry SP. (2014) Mechanistic understanding for the greater sensitivity of monkeys to antisense oligonucleotide-mediated complement activation compared with humans. *J Pharmacol Exp Ther.* 351(3):709-17.
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H S Younis, B Hirakawa, W Scott, P Tran, G Bhat, T Affolter, J Chapman, J Heyen, K Chakravarty, G Alton. (2010) Antisense inhibition of S6 kinase 1 produces improved glucose tolerance and is well tolerated for 4 weeks of treatment in rats. *Pharmacology.* 87(1-2), 11-23.

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S R Singh, S T Carreiro, J Chu, G Prasanna, M R Niesman, W W Collette III, **H S Younis**, S Sartnurak, H J Gukasyan. (2009) L-Carnosine: Multifunctional Dipeptide Buffer for Sustained Duration Topical Ophthalmic Formulations. *Journal of Pharmacy and Pharmacology.* 61, 733-742.

W Zou, S S Devi, E Sparkenbaugh, **H S Younis**, R A Roth, P E Ganey. (2009) Hepatotoxic interaction of sulindac with lipopolysaccharide: Role of the hemostatic system. *Toxicological Sciences.* 108(1), 184-193.

H S Younis, M Shower, K Palacio, H J Gukasyan, G J Stevens and W Evering (2008) An Assessment of the Ocular Safety of Inactive Excipients Following sub-Tenon Injection in Rabbits. *Journal Ocular Pharmacology and Therapeutics.* 24(2), 206-216.

B G Bhat, **H S Younis**, J Herrera, K Palacio, B Pascual, G Hur, B Jessen, K Ogilvie, and P A Rejto (2008) Antisense inhibition of 11 β hydroxysteroid dehydrogenase Type 1 improves diabetes in a novel cortisone-induced diabetic KK mouse model. *BBRC.* 365(4), 740-745.

H S Younis, T Vickers, A A Levin and S P Henry (2006) Characterization of gene profiles in liver and peripheral blood leukocytes of mice treated with CpG and non-CpG oligodeoxynucleotides. *Journal of Immunotoxicology.* 3, 57-68.

H S Younis, B A Jessen, E Y Wu and G J Stevens (2006) Inhibiting Matrix Metalloproteinases With Prinomastat Produces Abnormalities In Fetal Growth and Development In Rats. *Birth Defects Research (Part B).* 77, 95-103.

H S Younis, A R Parrish and I G Sipes (2003). The role of hepatocellular oxidative stress in Kupffer cell activation during 1,2-dichlorobenzene induced hepatotoxicity. *Toxicological Sciences*. 76, 201-211.

J Gailer, G N George, I J Pickering, S Madden, R C Prince, E Y Yu, M B Denton, **H S Younis** and H V Aposhian. (2000) Structural basis of the antagonism between inorganic mercury and selenium in mammals. *Chemical Research in Toxicology*. 13(11), 1135-1142.

J Gailer, G N George, I J Pickering, R C Prince, S C Ringwald, J E Pemberton, R S Glass, **H S Younis**, D W DeYoung and H V Aposhian. (2000) A metabolic link between arsenite and selenite: The seleno-bis(S-glutathionyl) arsinium ion. *Journal of the American Chemical Society*. 122, 4637-4639.

H S Younis, N C Hoglen, R K Kuester, L Gunawardhana and I G Sipes. (2000) 1,2-Dichlorobenzene mediated hepatocellular oxidative stress in Fischer-344 and Sprague-Dawley rats. *Toxicology and Applied Pharmacology*. 163, 141-148.

A R Parrish, X H Zheng, K D Turney, **H S Younis** and A J Gandolfi. (1999) Enhanced AP-1/Erk-1 DNA binding and c-jun/c-fos gene expression induced by arsenite or arsenate in renal slices. *Toxicological Sciences*. 50, 98-105.

N C Hoglen, S P Regan, J L Hensel, **H S Younis**, J-M Sauer, D R Steup, M J Miller, S J Waterman, I F Twerdok and I G Sipes. (1998) Alteration of Kupffer cell function and morphology by low melt point paraffin wax in female Fischer-344 but not Sprague-Dawley rats. *Toxicological Sciences*. 46, 176-184.

N C Hoglen, **H S Younis**, D P Hartley, L Gunawardhana and I G Sipes. (1998) 1,2-Dichlorobenzene induced lipid peroxidation in male Fischer-344 rats is Kupffer cell dependent. *Toxicological Sciences*. 46, 376-385.

Employee List

	FIRST NAME	LAST NAME
1	Sami	Abdulkadir
2	Elizabeth	Ackermann
3	Zoe	Adams
4	Oluwaseyi	Adekunle
5	Heidi	Ahmed
6	Matthew	Albertolle
7	Michelle	Alexander
8	Cynthia	Almazan
9	Aaron	Anderson
10	Di	Andrews
11	Danny	Arias
12	Katherine	Arie
13	Natalia	Armendariz
14	Alireza	Ataei
15	Rossana	Aviles
16	Laurie Jane	Babb
17	Joe	Bachori
18	Benjamin	Badillo
19	Douglas	Banks
20	Seth	Barnes
21	Shannon	Beaty
22	Lyndsey	Benner
23	Arvind	Bhattacharya
24	Mike	Bird
25	Margaret	Bloomberg
26	Cameron	Boehmer
27	Sarah	Boyce
28	Connor	Brandenburg
29	Teresa	Brandt
30	Carlos	Bravo
31	Lisa	Brockman
32	Hanna	Brooks
33	Anna	Brusich
34	Ryan	Buchner
35	Pamela	Burgess
36	Joanne	Busalacchi
37	Blair	Cain
38	Chuck	Calderaro
39	Sarah	Campanozzi
40	David	Canton

41	Angela	Cantrell
42	Tara	Carmack
43	Afshawn	Chakamian
44	Emily	Chao
45	Gustavo	Chavez
46	Yanling	Chen
47	Aabha	Chordia
48	Daphne	Christiance
49	Mitchell	Christy
50	Craig	Clark
51	Kristi	Clark
52	Chad	Clerke
53	Noriko	Cook
54	Megan	Corcoran
55	Jon	Cordia
56	Natalie	Cramb
57	Cheryl	Crook
58	Leslie Ann	Cruz
59	Greg	Cuesta
60	Bijou	De Jong
61	Giuseppe	Dello Iacono
62	Nathan	Delos Santos
63	Stephanie	Desanti
64	Ashish	Dhawan
65	Matthew	Diaz
66	Venkata	Doppalapudi
67	Luis	Estevez
68	Usue	Etxaniz Irigoien
69	Brandon	Everly
70	Theresa	Falls
71	Osman	Farhad
72	Ruby	Fernando
73	William	Flanagan
74	Joshua	Fong
75	Yari	Fontebasso
76	Jacksyn	Foti
77	Meredith	Frie
78	Robert	Fuhrman
79	Roger	Furr
80	Mitchell	Garland
81	Christopher	Gartshore

82	Debora	Gijzel
83	Casandra	Gil Juarez
84	Amy	Gimlin
85	Shaynie	Glazebrook
86	Ma Victoria	Gonzales
87	Andrea	Gonzalez
88	Adam	Grajewski
89	Taylor	Gretzinger
90	Heather	Guo
91	Sumitra	Gupta
92	Creobelle	Guzman
93	Amy	Halseth
94	Dhafir	Hammi
95	Marc	Hartmann
96	Greg	Hather
97	Anna	Hedlund
98	Darren	Heinrichsen
99	Elizabeth	Henriksen
100	Josiah	Herzog
101	Sawyer	Hicks
102	Giang Nguyen Hoang	Ho
103	Tiffany	Hoang
104	Myrna	Hoffman
105	Catherine	Hollyfield
106	Michael	Hood
107	Hanhua	Huang
108	Sarah	Hudson
109	Steven	Hughes
110	Dakota	Hunter
111	Cecilia	Hurtado
112	Stephanie	Huynh
113	Kim	Huynh
114	Madeline	Jachim
115	Dana	Jennings
116	Deepika	Jethwani
117	Rachel	Johns
118	Joseph	Johnston
119	Maryam	Jordan
120	Lisa	Kanetake
121	Sydney	Kasmer
122	Arnold	Kemp

123	Andrea	Kennedy
124	Zahra	Khedri
125	Joy	Khetani
126	Aidan	Kim
127	Russell	Kim
128	Benjamin	Knisely
129	Tracy	Kosman
130	Philip	Kovach
131	David	Kozirovskiy
132	Anand	Kulkarni
133	Yu Yan	Kwan
134	Hae Won	Kwon
135	Tejas	Lahoti
136	Gina	Lahti
137	Benjamin	Lake
138	Omar	Lakhdari
139	Son	Lam
140	Kat	Lange
141	Barry	Lawler
142	Christopher	Lee
143	Man Xia	Lee
144	Jingyuan	Lee
145	Justin	Lee
146	Kellie	Lemoine
147	Li	Li
148	Jihui	Li
149	Matilde	Licata
150	Shannon	Lim
151	Tiffany	Lin
152	Ralph	Lin
153	Sandra	Loefgren
154	Dalila	Lopez Galindo
155	Ethan	Lovell
156	Noah	Luther
157	Christina	Ly
158	Evan	Maher
159	Barbora	Malecova
160	Madilyne	Malone
161	John	Manhard
162	Gulin	Marelius
163	Isaac	Marks

164	Arsenia	Marrs
165	Jonatan	Matalonga Borrel
166	Ian	Matthew
167	Bradley	McEvoy
168	Tyler	McLaughlin
169	Anais	McMaster
170	Alexandra	McNely
171	Matthew	McQueen
172	Benjamin	Mead
173	Garineh	Melikian
174	Qingying	Meng
175	Noelle	Michalak
176	Emily	Miller
177	Apollo	Mok
178	Suzanne	Molon
179	Nirvana	Moodley
180	Trisha	Mortier
181	Eric	Mosbrooker
182	Angel	Murillo
183	Sami	Muy
184	Subbarao	Nallagatla
185	Martin	Navarrete
186	Vivian	Nguyen
187	Thai	Nguyen-Cleary
188	Cynthia	Novak
189	Ogochukwu	Okeke
190	Thiago	Oliva Detanico
191	Chase	Olsson
192	Gerardo	Onodera
193	Raenelli	Orlino
194	Jack	Ostrowski
195	Marielys	Ozuna
196	Andrew	Page
197	Harumi	Parnell
198	Cameron	Pascoe
199	Jennifer	Perkins
200	Alissa	Peters
201	Lynne	Pratt
202	Ryan	Prout
203	Michelle	Quezada
204	Katheryn	Ramirez

205	Victor	Ramirez Castillo
206	Anneke	Raney
207	Regi	Reynoso
208	Sam	Rhee
209	Deidra	Richards
210	Zachary	Richardson
211	Jennifer	Rivera
212	Nicholas	Rogozinski
213	Ali	Sadighian
214	David	Sala Cano
215	Becky	Salamon
216	Elenor	San Pedro
217	Evelyn	Sarabia
218	Ashley	Schroeder
219	Alanna	Sewalt
220	Ryan	Shirey
221	Thomas	Shroka
222	Julie	Silverio
223	Ronald	Smith Jr.
224	Tiffany	Soriano
225	Eileen	Southerton
226	Richard	Sove
227	Jillian	Spear
228	Matthew	Spruance
229	Seth	Steen-Fuentes
230	Kristen	Sullivan
231	Anthony	Sun
232	Kristoffer	Svensson
233	Yvonne	Tami
234	Andrew	Thai
235	Shelby	Thurston
236	Amber	Toliver
237	Rachel	Toughiri
238	Lecya	Tyaglo
239	Isirene	Ulloa Gomez
240	Sabrina	Ulmer
241	Sara	Vaziri
242	Raquel	Vega
243	Brian	Vu
244	Jane	Wang
245	Jun	Wang

246	Jenni	Watson
247	Ania	Weatherley
248	Justin	Welch
249	Marlyn	Widjaja
250	Nicklaus	Wilkening
251	Brendan	Winslow
252	Megan	Wise
253	Ben	Woo
254	Jia	Xu
255	Nathan	Yang
256	Husam	Younis
257	Jerry	Yu
258	Aaron	Yu
259	Diane	Yuskin
260	Alexander	Zambon
261	Mingle	Zhang

**UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
WASHINGTON, DC 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, 2023
OR

☐ **TRANSITION REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934**

FOR THE TRANSITION PERIOD FROM _____ TO _____
Commission file number: 001-39321

AVIDITY BIOSCIENCES, INC.

(Exact name of registrant as specified in its charter)

Delaware
(State or Other Jurisdiction of
Incorporation or Organization)

10578 Science Center Drive, Suite 125
San Diego, CA
(Address of Principal Executive Offices)

46-1336960
(I.R.S. Employer
Identification No.)

92121
(Zip Code)

(858) 401-7900
(Registrant's Telephone Number, Including Area Code)

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

Title of each class	Trading Symbol(s)	Name of each exchange on which registered
Common Stock, par value \$0.0001 per share	RNA	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 Securities Exchange Act of 1934. Yes ☐ No ☒

Indicate by check mark whether the registrant (1) has filed all reports required to be filed by Section 13 or 15(d) of the Securities Exchange Act of 1934 during the preceding 12 months (or for such shorter period that the registrant was required to file such reports) and (2) has been subject to such filing requirements for the past 90 days. Yes ☒ No ☐

Indicate by check mark whether the registrant has submitted electronically every Interactive Data File required to be submitted pursuant to Rule 405 of Regulation S-T (§ 232.405 of this chapter) during the preceding 12 months (or for such shorter period that the registrant was required to submit such files). Yes ☒ No ☐

Indicate by check mark whether the registrant is a large accelerated filer, an accelerated filer, a non-accelerated filer, a smaller reporting company, or an emerging growth company. See the definitions of "large accelerated filer," "accelerated filer," "smaller reporting company," and "emerging growth company" in Rule 12b-2 of the Exchange Act.

Large accelerated filer	☒	Accelerated filer	☐
Non-accelerated filer	☐	Smaller reporting company	☐
Emerging growth company	☐		

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

Indicate by check mark whether the registrant has filed a report on and attestation to its management's assessment of the effectiveness of its internal control over financial reporting under Section 404(b) of the Sarbanes-Oxley Act (15 U.S.C. 7262(b)) by the registered public accounting firm that prepared or issued its audit report. ☒

If securities are registered pursuant to Section 12(b) of the Act, indicate by check mark whether the financial statements of the registrant included in the filing reflect the correction of an error to previously issued financial statements. ☐

Indicate by check mark whether any of those error corrections are restatements that required a recovery analysis of incentive-based compensation received by any of the registrant's executive officers during the relevant recovery period pursuant to § 240.10D-1(b). ☐

Indicate by check mark whether the registrant is a shell company (as defined in Rule 12b-2 of the Act). Yes ☐ No ☒

As of June 30, 2023, the aggregate market value of the registrant's common stock held by non-affiliates of the registrant was approximately \$811.3 million, based on the closing price of the registrant's common stock on the Nasdaq Global Market of \$11.09 per share.

As of February 15, 2024, the registrant had 79,719,473 shares of common stock outstanding.

DOCUMENTS INCORPORATED BY REFERENCE

Certain sections of the registrant's definitive proxy statement for the 2024 annual meeting of stockholders to be filed with the Securities and Exchange Commission pursuant to Regulation 14A not later than 120 days after the end of the fiscal year covered by this Form 10-K are incorporated by reference into Part III of this Form 10-K.

AVIDITY BIOSCIENCES, INC.
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PART I

Forward-Looking Statements and Market Data

This annual report on Form 10-K contains forward-looking statements within the meaning of Section 27A of the Securities Act of 1933, as amended, or the Securities Act, and Section 21E of the Securities Exchange Act of 1934, as amended, or the Exchange Act. All statements other than statements of historical facts contained in this annual report, including, without limitation, statements regarding our future results of operations and financial position, business strategies and plans, research and development plans, the timing and likelihood of resolution of the partial clinical hold related to AOC 1001, the anticipated timing, costs, design and conduct of our ongoing and planned preclinical studies and clinical trials for our product candidates, the anticipated timing of release of data from our ongoing clinical trials, the timing and likelihood of regulatory filings and approvals for our product candidates, the timing and likelihood of success, plans and objectives of management for future operations and future results of anticipated product development efforts, and the anticipated impacts of any pandemics or epidemics, inflationary pressures, and the ongoing hostilities in Ukraine and the Middle East on our business, are forward-looking statements. These statements involve known and unknown risks, uncertainties and other important factors that may cause our actual results, performance or achievements to be materially different from any future results, performance or achievements expressed or implied by the forward-looking statements. This annual report on Form 10-K also contains estimates and other statistical data made by independent parties and by us relating to market size and growth and other data about our industry. This data involves a number of assumptions and limitations, and you are cautioned not to give undue weight to such estimates. In addition, projections, assumptions and estimates of our future performance and the future performance of the markets in which we operate are necessarily subject to a high degree of uncertainty and risk.

In some cases, you can identify forward-looking statements by terms such as "may," "will," "should," "expect," "plan," "anticipate," "could," "intend," "target," "project," "contemplate," "believe," "estimate," "predict," "potential" or "continue" or the negative of these terms or other similar expressions. The forward-looking statements in this annual report are only predictions. We have based these forward-looking statements largely on our current expectations and projections about future events and financial trends that we believe may affect our business, financial condition and results of operations. These forward-looking statements speak only as of the date of this annual report and are subject to a number of risks, uncertainties and assumptions, including those described in Part I, Item 1A, "Risk Factors." The events and circumstances reflected in our forward-looking statements may not be achieved or occur, and actual results could differ materially from those projected in the forward-looking statements. Moreover, we operate in an evolving environment. New risk factors and uncertainties may emerge from time to time, and it is not possible for management to predict all risk factors and uncertainties. Except as required by applicable law, we do not plan to publicly update or revise any forward-looking statements contained herein, whether as a result of any new information, future events, changed circumstances or otherwise. All forward-looking statements are qualified in their entirety by this cautionary statement, which is made under the safe harbor provisions of the Private Securities Litigation Reform Act of 1995.

This annual report includes trademarks, tradenames and service marks that are the property of other organizations. Solely for convenience, trademarks and tradenames referred to in this annual report may appear without the ® and ™ symbols, but those references are not intended to indicate, in any way, that we will not assert, to the fullest extent under applicable law, our rights, or that the applicable owner will not assert its rights, to these trademarks and tradenames.

We maintain a website at www.aviditybiosciences.com, to which we regularly post copies of our press releases as well as additional information about us. Our filings with the Securities and Exchange Commission, or SEC, are available free of charge through our website as soon as reasonably practicable after being electronically filed with or furnished to the SEC. Information contained in our website does not constitute a part of this report or our other filings with the SEC.

ITEM 1. Business

We are a biopharmaceutical company committed to delivering a new class of RNA therapeutics called Antibody Oligonucleotide Conjugates, or AOCs. Our proprietary AOC platform is designed to combine the specificity of monoclonal antibodies, or mAbs, with the precision of RNA therapeutics to target the root cause of diseases previously untreatable with RNA therapeutics. Our advancing and expanding pipeline currently has three programs in clinical development. AOC 1001 is designed to treat people with myotonic dystrophy type 1,

or DM1, and is currently in Phase 1/2 development with the ongoing MARINA open label extension study, or MARINA-OLE™. In mid-2024, we plan to initiate the global Phase 3 HARBOR™ trial of AOC 1001 for adults living with DM1. AOC 1020 is designed to treat people living with facioscapulohumeral muscular dystrophy, or FSHD, and is currently in Phase 1/2 development with the FORTITUDE™ trial. AOC 1044 is designed for people with Duchenne muscular dystrophy and is currently in Phase 1/2 development with the EXPLORE44™ trial. AOC 1044 is specifically designed for people with mutations amenable to exon 44 skipping, or DMD44, and is the first of multiple AOCs we are developing for DMD. AOC 1001, AOC 1020 and AOC 1044 have all been granted Orphan Designation by the FDA and the European Medicines Agency, or EMA, and Fast Track Designation by the FDA. The FDA has also granted AOC 1044 Rare Pediatric Disease Designation. We continue to advance and expand our internal discovery pipeline with the addition of new research and development candidates to treat conditions in skeletal muscle and cardiology as we continue to deliver on the RNA revolution. In addition to our own internal research programs, we continue to explore the full potential of our AOC platform through collaborations and partnerships that we have initiated, including programs in cardiology, immunology, and other select indications outside of muscle.

With three AOC product candidates in clinical development, we plan to report data from multiple ongoing trials in 2024, dose escalate the remaining participants in the MARINA-OLE study from 2 mg/kg to 4 mg/kg of AOC 1001, and in mid-2024 initiate our global Phase 3 HARBOR™ trial of AOC 1001 for DM1. In March 2024 we will be sharing a first look at long-term efficacy and safety data from the MARINA-OLE™ trial of AOC 1001 in people living with DM1. In the second quarter of 2024, we anticipate reporting preliminary data in approximately half of the study participants in the Phase 1/2 FORTITUDE™ trial of AOC 1020 in FSHD. In the second half of 2024, we plan to share 5 mg/kg cohort data from the Phase 1/2 EXPLORE44™ trial of AOC 1044 in people living with DMD44.

Our Strategy

Our vision is to profoundly improve people's lives by revolutionizing the delivery of RNA therapeutics. We are executing on that vision by focusing on our three strategic pillars: a disruptive and broad AOC platform, an advancing and expanding pipeline and building an agile and diverse company. With this strategy, our goal is to discover, develop and commercialize novel AOC therapeutics that overcome current barriers to the delivery of oligonucleotides and unlock their potential to treat a wide range of serious diseases currently lacking adequate treatment options. The key elements of our strategy to achieve this goal are to:

- **Harness the power of our AOC platform to develop a new class of drugs.** We are committed to delivering a new class of RNA therapeutics by utilizing decades of research on the power of oligonucleotides. With preliminary data from our AOC 1001 MARINA clinical trial, we have demonstrated successful targeted delivery of RNA into muscle in humans. Our deep experience with oligonucleotide therapeutics, modulation of RNA processes, antibody engineering and conjugation, and drug delivery techniques provide the foundation for our efforts to address the current limitations of oligonucleotide therapies. Our disruptive and broad AOC platform also affords us the option to deploy various types of oligonucleotides, including small interfering RNAs, or siRNAs, and phosphorodiamidate morpholino oligomers, or PMOs, whose specific mechanisms of action modify RNA function in different ways. We now have AOC programs in clinical development that utilize both siRNAs and PMOs. This flexibility allows us to use oligonucleotides that are tailored to have the potential to modulate a given disease process. Potential mechanisms of action for these oligonucleotides can range from reducing the expression of disease-related RNA with siRNAs, to correction of aberrant processing of RNAs with splice modifying oligonucleotides. AOCs are designed to do the following:
 - Combine the proven technologies of approved mAbs and oligonucleotides
 - Deliver to tissues previously untreatable with RNA therapeutics, starting with muscle and broadening to other tissues and cell types
 - Scale with experienced manufacturers who are able to utilize well-established and scalable methods for manufacturing mAbs and oligonucleotides. We also have the ability to use a single mAb across multiple programs, providing significant leverage around development costs and timelines associated with each incremental muscle program.
- **Continue Advancing and Expanding Our Pipeline.** With three programs currently in clinical development, we are also advancing and expanding our innovative AOC pipeline to offer treatment options for people across a wide range of therapeutic areas. Our first AOC programs are from our rare muscle disease franchise. We are also broadening the reach of AOCs beyond muscle tissues through

both internal discovery efforts and key partnerships. We are progressing our pipeline in the following ways:

- **Advancing our lead muscle disease product candidates through ongoing and planned clinical trials to approval.** We have three programs in clinical development: AOC 1001 for DM1, AOC 1020 for FSHD and AOC 1044 for DMD44. Each is designed to address the root cause of the underlying disease. AOC 1001 and AOC 1020 each consist of a proprietary mAb that binds to the transferrin receptor 1, or Tfr1, receptor conjugated with a siRNA. AOC 1044 consists of the same proprietary mAb to Tfr1 conjugated with a PMO. There are no approved therapies to treat the underlying causes of DM1, FSHD or DMD44.
- **Progressing our skeletal muscle pipeline.** We remain focused on researching potential skeletal muscle indications that are optimal for RNA targeting and that have patient populations with high unmet need. In addition to our programs in clinical development, our current pipeline includes programs in DMD targeting additional exons as well as programs targeting other skeletal muscle diseases with limited or no treatment options. Preclinical development on these programs is ongoing and ranges in stage from early discovery work to one program in lead optimization.
- **Expanding our pipeline into other indications.** We continue to pursue additional programs that expand our AOC pipeline beyond muscle and into other indications including cardiology and immunology. We have one preclinical rare cardiac program in lead optimization. In November 2023, we announced an expansion of our cardiovascular collaboration with Bristol-Myers Squibb Company, or BMS. The global licensing and research collaboration will focus on discovery, development and commercialization of up to five cardiovascular targets. In addition, through our collaboration with Eli Lilly and Company, or Lilly, we are working on potential new medicines in immunology and other select indications. Through additional internal discovery efforts and partnerships, we continue to work to discover, develop and commercialize novel AOC therapeutics that overcome current barriers to the delivery of oligonucleotides and unlock their potential to treat a wide range of serious diseases currently lacking adequate treatment options.
- **Build an agile and diverse company.** We have assembled a management team with deep experience in the discovery, development and commercialization of RNA therapeutics. The team also has extensive knowledge of oligonucleotide therapeutics, modulation of RNA processes, antibody engineering and conjugation, and drug delivery techniques. Our team also has broad experience in the discovery, development and commercialization of products for rare diseases, including building clinical and commercial organizations that support the unique needs of the rare disease community.

As we grow the company, we plan to continue to employ a disciplined strategy to maximize the value of our pipeline by retaining development and commercialization rights to those product candidates, indications and geographies that we believe we can ultimately commercialize successfully on our own if they are approved. We plan to collaborate on product candidates that we believe have promising utility in disease areas or patient populations that are better served by the resources or specific expertise of other biopharmaceutical companies. Through collaborations and our internal research, we plan to continue to invest our resources in our AOC platform to explore the full potential of our AOCs in additional previously inaccessible tissue and cell types.

Our AOC Product Platform

Overview

We are committed to delivering a new class of RNA therapeutics called AOCs designed to overcome the current limitations of oligonucleotide therapies in order to treat a wide range of serious diseases. We utilize our proprietary AOC platform to design, engineer and develop therapeutics that combine specificity of mAbs with the precision of oligonucleotide therapies to target the root cause of diseases previously untreatable with such therapeutics. All of our oligonucleotides target disease-related RNA. RNA is a polymeric molecule essential in the coding, decoding, regulation and expression of genes. We have accumulated deep experience regarding oligonucleotide therapeutics, modulation of RNA processes, antibody engineering and conjugation, and drug delivery techniques. We collectively refer to the know-how and proprietary technology born out of this experience, and their systematic application in the design and development of our product candidates, as our AOC platform.

In January 2024, we announced that we plan to report data from our ongoing clinical trials in 2024, dose-escalate the remaining participants in MARINA-OLE from 2 mg/kg to 4 mg/kg of AOC 1001, and in mid-2024 initiate our global Phase 3 HARBOR trial of AOC 1001 for people living with DM1. In March, 2024 we will be sharing a first look at long-term efficacy and safety data from the MARINA-OLE trial of AOC 1001 in people living with DM1. In the second quarter of 2024 we anticipate reporting preliminary data in approximately half of the study participants in the Phase 1/2 FORTITUDE trial of AOC 1020 in FSHD. In the second half of 2024, we plan to share 5 mg/kg cohort data from the Phase 1/2 EXPLORE44 trial of AOC 1044 in people living with DMD44.

In December 2023, we announced positive AOC 1044 data in healthy volunteers from the Phase 1/2 EXPLORE44 clinical trial for the treatment of DMD44. The data demonstrated that AOC 1044 delivered increases in PMO concentrations in skeletal muscle following a single dose of 5 mg/kg or 10 mg/kg, providing up to 50-times greater PMO concentrations in skeletal muscle when compared to a single dose of peptide conjugated PMOs in healthy volunteers. AOC 1044 was well tolerated in healthy volunteers, produced statistically significant exon 44 skipping compared to placebo of up to 1.5% in healthy volunteers after a single dose of 10 mg/kg of AOC 1044 at Day 29 and increased exon skipping in all participants.

In November 2023, we announced an exclusive global licensing and research collaboration with BMS focused on the discovery, development and commercialization of multiple cardiovascular targets. The payments to us under this collaboration include (i) \$100 million upfront, which amount includes an approximately \$40 million purchase by BMS of our common stock in a private placement, (ii) up to approximately \$2.2 billion in milestone payments and (iii) tiered royalty payments on certain net sales, if any. This strategic collaboration broadens the reach of AOCs through the expansion of our existing relationship with BMS. The collaboration with BMS is separate from our internal discovery pipeline consisting of research and development candidates to treat rare skeletal muscle conditions and rare cardiac muscle diseases that are not competitive to the cardiovascular targets included in the BMS collaboration.

In October 2023, we announced new Phase 1/2 AOC 1001 data demonstrating improvement in additional functional measures including hand grip, muscle strength (Manual Muscle Testing composite score and both upper and lower Quantitative Muscle Testing composite scores) and patient reported outcomes, or PROs. These data augment previously reported data from April 2023 that showed improvements in myotonia, muscle strength and mobility. The data reported in October for AOC 1001 continued to demonstrate favorable safety and tolerability results.

In May 2023, we announced that the FDA eased the partial clinical hold on AOC 1001, allowing us to double the number of participants in the MARINA-OLE study receiving 4 mg/kg of AOC 1001 by dose-escalating 12 participants from 2 mg/kg to 4 mg/kg and to enroll new participants at 2 mg/kg. The dose escalation of 12 participants in the MARINA-OLE from AOC 1001 2 mg/kg to 4 mg/kg has been completed. Data showed no neurological events and no MRI changes following dosing. We have now commenced dose escalating the remaining participants in the MARINA-OLE from 2 mg/kg to 4mg/kg of AOC 1001 following our announcement in January 2024.

Our Approach

Based on the data-driven hypothesis that the delivery of oligonucleotides can be greatly enhanced by using antibodies as conjugates, our scientists have established a framework for screening potential cell surface protein-mAb pairs to determine which pairs we believe are well suited to deliver active oligonucleotides to specific cell types. We have identified multiple cell surface protein-mAb pairs that can deliver oligonucleotides into various tissue and cell types to induce pharmacologic changes. For example, we have employed AOCs built on a scaffold of a mAb or mAb fragment that binds with high selectivity and affinity to TfR1 to deliver oligonucleotides to cell types outside of the liver.

Our AOC platform also affords us the option to deploy various types of oligonucleotides, including siRNAs and PMOs, whose specific mechanisms of action modify RNA function in different ways. We have programs utilizing both siRNAs and PMOs in clinical development. This flexibility allows us to use oligonucleotides that are tailored to modulate a given disease process. Mechanisms of these oligonucleotides can range from reducing the expression of a disease-related RNA with siRNAs, to correction of aberrant processing of RNAs with splice modifying oligonucleotides.

Advantages of our AOC Product Platform

We believe that the product candidates derived from our AOC platform will have the potential to offer the following distinct advantages:

- **Expand scope of diseases addressable with oligonucleotides:** (i) utilize identified cell surface protein-antibody pairs to design oligonucleotides to precisely target the underlying cause of diseases previously untreatable with RNA therapeutics; (ii) flexibility to deploy an appropriate oligonucleotide type for different diseases; and (iii) optimize all structural components of our AOCs for effective delivery—the oligonucleotide, the mAb and the antibody conjugate design.
- **Potential to mitigate toxicity by limiting drug exposure:** (i) selection of the most potent oligonucleotide type; (ii) targeted delivery to tissues and cells; and (iii) infrequent administration.
- **Infrequent dosing:** (i) ability to deliver oligonucleotides to tissues and cells at concentrations that produce pronounced and prolonged pharmacodynamic effects as observed in our preclinical models; and (ii) ability to select appropriate oligonucleotide mechanisms to maximize durability.
- **Readily reproducible and scalable:** (i) AOCs synthesized using well-established and scalable methods for manufacturing mAbs and oligonucleotides; and (ii) ability to use a single mAb across multiple programs provides significant leverage around development costs and timelines associated with each incremental muscle program. For example, we use the same mAb targeting TfR1 across our current muscle franchise.

Our Development Programs

We are advancing and expanding our innovative AOC pipeline to develop potential treatment options for patients and their families across a wide-range of therapeutic areas. Our first AOC programs are from our muscle disease franchise where we have leveraged our deep experience with oligonucleotide therapeutics, modulation of RNA processes, antibody engineering and conjugation and drug delivery techniques. We now have programs in our early-stage development pipeline through internal efforts and external collaborations that explore utilizing AOCs in additional indications including cardiology and immunology. The research and development chart below represents a summary of our wholly owned and partnered development programs.

Diverse and Expanding AOC Pipeline

PROGRAM / INDICATION	TARGET	LEAD OPTIMIZATION	IND ENABLING	PHASE 1/2	PHASE 3
AOC 1001 Myotonic Dystrophy Type 1 (DM1)	DMPK				MARINA MARINA
AOC 1044 Duchenne Muscular Dystrophy (DMD)	Exon 44				explores
AOC 1020 Facioscapulohumeral Muscular Dystrophy (FSHD)	DUX4				FOUNTAIN
Additional DMD Programs	Exon 45/8 Undisclosed				
Rare Skeletal Muscle Program	Undisclosed				
Rare Cardiac Program	Undisclosed				

Our Muscle Disease Franchise

We have selected muscle as the first tissue type in which to explore the potential of our AOCs. In our early screening efforts, we observed a 95% reduction of target gene expression in mouse skeletal muscle with the AOC we tested, which in part led us to focus on developing a deep pipeline of AOCs that are designed to address multiple muscle diseases including DM1, FSHD and DMD. We currently use the same proprietary mAb

targeting Tfr1 across our muscle programs, which we believe gives us significant leverage of development costs and timelines associated with each incremental muscle program.

Our Clinical Programs

AOC 1001 for the Treatment of Myotonic Dystrophy Type 1 (DM1)

Our lead product candidate utilizing the AOC platform, AOC 1001, is designed to address the root cause of DM1 by reducing levels of a disease-related mRNA called DMPK. AOC 1001 consists of a proprietary mAb that binds to Tfr1 conjugated with a siRNA targeting DMPK mRNA. The FDA and EMA have granted Orphan Designation for AOC 1001. The FDA also granted Fast Track Designation to AOC 1001 for the treatment of DM1.

Phase 1/2 MARINA Clinical Trial

The Phase 1/2 MARINA clinical trial was designed to evaluate the safety and tolerability of single and multiple ascending doses of AOC 1001 administered intravenously in adults with DM1. The MARINA trial was a randomized, double-blind, placebo-controlled, Phase 1/2 clinical trial that assessed the activity of AOC 1001 across key biomarkers, including spliceopathy, an important biomarker for DM1, and knockdown of DMPK mRNA. Though the Phase 1/2 trial was not powered to assess functional benefit, it explored the clinical activity of AOC 1001 in multiple measures of muscle function including myotonia, muscle strength, measures of mobility as well as PROs and quality of life measures. Patients had the option to enroll in MARINA-OLE, an open-label extension study, at the end of the post-treatment period. All eligible participants chose to enroll in the MARINA-OLE study.

Phase 1/2 MARINA[®] and MARINA-OLE[™] Trial Design



The U.S. Food and Drug Administration, or FDA, placed a partial clinical hold on new participant enrollment in the Phase 1/2 MARINA clinical trial of AOC 1001 in September 2022. The partial clinical hold is in response to a serious adverse event, or SAE, reported in a single participant in the 4mg/kg cohort of the MARINA study.

In May 2023, we announced that the FDA eased the partial clinical hold on AOC 1001, allowing us to double the number of participants in the MARINA-OLE study receiving 4 mg/kg of AOC 1001 by dose-escalating 12 participants from 2 mg/kg to 4 mg/kg and to enroll new participants at 2 mg/kg. The dose escalation of 12 participants in the MARINA-OLE from AOC 1001 2 mg/kg to 4 mg/kg has been completed. Data showed no neurological events and no MRI changes following dosing. We have now commenced dose escalating the remaining participants in the MARINA-OLE from 2 mg/kg to 4mg/kg of AOC 1001 following our announcement in January 2024.

The sites participating in the MARINA-OLE study are all part of the Myotonic Dystrophy Clinical Research Network, or DMCN. The DMCN is running a natural history study called Establishing Biomarkers and Clinical Endpoints in Myotonic Dystrophy Type 1, or END-DM1. We have entered into an agreement supporting END-DM1, a non-interventional study designed to advance the understanding of disease progression in approximately 700 people with DM1. This agreement allows us to assess the data from END-DM1, which we believe continues to support the clinical development of AOC 1001.

DM1 Disease Overview

DM1 is an underrecognized, progressive and often fatal neuromuscular disease with multiple organ involvement. DM1 is a monogenic, autosomal dominant disease caused by a triplet-repeat in the DMPK gene, resulting in a toxic gain of function mRNA. DM1 primarily affects skeletal, smooth and cardiac muscle and can be highly variable with respect to severity, presentation and age of onset. Patients can suffer from a constellation of manifestations including myotonia and muscle weakness, respiratory problems, fatigue, hypersomnia, cardiac abnormalities, gastrointestinal complications, and cognitive and behavioral impairment. DM1 is estimated to affect over 40,000 people in the United States and there are similar prevalence estimates for Europe. All forms, except the late-onset form, of DM1 are associated with high levels of disease burden and may cause premature mortality.

Current Treatment Landscape and Limitations

There are currently no approved therapies to treat DM1, and medical care is focused largely on symptom management. Due to the well-known challenges of delivery, a previous attempt at treating DM1 with an unconjugated antisense oligonucleotide was discontinued. Therefore, there remains a high unmet medical need for new disease modifying therapies.

Our Solution

AOC 1001 consists of a proprietary mAb that binds to TfR1 conjugated with a siRNA, siDMPK.19, targeted to DMPK RNA, and is designed to be administered to the patient as an intravenous infusion. We believe that the following specific characteristics of AOC 1001 position it to have advantages over historical and current efforts to develop an effective therapy for people with DM1:

- *Addresses the underlying cause of the disease*—DM1 is caused by an increase in the number of CUG triplet repeats occurring in the DMPK gene product. AOC 1001 is designed to reduce the expression levels DMPK RNA, thereby reducing the CUG burden in the nucleus and thereby releasing muscle blind-like protein to allow for normal mRNA processing.
- *Efficient delivery of drug substance to diseased cells*—In an effort to solve for challenges identified in prior unsuccessful efforts to deliver an unconjugated oligonucleotide into muscle cells, the TfR1 antibody component of AOC 1001 facilitates efficient delivery of AOC 1001 to skeletal and cardiac muscle cells. Once inside the muscle cells, the siRNA component of AOC 1001, siDMPK.19, acts to reduce levels of DMPK mRNA in both the nucleus and the cytoplasm. In preclinical studies in cynomolgus monkeys, we observed that treatment with an AOC containing siDMPK.19 produced a greater than 50% reduction of DMPK mRNA across a wide range of skeletal muscles at a concentration of 1 nM or less, approximately 1,000 fold more potent than has been reported for an unconjugated antisense oligonucleotide. We also observed reductions in DMPK mRNA in the gastrointestinal tract.
- *Reproducible and scalable therapeutic*—As with all our AOCs, AOC 1001 is readily synthesized using well-established and scalable methods for manufacturing mAbs and oligonucleotides.

AOC 1001 Data Reported in October 2023 from the Phase 1/2 MARINA Trial and MARINA-OLE Study

AOC 1001 data released in October 2023 demonstrated improvement in additional functional measures augmenting previously reported positive data that demonstrated improvements in functional assessments of myotonia (video hand opening time, or vHOT), strength (Quantitative Muscle Testing total score, or QMT) and mobility (10-meter walk run test, or 10mWRT and the Timed Up and Go test, or TUG).

New AOC 1001 data presented included:

- Multiple additional measures of strength:
 - Hand grip

- Manual Muscle Testing (MMT) composite score
- Both upper and lower QMT composites
- DM1-Activ, a PRO that measures activities of daily living (e.g., taking a shower, visiting family or friends, and walking up stairs).
- Long-term AOC 1001 safety and tolerability data included data from the MARINA-OLE study with over 200 infusions totaling 46.2 patient-years of exposure.
- The most common AEs in the MARINA-OLE study were procedural pain (22%), pain in extremity (such as arm, leg or foot pain/soreness) and headache (both 16%).
- There was one resolved adverse event of mild increase in liver enzymes.
- There have been no reported AEs of anemia in the MARINA-OLE study. In the MARINA clinical program, anemia has been asymptomatic except for one participant who did not require treatment.
- There have been no discontinuations in the MARINA-OLE study.
- In March 2024, we will be sharing a first look at long-term efficacy and safety data from the Marina-OLE trial of AOC 1001 in people living with DM1.

Topline Data from AOC 1001 Phase 1/2 MARINA Trial

In April 2023, we reported top-line data of AOC 1001 from the MARINA trial. The MARINA trial concluded with 38 participants enrolled at 1 mg/kg, 2 mg/kg or 4 mg/kg of AOC 1001. Results from the MARINA trial demonstrated:

- Directional improvement in multiple functional assessments including measures of myotonia, strength and mobility:
 - Myotonia was measured by vHOT and is a hallmark of DM1 where relaxation of key muscle groups is impaired
 - Measures of strength included the QMT total score which is based on six muscle groups from both the upper and lower body
 - Mobility was assessed by the 10mWRT and the TUG
 - The endpoints used in the MARINA trial measure important aspects of the disease and correspond to those utilized in the ongoing END-DM1 natural history study
- Meaningful DMPK reduction and splicing changes in participants treated with AOC 1001
- Splicing changes followed by directional improvements in functional measures at 2 mg/kg and 4 mg/kg doses of AOC 1001
- AOC 1001 demonstrated broad splicing improvements in more than 1000 genes impacted in DM1, confirming activity in the nucleus
- Favorable long-term safety and tolerability profile of AOC 1001 with most adverse events mild or moderate.

AOC 1020 for the Treatment of Facioscapulohumeral Muscular Dystrophy (FSHD)

We are developing AOC 1020 to treat the underlying cause of FSHD, one of the most common forms of muscular dystrophy. Our therapeutic strategy in FSHD is to use an AOC based on our proprietary mAb that targets Tfr1 to deliver a siRNA targeted to DUX4 mRNA. The FDA and EMA have granted Orphan Designation for AOC 1020. The FDA also granted Fast Track Designation to AOC 1020 for the treatment of FSHD.

Phase 1/2 FORTITUDE Clinical Trial

AOC 1020 is currently being studied in the Phase 1/2 FORTITUDE trial in adult participants with FSHD. The FORTITUDE trial is a randomized, placebo-controlled, double-blind, Phase 1/2 clinical trial designed to evaluate single and multiple doses of AOC 1020 in approximately 70 adult participants with FSHD. FORTITUDE will evaluate the safety, tolerability, pharmacokinetics, and pharmacodynamics of AOC 1020 administered intravenously, with the primary objective being the safety and tolerability of AOC 1020 in FSHD patients. Activity

of AOC 1020 will be assessed using key biomarkers, including magnetic resonance imaging, or MRI, measures of muscle volume and composition. Though the Phase 1/2 trial is not statistically powered to assess functional benefit, it will explore the clinical activity of AOC 1020 including measures of mobility and muscle strength as well as PROs and quality of life measures. Participants will have the option to enroll in an open-label extension study at the end of the treatment period in the FORTITUDE study. In the second quarter of 2024, we anticipate reporting preliminary data in approximately half of the study participants in the FORTITUDE trial in FSHD. The FDA and EMA have granted Orphan Designation for AOC 1020. The FDA also granted Fast Track Designation to AOC 1020 for the treatment of FSHD.



The majority of sites participating in the FORTITUDE trial are part of the FSHD clinical trial research network, or FSHD CTRN. We are partnering with the FSHD CTRN on the ongoing natural history study called Motor Outcomes to Validate Evaluations in FSHD, or MOVE FSHD. We are sponsoring the MOVE Plus, or MOVE+, sub-study which is enrolling approximately 100 participants in the US. The goal of MOVE+ is to enhance the community's understanding of how to utilize whole-body MRI and other tools to identify specific biomarkers for FSHD that can accelerate and support future clinical trial design.

Disease Overview

FSHD is characterized by progressive and often asymmetric skeletal muscle loss that initially causes weakness in muscles in the face, shoulders, arms and trunk and progresses to weakness in muscles in lower body. FSHD is an autosomal dominant disease caused by the aberrant expression of the DUX4 gene in the skeletal muscle, which activates genes that are toxic to muscle cells and leads to a series of downstream events that result in skeletal muscle wasting and compromised muscle function. Skeletal muscle weakness results in physical limitations throughout the whole body, including an inability to lift arms for more than a few seconds, loss of ability to show facial expressions and serious speech impediments. These symptoms cause many people affected by FSHD to become dependent on the use of a wheelchair for mobility. FSHD affects both sexes equally, with onset typically in teenage and young adult years. The FSHD Society estimated FSHD affects approximately one in 20,000 people in the United States. A recent study conducted in the Netherlands reported a more frequent prevalence of one in 8,333 people. We believe that the patient population is between 16,000 to 38,000 in the United States. As is typical in diseases with no approved therapies, we believe that these patient population estimates are conservative.

Current Treatment Landscape and Limitations

Currently there is no treatment for FSHD, and there are no therapies to treat the underlying cause of FSHD. Current approaches are focused on support for activities of daily living and mobility, improved functioning and lowering the risk of complications. They include physical therapy, exercise, pain management and orthopedic interventions.

Our Solution

AOC 1020 consists of our proprietary mAb that is designed to bind to TfR1 conjugated with a siRNA targeted to DUX4 mRNA to be administered as an intravenous infusion. Our preclinical data support our hypotheses on the potential advantages of AOC 1020. We believe these data suggest that AOC 1020 targets the root cause of FSHD, and may have the potential advantage of infrequent administration.

We believe that the following specific characteristics of AOC 1020 position it to have advantages over historical and current efforts to develop an effective therapy for people with FSHD:

- *Addresses the underlying cause of the disease*—AOC 1020 is designed to reduce the expression of the DUX4 mRNA, thereby reducing the expression of the DUX4 protein resulting in reduced expression of the downstream genes that are believed to cause FSHD. We believe these downstream genes can be used as biomarkers to assess the disease state and therapeutic activity.
- *Efficient delivery of drug substance to diseased cells*—The TfR1 antibody component of the AOC is designed to facilitate efficient delivery to skeletal and cardiac muscle cells, an advantage over other companies' previous unsuccessful efforts to deliver an unconjugated oligonucleotide into muscle cells. Once inside the muscle cells, the siRNA component of AOC 1020, siDUX4, acts to reduce levels of DUX4 mRNA. In preclinical models, we observed siRNA-mediated DUX4 silencing in muscle cells from patients with FSHD.
- *Reproducible and scalable therapeutic*—As with all our AOCs, AOC 1020 is readily synthesized using well-established and scalable methods for manufacturing mAbs and oligonucleotides.

Preclinical Data supporting AOC 1020

Results from preclinical studies in FSHD patient myotubes and in an FSHD mouse disease model showed potent inhibition of DUX4-mediated gene signature in skeletal muscles. Additional preclinical studies showed that a single intravenous dose with the murine version of AOC 1020 prevented development of muscle weakness demonstrated by three functional assays: i) treadmill running, ii) in vivo force and iii) compound muscle action potential. Data from a preclinical study conducted to assess pharmacology in the mouse model of FSHD showed robust, dose-dependent downregulation of DUX4 genes in skeletal muscle for eight weeks following a single intravenous dose of the murine version of AOC 1020.

Results from a non-GLP, pharmacokinetic/pharmacodynamic study in NHP showed that AOC 1020 produced a dose-dependent increase in siRNA plasma exposure following single doses, and AOC 1020 was observed to be stable in plasma with no evidence of degradation of the intact AOC. AOC 1020 also produced a dose-dependent increase in siRNA tissue exposure following single doses in a broad panel of muscle tissue.

We completed an IND-enabling GLP toxicology study of AOC 1020 in NHP which showed that AOC 1020 was generally well tolerated and supported advancement into the clinic, with no dose limiting toxicity observed in NHP at the highest dose tested. The study did not observe any treatment-related histopathologic toxicity, platelet or renal toxicity or any changes in safety pharmacology parameters (cardiac, respiratory and neurological). The highest dose tested in both NHP and murine models was the maximum feasible dose and was the NOAEL. We believe these data suggest that AOC 1020 has the potential to be a potent, infrequently dosed therapy for people with FSHD.

Our Duchenne Muscular Dystrophy (DMD) Programs

We are developing AOCs to treat the underlying cause of DMD, a monogenic, X-linked, recessive, neuromuscular disease that almost exclusively occurs in males. DMD is caused by mutations in the gene that encodes for dystrophin, a protein critical for the normal function of muscle cells. The oligonucleotides in our AOCs are designed to promote the skipping of specific exons to allow the production of the dystrophin gene product. Our most advanced DMD program, AOC 1044, is designed to treat people with DMD44 mutations amenable to Exon 44 skipping. AOC 1044 is in clinical development in the Phase 1/2 EXPLORE44 trial. Additionally, our ongoing preclinical development programs target additional exons involved in DMD, including Exon 45, and we intend to conjugate these individual oligonucleotides to our proprietary mAb targeting TfR1.

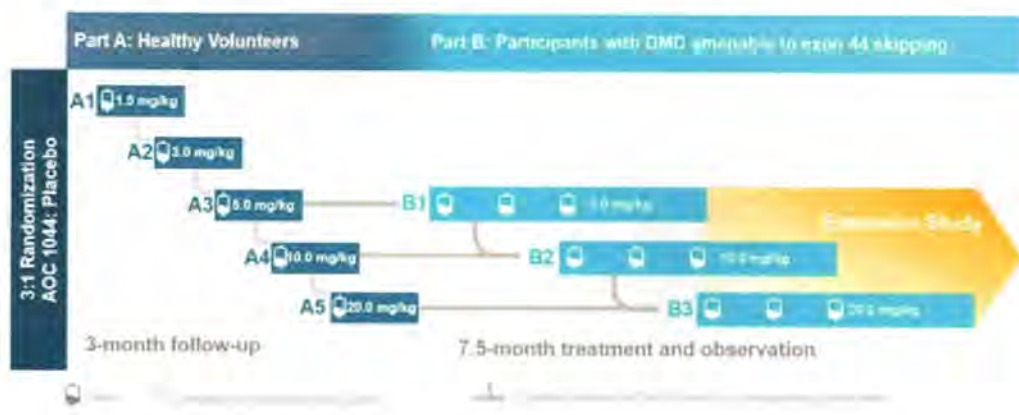
AOC 1044 Phase 1/2 EXPLORE44 clinical trial

AOC 1044 is currently being studied in the Phase 1/2 EXPLORE44™ trial in healthy volunteers and participants with DMD44. The EXPLORE44 trial is a randomized, placebo-controlled, double-blind, Phase 1/2 clinical trial to evaluate the safety, tolerability, pharmacokinetics, and pharmacodynamic effects of single and multiple ascending doses of AOC 1044 administered intravenously, with the primary objective being the safety

and tolerability of AOC 1044 in adult healthy volunteers and pediatric and adult participants with DMD44. The EXPLORE44 trial will assess exon skipping and dystrophin protein levels in participants with DMD44 and will also explore measures of muscle function, patient-reported outcomes and quality of life. Participants with DMD44 will have the option to enroll in an extension study at the end of the treatment period in the EXPLORE44 trial. The overall development program for AOC 1044, which includes the EXPLORE44 trial and the extension study, is designed to potentially support accelerated approval in the United States.

In December 2023, we announced results from the healthy volunteer portion of the EXPLORE44 trial. AOC 1044 delivered increases in concentrations of PMOs in skeletal muscle with up to 50-times greater concentrations of PMO in skeletal muscle following a single dose compared to peptide conjugated PMOs in healthy volunteers. AOC 1044 was well tolerated, demonstrated statistically significant exon 44 skipping compared to placebo of up to 1.5% in healthy volunteers after a single dose of 10 mg/kg AOC 1044 and increased exon skipping in all participants. In the second half of 2024, the Company plans to share 5 mg/kg cohort data from the Phase 1/2 EXPLORE44™ trial of AOC 1044 in people living with DMD44. The FDA and EMA have granted Orphan Designation for AOC 1044. The FDA also granted Fast Track and Rare Pediatric Disease Designation to AOC 1044 for the treatment of DMD44.

explore 44 Study Design



Disease Overview

In people with DMD, mutations in the affected gene hinder the production of normal levels of dystrophin protein, which is needed to maintain the integrity of muscle fibers. The absence of functional dystrophin leads to stresses and tears of muscle cell membranes, resulting in muscle cell death and the progressive loss of muscle function. A global database analysis characterized over 7,000 genetic mutations that cause DMD. DMD44 is ultra rare, constituting approximately 7% of DMD patients, approximately 900 of which are in the United States.

For people suffering from DMD, symptoms usually begin to manifest between three and five years of age. Affected people fail to reach developmental milestones or experience motor function challenges, such as difficulty walking or climbing stairs. Muscle wasting initially presents in the legs and pelvic area and later affects muscles of the shoulders, neck and arms, resulting in the inability to walk and dependence on a wheelchair for mobility, and later becoming paralyzed from the neck down and requiring a ventilator to breathe. Though disease severity and life expectancy vary, a patient's quality of life dramatically decreases over time, and death typically occurs by early adulthood from either cardiac or respiratory complications. DMD occurs in approximately one in every 3,500 to 5,000 males born worldwide and is estimated to affect 10,000 to 15,000 people in the United States. The estimated prevalence of DMD in the European Union is similar to that in the United States.

Current Treatment Landscape and Limitations

Currently people with DMD are treated with corticosteroids to manage the inflammatory component of the disease. There are three approved unconjugated PMO-based oligonucleotide therapies, each addressing a specific mutation. However, these drugs, in addition to requiring weekly intravenous infusions, have demonstrated a less than 6% mean increase in dystrophin in clinical trials. The FDA-approved labels for these drugs state that a clinical benefit has not yet been established and continued approval may be contingent upon the verification of such clinical benefit in confirmatory clinical trials. Additional approaches currently in clinical development include PPMOs and gene therapy. While there are therapies approved and multiple programs in clinical development for other exons, there are no therapies approved targeting Exon 44.

Our Solution

Our initial development efforts in DMD are focused on AOCs based on PMOs that can induce exon skipping for Exon 44 and additional exons, including Exon 45, conjugated to our proprietary mAb targeting TfR1. AOC 1044 is our lead program in development for DMD and targets Exon 44. We believe that our AOCs have the potential to increase the production of dystrophin in people with DMD for two reasons. First, because of recent advances in the understanding of the splicing process and placement of skipping agents on pre-mRNA described in published literature and based on these advances, we have screened for and identified PMOs with optimized skipping activity. Second, the mAb targeting TfR1 allows for more efficient delivery to muscle cells, therefore allowing for better uptake of the PMO. In preclinical studies, we also observed that our TfR1-based AOCs induced exon skipping in cardiac muscle, which we believe may address some of the cardiomyopathies in people with DMD, a key complication of the disease. Based on their mechanism of action, we believe that our AOCs could have utility in several additional DMD mutations.

Preclinical Data Supporting AOCs in DMD

In preclinical studies, we observed that treatment of an mdx mouse with an AOC caused a greater than 50-fold increase in exon skipping compared to an equimolar dose of the unconjugated oligonucleotide. In an mdx mouse model of DMD, a widely accepted mouse model in DMD, we observed that conjugating an oligonucleotide designed to bind to a specific exon can induce exon skipping and production of dystrophin protein more efficiently than unconjugated oligonucleotides. Fourteen days following treatment with a single 8mg/kg dose of a mouse Exon 23-targeting PMO conjugated to a mouse-specific mAb targeting TfR1, we observed an approximately 50-fold increase in the degree of splice switching as compared to an equimolar dose of the unconjugated PMO). Additional preclinical studies showed that an AOC approach targeting exon 23 in a murine model of DMD demonstrated exon skipping, dystrophin restoration and improved muscle function and serum biomarkers of muscle damage.

Preclinical Data Supporting AOC 1044

Data from a preclinical study of AOC 1044 in patient-derived myotubes showed dose-dependent dystrophin restoration, and a preclinical study in NHP observed dose-dependent exon skipping in skeletal and heart muscle with AOC 1044.

Additionally, in an IND-enabling GLP toxicology study of AOC 1044 in NHP, results showed that AOC 1044 was generally well tolerated and supported advancement into the clinic, with no dose limiting toxicity observed in NHP at the highest dose tested. The study did not observe any treatment-related histopathologic toxicity, platelet or renal toxicity or any changes in safety pharmacology parameters (cardiac, respiratory and neurological). The highest dose tested in both NHP and murine models was the maximum feasible dose and was the NOAEL. Results of a nine-month chronic toxicology study of AOC 1044 in NHPs was consistent with the results of the IND-enabling study. We believe these data suggest that AOC 1044 has the potential to be a potent therapy for people with DMD44.

Our Discovery Programs

Opportunities in Additional Skeletal Muscle Diseases, Cardiology and Immunology

We are committed to the advancement and expansion of our pipeline with multiple research and development candidates to treat conditions in skeletal muscle, cardiology and immunology as part of our internal discovery efforts and our collaborations with Lilly and BMS. All of the preclinical programs have been engineered using our AOC platform technology. Internally, we added a rare cardiac program and a rare skeletal muscle program. Both programs utilize the transferrin antibody. The RNA targets for both remain undisclosed.

We are collaborating with Lilly for the discovery, development and commercialization of AOCs directed to up to six selected mRNA targets in immunology and other select indications outside of muscle. Through our research collaboration with BMS and our internal discovery efforts, our development activities target multiple cardiac-specific indications.

We have multiple early stage research programs ongoing that look at other indications as well as new receptor and antibody pairs to target additional diseases, tissues and cell types with AOCs.

Manufacturing

We do not own or operate manufacturing facilities. We currently rely on third-party manufacturers and suppliers for the antibodies, oligonucleotides and linkers used to make our AOCs, and we expect to continue to do so to meet our preclinical, clinical and commercial activities. Our third-party manufacturers are required to manufacture our product candidates under current Good Manufacturing Practice, or cGMP, requirements and other applicable laws and regulations. We believe there are multiple sources for all of the materials required for the manufacture of our product candidates.

Competition

The biotechnology and biopharmaceutical industries are characterized by rapid technological advancement, significant competition and an emphasis on intellectual property. We face potential competition from many different sources, including major pharmaceutical, specialty pharmaceutical and biotechnology companies, academic institutions, governmental agencies, and public and private research institutions. Any product candidates that we successfully develop and commercialize will compete with current therapies and new therapies that may become available in the future.

With respect to AOC 1001, there are currently no approved therapies to treat the underlying cause of DM1. Products currently in development to treat DM1 include: tideglusib, a GSK3- β inhibitor in late-stage clinical development by AMO Pharma, Ltd. for the congenital phenotype of DM1; DYNE-101, an antibody fragment, or Fab, linked oligonucleotide that is being evaluated outside of the US in a Phase 1/2 clinical trial by Dyne Therapeutics Inc.; gene editing treatments in preclinical development by various companies collaborating with Vertex Pharmaceuticals, Inc., including Entrada Therapeutics, Inc.'s ENTR-701, an EEV-conjugated PMO. There are a growing number of companies in preclinical development pursuing different paths to treat DM1 and we expect that the space will continue to evolve as additional candidates advance.

There are currently no therapies to treat the underlying cause of FSHD. Products currently in development to treat FSHD include: losmapimod, a repurposed p38 MAPK inhibitor that may modulate DUX4 expression, which is being evaluated in a Phase 3 clinical trial by Fulcrum Therapeutics Inc; and RO7204239, a monoclonal antibody against latent myostatin, which is currently being evaluated in a Phase 2 clinical trial by F. Hoffmann-La Roche AG. There are a growing number of companies in preclinical development pursuing different paths to treat FSHD, including Arrowhead Pharmaceuticals, Dyne Therapeutics and miReculé, Inc./Sanofi S.A., and we expect that the space will continue to evolve as additional candidates advance.

Currently people with DMD are treated with corticosteroids to manage the inflammatory component of the disease. Deflazacort is an FDA approved corticosteroid marketed by PTC Therapeutics, Inc. In addition, there are three FDA approved exon skipping drugs marketed by Sarepta Therapeutics, Inc.: Eteplirsen, an unconjugated PMO approved for people with DMD amenable to skipping Exon 51; golodirsen for the treatment of people with DMD amenable to skipping Exon 53; and casimersen for the treatment of DMD in patients with a confirmed mutation amenable to exon 45 skipping. There is an FDA-approved exon skipping drug marketed by Nippon Shinyaku Co., Inc.: viltolarsen, an unconjugated PMO approved for people with DMD amenable to skipping Exon 53. We are developing treatments for DMD that target dystrophin mechanisms. Other companies pursuing a similar mechanism include Sarepta Therapeutics with SRP-5051, a PPMO currently being evaluated in a Phase 2 clinical trial for patients amenable to Exon 51 skipping, Dyne Therapeutics with DYNE-251, a PMO conjugated to a Fab currently being evaluated in a Phase 1/2 clinical trial for patients amendable to Exon 51 skipping; Wave Life Sciences, Ltd. with WVE-N531, an unconjugated PN-modified exon-skipping oligonucleotide currently being evaluated in a Phase 1/2 clinical trial for patients amenable to Exon 53 skipping; PepGen with PGN-EDO51, a peptide-conjugated oligonucleotide for patients amenable to Exon 51 skipping completed a Phase 1 clinical trial; and PTC Therapeutics with ataluren, a small molecule targeting nonsense mutations in a Phase 3 clinical trial. While there are multiple programs in development for people with DMD amenable to skipping Exon 51 or 53, there are very few targeting Exon 44. NS Pharma, Inc. is running a Phase 1/2 trial with NS-089/NCNP-02 in people amenable to Exon 44 skipping in Japan. In December 2022, Entrada's

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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 (05/12/2022)

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>AYTU BIOPHARMA INC</u>		
Physical Address: <u>7900 E UNION AVE., STE 920</u>		
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80237</u>		
Mailing Address (if different from physical address): <u>SAME AS ABOVE</u>		
City: _____ State: _____ Zip: _____		
Telephone: <u>972-408-1316</u> Website: <u>AYTUBIO.COM</u>		
Name of Designated Representative (DR): <u>JOSHUA DISBROW</u>		
Licensing Company Email: <u>LICENSING@AYTUBIO.COM</u> DR Email: <u>LICENSING@AYTUBIO.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: Virtual Manufacturer/Distrib

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, 1-10, 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.

3 6/7/25

This is in response to Question # 6. Provide all the following where applicable:

Date of Event/Arrest 12/11/24	Disposition Date In progress	State DE	City Wilmington	County New Castle County
Case # 1:24-cv-01356-UNA		Governing, licensing, Arresting Presiding Body/Agency/Court IN THE UNITED STATES DISTRICT COURT FOR THE DISTRICT OF DELAWARE		
Reason/Charge Patent Infringement				
Plaintiff/Defendant/Claimant/Respondent AYTU BIOPHARMA, INC., et al v. Granules Pharmaceuticals Inc.			Lawsuit/Arbitration/Bankruptcy Lawsuit	
Name of Business/Industry/Entity Aytu BioPharma, Inc.				

Provide explanation below:

In October 2024, we received a Paragraph IV Certification Notice Letter ("Notice Letter") from Granules Pharmaceuticals, Inc. ("Granules"), stating that it intends to market a generic version of Adzenys before the expiration of all patents currently listed in the Orange Book. The Notice Letter states that Granules' NDA for the generic version of Adzenys contains a Paragraph IV certification alleging that these patents are not valid, not enforceable, and/or will not be infringed by the commercial manufacture, use or sale of the generic version of Adzenys.

On December 17, 2024, we filed a patent infringement lawsuit against Granules which triggers a stay precluding the FDA from approving Granules' NDA for a generic version of Adzenys for up to 30 months or entry of judgment holding the patents invalid, unenforceable, or not infringed, whichever occurs first.

On January 7, 2025, Granules submitted an answer to the complaint. On June 27, 2025, the courts entered a stipulation order, given that we have proven our entire infringement case against Granules. As a result of this stipulation, Granules is now on record as admitting infringement of 12 of our patent claims across 4 patents. Going forward, the case will focus exclusively on Granules' arguments to invalidate all 12 of the admittedly infringed claims. The current stipulation will streamline the case and reduce the remaining legal spend. The parties remain engaged in settlement negotiations. The litigation is ongoing. Trial is scheduled to begin on December 7, 2026. We plan to vigorously enforce our intellectual property rights related to Adzenys.


Original Signature (electronic, copies or stamps not accepted)

7/9/25
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.

3 AL 7/9/25

This is in response to Question # 6. Provide all the following where applicable:

Date of Event/Arrest 09/21/2020	Disposition Date In progress	State CO	City Denver	County Denver
Case # No.: 20-CV-2849		Governing, licensing, Arresting Presiding Body/Agency/Court United States District Court for the District of Colorado		
Reason/Charge Claim for short swing profits				
Plaintiff/Defendant/Claimant/Respondent Revive Investing LLC v. Armistice Capital			Lawsuit/Arbitration/Bankruptcy Lawsuit	
Name of Business/Industry/Entity Aytu BioPharma, Inc.				

Provide explanation below:

The Company is a nominal defendant in this Section 16(b) allegation against the defendant, Armistice Capital, for short swing profits. On September 21, 2020, the plaintiff, Revive Investing LLC, filed a civil action No.: 20-CV-2849 in the United States District Court for the District of Colorado. The plaintiff is demanding judgement against the defendant for:

1. recovery from Armistice of all profits resulting from their purported short-swing trades in the Company's Common Stock in violation of Section 16(b) of the Exchange Act during all periods not barred by the statute of limitations in an amount of at least \$8,364,415.28;
2. interest on the amount of profits recovered, calculated from the time Armistice realized the profits;
3. reasonable attorney's fees;
4. costs; and
5. such other and further relief as the Court deems just.

The defendant filed a Motion for Summary Judgement on January 17, 2023. The court denied the motion to dismiss and held that since the shareholders were harmed by Armistice's conduct, the plaintiffs had standing.

Trial began on January 27, 2025, and on January 29, 2025, the jury rendered a verdict. The jury found unanimously that Armistice is exempt from a law that would otherwise require it to return \$11 million in profits from short-swing trades. The case is now closed, with an appeal unlikely to occur. As a result of Armistice retaining the full \$11 million, Aytu does not receive any cash proceeds.

On March 6, 2025, the plaintiffs file an appeal in the United States Court of Appeals for the Tenth Circuit. As with the original case, Aytu only stands to benefit from a ruling in favor of the plaintiffs.

Since the Company is a nominal defendant, this lawsuit only serves to benefit the Company, as, if the plaintiff is successful or the case is settled, it is expected that the Company will receive some of the cash proceeds.


Original Signature (electronic, copies or stamps not accepted)

7/9/25
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 # 3 7/9/25. Provide all the following where applicable:

Date of Event/Arrest 2/17/2023	Disposition Date 01/29/2024	State KY	City Louisville	County Jefferson County
Case # 3:23-cv-00115-DJH-CHL		Governing, licensing, Arresting Presiding Body/Agency/Court United States District Court Western District of Kentucky		
Reason/Charge Diversity Action, Civil Rights				
Plaintiff/Defendant/Claimant/Respondent Stein v. Neos Therapeutics, Inc., et al			Lawsuit/Arbitration/Bankruptcy Lawsuit	
Name of Business/Industry/Entity Neos Therapeutics, Inc.				

Provide explanation below:

On February 17, 2023, Aytu received a Civil Summons in the Jefferson Circuit of Kentucky State Court from a former employee alleging wrongful termination. Stein was an employee of Aytu until her resignation on February 18, 2022. Aytu’s Human Resources (“HR”) department was informed by a different employee, and friend of Stein, that Stein had experienced unconfirmed harassment from a supervisor. HR reached out to Stein and to the accused to investigate the matter with Aytu’s outside counsel, Dorsey & Whitney to assist with the investigation process. Stein was unwilling to cooperate and submitted her two weeks’ notice on February 18, 2022. Aytu paid Stein for the two weeks and dismissed her on the same day, February 18, 2022. Aytu does not believe there was any wrongdoing on behalf of the supervisor, or company following an investigation of the facts and circumstances surrounding the plaintiff’s complaint.

Aytu filed a Notice of Removal to federal court in Kentucky on March 9, 2023. The case was removed to federal court, and motion to remand was not timely filed by the plaintiff’s counsel. Aytu filed motion to dismiss March 15, 2023. Stein responded to motion to dismiss April 12, 2023. April 24, 2023, Aytu filed a reply to memo in support of their motion to dismiss on the basis of Aytu not qualifying as an employer in the state of Kentucky as defined by law. The court denied the motion to dismiss claiming Stein filed in good faith.

On March 5, 2024, Aytu filed the Answer to the Complaint. On March 29, 2024, Aytu received the Plaintiff’s initial disclosures, and Aytu delivered the same. An in-person Rule 16 settlement conference is set for Monday, June 3 starting at 10:00 a.m. eastern time in Louisville, Kentucky.

The parties settled the matter for \$150k, on August 5, 2024.


Original Signature (electronic, copies or stamps not accepted)

7/9/25
Date

UNITED STATES DISTRICT COURT
WESTERN DISTRICT OF KENTUCKY
LOUISVILLE DIVISION

CIELO STEIN,

Plaintiff,

v.

Civil Action No. 3:23-cv-115-DJH

NEOS THERAPEUTICS, INC.,
and AYTU BIOPHARMA, INC.,

Defendants.

* * * * *

MEMORANDUM OPINION AND ORDER

Plaintiff Cielo Stein filed this action against her employer, Neos Therapeutics, Inc., and its parent company, Aytu Biopharma, Inc., in Jefferson County Circuit Court, alleging constructive discharge and violations of the antiretaliation provision of the Kentucky Civil Rights Act (KCRA). (D.N. 1-1) Defendants removed the action to this Court (D.N. 1) and now move to dismiss pursuant to Federal Rule of Civil Procedure 12(b)(6). (D.N. 7) Upon careful consideration, the Court will deny the motion to dismiss for the reasons explained below.

I.

The Court “takes the facts only from the complaint, accepting them as true as [it] must do in reviewing a 12(b)(6) motion.” *Siefert v. Hamilton Cnty.*, 951 F.3d 753, 757 (6th Cir. 2020) (citing Fed. R. Civ. P. 12(b)(6)). The complaint alleges inappropriate behavior by Stein’s manager, Paul Alberts. (D.N. 1-1, PageID.18 ¶¶ 16, 21-25) Stein alleges that because she rejected Alberts’s advances, he began bullying her (*id.*, PageID.19 ¶ 28), depriving her of opportunities to train new hires (*id.*, PageID.19-20 ¶¶ 30-41), and questioning her expense reports (*id.*, PageID.20-22 ¶¶ 42-54). Stein eventually resigned from her position after Alberts once again questioned her expense reports. (*Id.*, PageID.24 ¶¶ 84-86) Stein then filed this lawsuit, alleging that she had “engaged in activity protected by the KCRA when she opposed her supervisor’s unwelcome sexual conduct”

(*id.*, PageID.26 ¶ 100) and levied “protests, rebukes, and opposition” (*id.*, PageID.26 ¶ 102), and that Neos and Aytu took adverse actions against Stein “because she engaged in these activities, protected under the KCRA.” (*Id.*, PageID.26 ¶ 103) Stein also brought a claim for constructive discharge against both defendants. (*Id.*, PageID.27 ¶¶ 110-114) Neos and Aytu move to dismiss the complaint, arguing that Stein failed to adequately allege that they are employers under the KCRA and that Stein’s opposition was therefore not protected conduct. (D.N. 7, PageID.68-69)

II.

To survive a Rule 12(b)(6) motion, “a complaint must contain sufficient factual matter, accepted as true, to ‘state a claim to relief that is plausible on its face.’” *Ashcroft v. Iqbal*, 556 U.S. 662, 678 (2009) (quoting *Bell Atl. Corp. v. Twombly*, 550 U.S. 544, 570 (2007)). A claim is plausible on its face “when the plaintiff pleads factual content that allows the court to draw the reasonable inference that the defendant is liable for the misconduct alleged,” *Id.* Factual allegations are essential; “[t]hreadbare recitals of the elements of a cause of action, supported by mere conclusory statements, do not suffice,” and the Court need not accept such statements as true. *Id.* A complaint whose “well-pleaded facts do not permit the court to infer more than the mere possibility of misconduct” does not satisfy the pleading requirements of Rule 8 and will not withstand a motion to dismiss. *Id.* at 679.

The defendants argue that the complaint must be dismissed because Stein fails to allege that either of them employs eight or more employees in Kentucky.¹ (D.N. 7, PageID.68-69) Although the precise basis of their argument is unclear, the defendants appear to argue that this

¹ The defendants also move to dismiss Stein’s constructive-discharge claim. (*Id.*, PageID.72-73) Stein did not defend the viability of a constructive discharge claim, clarifying that she alleged the elements of constructive discharge as part of her retaliation claim and is not asserting an independent constructive discharge claim. (D.N. 18, PageID.115) The Court therefore does not consider whether a constructive discharge claim would have been available had Stein asserted it.

deficiency is fatal to the complaint because (1) they cannot be held liable under the KCRA unless they are “employers” as defined by Ky. Rev. Stat. Ann. § 344.030(2), and (2) Stein lacked a good-faith belief that she was opposing practices made unlawful under the KCRA if the defendants are not “employers” and thus were not subject to Act’s discrimination provision. (*See id.*, PageID.116-20 (addressing both arguments)) As explained below, neither argument merits dismissal.

A. Retaliation Liability Under the KCRA

The defendants argue that the complaint “fails to allege sufficient facts that, taken as true, could allow the Court to conclude that either Defendant is subject to the KCRA.” (D.N. 7, PageID.71-72) Specifically, the defendants claim that Stein does not allege facts showing that they are “employers” under the Act and that they thus cannot be liable under the KCRA’s antiretaliation provision. (*Id.*, PageID.68-69)

It is true that a defendant must usually be an “employer” as defined by the KCRA to be liable under the Act. *See Wathen v. Gen. Elec. Co.*, 115 F.3d 400, 405 (6th Cir. 1997) (“[A]n individual . . . who does not otherwise qualify as an ‘employer,’ may not be held personally liable under Title VII. Because KRS Chapter 344 mirrors Title VII, we find our holding equally applicable to KRS Chapter 344.”). The antiretaliation provision of the KCRA, however, states that “[i]t shall be an unlawful practice for a person . . . [t]o retaliate or discriminate in any manner against a person because he has opposed a practice declared unlawful by this chapter.” Ky. Rev. Stat. Ann. § 344.280 (emphasis added). Accordingly, the Sixth Circuit has cautioned that

[t]hough this statement from *Wathen* is generally true, it clearly does not apply to retaliation claims brought under Ky. Rev. Stat. § 344.280. This section does not “mirror” 42 U.S.C. § 2000e–3(a), the analogous retaliation provision of Title VII, which forbids retaliation by “an employer.” Rather, § 344.280 forbids retaliation by “a person.”

Morris v. Oldham Cnty. Fiscal Ct., 201 F.3d 784, 794 (6th Cir. 2000); *see also Lewis v. Quaker Chem. Corp.*, Nos. 99-5405, 99-5482, 229 F.3d 1152 at *7 (6th Cir. 2000) (“Because Kentucky

prohibits retaliation by a “person,” we find that liability for unlawful retaliation under § 344.280 of the KCRA does not depend on the person’s status as an “employer” under § 344.030(2).”) (unpublished table decision). A “person” is defined under the KCRA as “one (1) or more individuals . . . corporations . . . or other legal or commercial entity.” Ky. Rev. Stat. Ann. § 344.010(1). In her complaint, Stein alleges that “Defendant Neos Therapeutics, Inc. is a for-profit Delaware corporation” (D.N. 1-1, PageID.17 ¶ 2) and that “Defendant Aytu Biopharma, Inc. is a foreign corporation.” (*Id.*, PageID.17 ¶ 3) Stein has thus adequately alleged that the defendants are subject to the KCRA for purposes of her retaliation claim. *See Morris*, 201 F.3d at 794; § 344.010(1).

B. Protected Activity

While the defendants may be held liable for retaliating against opposition to a practice declared unlawful under the KCRA, Stein must plead and ultimately prove that she engaged in protected activity. *See* § 344.280. Federal courts have at times required plaintiffs to plead—as Defendants argue Stein failed to do here—that they opposed discriminatory practices by an “employer” as defined by the KCRA. *See Banados v. Alto-Shaam, Inc.*, No. CV 5:22-125-DCR, 2022 WL 2252750, at *2-3 (E.D. Ky. June 22, 2022) (stating that “while liability is not dependent upon an offender’s status as an employer,” if the plaintiff does not “sufficiently allege that the defendant was an ‘employer’ for purposes of her discrimination claim, then there was no underlying violation for a retaliation claim”); *Owens v. Ward*, No. CIV.A. 5:08-CV-413-K, 2009 WL 482097, at *7 (E.D. Ky. Feb. 25, 2009) (“If there is no ‘employer’ with at least eight employees, there is no ‘practice declared unlawful’ under Chapter 344.”); *Himmelheber v. ev3, Inc.*, No. CIV.A. 3:07-CV-593H, 2008 WL 360694, at *2-3 (W.D. Ky. Feb. 8, 2008) (finding that plaintiff’s failure to “sufficiently allege that ev3 is an ‘employer’ as defined by the

KCRA . . . leaves her retaliation claims without any underlying violation”). These federal cases, however, conflict with Kentucky precedents interpreting the KCRA. *See Smith v. Lewis*, No. 2018-CA-000180-MR, 2019 WL 2896018, at *4 (Ky. Ct. App. July 5, 2019) (rejecting defendant’s argument based on *Owens*, citing Kentucky precedent that plaintiffs do not need to allege facts establishing a good-faith basis for believing that the conduct they opposed violated the KCRA).

The Kentucky Supreme Court has held that the antiretaliation provision of the KCRA protects any employee who acted with a good-faith belief that the actions she opposed were KCRA violations. *See Charalambakis v. Ashbury Univ.*, 488 S.W.3d 568, 580 (Ky. 2016); *see also Ashbury Univ. v. Powell*, 486 S.W.3d 246, 252 (Ky. 2016). A plaintiff therefore need not plead or prove that a KCRA violation actually occurred to sustain a retaliation claim. *See Powell*, 486 S.W.3d at 252 (holding that an employee need only have “‘a reasonable and good faith belief’ that the adverse employment practices she opposed were KCRA violations” and that “an underlying violation of the KCRA need not necessarily be proved to sustain a retaliation claim” (quoting *Wasek v. Arrow Energy Servs., Inc.*, 682 F.3d 463, 469 (6th Cir. 2012))). Moreover, under Kentucky law, a plaintiff alleging retaliation “under KRS Chapter 344 is entitled to the presumption that he is acting in good faith.” *Charalambakis*, 488 S.W.3d at 580 (holding that defendants may be entitled to a jury instruction on reasonable good-faith belief in unlawful conduct only if the “defendant-employer advances sufficient proof at trial to place the good faith and reasonableness of the [plaintiff’s] belief in doubt”). Thus, while a jury could ultimately find that Stein lacked a good-faith belief that the conduct that she opposed violated the KCRA, the Court may not dismiss the complaint on that basis. *See Crawford v. Kohl’s Inc.*, No. CV 5:21-119-DCR, 2021 WL 4189617, at *3 (E.D. Ky. Sept. 14, 2021) (denying motion for judgment on the pleadings on plaintiff’s KCRA retaliation claim because plaintiff “contend[ed] that she opposed what she reasonably and in good faith

believed was ‘racially harassing conduct’”); *Meads v. Lexington-Fayette Urb. Cnty. Gov’t*, No. CV 5:13-228-DCR, 2017 WL 2952283, at *5 (E.D. Ky. July 10, 2017) (“The Kentucky Supreme Court has made clear that a plaintiff alleging retaliation under the KCRA is not required to plead or affirmatively prove that he acted in good faith when he opposed a practice declared unlawful under the KCRA.”); *Charalambakis*, 488 S.W.3d at 580; *Smith*, 2019 WL 2896018, at *4.

III.

For the reasons set forth above, and the Court being otherwise sufficiently advised, it is hereby

ORDERED as follows:

- (1) Defendants’ motion to dismiss (D.N. 7) **DENIED**.
- (2) Pursuant to 28 U.S.C. § 636(b)(1)(A), this matter is hereby **REFERRED** to U.S. Magistrate Judge Colin H. Lindsay for resolution of all litigation planning issues, entry of scheduling orders, consideration of amendments thereto, and resolution of all non-dispositive matters, including discovery issues. Judge Lindsay is further authorized and the Court requests that he conduct a settlement conference in this matter.

January 29, 2024



David J. Hale, Judge
United States District Court

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 # 3 7/9/25. Provide all the following where applicable:

Date of Event/Arrest 09/12/2022	Disposition Date 01/15/2025	State DE	City Wilmington	County New Castle County
Case # C.A. No. 2022-0807-MTZ		Governing, licensing, Arresting Presiding Body/Agency/Court Delaware Chancery Court		
Reason/Charge Breach of fiduciary duty.				
Plaintiff/Defendant/Claimant/Respondent Paul Witmer v. Armistice Capital, Et Al.			Lawsuit/Arbitration/Bankruptcy Lawsuit	
Name of Business/Industry/Entity Aytu BioPharma, Inc.				

Provide explanation below:

On September 29, 2021, plaintiff, Paul Witmer's counsel sent a Section 220 Demand for Inspection of Books and Records, to investigate potential breaches of fiduciary duties by the defendant, and the Company's Board of Directors, and evaluate the independence of the board.

On September 12, 2022, the plaintiff filed a complaint in Chancery Court of Delaware based on the allegations underlying the books & records requests by the plaintiff and Frank Crane. The complaint is against Armistice, former Company director Steven Boyd, and the remaining Company directors (Joshua Disbrow, Carl Dockery, John Donofrio, and Ketan Mehta (prior director)). Current Company directors Vivian Liu and Abhinav Jain are not involved in this litigation. The causes of action against the directors themselves include breach of fiduciary duty, aiding and abetting breach of fiduciary duty, and waste of corporate assets.

On February 10, 2023, the Company's counsel Dorsey & Whitney received a confidential settlement demand from plaintiff's counsel including governance improvements (including addition of two new independent directors, among other things), the Company's investigation of the issues in the complaint with its findings to be disclosed in a 10-Q, and attorney's fees.

On February 28, 2023, plaintiff's counsel requested an additional 30-day extension to file a complaint through April 5, 2023. The Company agreed to the extension and responded in a timely manner. On September 11, 2023, plaintiff's counsel reached out to Dorsey & Whitney with a settlement offer. While the Company believed that this lawsuit was without merit and had vigorously defended against it, the Company had agreed to settle the matter, as against it and the direct defendants other than Mr. Boyd, for various corporate governance modifications and the payment of plaintiff's attorneys' fees. On January 13, 2025, the court approved a settlement amount for \$250,000, and did not approve the \$5,000 spiff for Witmer. The payment has been made, and the matter is now closed.


Original Signature (electronic, copies or stamps not accepted)

7/9/25
Date



GRANTED

EFiled: Jan 15 2025 09:41AM EST
Transaction ID 75439715
Case No. 2022-0807-MTZ



IN THE COURT OF CHANCERY OF THE STATE OF DELAWARE

PAUL WITMER,

Plaintiff,

v.

C.A. No. 2022-0807-MTZ

ARMISTICE CAPITAL LLC,
ARMISTICE CAPITAL MASTER
FUND LTD., STEVEN BOYD,
JOSHUA DISBROW, GARY
CANTRELL, JOHN DONOFRIO,
JR., CARL DOCKERY, and KETAN
B. MEHTA,

Defendants,

and

AYTU BIOPHARMA, INC.,

Nominal Defendant.

[PROPOSED] ORDER AND FINAL JUDGMENT

WHEREAS, a shareholder derivative lawsuit is pending in this Court captioned *Witmer v. Armistice Capital LLC, et al.*, C.A. No. 2022-0807-MTZ (the “Action”);

WHEREAS, (i) Plaintiff Paul Witmer (“Plaintiff”) and (ii) Defendants Joshua Disbrow, Gary Cantrell, John Donofrio, Jr., Carl Dockery, and Ketan B. Mehta (the “D&O Defendants”); and (iii) Aytu BioPharma, Inc. (“Aytu” or the

“Company,” and together with the D&O Defendants, the “Aytu Defendants”) (Plaintiff and the Aytu Defendants together, the “Settling Parties”) have determined to settle all claims asserted against the D&O Defendants in the Action on the terms and conditions set forth in the Stipulation and Agreement of Settlement, Compromise, and Release dated March 13, 2024 (the “Stipulation”), subject to the approval of this Court (the “Settlement”);

WHEREAS, by Order dated November 12, 2024 (the “Scheduling Order”), this Court (i) ordered that notice of the proposed Settlement be provided to current Aytu shareholders; (ii) provided current Aytu shareholders with the opportunity to object to the proposed Settlement, and/or Plaintiff’s application for an award of attorneys’ fees and litigation expenses and a service award to Plaintiff (the “Fee and Expense Application”); and (iii) scheduled a hearing regarding final approval of the Settlement;

WHEREAS, the Court conducted a hearing on January 13, 2025 (the “Settlement Hearing”) to consider, among other things: (i) whether the Settlement, on the terms and conditions provided for in the Agreement, is fair, reasonable, and adequate and in the best interests of Aytu and its shareholders; (ii) whether the Court should finally approve the Settlement and enter a judgment dismissing the claims against the D&O Defendants with prejudice and extinguishing and releasing the claims against the D&O Defendants as set forth therein; (iii) any objections to the

Settlement; and (iv) Plaintiff's application for an award of attorneys' fees and expenses and for a service award to Plaintiff; and

WHEREAS, due notice of the hearing has been given in accordance with the Scheduling Order; the Settling Parties having appeared by their respective attorneys of record; the Court having heard and considered evidence in support of the proposed Settlement; the attorneys for the respective Parties having been heard; an opportunity to be heard having been given to all other persons or entities requesting to be heard in accordance with the Scheduling Order; the Court having determined that notice to Aytu shareholders was adequate and sufficient; and the entire matter of the proposed Settlement having been heard and considered by the Court;

IT IS HEREBY ORDERED, ADJUDGED, AND DECREED, this __ day of _____, 2025, as follows:

1. **Definitions:** Unless otherwise defined herein, capitalized terms used herein shall have the same meanings given to them in the Stipulation.
2. **Jurisdiction:** The Court has jurisdiction over the subject matter of the Action and all matters relating to the Settlement.
3. **Notice:** The Court finds that the dissemination of the Notice and the publication of the Summary Notice: (i) were implemented in accordance with the Scheduling Order, except for an immaterial delay of which the Parties previously advised the Court; (ii) constituted the best notice practicable under the

circumstances; (iii) constituted notice that was reasonably calculated, under the circumstances, to apprise current Aytu shareholders of: the pendency of the Action; the effect of the proposed Settlement and the Fee and Expense Application; their right to object to any aspect of the Settlement and/or the Fee and Expense Application; and their right to appear at the Settlement Hearing; (iv) constituted due, adequate, and sufficient notice to all persons and entities entitled to receive notice of the proposed Settlement; and (v) satisfied the requirements of Court of Chancery Rule 23.1 and all other applicable law and rules.

4. **Final Settlement Approval and Dismissal of Claims:** This Court hereby fully and finally approves the Settlement set forth in the Stipulation in all respects and finds that the Settlement is, in all respects, fair, reasonable, and adequate to Plaintiff and the Aytu Defendants and in their best interests. The Settling Parties are directed to implement, perform, and consummate the Settlement in accordance with the terms and provisions contained in the Stipulation, which this Judgment incorporates and makes a part hereof.

5. All of the claims asserted in the Action against the D&O Defendants are hereby dismissed with prejudice. The Parties shall bear their own fees, costs, and expenses, except as otherwise provided in the Stipulation and this Judgment.

6. **Binding Effect:** The terms of the Stipulation and of this Judgment shall be forever binding on the Settling Parties, as well as their respective successors and assigns.

7. **Releases:** The Releases set forth in the Stipulation are expressly incorporated herein in all respects. The Releases are effective as of the Effective Date. Accordingly, this Court orders that:

(a) Upon the Effective Date of the Settlement, Plaintiff, by operation of the Judgment and to the fullest extent permitted by law, shall completely, fully, finally, and forever release, relinquish, settle, and discharge Plaintiff's Released Claims as against the D&O Defendants, and shall forever be barred and enjoined from commencing, instigating, or prosecuting the Released Plaintiff's Claims against the Released D&O Defendants' Persons.

(b) Upon the Effective Date of the Settlement, the Aytu Defendants, on behalf of themselves and their respective heirs, executors, administrators, predecessors, successors, representatives, trustees, estates, transferees, and assigns, in their capacities as such, and any other person or entity purporting to claim through or on behalf of them in such capacity, by operation of the Judgment and to the fullest extent permitted by law, shall completely, fully, finally, and forever release, relinquish, settle, and discharge the Aytu Defendants' Released Claims as against the Plaintiff and his attorneys, and shall forever be barred and enjoined from

commencing, instigating, or prosecuting the Released Aytu Defendants' Claims against the Released Plaintiff's Person.

(c) Notwithstanding the foregoing Releases, nothing in the Stipulation or in this Judgment shall in any way impair or restrict the rights of the Parties to enforce the terms of the Settlement pursuant to the Stipulation.

8. **Award of Attorneys' Fees and Expenses:** Plaintiff's Counsel are hereby awarded attorneys' fees and expenses in the amount of \$250,000 ("Fee and Expense Award"), which sum the Court finds to be fair and reasonable. The Fee and Expense Award shall be paid to Plaintiff's Counsel by Aytu or its insurers. The Court defers ruling on Plaintiff's request for a service award pending the ultimate resolution of this Action. No proceedings or court order with respect to the Fee and Expense Award to Plaintiff's Counsel shall in any way affect or delay the finality of this Judgment (or otherwise preclude this Judgment from being entitled to preclusive effect), and shall not affect or delay the Effective Date of the Settlement.

9. **Modification of the Stipulation:** Without further approval from the Court, the Parties are hereby authorized to agree to and adopt such amendments or modifications of the Stipulation or any Exhibits attached thereto to effectuate the Settlement that: (i) are not materially inconsistent with this Judgment; and (ii) do not materially limit the rights of current Aytu shareholders in connection with the

Settlement. Without further order of the Court, the Parties may agree to reasonable extensions of time to carry out any provisions of the Settlement.

10. **Termination of Settlement:** If the Settlement is terminated as provided in the Stipulation or the Effective Date of the Settlement otherwise fails to occur, this Judgment shall be vacated, rendered null and void, and be of no further force and effect, except as otherwise provided by the Stipulation; this Judgment shall be without prejudice to the rights of the Settling Parties; and Plaintiff and Defendants shall revert to their respective positions in the Action as of immediately prior to the execution of the Stipulation.

11. **Retention of Jurisdiction:** Without affecting the finality of this Judgment in any way, this Court retains continuing and exclusive jurisdiction over the Parties for purposes of the administration, interpretation, implementation, and enforcement of the Settlement, and all other matters relating to the Action and the Settlement.

12. **Entry of Final Judgment:** There is no just reason to delay the entry of this Judgment as a final judgment in the Action as to the D&O Defendants. Accordingly, the Register in Chancery is expressly directed to immediately enter this final Judgment in the Action as to the D&O Defendants.

Vice Chancellor Morgan T. Zurn

This document constitutes a ruling of the court and should be treated as such.

Court: DE Court of Chancery Civil Action

Judge: Morgan Zurn

File & Serve

Transaction ID: 75436676

Current Date: Jan 15, 2025

Case Number: 2022-0807-MTZ

Case Name: CONF ORD/Def. Brief/ Opposit/& Related papers for MTD - AMEND COMPLAINT -
Paul Witmer v. Armistice Capital LLC, et al.

Court Authorizer: Morgan Zurn

/s/ Judge Morgan Zurn

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 # 3 7/19/25 6. Provide all the following where applicable:

Date of Event/Arrest February 9, 2022	Disposition Date December 28, 2022	State DE	City Wilmington	County New Castle County
Case # ase No. 2022-0135-KSJM		Governing, licensing, Arresting Presiding Body/Agency/Court Chancery of the State of Delaware		
Reason/Charge Breach of fiduciary duty				
Plaintiff/Defendant/Claimant/Respondent Aponowicz v. Cantrell et al.			Lawsuit/Arbitration/Bankruptcy Lawsuit	
Name of Business/Industry/Entity Aytu BioPharma, Inc.				

Provide explanation below:

A putative class action was filed on February 9, 2022, in the Delaware Chancery Court by Rafal Aponowicz derivatively and on behalf of all Aytu stockholders, challenging the grant in 2021 of certain stock option awards to directors and officers. The stockholder contends those awards were in amounts exceeding the shares available under the Company's 2015 equity incentive plan and that the directors therefore breached their fiduciary duties and breached a purported contract between them and stockholders. The Complaint seeks rescission of the awards, unspecified damages to stockholders as a result of the awards, and attorneys' fees. A second such action was filed by Paul John M. Pagua on March 7, 2022; Mr. Pagua asserts the same claims and seeks the same relief. The parties have agreed to settle these matters for various corporate governance modifications and the payment of plaintiffs' attorneys' fees, subject to approval by the Court of Chancery of the State of Delaware. Notice of the settlement has been provided to stockholders of record as of December 31, 2022, and the settlement approval hearing is scheduled for March 10, 2023. The agreed upon attorney's fees to settle this claim were \$425,000. The court approved the settlement April 18, 2023, reducing the attorneys' fees from \$425,000 to \$382,500. Aytu must pay that amount by May 2, 2023. The amount was paid, and this matter is considered closed.


Original Signature (electronic, copies or stamps not accepted)

7/19/25
Date

EX-99.1 2 aytu-20221228xex99d1.htm EX-99.1

Exhibit 99.1**IN THE COURT OF CHANCERY OF THE STATE OF DELAWARE**

RAFAL APONOWICZ, derivatively on
behalf of AYTU BIOPHARMA, INC.
and individually on behalf of himself and
all other similarly situated stockholders
of AYTU BIOPHARMA, INC.,

Plaintiff,

v.

GARY CANTRELL, JOSHUA
DISBROW, CARL DOCKERY, JOHN
DONOFRIO, JR., AND MICHAEL
MACALUSO,

Defendants,

and

AYTU BIOPHARMA, INC.,

Nominal Defendant.

C.A. No. 2022-0135-KSJM

PAUL JOHN M. PAGUIA, derivatively
on behalf of AYTU BIOPHARMA, INC.,
and directly on behalf of himself and all
others similarly situated,

Plaintiff,

v.

GARY CANTRELL, JOSHUA
DISBROW, CARL DOCKERY, JOHN
DONOFRIO, JR., AND MICHAEL
MACALUSO,

Defendants,

and

AYTU BIOPHARMA, INC.,

C.A. No. 2022-0200-KSJM

Nominal Defendant.

NOTICE OF PENDENCY OF SETTLEMENT OF ACTIONS

TO: ALL RECORD AND BENEFICIAL OWNERS OF AYTU BIOPHARMA, INC. COMMON STOCK (TRADING SYMBOL: AYTU) AND ALL AYTU CLASS MEMBERS AS OF APRIL 16, 2021.

PLEASE READ THIS NOTICE CAREFULLY AND IN ITS ENTIRETY. YOUR RIGHTS WILL BE AFFECTED BY THE LEGAL PROCEEDINGS IN THIS LITIGATION. IF THE COURT APPROVES THE PROPOSED SETTLEMENT,¹ YOU WILL BE FOREVER BARRED FROM CONTESTING THE FAIRNESS, REASONABLENESS, AND ADEQUACY OF THE PROPOSED SETTLEMENT, OR PURSUING THE CLAIMS DEFINED HEREIN.

IF YOU HOLD AYTU BIOPHARMA, INC. COMMON STOCK FOR THE BENEFIT OF ANOTHER, PLEASE PROMPTLY TRANSMIT THIS DOCUMENT TO SUCH BENEFICIAL OWNER.

IF YOU DO NOT OBJECT TO THE PROPOSED SETTLEMENT, OR THE AGREED-TO ATTORNEYS' FEE AND EXPENSE AMOUNT DESCRIBED IN THIS NOTICE, YOU ARE NOT OBLIGATED TO TAKE ANY ACTION.

PLEASE NOTE: THERE IS NO PROOF OF CLAIM FORM FOR AYTU STOCKHOLDERS OR CLASS MEMBERS TO SUBMIT IN CONNECTION WITH THIS SETTLEMENT AND AYTU STOCKHOLDERS OR CLASS MEMBERS ARE NOT REQUIRED TO TAKE ANY ACTION IN RESPONSE TO THIS NOTICE.

¹ Any capitalized terms used in this Notice that are not otherwise defined herein shall have the meanings ascribed to them in the Stipulation of Compromise and Settlement, dated December 19, 2022 (the "Stipulation"). A copy of the Stipulation is available at: <https://aytubio.com>.

I. WHY ARE YOU RECEIVING THIS NOTICE?

The purpose of this Notice is to inform you about (i) two lawsuits (the “Actions”) in the Court of Chancery of the State of Delaware (the “Court”) brought on behalf of Aytu BioPharma, Inc. (“Aytu,” “Nominal Defendant,” or the “Company”); (ii) the proposed Settlement, subject to Court approval, on the terms and conditions set forth in the Stipulation of Compromise and Settlement (the “Stipulation”); (iii) the Court’s preliminary certification of the Class in connection with the proposed Settlement; (iv) Aytu stockholders’ and Class Members’ rights with respect to the proposed Settlement and Plaintiffs’ Counsel’s Fee and Expense Amount; and (v) your right, among other things, to attend and participate in a hearing to be held on March 10, 2023 at 11:00 a.m., in the Court of Chancery, Leonard L. Williams Justice Center, 500 North King Street, Wilmington, Delaware 19801 (the “Settlement Hearing”), at which the Court will (a) determine whether the proposed Settlement, on the terms and conditions provided for in the Stipulation, is fair, reasonable, and adequate and in the best interests of Aytu, its stockholders and the Class Members; (b) determine whether the Actions should be permanently maintained as non-opt-out class actions and whether the Class should be certified permanently, for purposes of the Settlement only, pursuant to Court of Chancery Rules 23(a), 23(b)(1) and (b)(2); (c) determine whether Plaintiffs should be permanently designated as representatives for the Class and Plaintiffs’ Counsel as counsel for the Class, and to determine whether Plaintiffs and Plaintiffs’ Counsel have adequately represented the interests of the Class in the Actions; (d) approve the form and content of the Notice of the Settlement to the stockholders and the Class; (e) determine whether the Court should finally approve the Stipulation and enter the Order and Final Judgment (the “Final Judgment”) substantially in the form attached as Exhibit C to the Stipulation, dismissing the Actions with prejudice and extinguishing and releasing the Released Claims; (f) hear and determine any objections to the proposed Settlement; (g) determine whether the Court should approve Plaintiffs’ Counsel’s application for approval of the Fee and Expense Amount agreed upon by the Settling Parties; and (h) rule on such other matters as the Court may deem appropriate.

This Notice describes the rights you may have under the Stipulation and what steps you may, but are not required to, take concerning the proposed Settlement. If the Court approves the Stipulation, the parties will ask the Court to approve the Final Judgment that would end the Actions.

II. BACKGROUND: WHAT ARE THE ACTIONS ABOUT?

THE FOLLOWING DESCRIPTION DOES NOT CONSTITUTE FINDINGS OF ANY COURT. IT IS BASED ON STATEMENTS OF THE PARTIES AND SHOULD NOT BE UNDERSTOOD AS AN EXPRESSION OF ANY OPINION OF ANY COURT AS TO THE MERITS OF ANY OF THE CLAIMS OR DEFENSES RAISED BY ANY OF THE PARTIES.

Plaintiffs are Rafal Aponowicz and Paul John M. Paguia. Nominal Defendant Aytu is a Delaware corporation with its principal place of business in Englewood, Colorado. It is a commercial-stage specialty pharmaceutical company focused on commercializing novel products that address needs in both prescription and consumer health categories. Gary Cantrell, Joshua Disbrow, Carl Dockery, John Donofrio, Jr. and Michael Macaluso (together, the “Individual Defendants” and, together with Aytu, the “Defendants”) are members of the Board of Directors of Aytu (the “Board”) and comprised the Board at the time the Actions were filed. Plaintiffs, Nominal Defendant Aytu, and the Individual Defendants are collectively referred to herein as the “Settling Parties.”

On February 9, 2022, Plaintiff Aponowicz filed a stockholder derivative and class action lawsuit titled *Aponowicz v. Cantrell, et al.*, No. 2022-0135-KSJM, on behalf of the Company, in the Court. On March 3, 2022, Plaintiff Paguia filed a stockholder derivative and class action lawsuit titled *Paguia v. Cantrell, et al.*, No. 2022-0200-KSJM on behalf of the Company, in the Court.

The Actions allege that the Individual Defendants breached their fiduciary duties and breached a contract with the Company’s stockholders when they did not adjust the share reserve from 5,000,000 shares to 500,000 shares under the 2015 Stock Option and Incentive Plan (the “2015 Plan”) after implementing a reverse-stock split, violating the express terms of the 2015 Plan. The Actions further allege that the Individual Defendants granted awards in excess of the true share reserves of the 2015 Plan, thus violating the 2015 Plan and breaching their fiduciary duty under Delaware law.

Following the commencement of the Actions, counsel for the Settling Parties discussed a potential resolution of the Actions. Among other things, the Settling Parties’ discussions focused on the nature of the potential claims at issue, the potential defenses to those claims, the approximate dollar amounts at issue, and the potential costs and expenses of litigation to judgment.

Between April and October 2022, the Settling Parties engaged in numerous rounds of negotiations, reaching an agreement in principle to settle all of the claims asserted in the Actions. Plaintiffs and Plaintiffs' Counsel believe that the Settlement is fair and adequate to the Company and its stockholders, and that it is appropriate and reasonable to pursue Court approval of the Settlement based on the terms and subject to the conditions set forth in the Stipulation.

THE COURT HAS NOT FINALLY DETERMINED THE MERITS OF PLAINTIFFS' CLAIMS OR THE DEFENSES THERETO. THIS NOTICE DOES NOT IMPLY THAT THERE HAS BEEN OR WOULD BE ANY FINDING OF VIOLATION OF THE LAW BY THE INDIVIDUAL DEFENDANTS OR THAT RECOVERY COULD BE HAD IN ANY AMOUNT IF THE ACTIONS WERE NOT SETTLED.

III. HOW DO I KNOW IF I AM AFFECTED BY THE SETTLEMENT?

If you are a current Aytu stockholder or Class Member, you are subject to the Settlement. The Class preliminarily certified by the Court for purposes of the proposed Settlement consists of:

all record and beneficial owners of Aytu common stock as of April 16, 2021. Excluded from the Class are Defendants and any person, firm, trust, corporation, or other entity affiliated with them and their predecessors or successor in interest. "Class Member" means a Person who falls within the definition of the Class.

IV. WHAT ARE THE TERMS OF THE SETTLEMENT?

To settle the Actions, Defendants have agreed:

1. The Board shall cancel 25% of the aggregate share awards challenged in the Actions, the resulting reduction to be allocated among Defendants as follows:

Granted Rescinded

Joshua Disbrow	800,000	80,000
Gary Cantrell	187,804	40,000
Carl Dockery	187,804	40,000
John Donofrio	187,804	187,804
Michael Macaluso	187,804	40,000
	<u>1,551,216</u>	<u>387,804</u>

2. The Company shall add to the Board two new directors who meet the NASDAQ standard of independence. One such new director has already been added to the Board and, within six months of the date of Final Court approval of the Settlement, shall serve as the Chair of the Board's Compensation Committee. The other new director shall be appointed within six months of the date of Final Court approval of the Settlement and will also be appointed to the Compensation Committee.
3. The Company shall designate a Lead Independent Director to coordinate the activities of the other independent directors and, among other things, to preside at all meetings of the Board when the Chair is not present, to call meetings of the independent directors, to retain advisors and consultants on behalf of the Board, to interview and make recommendations regarding director candidates, and to perform such other duties and responsibilities as the Board may determine. The Lead Independent Director shall be a director who meets the standard of "independence" under the NASDAQ rules. He or she may be removed or replaced from his/her position as Lead Independent Director at any time with or without cause by a majority vote of the Board.
4. The Board shall adopt a new equity compensation plan and seek stockholder approval of this new plan at the Company's next annual stockholder meeting. That plan shall include the following terms:
 - a. The plan administrator shall adjust the maximum number of shares reserved for issuance under the plan, in the event of any reorganization, reclassification, stock dividend, stock split, reverse stock split, or similar change in the Company's capital stock, proportionately unless the Board's Compensation Committee determines, in a good faith exercise of its sole discretion, that a fully proportional adjustment would not be

conducive to retention and recruitment needs, in which case the Board's Compensation Committee may make an adjustment that is not less than 50% of the number that would be fully proportional; and

- b. The number of shares reserved for issuance under the plan shall not ever exceed 15% of the Company's then total authorized and outstanding shares.
5. The Board shall not award Defendants any further equity awards under the 2015 Plan.
6. From 2022–2024, the Board shall limit to a maximum of \$175,000 the total annual compensation (*i.e.*, annual retainer, meeting fees, annual equity awards, etc.) payable to each of the Company's non-employee directors.
7. On at least a bi-annual basis (*i.e.*, every other year), qualified experts in the field shall make a presentation to the Compensation Committee about recent developments and best practices concerning equity compensation practices.

V. WHAT CLAIMS WILL THE SETTLEMENT RELEASE?

Under the Stipulation, the following releases will occur, except as noted below:

The Releasing Persons (defined below) shall be deemed to have, and by operation of the Final Judgment shall have, fully, finally, and forever settled, released, discharged, extinguished, and dismissed with prejudice the Released Claims (defined below) against the Released Persons (defined below); provided, however, that such release shall not affect any claims to enforce the terms of the Stipulation.

The Released Persons and Aytu shall be deemed to have, and by operation of the Final Judgment shall have, fully, finally, and forever settled, released, discharged, extinguished, and dismissed with prejudice all claims (including Unknown Claims, as defined in the Stipulation), arising out of, relating to, or in connection with the institution, prosecution, assertion, settlement, or resolution of the Actions against the Releasing Persons and Plaintiffs' Counsel; provided, however, that such release shall not affect any claims to enforce the terms of the Stipulation.

“Releasing Persons” means Plaintiffs (both individually, on behalf of the Class, and derivatively on behalf of Aytu), any Class Member, any other Aytu stockholder acting or purporting to act on behalf of Aytu, and Aytu. “Releasing Person” means, individually, any of the Releasing Persons.

“Released Persons” means each of the Individual Defendants and Aytu and their parents, subsidiaries, affiliates, predecessors, successors, and controlling persons, and each of their respective past or present officers, directors, employees, stockholders, family members, spouses, heirs, trusts, trustees, executors, beneficiaries, agents, representatives, partners, members, advisors, consultants, representatives, accountants, attorneys, insurers, and associates.

“Released Claims” means and includes any and all manner of claims, causes of action, demands, rights, liabilities, losses, obligations, duties, damages, costs, debts, penalties, or sanctions of any kind, nature, or description whatsoever, whether known or unknown, disclosed or undisclosed, accrued or unaccrued, apparent or not apparent, foreseen or unforeseen, matured or not matured, suspected or unsuspected, liquidated or not liquidated, fixed or contingent, including Unknown Claims (as defined in the Stipulation), whether based on state, local, foreign, federal, statutory, regulatory, common, or other law or rule, that have been or could have been asserted by Plaintiffs, any other Aytu stockholder or any other Class Member or any other Person individually or acting or purporting to act on behalf of Aytu against the Released Persons in the Actions or in any other court, tribunal, or proceeding arising out of, based upon, or relating in any way to the allegations, actions, transactions, occurrences, statements, omissions, disclosures, facts, practices, events, or claims alleged or referred to in the Actions, including without limitation (i) with respect to the challenged awards under the 2015 Plan and (ii) any decision of the Company’s officers or directors related to the foregoing; provided, however, that it is understood that “Released Claims” and any release provided by this Settlement shall not include: (a) those claims asserted in *Witmer v. Armistice Capital LLC, et al.*, No. 2022-0807-MTZ in the Delaware Court of Chancery, (b) any claims to enforce the Settlement, and (c) any claims by Defendants or any insured to enforce their rights under any contract or insurance policy.

VI. WHAT ARE THE REASONS FOR THE SETTLEMENT?

Plaintiffs’ entry into the Stipulation and Settlement is not intended to be and shall not be construed as an admission or concession concerning the relative strength or merit of the claims alleged in the Actions. However, Plaintiffs and Plaintiffs’ Counsel also recognize and acknowledge the significant risk, expense, and length of continued proceedings necessary to prosecute the Actions against Defendants through

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trial and through possible appeals. Plaintiffs' Counsel also have taken into account the uncertain outcome and the risk of any litigation, especially in complex cases such as the Actions, as well as the difficulties and delays inherent in such litigation. Plaintiffs' Counsel also are mindful of the inherent problems of proof and possible defenses to the claims alleged in such Actions.

Based on Plaintiffs' Counsel's thorough review and analysis of the relevant facts, allegations, defenses, and controlling legal principles, Plaintiffs and Plaintiffs' Counsel have determined that the Settlement set forth in the Stipulation is fair, reasonable, and adequate, and in the best interests of Aytu, its stockholders and the Class Members and that the Settlement confers benefits upon Aytu, its stockholders and the Class Members and Plaintiffs have agreed to settle the Actions on the terms and subject to the conditions set forth in the Stipulation.

Each of the Individual Defendants has denied, and continues to deny, that they have committed any breach of fiduciary duty or any other duty owed to Aytu, its stockholders or the Class Members, that they breached any contract, or that they committed any violations of law or wrongdoing whatsoever or that Aytu or Aytu's stockholders or the Class Members suffered any damage or harm as a result of any act, omission, or conduct alleged in the Actions or otherwise. The Individual Defendants have further asserted, and continue to assert, that at all relevant times, they have acted in good faith and in a manner that they believed to be in the best interests of Aytu, its stockholders and the Class Members, and that they are entering into the Stipulation and the Settlement solely to eliminate the uncertainty, distraction, disruption, burden, expense, and risk inherent in further litigation.

VII. HOW WILL THE ATTORNEYS GET PAID?

After agreeing to the terms of the Settlement, Plaintiffs' Counsel and Aytu separately began negotiating the amount of the award of attorneys' fees and expenses to be paid to Plaintiffs' Counsel. The Settling Parties did not discuss the appropriateness or amount of attorneys' fees and expenses to be paid to Plaintiffs' Counsel until after reaching agreement on the terms of the Settlement, and the Settling Parties understood at all times that the Settlement was not contingent upon agreement or payment of any attorneys' fees and expenses to Plaintiffs' Counsel. Defendants acknowledge and agree that Plaintiffs' Counsel are entitled to a fee award. In recognition of the terms of the Settlement and the prosecution and settlement of the Actions, and subject to Court approval, Aytu has agreed to pay an award of attorneys' fees and expenses to Plaintiffs' Counsel not to exceed \$425,000 (the "Fee and Expense Amount"). The Fee and Expense Amount includes the fees and expenses incurred by Plaintiffs' Counsel in connection with the prosecution and

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settlement of the Actions. Plaintiffs' Counsel will not seek fees or expenses from the Court in excess of the agreed-to amount and Plaintiffs' Counsel will not make an application for attorneys' fees or expenses in any other jurisdiction. Except as otherwise provided herein, each of the Parties shall bear his, her, or its own fees and costs.

VIII. WHEN WILL THE SETTLEMENT HEARING TAKE PLACE?

The Court has scheduled a Settlement Hearing to be held on March 10, 2023 at 11:00 a.m., in the Court of Chancery, Leonard L. Williams Justice Center, 500 North King Street, Wilmington, Delaware 19801.

At the Settlement Hearing, the Court will consider whether the terms of the Settlement are fair, reasonable, and adequate and thus should be finally approved, whether the Fee and Expense Amount should be approved, and whether the Actions should be dismissed with prejudice by entry of the Final Judgment pursuant to the Stipulation. The Court will also hear and determine objections, if any, to the proposed Settlement or the Fee and Expense Amount and rule on such other matters as the Court may deem appropriate.

The Court may adjourn the Settlement Hearing from time to time without further notice to anyone other than the Settling Parties and any Objectors (as defined below). The Court reserves the right to approve the Stipulation at or after the Settlement Hearing with such modifications as may be consented to by the Settling Parties to the Stipulation and without further notice.

IX. DO I HAVE A RIGHT TO APPEAR AND OBJECT?

Any Aytu stockholder or Class Member who objects to the Settlement, the proposed Final Judgment to be entered, the Fee and Expense Amount, and/or who otherwise wishes to be heard (an "Objector"), may appear in person or by his, her, or its attorney at the Settlement Hearing and present any evidence or argument that may be proper and relevant; *provided, however*, that no Objector shall be heard or entitled to contest the approval of the terms and conditions of the Settlement, or, if approved, the Final Judgment to be entered thereon, unless he, she, or it has, no later than ten (10) calendar days before the Settlement Hearing (unless the Court in its discretion shall thereafter otherwise direct, upon application of such person and for good cause shown), filed with the Register in Chancery, Court of Chancery, Leonard L. Williams Justice Center, 500 North King Street, Wilmington, Delaware 19801, and served (by hand or overnight mail) on Plaintiffs' Counsel and Defendants' counsel, at the addresses below, the following: (i) proof of current ownership of Aytu

stock; (ii) a written and signed notice of the Objector's intention to appear, which states the name, address, and telephone number of the Objector and, if represented by counsel, the name, address, and telephone number of his, her, or its counsel; (iii) a detailed statement of the objections to any matter before the Court; and (iv) a detailed statement of all of the grounds thereon and the reasons for the Objector's desire to appear and to be heard, as well as all documents or writings which the Objector desires the Court to consider. In addition to the aforementioned Court address, the addresses to which such information should be sent are as follows:

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Attorneys for Defendants

Any person or entity who fails to object in the manner prescribed above shall be deemed to have waived such objection (including the right to appeal), unless the Court in its discretion allows such objection to be heard at the Settlement Hearing,

and shall forever be barred from raising such objection in the Actions or any other action or proceeding or otherwise contesting the Stipulation, the Fee and Expense Amount or any other matter related to the Settlement, in the Actions or any other action or proceeding, and will otherwise be bound by the Final Judgment to be entered and the releases to be given. You are not required to appear in person at the Settlement Hearing in order to have your timely and properly filed objection considered.

X. HOW DO I GET ADDITIONAL INFORMATION ABOUT THE SETTLEMENT?

This Notice contains only a summary of the terms of the proposed Settlement. It is not a complete statement of the events of the Actions or the Stipulation.

For additional information about the claims asserted in the Actions and the terms of the proposed Settlement, please refer to the documents filed with the Court and the Stipulation. You may examine the Court files during regular business hours of each business day at the Office of the Register in Chancery in the Court of Chancery of the State of Delaware, Leonard L. Williams Justice Center, 500 North King Street, Wilmington, Delaware 19801. However, you must appear in person to inspect these documents. The Clerk's office will not mail copies to you.

For more information concerning the Settlement, you may also call or write to the two Plaintiffs' Counsel:

Shane T. Rowley
Danielle Rowland Lindahl
ROWLEY LAW PLLC
50 Main Street, Suite 1000
White Plains, NY 10606
Tel: (914) 400-1920
Fax: (914) 301-3514
Attorneys for Plaintiff Rafal Aponowicz

Eric L. Zagar
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280 King of Prussia Road
Radnor, PA 19087
Telephone: (610) 667-7706
Attorneys for Plaintiff Paul John M. Paguia

***PLEASE DO NOT WRITE OR CALL THE COURT OR THE OFFICE OF
THE REGISTER IN CHANCERY REGARDING THIS NOTICE.***

BY ORDER OF THE COURT OF
CHANCERY OF THE STATE OF
DELAWARE

Dated: December 28, 2022.

Register in Chancery

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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 # 3 7/9/25. Provide all the following where applicable:

Date of Event/Arrest January 13, 2020	Disposition Date Nov. 21, 2022	State CA	City Sacramento	County Sacramento County
Case # 3:20-cv-00340		Governing, licensing, Arresting Presiding Body/Agency/Court District Court, N.D. California		
Reason/Charge Employment Discrimination				
Plaintiff/Defendant/Claimant/Respondent Jaekel v. Aytu BioScience, Inc.			Lawsuit/Arbitration/Bankruptcy Lawsuit	
Name of Business/Industry/Entity Aytu BioScience, Inc.				

Provide explanation below:

David Jaekel filed a Complaint for Damages against his former employer Aytu Bioscience, Inc. ("Aytu"), Josh Disbrow, Jarrett Disbrow, and Rick Nord on December 4, 2019. Defendants Aytu, Josh Disbrow, and Jarrett Disbrow filed an Answer and General Denial on January 13, 2020 and subsequently removed the lawsuit to the Northern District of California on January 15, 2020 pursuant to 28 U.S.C. § 1332 – Diversity Jurisdiction. Defendant Rick Nord was dismissed without prejudice on April 14, 2020. In October 2022, the parties settled the dispute for \$950,000. Chubb, the insurance carrier covered \$650,000, with Aytu covering the remaining \$300,000. The matter is closed.

Original Signature (electronic, copies or stamps not accepted)

7/9/25
Date

CONFIDENTIAL SETTLEMENT AGREEMENT AND GENERAL RELEASE

This Confidential Settlement Agreement and General Release (hereinafter the "Agreement") is made and entered into between ROBERT DAVID JAEKEL (hereinafter "Plaintiff"), on the one hand, and AYTU BIOSCIENCE, INC. (now AYTU BIOPHARMA, INC.) (hereinafter "AYTU"), JOSHUA DISBROW, and JARRETT DISBROW (hereinafter "Defendants"), on the other hand, as of the date set forth below. Plaintiff and Defendants are collectively referred to herein as "the Parties" or individually as a "Party."

RECITALS

WHEREAS, on December 4, 2019, Plaintiff filed a civil action in San Francisco County Superior Court entitled *Robert David Jaekel v. Aytu Bioscience, Inc., et al.*, Civil Case No. CGC-19-581302 alleging causes of action for (1) Whistleblower Retaliation [Cal. Lab. Code § 1102.5]; (2) Retaliation [Cal. Lab. Code § 98.6]; (3) Failure to Take Steps Necessary to Prevent Sexual Harassment and/or Retaliation in Violation of Cal. Gov't Code § 12940(k); (4) Retaliation in Violation of Cal. Gov't. Code § 12940(h); (5) Wrongful Termination in Violation of Public Policy; (6) Defamation; (7) Intentional Infliction of Emotional Distress; and (8) Failure to Pay All Wages Due to Discharged Employees (hereinafter the "Action").

WHEREAS, on January 15, 2020, Defendants subsequently removed the Action to federal court in the Northern District of California where it was assigned Civil Case No.: 20-cv-00340-TSH;

WHEREAS, Defendants deny and dispute all of Plaintiff's allegations and contend that he has not incurred any damages in connection with his employment with AYTU;

WHEREAS, Plaintiff represents and warrants that he has not suffered any sexual harassment or sexual abuse in connection with his employment with AYTU, or by any officer, manager, employee, agent, customer, or supplier of AYTU, and that this agreement and the settlement payment are not a settlement or payment related to a sexual-harassment or sexual-abuse claim; and

WHEREAS, the Parties now desire to avoid the disruption, inconvenience, uncertainty and costs associated with further processing or litigation of any claims that Plaintiff has, had, or may claim to have arising out of, or related to, his employment with AYTU, the cessation of his employment, any claims against Defendants, and any relationship Plaintiff has or had with Defendants.

AGREEMENT

NOW, THEREFORE, in consideration of the covenants and agreements contained in this document and the other valuable consideration described herein, the sufficiency of which is hereby acknowledged by all Parties, the Parties agree as follows:

1. Timing. Defendants will deliver the consideration as set forth in Paragraph 2, below, within thirty (30) days after the last of all three of the following conditions precedent: A) the Effective Date of this Agreement, as defined in Paragraph 7, below; B) counsel for

Defendants have received this Agreement executed by Plaintiff; and C) Plaintiff and Plaintiff's counsel have executed and provided Form W-9s to Defendants' counsel;

2. Consideration. For and in consideration of the commitments made herein by Plaintiff, Defendants shall pay Plaintiff a total settlement amount of Nine Hundred Fifty Thousand Dollars and Zero Cents (\$950,000.00) hereinafter the "Settlement Payment". The Settlement Payment shall be made as follows:

- One check made payable to Robert David Jaekel in the amount of Thirteen Thousand Six Hundred Ninety-Six Dollars and Thirty-Seven Cents (\$13,696.37), as wages, less all standard deductions and withholdings, which will be reported on IRS Form W-2;
- One check made payable to the Matern Law Group PC Settlement Account (issued Tax Identification Number 87-3302880), which represents a qualified settlement fund within the meaning of the Internal Revenue Code, for Plaintiff's additional damages, costs and attorneys' fees, for which a 1099 shall be issued to both you and your legal counsel in the amount of Nine Hundred Thirty-Six Thousand Three Hundred Three Dollars and Sixty-Three Cents (\$936,303.63) to be reported on IRS Form 1099;

As set forth in Paragraph 1. above, the Settlement Payment is contingent on the delivery by Plaintiff this Agreement, fully executed, and executed IRS W-9 forms to counsel for Defendants. Upon direct deposit and/or deposit of the check(s) in the mail of the Settlement Payment to Plaintiff's counsel, Defendants will have fully met its obligations under this Agreement and will not be liable in any manner for the distribution, division or payment of any portion of the Settlement Payment to or between any counsel Plaintiff may have retained and/or consulted. By execution of this Agreement, Plaintiff authorizes payment to be made as set forth in this Paragraph.

3. Acknowledgement. Plaintiff acknowledges that he would not otherwise be entitled to the consideration set forth in Paragraph 2, above, were it not for his covenants, promises, and releases set forth herein. Plaintiff acknowledges that he has received all wages and compensation due to him from Defendants and that Defendants shall owe Plaintiff nothing further once Plaintiff receives the consideration described in Paragraph, above.

4. No Admission of Liability. It is understood and agreed by Plaintiff that this Agreement represents a compromise and settlement for various matters and that the promises and payments and consideration of this Agreement shall not be construed to be an admission of any liability or obligation by Releasees to Plaintiff.

5. Dismissal with Prejudice. Within 5 business days of Plaintiff's counsel's receipt of the Settlement Payment, Plaintiff shall file a request for dismissal of the entire Action with prejudice, with each party to bear its own costs and attorneys' fees.

6. Mutual Release of Claims. Plaintiff, on behalf of Plaintiff and for Plaintiff's heirs, executors, administrators, spouses, successors and assigns, hereby releases, acquits and forever discharges Defendants, and each of Defendants' current and former parents, subsidiaries and related entities, officers, directors, shareholders, persons, employees, agents, servants, representatives, members, attorneys, insurers, re-insurers, professional employer organizations, assigns, and affiliated companies, predecessors, successors and assigns, as well as their past or present officers, directors, agents, representatives, attorneys, insurers, re-insurers, assigns, or

employees of the foregoing entities or individuals (collectively, "Releasees"), from any and all claims, demands, obligations, actions, causes of action, liabilities, debts, promises, agreements, demands, attorneys' fees, losses and expenses, known or unknown, suspected or unsuspected, filed or unfiled, that Plaintiff may have or have had arising out of any known or unknown fact, condition or incident occurring prior to the Effective Date of this Agreement, including but not limited to those arising out of or in connection with any claims, demand, charges, or complaints, arising out of or in connection with Plaintiff's employment, the cessation thereof, or any other interaction or relations with Releasees. This release includes, without limiting the generality of the foregoing: any and all claims, demands, causes of actions, obligations, charges, liabilities, attorneys' fees, costs, actual, compensatory and punitive damages, and all claims for any other type of relief relating to, arising out of, or based upon: all claims of harassment, discrimination, and/or retaliation in violation of State or Federal law; all claims for failure to prevent harassment, discrimination, and/or retaliation; all claims for failure to engage in the interactive process and/or to provide reasonable accommodation; all claims of violation of public policy, including a claim for wrongful and/or constructive termination of employment; all claims based on tort and/or breach of contract, whether written or oral, express or implied, and any covenant of good faith and fair dealing; all claims for misrepresentation, fraud, fraudulent inducement, detrimental reliance, and other similar claims; all claims for unpaid commissions, wages, stock, or other benefits, including minimum wage, overtime, double time, vacation, associated penalties and/or premiums, and expense reimbursement; any claim for sick pay or COVID-19 related benefits arising from any state or federal requirements; any claim for unlawful or unfair business practices; all claims for emotional distress; any and all claims which were or could have been asserted by Plaintiff; and all claims generally relating to Plaintiff's employment with AYTU BIOSCIENCE, INC. and the cessation thereof, including any alleged violation of any federal, state or other governmental statute, regulation, ordinance, or executive order, including without limitation:

- (a) The Civil Rights Acts of 1866, 1964, and 1991, as amended;
- (b) 42 U.S.C. § 1981;
- (c) The California Fair Employment and Housing Act;
- (d) Section 503 of the Rehabilitation Act of 1973;
- (e) The Fair Labor Standards Act (including the Equal Pay Act);
- (f) The California and United States Constitutions;
- (g) The California *Labor Code* specifically including, but not limited to the Private Attorney General Act pursuant to *Labor Code* § 2699, *et seq.*;
- (h) The Federal and California False Claims Acts;
- (i) The California Business and Professions Code;
- (j) The Employee Retirement Income Security Act, as amended;
- (k) The California Family Rights Act;
- (l) The Americans with Disabilities Act;
- (m) The Family Medical Leave Act;
- (n) The California Wage Orders;
- (o) The National Labor Relations Act;
- (p) The Immigration Reform and Control Act;
- (q) California Occupational Safety and Health Act, or the Federal equivalent;
- (r) The Age Discrimination in Employment Act of 1967, as amended;
- (s) The Older Workers' Benefit Protection Act; and
- (t) The Families First Coronavirus Response Act, including any COVID-19 paid sick leave law or regulation of similar effect.

The scope of the foregoing releases by Plaintiff includes, but is not limited to, a full general release of any and all claims or potential claims that Plaintiff has or may have against the Releasees. The releases set forth herein specifically exclude any pending Workers' Compensation claim filed by Plaintiff.

This release does not apply to: (a) any claims arising out of any acts or omissions which occur after the Parties sign this Agreement, or (b) any claims or rights which cannot be waived by law. Neither this Release nor anything in this Agreement prohibits either Party from cooperating with any governmental investigation or inquiry. Furthermore, nothing in this release or in this Agreement limits Plaintiff's right to file a charge with an administrative agency or to participate in any investigation by such agency. Plaintiff understands, however, that he is expressly waiving, to the fullest extent permitted by law, any and all rights or entitlement to any type of relief or recovery (including monetary damages, awards, incentives, penalties, injunctive relieve, reinstatement, other personal relief, etc.) in connection with any claim, complaint, charge, action, proceeding, or investigation brought on his behalf or for his benefit.

Defendants and each of Defendants' current and former parents, subsidiaries and related entities, officers, directors, shareholders, persons, employees, agents, servants, representatives, members, attorneys, insurers, re-insurers, professional employer organizations, assigns, affiliates and any and all other entities with whom they have been, are now, or may hereafter be affiliated, predecessors, successors, as well as their past or present officers, directors, agents, representatives, attorneys, insurers, re-insurers, assigns, or employees of the foregoing entities or individuals (collectively, "Releasees"), hereby releases, acquits and forever discharges Plaintiff, his executors, administrators, spouses, successors and assigns from any and all claims, demands, obligations, actions, causes of action, liabilities, debts, promises, agreements, demands, attorneys' fees, losses and expenses, known or unknown, suspected or unsuspected, filed or unfiled, that Defendants may have or have had arising out of any known or unknown fact, condition or incident occurring prior to the Effective Date of this Agreement, including but not limited to those arising out of or in connection with any claims, demand, charges, or complaints, arising out of or in connection with Plaintiff's employment, the cessation thereof, or any other interaction or relations with Releasees.

7. Acknowledgment of Rights and Waiver of Claims Under the Age Discrimination in Employment Act. Plaintiff acknowledges that Plaintiff is knowingly and voluntarily waiving and releasing any rights Plaintiff may have under the Age Discrimination in Employment Act ("ADEA"). Plaintiff also acknowledges that the consideration given for the waiver and release in this Agreement is in addition to anything of value to which Plaintiff was already entitled. Plaintiff further acknowledges that Plaintiff has been advised by this in writing, as required by the Older Workers' Benefit Protection Act, that: (a) Plaintiff's waiver and release does not apply to any rights or claims that may arise after the Effective Date of this Agreement; (b) Plaintiff should consult with an attorney prior to executing this Agreement; (c) Plaintiff has at least twenty-one (21) days to consider this Agreement (although Plaintiff may by his own choice execute this Agreement earlier); (d) Plaintiff has seven (7) days following the execution of this Agreement by Plaintiff to revoke the Agreement; (e) this Agreement shall not be effective until the date upon which the revocation period has expired ("Effective Date"). Plaintiff may revoke this Agreement only by giving formal written notice of his revocation to Vincent J. Adams at Fisher & Phillips LLP, 1 Montgomery Street, Suite 3400, San Francisco, CA 94104, to be received by the close of business on the seventh (7th) day following Plaintiff's execution of this Agreement.

8. Release Is Voluntary and Knowing. The release set forth in Paragraph 6 has been voluntarily and knowingly executed with the express intention of effecting the legal consequences provided in California *Civil Code* section 1541, that is, the extinguishment of obligations herein designated. This Agreement is executed voluntarily and without any duress, undue influence or coercion on the part or behalf of the Parties hereto. Plaintiff also acknowledges being informed that he has consulted with his attorney prior to the execution of this Agreement. By signing below, Plaintiff also acknowledges that he has read and fully understands and agrees to the terms of this Agreement.

9. California Civil Code Section 1542. The Parties hereby state that it is their intention in executing this Agreement that the same shall be effective as a bar to each and every claim, demand, cause of action, obligation, damages, liability, charge, attorneys' fees and costs herein above released. The Parties hereby expressly waive and relinquish all of the rights and benefits, if any, arising under the provisions of the California *Civil Code* section 1542, which provides:

A GENERAL RELEASE DOES NOT EXTEND TO CLAIMS THAT THE CREDITOR OR RELEASING PARTY DOES NOT KNOW OR SUSPECT TO EXIST IN HIS OR HER FAVOR AT THE TIME OF EXECUTING THE RELEASE AND THAT, IF KNOWN BY HIM OR HER, WOULD HAVE MATERIALLY AFFECTED HIS OR HER SETTLEMENT WITH THE DEBTOR OR RELEASED PARTY.

Thus, notwithstanding the provisions of *Civil Code* section 1542, and for the express purpose of implementing a full and complete release and discharge of the Parties and Releasees, the Parties expressly acknowledge that the released claims are intended to include, without limitation, all claims that the Parties do not know or suspect to exist in their favor at the time of execution of this Agreement, and that this Agreement contemplates the extinguishment of any and all such claims.

10. No Other Actions. With the exception of the Action and any pending Workers' Compensation claims, Plaintiff represents and warrants that he has no other pending claims, suits or administrative charges against Defendants in any other court or before any government agency, including but not limited to any active complaints filed with the Equal Employment Opportunity Commission, Department of Fair Employment and Housing, California Department of Labor Standards Enforcement, Department of Labor, Employment Development Department, California Superior Court and United States District Court. Notwithstanding the foregoing, Plaintiff agrees to waive Plaintiff's right to recover monetary damages in any charge, complaint, or lawsuit filed by Plaintiff or by anyone else on Plaintiff's behalf. Plaintiff hereby represents that he will also take all action necessary to dismiss any other actions or charges filed against Releasees with any local, state or federal agency or court; that he will not file any complaint or charge arising out of Plaintiff's employment with Releasees at any time hereafter; and that if such agency or court assumes jurisdiction of any such complaint or charge against any of the Releasees, whenever filed, Plaintiff will request such agency or court to dismiss the matter with prejudice. Should Defendants discover any pending claims aside from what is mentioned above, Plaintiff authorizes the dismissal with prejudice and/or withdrawal of any and all pending claims against Defendants and agrees to promptly provide any and all documents to effectuate such dismissal and/or withdrawal with prejudice.

11. Covenant Not to Sue. Plaintiff agrees not to sue any of the Releasees in any forum for any claim covered by the waivers and releases in Paragraph 6.

12. No Amounts Owed. Plaintiff agrees and acknowledges that the Settlement Payment is not required by Defendants, by Defendants' policies and procedures, or otherwise, and hereby agrees that he has received all potentially disputed compensation or remuneration of any kind due or owed from Defendants, including but not limited to all wages, premiums, penalties, commissions, bonuses, advances, vacation pay, and any other incentive-based compensation to which Plaintiff is or may become entitled or eligible, and that Defendants shall owe Plaintiff nothing further once Plaintiff receives the Settlement Payment set forth in Paragraph 2 above. Plaintiff hereby acknowledges that the amount owed to him, if anything, is disputed in good faith and that he would not otherwise receive the full amount of the Settlement Payment as set forth in this section were it not for his covenants, promises, and releases set forth hereunder. As a result, Plaintiff agrees that California *Labor Code* Section 206.5 is not applicable. Plaintiff hereby waives any protection that may exist under Section 206.5 which provides, in pertinent part, as follows: "An employer shall not require the execution of a release of a claim or right on account of wages due, or to become due, or made as an advance on wages to be earned, unless payment of those wages has been made."

13. Issuance of a 1099: No Representation of Taxability. An IRS Form 1099 will be issued to Plaintiff and Plaintiff's Counsel to reflect the portions of the Settlement Payment in Paragraph 2 above. Plaintiff understands and agrees that Plaintiff is responsible for payment of any taxes which are required to be paid to the State of California, the United States Government, or any other entity as a result of this settlement. Plaintiff acknowledges and agrees that Releasees have not warranted or represented how the U.S. Internal Revenue Service or other governmental taxing authorities will treat the payment described above for tax purposes, and agrees that no further payment of money to Plaintiff from Releasees will be due in the event that the payment or the release of claims embodied in this Agreement, or any portion thereof, is found by a government taxing authority to be, or to result in, additional taxable income to Plaintiff. Plaintiff agrees that, in the event that any federal, state or local agency takes the position that taxes should have been withheld from amounts paid pursuant to this Agreement, Plaintiff will be solely responsible for payment of any such alleged tax obligations and will indemnify and hold Releasees harmless from any resulting tax liability, interest, attorneys' fees, or penalty associated therewith. Plaintiff hereby agrees to indemnify Releasees from any and all manner of liability if any should be imposed on them regarding the payment to Plaintiff under this Agreement specified above, including but not limited to any interest, attorneys' fees, penalties, and costs related to such payment. Upon Plaintiff's receipt of written notification from Releasees that such liability has been imposed by any of those governmental entities and the amount thereof, Plaintiff agrees that Plaintiff shall fully remit such monies to the demanding entity within thirty (30) days from Plaintiff's receipt of such notification. Plaintiff further agrees to give Releasees written notice within ten (10) days of the time any demand for payment of taxes is received by Plaintiff from any governmental agency in connection with this payment, and further, Plaintiff will provide a confirmation that Plaintiff will honor Plaintiff's obligations under this Paragraph.

14. Liens or Assignments. Plaintiff represents and warrants that any other bills, costs or liens resulting from or arising out of Plaintiff's alleged injuries or claims released in this Agreement are Plaintiff's responsibility to pay. Plaintiff agrees to assume responsibility for satisfaction of any and all rights to payment, claims or liens that arise from or are related to

payments made or services provided to Plaintiff or on Plaintiff's behalf related to all claims released pursuant to this Agreement. Plaintiff agrees to assume responsibility for all expenses, costs or fees incurred by Plaintiff related to Plaintiff's alleged injuries, claims or lawsuit that may arise out of the claims released herein, including without limitation, all Medicare conditional payments, subrogation claims, liens, or other rights to payment, relating to any medical treatment or lost wages that have been or may be asserted by any health care provider, insurer, governmental entity, employer or other person or entity. Further, except as set forth in the first sentence of this paragraph, the Plaintiff will indemnify and hold Releasees harmless from any and all damages, claims and rights to payment, including any attorneys' fees, brought by any person, entity or governmental agency to recover any of these amounts.

15. Mutual Confidentiality. The Parties and their counsel represent and agree that they will keep the amount, and fact of this Agreement completely confidential, and that they will not hereafter disclose any information concerning this Agreement to anyone, including, but not limited to, friends, acquaintances, or the media; provided, however, that they may make such disclosures to their attorneys, accountants, auditors, spouses, and tax preparers all of whom will be informed of and agree to be bound by this confidentiality clause, or other such disclosures as may be required by law. The Parties agree that if anybody asks them about Plaintiff's claims and the cessation thereof, they will simply respond by stating, "the matter has been resolved and the resolution is confidential." The Parties further agree that they or their attorneys will not hereafter seek any publicity of any kind in any media or other public forum regarding the terms and amount of this Agreement or the allegations made by Plaintiff, including the press, media, websites, or any service which reports litigation, verdicts or settlements. The Parties agree that this Confidentiality provision is not intended to violate California *Code of Civil Procedure* Section 1001 and should be interpreted as requiring confidentiality only to the extent not prohibited by that statute or any other applicable statute of similar effect. Unless otherwise prohibited by law, disclosures covered by this Confidentiality clause shall first require the recipient to the disclosure to be informed of this Confidentiality clause and to agree to be bound by its terms. Nothing in this Agreement prevents Plaintiff from discussing or disclosing information about unlawful acts in the workplace, such as harassment or discrimination or any other conduct that Plaintiff has reason to believe is unlawful.

Nothing in this Section or in this Agreement prevents the Parties from disclosing the Agreement or its contents: (a) pursuant to order of a court or government agency of competent jurisdiction; (b) to enforce or challenge the Agreement's validity in court or in an arbitration proceeding; (c) in connection with a good faith dispute report to government authorities of suspected violations of law; (d) in cooperation with an investigation or inquiry by a governmental authority; or (e) as otherwise required or permitted by law.

16. Mutual Non-Disparagement, Non-Cooperation, and No Enticement. The Parties agree and promise that Plaintiff, Joshua Disbrow, and Jarrett Disbrow will refrain from making any negative, detracting, derogatory, or unfavorable statements about one another, including any of Releasees' managers, supervisors, employees, or clients. Plaintiff, Joshua Disbrow, and Jarrett Disbrow further agree they will not act in any manner that damages the operation or reputation of Plaintiff or Releasees. To the extent permitted by law, Plaintiff, Joshua Disbrow, and Jarrett Disbrow agree that they will not counsel or assist any attorneys or clients in the presentation or prosecution of any disputes and/or differences by any third party against Plaintiff or Releasees unless pursuant to a lawfully issued subpoena or other order by a court or agency of competent

jurisdiction. Plaintiff, Joshua Disbrow, and Jarrett Disbrow agree to give Plaintiff or Defendants' counsel notice within three (3) business days of receipt of a subpoena or other order by court or agency pursuant to this Paragraph. Nothing herein shall be construed to limit Plaintiff's right to file a charge of discrimination with, or to communicate with, or to participate in an investigation or action conducted by, the Equal Employment Opportunity Commission ("EEOC") or any similar state or local administrative fair employment practices agency, and nothing in this Agreement shall be construed to prohibit such action by Plaintiff or to interfere with the statutory duties and/or authority of such agencies. However, Plaintiff expressly waives any and all rights or entitlement to any type of relief or recovery (including monetary damages, awards, or incentives, penalties, injunctive relief, reinstatement, etc.) in connection with any such claim, complaint, charge, action, proceeding and/or investigation brought against Releasees, regardless of who files, initiates or pursues any claim, complaint, charge, action, proceeding, and/or investigation as described in this Paragraph, except that this limitation on monetary recovery will not apply to proceedings as otherwise provided for by current applicable law.

17. Liquidated Damages for Breach of Paragraph 15 and 16 of this Agreement. The Parties acknowledges that a breach of any of the covenants set forth in Paragraph 15 and 16 of this Agreement will cause substantial harm, including but not limited to, the cost of prosecuting any claims and lawsuits. The Parties acknowledge that it is impossible for such harm to be calculated with any degree of certainty. Therefore, the Parties agree that any breach by a Party or their counsel of their obligations under Paragraph 15 and 16 of this Agreement shall entitle the other Party to liquidated damages in the sum of Ten Thousand Dollars and Zero Cents (\$10,000.00) for each breach, as well as recovery of court costs suffered. The Parties agree that this provision is fair and reasonable in light of the fact that the actual damages that would be suffered as the result of any such breach of Paragraph 15 and 16 of this Agreement would be difficult to ascertain.

18. Medicare Representations, Obligations, and Indemnification

(a) Responsibility for Satisfaction of All Liens. Plaintiff represents and warrants that all bills, costs or liens resulting from or arising out of Plaintiff's alleged injuries, claims and/or the Action are Plaintiff's responsibility to pay. Plaintiff agrees to assume responsibility for satisfaction of any and all demands for payment, claims or liens of any kind, that arise from or are related to payments made or services provided to Plaintiff or on Plaintiff's behalf. Plaintiff agrees to assume responsibility for all expenses, costs or fees incurred by Plaintiff related to Plaintiff's alleged injuries, claims and/or the Action including without limitation, all Medicare conditional payments, subrogation claims, liens or other rights to payment, relating to medical treatment or lost wages that have been or may be asserted by any health care provider, insurer, governmental entity, employer or other person or entity. Further, Plaintiff and his attorney will indemnify and hold Releasees harmless from any and all damages, claims and rights to payment, including any attorneys' fees, brought by any person, entity or governmental agency to recover any of these amounts. This provision shall not apply satisfaction of any liens related to any pending Workers' Compensation claims.

(b) Good Faith Resolution. This settlement is based upon a good faith determination of the Parties to resolve a disputed claim. The Parties have not shifted responsibility of medical treatment to Medicare in contravention of 42 U.S.C. Section 1395y(b). The Parties resolved this matter in compliance with both state and federal law. The Parties made every effort to adequately protect Medicare's interest and incorporate such in the settlement terms.

(c) Representation that Plaintiff is Not a Medicare Beneficiary. Plaintiff and his counsel warrant that Plaintiff is not a Medicare Beneficiary as of the date of this Agreement. Because Plaintiff is not a Medicare recipient as of the date of this Agreement, no conditional payments have been made by Medicare.

(d) Representation that No Medicare Conditional Payments Exist; Best Efforts to Obtain Confirmation. Plaintiff and his counsel further represent and warrant that they are aware of no Medicare conditional payments that have been made on Plaintiff's behalf. Plaintiff and his counsel agree to exercise best efforts to obtain a letter from Medicare to this effect. The Parties acknowledge and understand that any present or future action or decision by the Centers for Medicare & Medicaid Services or Medicare on this settlement, or Employee's eligibility or entitlement to Medicare or Medicare payments, will not render this release void or ineffective, or in any way affect the finality of this liability settlement.

(e) Agreement to Indemnify and Hold Harmless. Plaintiff agrees to indemnify and hold harmless Releasees from any and all claims, demands, liens, subrogated interests, and causes of action of any nature or character that have been or may in the future be asserted by Medicare and/or persons or entities acting on behalf of Medicare, or any other person or entity, arising from or related to this Agreement, the Settlement Consideration, any Conditional Payments made by Medicare, or any medical expenses or payments arising from or related to any Released Claims that is subject to this Agreement or the release set forth herein, including but not limited to: (a) all claims and demands for reimbursement of Conditional Payments or for damages or double damages based upon any failure to reimburse Medicare for Conditional Payments; (b) all claims and demands for penalties based upon any failure to report, late reporting, or other noncompliance with or violation of Section 111 of MMSEA that is based in whole or in part upon late, inaccurate, or inadequate information provided to Releasees by Plaintiff or upon any failure of Plaintiff to provide information; and (c) all Medicaid/Medicare liens. his indemnification obligation includes all damages, double damages, fines, penalties, attorneys' fees, costs, interest, expenses, and judgments incurred by or on behalf of Releasees in connection with such claims, demands, subrogated interests, or causes of action. For the purposes of this Paragraph, (1) "Conditional Payments" shall have the meaning ascribed to it under the MSP Statute and implementing regulations; (2) "MMSEA" means the Medicare, Medicaid, and SCHIP Extension Act of 2007 (P.L. 110-173), which, in part, amended the Medicare Secondary Payer statute at 42 U.S.C. § 1395y(b)(7) and (8), this portion of MMSEA is referred to herein as "Section 111 of MMSEA"; (3) "MSP Statute" means the Medicare Secondary Payer ("MSP") statute, 42 U.S.C. § 1395y(b).

19. Attorneys' Fees and Costs. The Parties agree that they will bear their own attorneys' fees and costs incurred in connection with this matter.

20. No Reliance on External Representations. Each Party hereto represents and acknowledges that in executing this Agreement they do not rely and have not relied upon any representation or statement made by the other Party or by the agents, attorneys or representatives of the other Party with regard to the subject matter of this Agreement, or its basis, or the effects of this Agreement other than those representations specifically set forth in this written document.

21. Competency and Authority. The Parties to this Agreement hereby represent and warrant that they are fully competent to enter into this Agreement and that they have the right, power, legal capacity, and authority to enter into this Agreement.

22. Entire Agreement. This Agreement constitutes the entire agreement between Plaintiff and Defendants regarding actual or potential claims asserted by Plaintiff against Releasees and the resolution of those claims, which will remain in full force and effect. This Agreement supersedes all prior agreements, written or oral, between or among the Parties regarding those claims or potential claims and the resolution of those claims. No other agreement, statement, or promise made by one Party to another as to any matter addressed in this Agreement shall be binding or valid. This Agreement cannot be orally modified. Any amendment or modification to this Agreement must be in writing, signed by Plaintiff and by the Defendant or a duly authorized representative of Defendant. Plaintiff further represents that Plaintiff is unaware of any agreement or promise, written or oral, between Releasees and/or anyone else that could serve as the basis for any claim or action against Releasees that has not been released in this Agreement.

23. Section Headings. The section and paragraph headings contained in this Agreement are for reference purposes only and shall not affect in any way the meaning or interpretation of this Agreement.

24. Counterparts and Facsimile/Digital Signatures This Agreement may be executed in any number of counterparts, each of which will be deemed to be an executed Agreement and each of which shall be deemed to be one and the same instrument. A facsimile or digital signature shall be treated as an original signature for all purposes.

25. Effect of Illegality. Should any part, term or provision of this Agreement be declared or determined by any Court of competent jurisdiction to be wholly or partially illegal, invalid, or unenforceable, the legality, validity, and enforceability of the remaining parts, terms or provisions of this Agreement shall not be affected thereby. Said illegal, invalid or unenforceable part, term or provision shall be deemed not to be a part of this Agreement.

26. Construction. This Agreement is the product of arms-length negotiations and is considered to be jointly drafted. As such, it shall not be construed against any Party because that Party caused it to be reduced to a written instrument.

27. Notices. Any notice required or permitted to be given pursuant to this Agreement shall be in writing and shall be deemed to be given when served personally on the third business day after mailing if mailed by United States mail, postage prepaid, addressed to the other Party and/or its counsel.

28. Fairness of Settlement. The Parties agree that this settlement is fair, reasonable and adequate. The Parties covenant never to challenge this Agreement.

29. Compliance with Terms; No Waiver. The failure to insist upon compliance with any term, covenant or condition contained in this Agreement shall not be deemed a waiver of that term, covenant or condition, nor shall any waiver or relinquishment of any right or power contained in this Agreement at any one time or more times be deemed a waiver or relinquishment of any right or power at any other time or times.

2022-10-10 Settlement Agreement (Jaekel)

Final Audit Report

2022-10-11

Created	2022-10-11
By	Lupe Olarra (lolarra@maternlawgroup.com)
Status	Signed
Transaction ID	CBJCHBCAABAA8BK7Y67WJeqhf0k2ftu-MNJO5wpEoZ2u

"2022-10-10 Settlement Agreement (Jaekel)" History

-  Document created by Lupe Olarra (lolarra@maternlawgroup.com)
2022-10-11 - 5 01 57 PM GMT- IP address 206.190.64.50
-  Document emailed to snakel87@hotmail.com for signature
2022-10-11 - 5 05 05 PM GMT
-  Email viewed by snakel87@hotmail.com
2022-10-11 - 6 03 05 PM GMT- IP address 107.202.42.36
-  Signer snakel87@hotmail.com entered name at signing as Robert David Jaekel
2022-10-11 - 6 14 56 PM GMT- IP address 107.202.42.36
-  Document e-signed by Robert David Jaekel (snakel87@hotmail.com)
Signature Date 2022-10-11 - 6 14 58 PM GMT - Time Source server- IP address 107.202.42.36
-  Agreement completed.
2022-10-11 - 6 14 58 PM GMT

30. Governing Law and Jurisdiction. This Agreement shall be interpreted under the laws of the State of California, both as to interpretation and performance.

31. Enforcement Costs. The Parties agree that in the event litigation is initiated by either Party to this Agreement to interpret or enforce this Agreement, the prevailing Party will be entitled to recover legal costs and reasonable attorney's fees incurred in connection with the litigation, in addition to any other relief granted. This Agreement shall be interpreted pursuant to California law. This document shall be admissible evidence, without any objection, to enforce it, and it is admissible pursuant to Evidence Code section 1123.

32. Binding Nature; No Assignment. This Agreement, and all the terms and provisions contained herein, shall bind the personal representatives, successors and assigns of each Party, and inure to the benefit of each Party, its agents, directors, officers, employees, servants, successors, and assigns. The Parties promise and guarantee that they have not made, and will not make, any assignment of any claim, chose in action, right of action, or any right of any kind whatsoever, embodied in any of the claims that are released herein, and that no other person or entity of any kind had or has any interest in any of the claims released herein.

33. Survival of Warranties and Representations. The warranties and representations of this Agreement are deemed to survive the date of execution thereof.

34. Agreement Enforceable Pursuant to Section 664.6. It is understood and agreed by the Parties that this Agreement shall be enforceable pursuant to California *Code of Civil Procedure* Section 664.6 until the action is dismissed.

IN WITNESS WHEREOF, the Parties have executed this Agreement as of the dates set forth below.

Dated: Oct 11, 2022

By: Robert David Jaekel
Robert David Jaekel Oct 11, 2022 11:14 PDT
ROBERT DAVID JAEKEL

AYTU BIOSCIENCE, INC. (now AYTU
BIOPHARMA, INC.)

Dated: _____

By: _____
JOSHUA DISBROW
Chief Executive Officer

Dated: _____

By: _____
JOSHUA DISBROW

Dated: _____

By: _____
JARRETT DISBROW

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 ^{3 7/19/25}. Provide all the following where applicable:

Date of Event/Arrest 2/22/2023	Disposition Date 10/19/2023	State NY	City New York	County New York
Case # 650947/2023		Governing, licensing, Arresting Presiding Body/Agency/Court Supreme Court of the State of New York County of New York		
Reason/Charge Breach of agreement				
Plaintiff/Defendant/Claimant/Respondent Sabby Opportunities Fund and Walleye Opportunities Fund v. Aytu BioPharma, Inc., Et. Al.			Lawsuit/Arbitration/Bankruptcy Lawsuit	
Name of Business/Industry/Entity Aytu BioPharma, Inc.				

Provide explanation below:

On February 1, 2023, Aytu had a phone conversation with Sabby, where they indicated Aytu's calculation of the warrant adjustment was correct, however, Aytu did not provide Sabby with "prompt" notification of the reset of the exercise price in accordance with 3F of the warrant agreement from the August 2022 financing (the "Warrant"). As a result, Sabby and Walleye claimed that they incurred damages because it adversely affected their ability to use the warrant shares to hedge Aytu stock and gain more warrant shares through such hedging.

On February 22, 2023, Sabby and Walleye filed a complaint with the Supreme Court of the State of New York, New York County, Index No.: 650947/2023. The causes of action are:

- i) Declaratory Judgement, declaring that:
 - (1) the Company may not use \$0.1798 (\$3.596 post-split) to calculate the new number of Warrant Shares;
 - (2) the Company must use the original exercise price of \$0.43 (\$8.60 post-split) to calculate the number of Warrant Shares;
 - (3) Sabby will be due 575,000 shares upon exercise of its Warrants; and
 - (4) Walleye will be due 100,000 shares upon exercise of its Warrants.
- ii) Breach of Contract, alleging failure to provide prompt notice.

Aytu filed its response April 21, 2023. Plaintiff requested amending their complaint, which we agreed to permit, including updating the preliminary conference order dates, which was submitted

On October 16, 2023, the parties settled the litigation, with Aytu paying Sabby \$150,000, with no fault admitted. The \$150,000 was paid on October 18, 2023. Upon filing with the State of New York this case was closed.


Original Signature (electronic, copies or stamps not accepted)

7/19/25
Date

SETTLEMENT AGREEMENT
AND
GENERAL RELEASE

This Settlement Agreement and General Release ("Settlement Agreement") is made and entered into on this 16th day of October, 2023, by and between AYTU BIOPHARMA INC. ("AYTU") on the one hand and SABBY VOLATILITY WARRANT MASTER FUND LTD. and WALLEYE OPPORTUNITIES MASTER FUND LTD. (hereinafter collectively referred to as "Plaintiffs," and together with AYTU, the "Parties").

WHEREAS, on or about August 9, 2022, Plaintiffs purchased (and continue to hold) Warrants issued by AYTU with an initial exercise price of \$0.43 per share, subject to adjustment (the "Warrants").

WHEREAS, on February 22, 2023, Plaintiffs commenced an action in the New York Supreme Court for New York County, captioned *Sabby Volatility Warrant Master Fund Ltd. and Walleye Opportunities Master Fund Ltd. v. Aytu Biopharma Inc.*, Index No. 650947/2023 (the "Litigation"), asserting claims against AYTU for declaratory judgment and breach of contract based on allegations regarding adjustments to the exercise price and share amount in the Warrants;

WHEREAS, AYTU denies Plaintiffs' claims and allegations and has asserted affirmative defenses;

WHEREAS, the parties wish to resolve their disputes and settle any and all claims, cross-claims and counterclaims, asserted or which could have been asserted, arising out of, growing out of or resulting from the Litigation (the "Claims") to avoid the uncertainty, expense, burden, and delay of litigating, without any admission of liability or wrongdoing on the part of AYTU.

NOW THEREFORE, AYTU and Plaintiffs intending to be bound hereby covenant and agree as follows:

1. In exchange for the mutual promises contained herein, AYTU agrees to pay to Plaintiffs the sum of one hundred fifty thousand dollars (\$150,000) (the "Settlement Payment") in full and complete satisfaction of the Claims asserted in the Litigation and the releases herein. The Settlement Payment shall be made within ten business days of the signing of the Settlement Agreement, by wire to Olshan Frome Wolosky LLP Trust Account.

2. Plaintiffs will determine how to allocate the Settlement Payment among themselves and will have no recourse against AYTU relating to disputes that may arise out of Plaintiffs' allocation or failure to allocate.

3. Effective upon payment of the Settlement Payment, AYTU and Plaintiffs, on behalf of themselves and each of their past and present affiliates, managers, representatives, directors, officers, investment advisors, successors and assigns, do hereby fully and forever release each other from and against any and all liabilities, complaints, allegations, assertions, contentions, damages, promises, covenants, contracts, agreements, obligations, responsibilities, causes of action, judgments, claims, cross-claims, counterclaims, defects, deficiencies, or determinations in law, equity, administrative or arbitration proceedings, associated with or relating to the Claims.

4. Nothing in this Agreement shall impair the right of Plaintiffs to exercise any Warrants that they currently own, in accordance with the terms of the Warrants, nor shall this Agreement impair the right of Plaintiffs to receive any adjustments to the exercise price and/or share amounts in their Warrants to the extent provided by AYTU to other warrant holders.

5. No Admissions. This Settlement Agreement is not intended to constitute, and should not be construed to constitute, an admission of any wrongdoing or liability whatsoever on the part of AYTU, and AYTU expressly denies any wrongdoing or liability. Rather, this

Settlement Agreement is entered into by all parties solely for the purpose of avoiding the burden, inconvenience, and expense of proceeding with the Litigation.

6. This Settlement Agreement is made and entered into in the State of New York, and shall in all respects be interpreted, enforced and governed under the laws of the State of New York. All parties consent to the exclusive jurisdiction of the courts located in the State of New York, located in New York County, in connection with any dispute regarding this Agreement or any suit to enforce its terms.

7. The language of all parts of this Settlement Agreement shall in all cases be construed as a whole, according to its fair meaning, and not strictly for or against any of the parties. Should any provision of this Agreement be declared or be determined by any court to be illegal or invalid, the validity of the remaining parts, terms or provisions shall not be affected thereby and said illegal or invalid part, term, or provision shall be deemed not to be part of this Settlement Agreement.

8. This Settlement Agreement constitutes the entire agreement among the parties hereto with respect to the Claims. No party hereto has made any representation or warranty to any other party regarding the Claims except as expressly set forth in this Agreement.

9. This Settlement Agreement shall be binding upon and inure to the benefit of the Parties and their successors and assigns.

10. No later than three business days after receipt of the Settlement Payment, Plaintiffs shall file, in substantially the same form as attached hereto as Exhibit A, a Notice of Discontinuance with Prejudice discontinuing the Litigation, with each party to bear its own costs, expenses, and attorney fees.

11. Neither this Settlement Agreement nor any terms or conditions set forth herein may be changed, waived, discharged, or terminated orally or in writing, except in a writing signed by all Parties.

12. The failure of any of the Parties to insist upon strict adherence to any term of this Settlement Agreement on any occasion shall not be considered a waiver thereof or deprive that party of the right thereafter to insist upon strict adherence to that term or any other term of this Settlement Agreement.

13. In the event of any dispute regarding this Settlement Agreement, including any claim to enforce rights hereunder, the prevailing party shall be entitled to recover its reasonable attorneys' fees and costs.

14. This Settlement Agreement may be executed in counterparts.

IN WITNESS WHEREOF, and intending to be legally bound hereby, the parties executed the foregoing Settlement Agreement and General Release.

THE REST OF THIS PAGE IS INTENTIONALLY LEFT BLANK

Dated: 10/14/23

AYTU BIOPHARMA INC.

By: 
Name: JOSHUA DISBROW
Title: CHIEF EXECUTIVE OFFICER

SABBY VOLATILITY WARRANT
MASTER FUND LTD.

By: _____
Name: _____
Title: _____

WALLEYE OPPORTUNITIES MASTER
FUND LTD.

By: _____
Name: _____
Title: _____

Dated:

AYTU BIOPHARMA INC.

By: _____
Name: _____
Title: _____

**SABBY VOLATILITY WARRANT
MASTER FUND LTD.**

By: 
Name: Robert Grundstein
Title: COO of Investment Manager

**WALLEYE OPPORTUNITIES MASTER
FUND LTD.**

By: 
Name: William England
Title: CEO of the Manager

SUPREME COURT OF THE STATE OF NEW YORK
COUNTY OF NEW YORK

SABBY VOLATILITY WARRANT MASTER FUND
LTD. AND WALLEYE OPPORTUNITIES MASTER
FUND LTD,

Plaintiffs,

-against-

AYTU BIOPHARMA INC.,

Defendant.

Index No.: 650947/2023

NOTICE OF DISCONTINUANCE

PLEASE TAKE NOTICE that, pursuant to CPLR 3217(a)(1), Plaintiffs Sabby Volatility Warrant Master Fund Ltd. and Walleye Opportunities Master Fund Ltd., by and through their attorneys Olshan Frome Wolosky LLP, hereby discontinue the above-captioned action against Defendant Aytu Biopharma Inc., with prejudice, and without costs to any party against the other.

Dated: New York, New York
October __, 2023

OLSHAN FROME WOLOSKY LLP

By: /s/

Thomas J. Fleming
Jacqueline Y. Ma

1325 Avenue of the Americas
New York, NY 10019
(212) 451-2300

*Attorneys for Sabby Volatility Warrant Master
Fund Ltd. and Walleye Opportunities Master
Fund Ltd.*

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: UNITHER MANUFACTURING INC

Address: 331 CLAY ROAD City: ROCHESTER State: NY Zip: 14623

Name: CARDINAL HEALTH, DBA SPECIALTY PHARMACEUTICAL SERVICES

Address: 15 INGRAM RD City: LAVERGNE State: TN Zip: 37086

Name: NA

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

Name: NA

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

Section 4: Publicly Traded Corporation

State of Incorporation: DELAWARE

Parent Company (if any): NA

Corporation Name: AYTU BIOPHARMA INC

Mailing Address: 7900 E UNION AVE., STE 920

City: DENVER State: CO Zip: 80237

Telephone: 972-408-1316 Email: LICENSING@AYTUBIO.COM

Contact Person Name: DAWN COTTAR

Date of SEC Registration: 06/08/2015

SEC Registration Number: 0001385818

Stock Exchange Symbol: AYTU

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: NA

Parent Company (if any): _____

Corporation/Organization Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 6: Partnership

Partnership Name: NA

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 7: Sole Owner

Owner's Name: NA

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. 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.

AYTU BIOPHARMA INC

Facility Name

DAWN COTTAR

Print Name of Authorized Person Submitting Application



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

7/9/25

Date

Board Use Only

Date Received:

7/28/25

Amount:

\$100,000.00

**Limited Power of Attorney for Signature Delegation
for Facility Licensing and Business Applications and Authorizations**

I, Joshua Disbrow, Chief Executive Officer, the "Responsible Person" of the below-mentioned entities, all with offices located at 7900 E. Union Avenue, Suite 920, Denver, CO 80237 (the "Entities"), hereby appoint Dawn Cottar, as the Responsible Person's Attorney-in-Fact to act for the Responsible Person in any lawful way with respect to authorization for signing and approving state and federal licensing applications for the Entities.

1. Aytu Therapeutics LLC
2. Neos Therapeutics, Inc.
3. Neos Therapeutics, LP
4. Neos Therapeutics Brands, LLC

Signed this 10th day of December, 2024

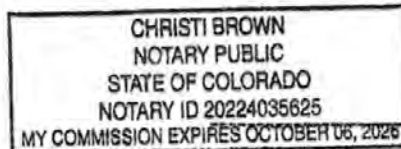
By: [Signature]
Signature of Person Granting Power

Joshua Disbrow
Printed Name/Title of Responsible Person

STATE OF Colorado

COUNTY OF Denver

Sworn to and subscribed in my presence this 10th day of December, 2024.



[Signature]
NOTARY PUBLIC

I, Dawn Cottar, hereby affirm that I am the person named herein as attorney-in-fact and that the signature affixed hereto is my signature.

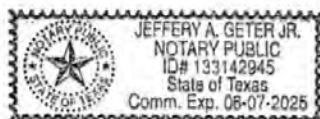
By: [Signature]
Signature of Attorney-in-Fact

Dawn Cottar
Printed Name/Title of Attorney-in-Fact

STATE OF Texas

COUNTY OF Tarrant

Sworn to and subscribed in my presence this 16 day of December, 2024.



[Signature]
NOTARY PUBLIC

[Home](#) [Drug Databases](#) [NDC](#) Search Result

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Current through September 10, 2025

You have searched Finished drug products

Search Results: '69654'

[Back to Search Page](#)

 		Keyword Search		Reset		Showing 1 to 6 of 6 entries		Show		entries	
Proprietary Name	NDC Package Code	Strength	Dosage Form	Route	Application Number / Monograph ID	Labeler Name	Product NDC	Non Proprietary Name	Substance Name	Product Type Name	
 METADATE CD	69654-579-30	10mg/1	CAPSULE, EXTENDED RELEASE	ORAL	NDA021259	Aytu BioPharma, Inc.	69654-579	methylphenidate hydrochloride	METHYLPHENIDATE HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG	
 METADATE CD	69654-580-30	20mg/1	CAPSULE, EXTENDED RELEASE	ORAL	NDA021259	Aytu BioPharma, Inc.	69654-580	methylphenidate hydrochloride	METHYLPHENIDATE HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG	
 METADATE CD	69654-581-30	30mg/1	CAPSULE, EXTENDED RELEASE	ORAL	NDA021259	Aytu BioPharma, Inc.	69654-581	methylphenidate hydrochloride	METHYLPHENIDATE HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG	
 METADATE CD	69654-582-30	40mg/1	CAPSULE, EXTENDED RELEASE	ORAL	NDA021259	Aytu BioPharma, Inc.	69654-582	methylphenidate hydrochloride	METHYLPHENIDATE HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG	
 METADATE CD	69654-583-30	50mg/1	CAPSULE, EXTENDED RELEASE	ORAL	NDA021259	Aytu BioPharma, Inc.	69654-583	methylphenidate hydrochloride	METHYLPHENIDATE HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG	
 METADATE CD	69654-584-30	60mg/1	CAPSULE, EXTENDED RELEASE	ORAL	NDA021259	Aytu BioPharma, Inc.	69654-584	methylphenidate hydrochloride	METHYLPHENIDATE HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG	

✓ verified
m lt

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



Denver Corporate Center III
7900 E. Union Avenue, Suite 920
Denver, CO 80237
www.aytubio.com
1(855) 298-8246

Aytu BioPharma, Inc.

Shareholders

Due to Aytu BioPharma being a publicly traded company, there are thousands of shareholders. The following four (4) are the only ones that have a significant amount.

Name	Title	Address	Percentage Owned
Joshua Robert Disbrow Officer	CEO	7900 E. Union Ave., Ste. 920 Denver, CO 80237	1.40%
Ryan John Selhorn Officer	CFO	7900 E. Union Ave., Ste. 920 Denver, CO 80237	<1%
Nantahala Capital Management, LLC Shareholder	Investment Firm	130 Main St # 2 New Canaan, CT, 06840-5509 United States	17.6%
Stonepine Capital Management, LLC Shareholder	Investment Firm	919 NW Bond Street, Suite 204, Bend, OR 97703 United States	9.2%

Date of SEC Registration: 06/08/2015
SEC Registration Number: 0001385818
Stock Exchange Symbol: AYTU

Corporate Officers:

Joshua Disbrow
Chief Executive Officer
7900 E Union Avenue, Suite 920
Denver, CO 80237
(972) 408-1316
DOB: [REDACTED]
Place of Birth: [REDACTED]

Ryan Selhorn
Chief Financial Officer
7900 E Union Avenue, Suite 920
Denver, CO 80237
(972) 408-1316
DOB: [REDACTED]
Place of Birth: [REDACTED]

Manager at Site:

Suzane Kennedy
Vice President of Regulatory Affairs and Quality Assurance
7900 E Union Avenue, Suite 920
Denver, CO 80237
(972) 408-1316
DOB: [REDACTED]
Place of Birth: [REDACTED]

Delaware

The First State

Page 1

I, CHARUNI PATIBANDA-SANCHEZ, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "AYTU BIOPHARMA, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FIFTH DAY OF JUNE, A.D. 2025,

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "AYTU BIOPHARMA, INC." WAS INCORPORATED ON THE EIGHTH DAY OF JUNE, A.D. 2015.

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



5759344 8300

SR# 20252970715

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

A handwritten signature in black ink, reading "C. P. Sanchez".

Charuni Patibanda-Sanchez, Secretary of State

Authentication: 203868021

Date: 06-05-25

0575

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,

Aytu BioPharma, Inc.

is an entity formed or registered under the law of Delaware, 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 20151392695.

This certificate reflects facts established or disclosed by documents delivered to this office on
paper through 01/28/2025 that have been posted, and by documents delivered to this office
electronically through 01/29/2025 @ 15:12:48.

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 01/29/2025 @ 15:12:48 in accordance with applicable law.
This certificate is assigned Confirmation Number 16949066.



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."



COLORADO

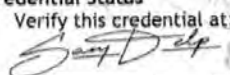
Department of
Regulatory Agencies

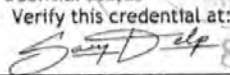
Division of Professions and Occupations

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	
State Board of Pharmacy	
Aytu BioPharma, Inc	
Wholesaler In-State	
WHI.0006109 Number	11/01/2024 Issue Date
Active Credential Status	10/31/2026 Expire Date
Verify this credential at: dpo.colorado.gov	
	
Division Director: Sam Delp	Credential Holder Signature

Colorado Department of Regulatory Agencies Division of Professions and Occupations	
State Board of Pharmacy	
Aytu BioPharma, Inc	
Wholesaler In-State	
WHI.0006109 Number	11/01/2024 Issue Date
Active Credential Status	10/31/2026 Expire Date
Verify this credential at: dpo.colorado.gov	
	
Division Director: Sam Delp	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
Aytu BioPharma, Inc		Allison Radochonski 7900 E Union Ave Suite 920 Denver, CO 80237

Credential Information

License Number	License Method	License Type	License Status	Original Issue Date	Effective Date	Expiration Date
WHI.0006109	Original	Wholesaler In-State	Active	04/03/2017	11/01/2024	10/31/2026

Board/Program Actions

Case Number	Public Action	Resolution	Effective Date	Completed Date
2018-7371	CLS Stipulation	Stipulation	12/21/2018	01/02/2019

Online Documents

Below are all of the documents associated with this credential. To view the document, select the "Search for a Document" link and you will be taken to our DPO Public Documents System (http://www.dora.state.co.us/pls/real/DDMS_Search_GUI.DPO_Search_Form). Once there you may enter the licensee name or license number to complete the search. All public documents related to the licensee will be visible upon completion of the search.

If you have any questions or further issues, please contact us at dora_dpo_onlinelicenses@state.co.us.

Link	Barcode ID Number	Document Type
Search for Document (https://www.dora.state.co.us/pls/real/DDMS_Search_GUI.DPO_Search_Form)	916839	BOARD/PROGRAM ACTION DOCUMENTS

Generated on: 3/11/2025 11:16:54 AM

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
RU0451132	05-31-2026	\$3699

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	MANUFACTURER	04-11-2025

UNITHER MANUFACTURING LLC
 331 CLAY RD
 ROCHESTER, NY 146233226

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
RU0451132	05-31-2026	\$3699

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	MANUFACTURER	04-11-2025

UNITHER MANUFACTURING LLC
 331 CLAY RD
 ROCHESTER, NY 146233226

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.

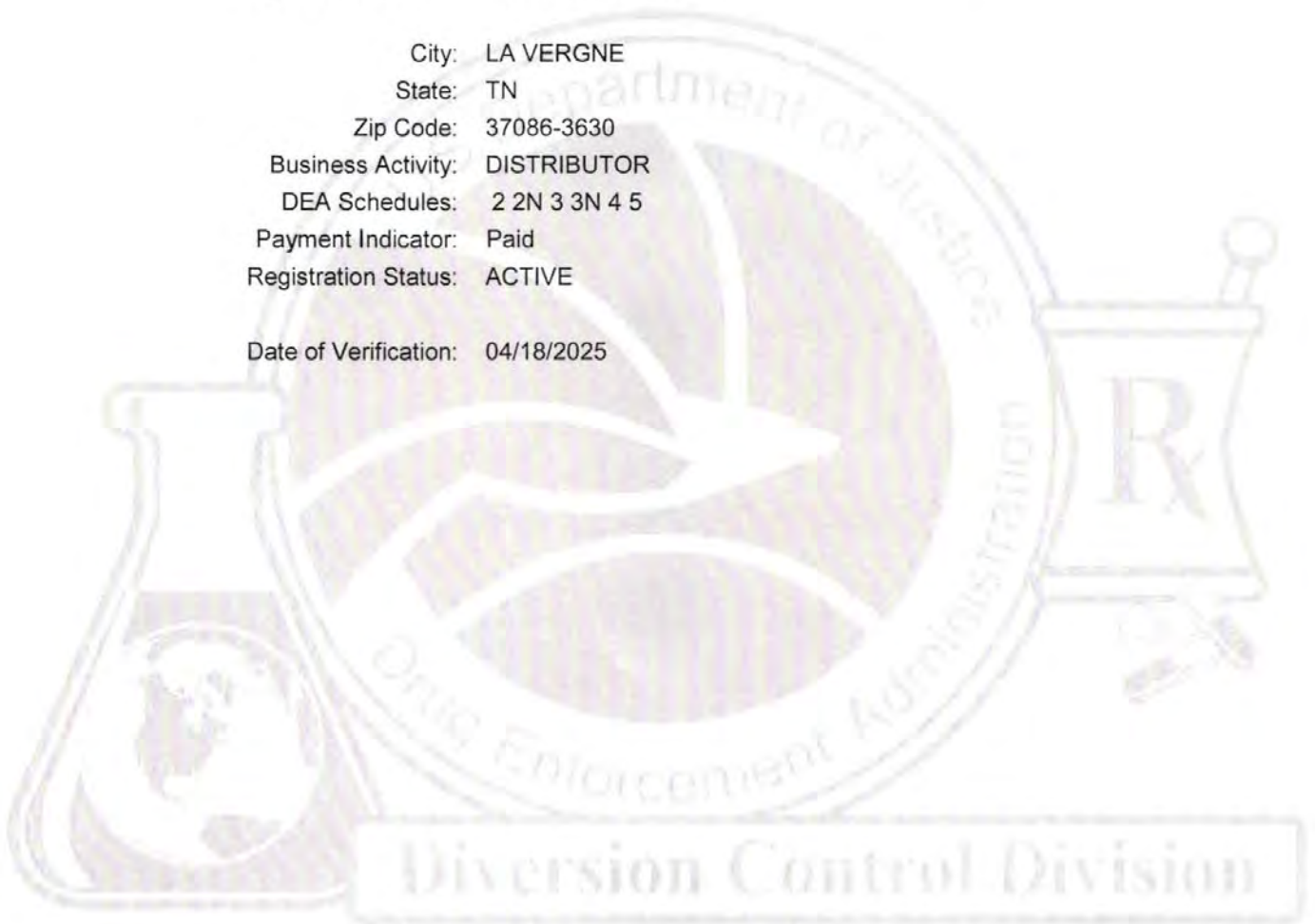
THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

Registrant Verification For CARDINAL HEALTH

DEA Number: RC0229965
Expiration Date: 05/31/2026
Additional Company Info: DBA SPECIALTY PHARMACEUTICAL SERVICES
Registered Address: 15 INGRAM BLVD

City: LA VERGNE
State: TN
Zip Code: 37086-3630
Business Activity: DISTRIBUTOR
DEA Schedules: 2 2N 3 3N 4 5
Payment Indicator: Paid
Registration Status: ACTIVE

Date of Verification: 04/18/2025



This Primary Source Verification was obtained from the Drug Enforcement Administration's Controlled Substance Act Registrant Database.

Drug Enforcement Administration • Diversion Control Division • 75 Morrisette Dr, Springfield, VA 22152

Aytu BioPharma Inc

Application Question:

List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.

Answer:

Lender is Eclipse Business Capital.

Employee List as of 5/31/2025					
Last Name	First Name	Last Name	First Name	Last Name	First Name
Bailey	Jeffrey	Fustokjian	Jack	Powers	Joshua
Baker	Bryson	Gao	Fei	Pyszcymuka	Greg
Ball	Charlotte	Giacomozzi	Heather	Rask	Rylee
Baxter	Bethany	Gingerich	Elias	Riley	Toja
Brandon	Anita	Goldberg	Jack	Robb	Karen
Brown	Christi	Hamilton	Thomas	Rye	Emily
Burke	Lori	Harrelson	Taylor	Salmeri	Tara
Cabano	Margaret	Harrington	Tyler	Schafer	Robert
Capone-Truxillo	Kimberly	Hernandez	Bianca	Schivley	Alexis
Cecutti	Anna	Hille	Nicole	Selhorn	Ryan
Clark	John	Howard	Victoria	Shomshor	Crystal
Cochran	Timothy	Johnson	Tyler	Siciliano	Jake
Conner	Brandon	Kelly	Taylor	Smith	Jason
Cornely	Sean	Kennedy	Suzane	Springer	Elizabeth
Cottar	Dawn	Krimm	Brooklyn	Stager III	George
Csaba	Steve	Lassiter	Jacob	Stewart	Noah
Curtis	Joseph	Lawton	Mary	Swearingen	Louis
D'Angelo	Nicholas	Lewis	Bobbie	Taggart	Sophia
Devine	Matthew	Malone	Cheryl Ann	Tice	Kyle
Dew	Benjamin	Manfredi	John	Triche	Sophia
Dilley	Nancy	Martinez	Lisa	Van Keuren Jr	Frank
Disbrow	Jarrett	McCarley	Eliza	Vasquez	Lydia
Disbrow	Joshua	Mobley	Samuel	Ventura	Jaime
Dronet	Caleb	Montgomery	Gabriel	Welch	Morgan
Erviti	Ana	Mrzena	Jaxson	Wellborn	Jeffrey
Evans	Elizabeth	Mullins	Gillian	Whitmore	Lauren
Ewart	Arlen	O'Bryant	Casey	Yaros	Andrew
Farmer	Sarah	Padilla	Dana		
Flack	Jason	Pitlyuk	Allison		

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

June 9, 2025
Date of Report (Date of earliest event reported)



AYTU BIOPHARMA, INC.
(Exact name of registrant as specified in its charter)

Delaware
(State or other jurisdiction of incorporation)

001-38247
(Commission File Number)

47-0883144
(IRS Employer Identification No.)

7900 East Union Avenue, Suite 920
Denver, CO 80237
(Address of principal executive offices, including zip code)

(720) 437-6580
(Registrant's telephone number, including area code)

Not applicable
(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, par value \$0.0001 per share	AYTU	The Nasdaq Capital Market

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 7.01 Regulation FD Disclosure.

On June 9, 2025, Aytu BioPharma, Inc. (the "Company" or "Aytu") issued a press release announcing certain details related to the closing of its public offering of common stock, par value \$0.0001 per share ("Common Stock") and certain details on EXXUA™ (gepirone) extended-release tablets ("EXXUA"), including announcing a conference call to discuss the EXXUA opportunity and commercialization plan. As indicated in the press release, the Company scheduled a conference call and live audio webcast for Wednesday, June 11, 2025, at 4:30 p.m. Eastern time to discuss the EXXUA opportunity and the related commercialization plan and to answer questions. The conference call is publicly accessible via webcast and telephone (available live and for replay), and the press release includes instructions for accessing the webcast via the Company's website or dialing in to the call. A replay of the call will be made available after the call on the Company's website and via a telephone replay. Availability of the call replay posted on the Company's website and via the telephone replay is at the Company's discretion and may be discontinued at any time. A copy of the press release is attached as Exhibit 99.1 and incorporated herein by reference.

The information in the press release attached as Exhibit 99.1 hereto shall not be deemed to be "filed" for purposes of Section 18 of the Securities Exchange Act of 1934, as amended (the "Exchange Act"), nor shall such information be deemed incorporated by reference in any filing under the Securities Act of 1933, as amended, or the Exchange Act, except as shall be expressly set forth by specific reference in such filing.

Item 8.01 Regulation FD Disclosure.

On June 9, 2025, after the closing of the Company's public offering of Common Stock, the Company had 8,976,914 shares of Common Stock issued and outstanding.

Item 9.01 Financial Statements and Exhibits.**(d) Exhibits.**

Exhibit Number	Exhibit Description
99.1	<u>Press Release dated June 9, 2025</u>
104	Cover Page Interactive Data File (embedded within the Inline XBRL document)

SIGNATURES

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

AYTU BIOPHARMA, INC.

Date: June 9, 2025

By: /s/ Ryan J. Selhorn
Ryan J. Selhorn
Chief Financial Officer



Aytu BioPharma Announces Closing of Upsized At the Market Public Offering of Common Stock with Full Exercise of Overallotment and Conference Call to Discuss First-in-Class Antidepressant EXXUA™ Opportunity and Commercialization Plan

Gross proceeds from offering total \$16.6 million.

Financing led by long-term, healthcare-focused institutional investors, including Aytu's largest shareholders Nantahala Capital Management and Stonepine Capital Management, with participation from Aytu management and new institutional shareholders.

Aytu enters the over \$22 billion United States prescription major depressive disorder ("MDD") market with the first-in-class oral selective serotonin 5HT1a receptor agonist for adults with MDD.

EXXUA has demonstrated significant improvement in depression symptoms in clinical trials involving more than 5,000 patients and, notably, the incidence of sexual side effects experienced with EXXUA was comparable to placebo.

EXXUA is expected to serve as a major growth catalyst as Aytu continues to build value for shareholders; the Company anticipates launching EXXUA in the fourth calendar quarter of 2025 as a centerpiece of its commercial efforts.

Conference call to discuss the EXXUA opportunity and commercialization plan scheduled for Wednesday, June 11, 2025, at 4:30 p.m. Eastern time.

DENVER, CO / June 9, 2025 / Aytu BioPharma, Inc. (the "Company" or "Aytu") (Nasdaq:AYTU), a pharmaceutical company focused on commercializing novel therapeutics, today announced the closing of an upsized at the market public offering of 1,366,688 shares of common stock, par value \$0.0001 per share ("Common Stock") at a public offering price of \$1.50 and 8,233,332 prefunded warrants at a public offering price of \$1.4999 to purchase 8,233,332 shares of Common Stock at an exercise price of \$0.0001 per share. Additionally, the underwriters have exercised in full their option to purchase an additional 1,440,000 shares of the Company's Common Stock at the public offering price. Gross proceeds from the offering are \$16.6 million before deducting underwriting discounts and commissions and offering expenses.

Net proceeds from the offering are intended for working capital, general corporate purposes and to enable the Company to exclusively commercialize EXXUA™ (gepirone) extended-release tablets ("EXXUA"), a novel, branded, United States Food and Drug Administration ("FDA") approved treatment for MDD in the United States. Gepirone is a new chemical entity, and EXXUA is the first-in-class selective serotonin 5HT1a receptor agonist approved by the FDA for the treatment of MDD in adults. EXXUA has been extensively studied in over 5,000 patients and represents a new class of therapeutics to compete in the over \$22 billion United States prescription MDD market. Importantly, EXXUA is the only antidepressant acting on serotonin receptors that does not carry label warnings about the risk of sexual dysfunction. The mechanism of the antidepressant effect of EXXUA is believed to be related to its modulation of serotonin activity and, specifically, its exclusive and strong binding affinity for 5HT1a receptors, which are key regulators of mood and emotion. EXXUA is not a selective serotonin reuptake inhibitor ("SSRI") and has no reuptake inhibition activity. EXXUA also exhibits no significant adverse effects on weight, blood pressure, heart rate or liver function.

This press release shall not constitute an offer to sell or the solicitation of an offer to buy these securities, nor shall there be any sale of these securities in any state or other jurisdiction in which such offer, solicitation or sale would be unlawful prior to the registration or qualification under the securities laws of any such state or other jurisdiction.

Conference Call Details

Date and Time: Wednesday, June 11, 2025, at 4:30 p.m. Eastern time.

Call-in Information: Interested parties can access the conference call by dialing (888) 506-0062 for United States callers or +1 (973) 528-0011 for international callers and using the participant access code 573937.

Webcast Information: The webcast will be accessible live and archived at <https://www.webcaster4.com/Webcast/Page/2142/52603>, and accessible on the Investors section of the Company's website at <https://investors.aytubio.com/> under Events & Presentations.

Replay: A teleconference replay of the call will be available until June 25, 2025, at (877) 481-4010 for United States callers or +1 (919) 882-2331 for international callers and using replay access code 52603.

About Aytu BioPharma

Aytu is a pharmaceutical company focused on commercializing novel therapeutics. The Company's prescription products include EXXUA™ (gepirone) extended-release tablets (see Full Prescribing Information, including Boxed WARNING) for the treatment of major depressive disorder (MDD), Adzenys XR-ODT® (amphetamine) extended-release orally disintegrating tablets (see Full Prescribing Information, including Boxed WARNING) and Cotempla XR-ODT® (methylphenidate) extended-release orally disintegrating tablets (see Full Prescribing Information, including Boxed WARNING) for the treatment of attention deficit hyperactivity disorder (ADHD), and a line of legacy products, including Karbinal® ER (carbinoxamine maleate), Poly-Vi-Flor® and Tri-Vi-Flor®. To learn more, please visit aytubio.com.

About EXXUA

EXXUA is a novel oral selective serotonin 5HT_{1a} receptor agonist indicated for the treatment of major depressive disorder (MDD) in adults. EXXUA is also being developed for other psychiatric disorders.

INDICATIONS and IMPORTANT SAFETY INFORMATION for EXXUA

INDICATIONS

EXXUA is indicated for the treatment of major depressive disorder (MDD) in adults.

IMPORTANT SAFETY INFORMATION

Antidepressants increased the risk of suicidal thoughts and behaviors in pediatric and young adult patients in short-term studies. Closely monitor all antidepressant-treated patients for clinical worsening and emergence of suicidal thoughts and behaviors.

EXXUA is not approved for use in pediatric patients.

Do not take EXXUA if you:

- are allergic to EXXUA or any of the ingredients in EXXUA.
- have a prolonged QTc interval greater than 450 msec or congenital long QT syndrome.
- are taking medicines known as strong CYP3A4 inhibitors. Ask your healthcare provider if you are not sure if you are taking one of these medicines.
- have severe liver problems.
- are taking, or have stopped taking within the last 14 days, a medicine called a monoamine oxidase inhibitor (MAOI), including the antibiotic linezolid or intravenous methylene blue. Ask your healthcare provider or pharmacist if you are not sure if you take an MAOI, including the antibiotic linezolid or intravenous methylene blue.

Do not start taking an MAOI for at least 14 days after you have stopped treatment with EXXUA.

EXXUA may cause serious side effects, including:

Changes in the electrical activity of your heart called QT prolongation. QT prolongation can cause irregular heartbeats that can be life-threatening. Your healthcare provider will check the electrical activity of your heart with a test called an electrocardiogram (ECG) and will also do blood tests to check your levels of body salts (electrolytes) before and during treatment with EXXUA. Your healthcare provider may check your electrolytes more often during treatment if you have heart failure, a slow heart rate, abnormal levels of electrolytes in your blood, or if you take other medications that can prolong the QT interval of your heartbeat.

A potentially life-threatening problem called serotonin syndrome can happen when EXXUA is taken with certain other medicines.

Manic episodes may happen in people with bipolar disorder who take EXXUA.

Please read FULL PRESCRIBING INFORMATION for EXXUA.

Forward-Looking Statements

Certain statements in this press release are forward-looking statements that involve a number of risks and uncertainties. These statements may be identified by introductory words such as "anticipate," "believe," "expects," "intends," "may," "plan," "should," "subject to," "will," "would" or words of similar meaning, or by the fact that they do not relate strictly to historical or current facts. Such forward-looking statements include statements regarding the planned use of the net proceeds of the offering. For such statements, Aytu claims the protection of the Private Securities Litigation Reform Act of 1995. Actual events or results may differ materially from Aytu's expectations. Factors that could cause actual results to differ materially from the forward-looking statements include, but are not limited to, risks and uncertainties associated with market conditions and the satisfaction of customary closing conditions related to the proposed offering, and those factors disclosed in Aytu's filings with the SEC, including its Annual Report on Form 10-K filed on September 26, 2024, and its Quarterly Reports on Form 10-Q. These forward-looking statements represent Aytu's judgment as of the time of this release. Aytu disclaims any intent or obligation to update these forward-looking statements, other than as may be required under applicable law.

Contacts for Investors

Ryan Selhorn, Chief Financial Officer
Aytu BioPharma, Inc.
rselhorn@aytubio.com

Robert Blum or Roger Weiss
Lytham Partners
aytu@lythampartners.com

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 WH02485	☒ 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>Melinta Therapeutics, LLC</u>		
Physical Address: <u>389 Interpace Parkway, Suite 450</u>		
City: <u>Parsippany</u> State: <u>NJ</u> Zip: <u>07054</u>		
Mailing Address (if different from physical address): <u>389 Interpace Parkway, Suite 450</u>		
City: <u>Parsippany</u> State: <u>New Jersey</u> Zip: <u>07054</u>		
Telephone: <u>(908) 617-1300</u> Website: <u>https://melinta.com/</u>		
Name of Designated Representative (DR): <u>Beth Zelnick Kaufman</u>		
Licensing Company Email: <u>statelicensing@melinta.com</u> DR Email: <u>bzkaufman@cormedix.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: Long-term care/assisted living	☒ 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

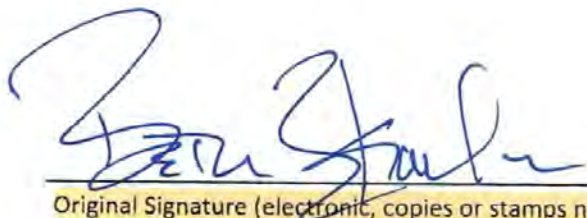
Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement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

This is in response to Question # 2. 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:

Pursuant to a Kansas Board of Pharmacy summary order dated January 4, 2023, Melinta paid a fine of \$1,222.00 for shipments into the state prior to issuance of its virtual manufacturer license. Melinta provided the requested information and paid the fine. Please find the summary order and correspondence from the Kansas Board of Pharmacy attached.



Original Signature (electronic, copies or stamps not accepted)

09/24/25

Date



Explanation regarding the Kansas Board of Pharmacy fine:

Pursuant to a Kansas Board of Pharmacy summary order dated January 4, 2023, Melinta paid a fine of \$1,222.00 for shipments into the state prior to issuance of its virtual manufacturer license. Melinta provided the requested information and paid the fine. Additionally, pursuant to the form S-300 statement requirement, Melinta hired a seasoned distribution expert who is responsible for managing our 3PL and all distribution activities including a Standard Operating Procedure that prevents our 3PL from shipping orders into any state where Melinta is not properly licensed. Please find the summary order and correspondence from the Kansas Board of Pharmacy attached.

800 SW Jackson St., Suite 1414
Topeka, KS 66612

Alexandra Biasi, Executive Secretary



Phone: (785) 296-4056
Fax: (785) 296-8420
pharmacy@ks.gov
www.pharmacy.ks.gov

Laura Kelly, Governor

January 4, 2023

Melinta Therapeutics, LLC
300 Tri-State International, Suite 272
Lincolnshire IL 60069

RE: Case No. 22-283

To Whom it May Concern:

Enclosed you will find a Summary Order issued by the Kansas Board of Pharmacy (Board) in the above-referenced matter. Please read the order in its entirety. In addition, a civil fine has been assessed totaling \$1220. Please submit a check or money order made payable to the Kansas Board of Pharmacy and include your case number in the check memo.

If you disagree with the findings of fact, you have the right to request a hearing. Instructions for filing a written request are included under the "Notices" section of the order. Hearings are held before the full Board during their regularly scheduled quarterly meetings.

According to KSA 65-1627h, the Board is required to recoup the costs of administrative hearings when the decision is adverse to the licensee. These costs may include charges for services rendered by the Board's disciplinary counsel, an administrative law judge, and, if applicable, a court reporter.

If you have any questions, feel free to contact the Board at Pharmacy.Compliance@ks.gov.

Sincerely,

Kansas Board of Pharmacy

Enclosure

BEFORE THE KANSAS STATE BOARD OF PHARMACY

In the Matter of

Melinta Therapeutics, LLC

Registration Number 4-119267

Case No. 22-283

SUMMARY ORDER

NOW, on this 4th day of January 2023, comes before the Kansas Board of Pharmacy (the "Board"), through its Executive Secretary, the matter of Melinta Therapeutics, LLC. ("Applicant"), for application for registration as a manufacturer in the state of Kansas.

Pursuant to the authority granted to the Board by the Kansas Pharmacy Act, K.S.A. 65-1625, *et seq.*, and in accordance with the provisions of the Kansas Administrative Procedure Act, K.S.A. 77-501, *et seq.*, the Board enters this Summary Order in the above-captioned matter. After reviewing the application materials and being otherwise duly advised in the premises, the Board makes the following findings, conclusions, and order:

FINDINGS OF FACT

1. On November 3, 2022, the Board received Applicant's application for registration as a manufacturer in the State of Kansas ("Applicant's Application").
2. On Applicant's Non-Resident Supplemental S-350 form, Applicant answered "Yes" to the following question: "Has the facility listed on the application shipped drugs and/or devices into Kansas in the previous 12 months." The form directs that if the applicant answered "yes," the applicant should provide the specific drugs and/or devices sent in, the dates of shipment, and the locations they were sent in Kansas."
3. In conjunction with Applicant's Application, Applicant provided requested copies of

SUMMARY ORDER

Page 1 of 4

shipping records for products shipped into Kansas. Applicant reported shipping into Kansas on 11 unique days during the previous 12-month period.

CONCLUSIONS OF LAW

1. Pursuant to K.S.A. 65-1658, the Board may assess a civil fine not to exceed \$5,000, after notice and an opportunity to be heard, to any registrant for violation of the pharmacy act of the state of Kansas or any other rules or regulations of the state board of pharmacy.

2. Pursuant to K.S.A. 65-1627(f)(6), the Board may take action against the application of any manufacturer provider upon a finding that the applicant has violated the pharmacy act of the state of Kansas or any regulation adopted by the Board.

3. Pursuant to K.S.A. 65-1643(g), it shall be unlawful for any person to manufacture any drugs or devices without first obtaining a registration from the Board.

4. Applicant's act of operating in Kansas prior to being registered as a manufacturer is a violation of K.S.A. 65-1643(g) and is a basis to take action against Applicant's Application pursuant to K.S.A. 65-1627(f)(6).

ORDER

Based upon the foregoing findings of fact and conclusions of law, Applicant's Application is hereby GRANTED but Applicant is ordered to pay a fine to the Board in the amount of \$1,220. Applicant has 30 days from the date of this order to pay the fine and the registration shall be issued upon receipt.

NOTICES

Respondent is hereby notified as follows:

1. Respondent may request a hearing pursuant to the Kansas Administrative Procedure Act by filing a written request with the Kansas Board of Pharmacy, 800 SW Jackson, Suite 1414,

Topeka, KS 66612-1231, within 15 days after service of this Order. If the outcome of the hearing is adverse to Respondent, costs of the proceedings shall be charged to Respondent.

2. If a hearing is not requested as described above, the Order shall become a final order of the Board, effective upon the expiration of the time to request a hearing.

3. Within 15 days after entry of a final agency order, either party may file a petition for reconsideration pursuant to K.S.A. 77-529.

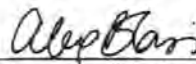
4. Within the time limits established in K.S.A. 77-613, either party may seek judicial review of a final agency order, pursuant to K.S.A. 77-613. The agency officer designated to receive service of a petition for judicial review is:

Alexandra Blasi
Executive Secretary
Kansas Board of Pharmacy
800 SW Jackson, Suite 1414
Topeka, KS 66612

IT IS SO ORDERED.

1/4/2023

Date



Alexandra Blasi, JD, MBA
Executive Secretary
Kansas Board of Pharmacy

CERTIFICATE OF SERVICE

I hereby certify that I did, on the 4th day of January 2023, deposit in business mail a copy of the foregoing Summary Order, which is then placed in the United States Mail, postage prepaid, properly addressed to the following:

Melinta Therapeutics, LLC
300 Tri-State International, Suite 272
Lincolnshire IL 60069



Kansas Board of Pharmacy Staff

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:	DE		
Parent Company (if any):	CorMedix Inc.		
Corporation Name:	Melinta Therapeutics, LLC		
Mailing Address:	389 Interpace Parkway, Suite 450		
City:	Parsippany	State:	New Jersey Zip: 07054
Telephone:	(908) 517-9500	Email:	statelicensing@cormedix.com
Contact Person Name:	Beth Zelnick Kaufman		
Date of SEC Registration:	08/14/2007	SEC Registration Number:	0001410098
		Stock Exchange Symbol:	CRMD

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/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.

Melinta Therapeutics, LLC
Facility Name

Beth Zelnick Kaufman
Print Name of Authorized Person Submitting Application


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

9/18/25
Date

Board Use Only	Date Received: <u>9/29/25</u>	Amount: <u>\$1000-24445</u>
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[/ NDC\(index.cfm\)](#)

National Drug Code Directory

Current through September 23, 2025

You have searched Finished drug products

Search Results: 'melinta'

[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	Pi Di
+ Baxdela	70842-101-01	450 mg/1	TABLET	ORAL	NDA208610	Melinta Therapeutics, LLC	70842-101	delafloxacin meglumine	DELAFOXACIN MEGLUMINE	HUMAN PRESCRIPTION DRUG	06/19/2017	N/A	NDA	1 B CAI (70 01) TAE BO
+ Baxdela	70842-101-02	450 mg/1	TABLET	ORAL	NDA208610	Melinta Therapeutics, LLC	70842-101	delafloxacin meglumine	DELAFOXACIN MEGLUMINE	HUMAN PRESCRIPTION DRUG	06/19/2017	N/A	NDA	2 B PA CAI (70 02) TAE BLI (70 03)

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	P D
+ Baxdela	70842-101-05	450 mg/1	TABLET	ORAL	NDA208610	Melinta Therapeutics, LLC	70842-101	delafloxacin meglumine	DELAFOXACIN MEGLUMINE	HUMAN PRESCRIPTION DRUG	05/09/2018	N/A	NDA	1 B PAI CAI (70 05) TAF BLI
+ Baxdela	70842-102-03	300 mg/10.5mL	INJECTION, POWDER, LYOPHILIZED, FOR SOLUTION	INTRAVENOUS	NDA208611	Melinta Therapeutics, LLC	70842-102	delafloxacin meglumine	DELAFOXACIN MEGLUMINE	HUMAN PRESCRIPTION DRUG	06/19/2017	N/A	NDA	10 GL CAI (70 03) in 1 GL (70 01)
+ Kymyrsa	70842-225-01	1200 mg/40mL	INJECTION, POWDER, LYOPHILIZED, FOR SOLUTION	INTRAVENOUS	NDA214155	Melinta Therapeutics, LLC	70842-225	oritavancin diphosphate	ORITAVANCIN DIPHOSPHATE	HUMAN PRESCRIPTION DRUG	03/23/2021	N/A	NDA	1 V CAI (70 01) 1 V
+ Minocin	70842-160-10	100 mg/1	INJECTION	INTRAVENOUS	NDA050444	Melinta Therapeutics, LLC	70842-160	minocycline hydrochloride	MINOCYCLINE HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG	04/19/2013	N/A	NDA	10 CAI (70 10) INJ 1 V 16C

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	P D
+ Orbactiv	70842-140-03	400 mg/1	INJECTION, POWDER, LYOPHILIZED, FOR SOLUTION	INTRAVENOUS	NDA206334	Melinta Therapeutics, LLC	70842-140	oritavancin	ORITAVANCIN	HUMAN PRESCRIPTION DRUG	09/01/2014	N/A	NDA	3 V in 1 (70 03) INJ PO' LYC FOI SOI VIA (70 01)
+ REZZAYO	70842-240-01	200 mg/1	INJECTION, POWDER, LYOPHILIZED, FOR SOLUTION	INTRAVENOUS	NDA217417	Melinta Therapeutics, LLC	70842-240	rezafungin	REZAFUNGIN	HUMAN PRESCRIPTION DRUG	06/09/2023	N/A	NDA	1 V CAI (70 01) INJ PO' LYC FOI SOI VIA
+ TOPROL XL	70842-110-02	25 mg/1	TABLET, EXTENDED RELEASE	ORAL	NDA019962	Melinta Therapeutics, LLC	70842-110	Metoprolol Succinate	METOPROLOL SUCCINATE	HUMAN PRESCRIPTION DRUG	07/03/2023	N/A	NDA	10C EX REL BO' (70 02)
+ TOPROL XL	70842-111-02	50 mg/1	TABLET, EXTENDED RELEASE	ORAL	NDA019962	Melinta Therapeutics, LLC	70842-111	Metoprolol Succinate	METOPROLOL SUCCINATE	HUMAN PRESCRIPTION DRUG	07/03/2023	N/A	NDA	10C EX REL BO' (70 02)

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	P D
+ TOPROL XL	70842-112-02	100 mg/1	TABLET, EXTENDED RELEASE	ORAL	NDA019962	Melinta Therapeutics, LLC	70842-112	Metoprolol Succinate	METOPROLOL SUCCINATE	HUMAN PRESCRIPTION DRUG	07/03/2023	N/A	NDA	100 EX REL BO (70 02)
+ TOPROL XL	70842-113-02	200 mg/1	TABLET, EXTENDED RELEASE	ORAL	NDA019962	Melinta Therapeutics, LLC	70842-113	Metoprolol Succinate	METOPROLOL SUCCINATE	HUMAN PRESCRIPTION DRUG	07/03/2023	N/A	NDA	100 EX REL BO (70 02)
+ VABOMERE	70842-120-06	1 g/2g, 1 g/2g	INJECTION, POWDER, FOR SOLUTION	INTRAVENOUS	NDA209776	Melinta Therapeutics, LLC	70842-120	Meropenem-Vaborbactam	MEROPENEM; VABORBACTAM	HUMAN PRESCRIPTION DRUG	10/02/2017	N/A	NDA	6 V SIN in 1 (70 06) VIA DO 120

Showing 1 to 13 of 13 entries

Previous

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Background Information (<https://www.fda.gov/Drugs/InformationOnDrugs/ucm142438.htm>)Drug questions email: DRUGINFO@FDA.HHS.GOV (<mailto:DRUGINFO@FDA.HHS.Gov>)See also: **Drug Registration and Listing Instructions** (<https://www.fda.gov/Drugs/GuidanceComplianceRegulatoryInformation/DrugRegistrationandListing/ucm078801.htm>)**National Drug Code Directory Data Files** (<https://www.fda.gov/Drugs/InformationOnDrugs/ucm142438.htm>)

U.S. Department of Health and Human Services
 Public Health Service
 Food and Drug Administration
 Center for Drug Evaluation and Research
 Division of Data Management and Services



DESCRIPTION OF OPERATIONS

Melinta Therapeutics, LLC ("Melinta") is a virtual manufacturer of prescription drugs located in Parsippany, NJ. Melinta provides innovative therapies to people impacted by acute and life-threatening illnesses. Melinta's products are manufactured by Contract Manufacturers and will be distributed to customers by their Third-Party Logistics Provider (3PL), who is licensed to ship pharmaceutical products into your state.

Melinta's hours of operation are 8:00 a.m. – 5:00 p.m. (Eastern Time), Monday through Friday.

CONTRACT MANUFACTURERS

Baxdela (Delafloxacin Meglumine)

Patheon Italia S.p.A.
2° Trav. SX Via Morolense 5 – 03013 Ferentino (FR) – Italy
FDA Establishment Number: 3004110157
Phone: +39 366 7687533

Bostal LLC (formerly AustarPharma LLC)
18 Mayfield Ave., Edison, NJ 08837
FDA Establishment Number: 3008953516
Phone: 302-650-8641

AndersonBrecon Inc. (dba Packaging Coordinators Inc., dba PCI of Illinois)
4545 Assembly Drive, Rockford, IL 61109
FDA Establishment Number: 1421377
Phone: 815-484-8967

Minocin (Minocycline Hydrochloride)

Orbactiv (Oritavancin)

Kimyrsa (Oritavancin Diphosphat)

Rezzayo (Rezafungin)

Patheon Italia S.p.A.
Viale Gian Battista Stucchi 110, Monza, - 20900, Italy
FDA Establishment Number: 3003065803
Phone: +39 039 2047 462

Pharma Packaging Solutions, LLC (dba Tjoapack, dba Carton Service, Incorporated)
341 JD Yarnell Industrial Parkway
Clinton, Tennessee 37716
FDA Establishment Number: 3002763532
Phone: 865-494-1131

Vabomere (Meropenem-Vaborbactam)

ACS Dobfar S.p.A.
Nucleo Industriale Sant'Atto, Teramo, San Nicolo a Tordino (TE), 64100 Italy
FDA Establishment Number: 3006028606
Phone: +39 331 657 7097



Toprol XL (Metoprolol Succinate)

AstraZeneca AB
Gärtunavägen
152 57 Södertälje, Sweden
FDA Establishment Number 3003342394
Phone: 302-650-8641

PRODUCTS

At no time do any of the contact manufacturers own Melinta's products, contract with Melinta's customers, invoice or sell Melinta's products. Melinta's products are not controlled substances. Accordingly, Melinta is not required to maintain DEA registration.

Labeler Code: 70842

THIRD-PARTY LOGISTICS PROVIDER

For distribution into the commercial supply channels, Cardinal Health 105, Inc. dba Specialty Pharmaceutical Services acts as Melinta's third-party logistics (3PL) provider to manage the storage and distribution of Melinta's product to customers throughout the United States. Cardinal Health 105, Inc. dba Specialty Pharmaceutical Services maintains standard operating procedures (SOP) affiliated with Melinta's third-party logistics efforts and will make SOPs available for review as needed. Cardinal Health 105, Inc. dba Specialty Pharmaceutical Services address is:

**Cardinal Health 105, Inc. dba Specialty Pharmaceutical Services
501 Mason Road, Suite 200, LaVergne, TN 37086**



Company Information

Melinta Therapeutics, LLC
389 Interpace Parkway, Suite 450
Parsippany, NJ 07054
(908) 617-1300
<https://melinta.com/>
statelicensing@melinta.com

FEIN: 45-4440364
State of Formation: DE
Date Incorporated: 11/1/2020
File Number: 4548840

Ownership Information

Melinta Therapeutics, LLC is a wholly owned subsidiary of CorMedix Inc. CorMedix Inc is publicly traded on NASDAQ-stock exchange under the symbol- CRMD

Parent Company: CorMedix Inc
Parent Company Address: 300 Connell Drive Suite 4200, Berkley Heights, NJ 07922
Parent Company Phone: (908) 517-9500
Parent Company FEIN: 20-5894890

Corporate Officers

Beth Zelnick Kaufman, EVP, General Legal and Compliance Officer, & Corporate Secretary

Business Address: 389 Interpace Parkway, Suite 450, Parsippany, NJ 07054
Business Phone: (973) 699-7244

Susan Blum, Chief Financial Officer

Business: 150 N. Field Drive, Suite 350, Lake Forest, IL 60045
Business Phone: (312) 962-8246

Joseph Todisco, CEO

Business Address: 300 Connell Drive Suite 4200, Berkley Heights, NJ 07922
Business Phone: (973) 356-6207

Elizabeth Mary Hurlburt, Executive Vice President, Head of Clinical Operations & Medical Affairs

Business Address: 300 Connell Drive Suite 4200, Berkley Heights, NJ 07922
Business Phone: 508-769-9630

Delaware

The First State

Page 1

I, CHARUNI PATIBANDA-SANCHEZ, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MELINTA THERAPEUTICS, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE EIGHTEENTH DAY OF JUNE, A.D. 2025.



4548840 8300

SR# 20253114771

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

A handwritten signature in cursive script, reading "C. P. Sanchez".

Charuni Patibanda-Sanchez, Secretary of State

Authentication: 203982631

Date: 06-18-25

0607



**NEW JERSEY DEPARTMENT OF HEALTH
CONSUMER AND ENVIRONMENTAL HEALTH SERVICE**

P.O. Box 369, Trenton, New Jersey 08625-0369

0752209

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:

389 INTERPACE PKWY, STE 450 PARSIPPANY, NJ 07054-

Reg. No.
5005487

MELINTA THERAPEUTICS, LLC
389 INTERPACE PKWY, STE 450
PARSIPPANY, NJ 07054-

**ISSUED PURSUANT TO
N.J.S.A. 24:6B**

EXPIRES: January 31, 2026

Establishment Copy

Melinta Therapeutics, LLC - Employee List

09.17.2025

<u>Employee Name</u>
Alisha Haines
Barry Turner
Beth Zelnick Kaufman
Carolina Garavaglia
Christina Stamler
Christine Miller
Daniel Selig
Douglas Girgenti
Fabrizio Tondolo
Gaelle Lamour
Jamal Brown
Janice Capobianco
Jennifer Allen
Jennifer Sanfilippo
Jianwei Zhu
Jisoo Park
John Harlow
Keisha Robinson
Kim Provost
Leslia Pilgrim-Howard
Linda Wilson
Matt Balogh
Michael Herrmann
Michael Snyder
Molly Deiss
Pooja Sundaram
Robyn Horowitz
Stephen Duprez
Sunitha Lakshminarayanan
Ting Chen
William Waverczak
Zhi Chen

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
WASHINGTON, D.C. 20549

FORM 8-K

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

Date of Report (Date of earliest event reported): August 28, 2025

CorMedix Inc.
(Exact name of Registrant as Specified in Its Charter)

Delaware
(State or Other Jurisdiction
of Incorporation)

001-34473
(Commission File Number)

20-5894890
(IRS Employer
Identification No.)

300 Connell Drive, Suite 4200
Berkely Heights, NJ
(Address of Principal Executive Offices)

07922
(Zip Code)

Registrant's Telephone Number, Including Area Code: (908)-517-9500

(Former Name or Former Address, if Changed Since Last Report)
Not Applicable

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, \$0.001 par value per share	CRMD	Nasdaq Global Select Market

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. ☐

Introductory Note

On August 29, 2025 (the "Closing Date"), CorMedix Inc., a Delaware corporation (the "Company," "CorMedix," "we," "our" and "us") completed its previously announced merger with Melinta Therapeutics, LLC, a Delaware limited liability company ("Melinta"). Pursuant to that certain Agreement and Plan of Merger, dated August 7, 2025 (the "Merger Agreement"), by and between the Company, Melinta, Coriander BidCo LLC, a Delaware limited liability company and a wholly owned subsidiary of the Company ("Merger Sub"), and Deerfield Private Design Fund IV, L.P., a Delaware limited partnership, solely in its capacity as representative, agent and attorney-in-fact of the Melinta equityholders (the "Members' Representative"), Merger Sub merged with and into Melinta, with Melinta surviving the merger as a wholly owned subsidiary of the Company (the "Merger").

Item 1.01. Entry into a Material Definitive Agreement.

Contingent Payment Agreement

On the Closing Date, the Company, Melinta, Deerfield Private Design Fund III, L.P. and Deerfield Private Design Fund IV, L.P. (the "Consenting Melinta Members") and the Members' Representative entered into a contingent payment agreement (the "Contingent Payment Agreement"), pursuant to which, in connection with the Merger Agreement and as part of the Merger Consideration payable to the Consenting Melinta Members, the Company will make certain payments to the Contingent Payment Holders (as defined in the Contingent Payment Agreement) as described below.

The Contingent Payment Agreement provides for milestone and net sales based payments. Upon the issuance of the U.S. Food and Drug Administration ("FDA") marketing approval of (a) the product known as REZZAYOTM (rezafungin) as of the date hereof or as may be modified thereafter, or (b) any product that contains the active ingredient rezafungin, for the prevention or prophylaxis of invasive fungal infections in adult patients undergoing allogeneic stem cell blood and marrow transplant or the regulatory equivalent on or prior to June 30, 2029, the Company shall pay, in cash or common shares, par value \$0.001 per share, of the Company ("Common Stock") at the Company's election, to the Contingent Payment Holders the following payments:

- (i) if the FDA-approved labeling includes candida, \$20 million;
- (ii) if the FDA-approved labeling includes aspergillus, \$2.5 million; and
- (iii) if the FDA-approved labeling includes pneumocystis, \$2.5 million.

Further, the Contingent Payment Agreement provides that the Company will pay to the Contingent Payment Holders tiered royalties on REZZAYOTM (rezafungin) U.S. net sales and low-single-digit royalties on MINOCIN[®] (minocycline) U.S. net sales.

The foregoing description of the Contingent Payment Agreement and the transactions contemplated thereby is not intended to be complete and is qualified in its entirety by reference to the full text of the Contingent Payment Agreement, which is attached as Exhibit 10.1 and is incorporated herein by reference.

Registration Rights Agreement

On the Closing Date, the Company and the Consenting Melinta Members entered into a registration rights agreement (the "Registration Rights Agreement"), pursuant to which, among other things, the Company agreed to register for resale, pursuant to Rule 415 under the Securities Act of 1933, as amended (the "Securities Act"), the Merger Shares. One third of the Merger Shares are subject to a 60-day lock-up, and one third of Merger Shares are subject to a 120-day lock-up.

The foregoing description of the Registration Rights Agreement and the transactions contemplated thereby is not intended to be complete and is qualified in its entirety by reference to the full text of the Registration Rights Agreement, which is attached as Exhibit 10.2 and is incorporated herein by reference.

Item 2.01. Completion of Acquisition or Disposition of Assets.

The information contained above under the Introductory Note and Item 1.01, to the extent required by Item 2.01 of Form 8-K, is hereby incorporated by reference herein.

Under the terms and subject to the conditions set forth in the Merger Agreement, at the effective time of the Merger (the "Effective Time"), the Company (i) paid to the Melinta equityholders (including the Consenting Melinta Members) an aggregate of \$260 million in cash (subject to adjustment for the Aggregate Exercise Price, Estimated Company Cash, Estimated Company Debt, Estimated Working Capital as compared to the Working Capital Target, and Estimated Transaction Expenses (each as defined in the Merger Agreement)), and (ii) to the Consenting Melinta Members an aggregate of \$40 million worth of common shares, par value \$0.001 per share, of the Company (the "Merger Shares"). Additionally, the Consenting Melinta Members are eligible to receive certain contingent payments pursuant to the terms of the Merger Agreement, the Contingent Payment Agreement (as defined and described above). The cash consideration was funded by a combination of the Company's existing cash on hand and a \$150 million convertible notes offering.

The foregoing description of the Merger Agreement and the transactions contemplated thereby is not intended to be complete and is qualified in its entirety by reference to the full text of the Merger Agreement, which is attached as Exhibit 2.1 and is incorporated herein by reference.

Item 3.02. Unregistered Sale of Securities.

The information contained above under Introductory Note, Item 1.01 and 2.01, to the extent required by Item 3.02 of Form 8-K, is hereby incorporated by reference herein. The offer and sale of the securities issued to the Consenting Melinta Members pursuant to the Merger, any securities issuable pursuant to the Contingent Payment Agreement (including any shares of Common Stock) are being made in reliance on the exemption afforded by Section 4(a)(2) of the Securities Act and corresponding provisions of state securities or "blue sky" laws. The securities issued in the Merger and issuable pursuant to the Contingent Payment Agreement, (including any shares of Common Stock) have not been registered under the Securities Act or any state securities laws and may not be offered or sold in the United States absent registration with the Securities and Exchange Commission (the "SEC") or an applicable exemption from the registration requirements. The issuance and sale of the securities issued in the Merger did not involve a public offering and was made without general solicitation or general advertising.

Neither this Current Report on Form 8-K nor any exhibit attached hereto is an offer to sell or the solicitation of an offer to buy shares of Common Stock or other securities of the Company.

Item 5.02. Departure of Directors or Certain Officers; Election of Directors; Appointment of Certain Officers; Compensatory Arrangements of Certain Officers.

The Company announced today that Susan Blum, Elizabeth Hurlburt and Matthew David (each, an "Executive") have been appointed to serve as the Company's Chief Financial Officer, Chief Operating Officer and Chief Business Officer, respectively, each effective as of the Closing Date. In their previous roles, Ms. Blum served as the Chief Financial Officer of Melinta, Ms. Hurlburt as EVP, Chief Clinical Strategy and Operations Officer of the Company, and Dr. David as Chief Financial Officer of the Company. Effective as of the Closing Date, Dr. David ceased to serve, and Ms. Blum commenced serving, as the Company's principal financial officer.

Ms. Blum was previously the Chief Financial Officer of Melinta. Ms. Blum joined Melinta in 2016 as the company's Controller and then served as Vice President of Finance & Chief Accounting Officer prior to being appointed to the Chief Financial Officer position in 2021. Prior to joining Melinta, Ms. Blum served as Corporate Controller at Textura Corporation from 2013 to 2016, supporting the company's IPO and transformation into a publicly-traded organization. Ms. Blum also served in leadership roles at Orbitz Worldwide, Inc. (NYSE: OWW) from 2011 to 2013 and at Facet Biotech Corporation and PDL BioPharma, Inc. (Nasdaq: PDLI) from 2004 to 2010, where she was responsible for such functions as external reporting and related compliance, technical accounting and internal controls over financial reporting. Ms. Blum has served as a director of BiomX Inc. since April 2024. Ms. Blum began her career in public accounting at Ernst & Young, where she spent nearly seven years working with a diverse client base ranging from large, public international engagements to development-stage enterprises. Ms. Blum is a Certified Public Accountant, currently serves as a member of the BioNJ Cybersecurity Committee and holds a B.S. in Business Commerce from Santa Clara University.

There are no arrangements or understandings between Ms. Blum or Hurlburt or Dr. David and any other person pursuant to which Ms. Blum or Hurlburt or Dr. David were selected as officers, and there are no family relationships between Ms. Blum or Hurlburt or Dr. David and any of the Company's directors or executive officers. None of Ms. Blum or Hurlburt or Dr. David have any direct or indirect material interest in any transaction or proposed transaction required to be reported under Item 404(a) of Regulation S-K.

The Company entered into employment agreements with each of Ms. Blum (entered into on August 28, 2025) and Hurlburt (entered into on August 29, 2025) and Dr. David (entered into on August 31, 2025) that will govern the terms of their employment (collectively, the "Executive Employment Agreements") from and after the Closing Date. Pursuant to the terms of the Executive Employment Agreements, Ms. Blum and Hurlburt and Dr. David are entitled to receive an annual base salary of \$488,000, \$500,000, and \$423,833, respectively, and each will be eligible for a target annual bonus equal to 45% of their base salary, based upon the achievement of corporate objectives for the Company as a whole for such fiscal year (except with respect to Ms. Blum's bonus in respect of the 2025 fiscal year, which will be equal to 45% of her base salary with two-thirds deemed achieved at target level performance and the remaining one-third based on the achievement of corporate objectives). Further, the Company will grant Ms. Blum restricted stock units covering a number of shares of Common Stock with a value of \$1,000,000 (determined based on the closing price of the Company's Common Stock on the trading day immediately preceding the Closing Date), which will vest in equal annual installments over four years, subject to continued employment. Ms. Blum and Hurlburt and Dr. David will be eligible for additional equity awards commencing in 2026.

Pursuant to the Executive Employment Agreements, upon a termination by the Company other than for Cause (as defined in the Executive Employment Agreements) (other than as a result of death or disability), or by the Executive for Good Reason (as defined in the Executive Employment Agreements), the Executive will, subject to execution of a general release of claims, be entitled to (i) continuation of base salary for a period of nine months, (ii) payment of a prorated annual bonus for the year of termination based on the actual achievement of the specified bonus objectives (except with respect to Ms. Blum, in the event her employment is terminated prior to January 1, 2026, she will receive payment of her full annual bonus in respect of fiscal year 2025, in lieu of such prorated bonus), (iii) subsidized COBRA premiums for up to nine months, (iv) one year of additional time vesting of any then-outstanding equity awards (or, if such termination occurs within twenty-four months following a Corporate Transaction (as defined in the Company's 2019 Omnibus Stock Incentive Plan), full vesting of all then-outstanding equity awards), and (v) any then-unpaid bonus in respect of service during the year preceding the year of termination.

The Executive Employment Agreements also contain customary confidentiality and non-disparagement covenants and non-competition and non-solicitation of employees and customers covenants that apply during employment and for a period of twelve months following any termination of employment.

The foregoing description of the Executive Employment Agreements is qualified in its entirety by reference to the full text of each of the Executive Employment Agreements, which are attached as Exhibits 10.3, 10.4 and 10.5, respectively, hereto and incorporated by reference herein.

Item 7.01. Regulation FD Disclosure.

On September 2, 2025, the Company issued a press release announcing the completion of the Merger and announcing the appointment of Susan Blum, Elizabeth Hurlburt and Matthew David as the Company's Chief Financial Officer, Chief Operating Officer and Chief Business Officer, respectively. Pursuant to Regulation FD, a copy of the press release is furnished with this Current Report on Form 8-K as Exhibit 99.2 and incorporated by reference herein.

The information in this Item 7.01 not be deemed "filed" for purposes of Section 18 of the Exchange Act or otherwise subject to the liabilities of that section, nor shall it be deemed incorporated by reference in any filing under the Securities Act or the Exchange Act, except as expressly set forth by specific reference in such a filing.

Item 9.01. Financial Statements and Exhibits.**(d) Exhibits.**

Exhibit Number	Description of Exhibit
2.1*	<u>Agreement and Plan of Merger, dated as of August 7, 2025, by and among CorMedix Inc., Melinta Therapeutics, LLC, Coriander BidCo, LLC and Deerfield Private Design Fund IV, L.P., solely in its capacity as representative, agent and attorney-in-fact of the Company Members (incorporated by reference to Exhibit 2.1 to the Current Report on Form 8-K filed by the Company on August 7, 2025)</u>
10.1*	<u>Contingent Payment Agreement, dated August 29, 2025, by and among Deerfield Private Design Fund IV, L.P., Deerfield Private Design Fund III, L.P., CorMedix Inc., a Delaware corporation, Melinta Therapeutics, LLC, and Deerfield Private Design Fund IV, L.P., a Delaware limited partnership, solely in its capacity as representative</u>
10.2	<u>Registration Rights Agreement, dated August 29, 2025, by and among CorMedix Inc., Deerfield Private Design Fund IV, L.P., Deerfield Private Design Fund III, L.P., and each other Holder (as defined in the Registration Rights Agreement)</u>
10.3	<u>Employment Agreement by and between CorMedix, Inc. and Susan Blum, dated August 28, 2025</u>
10.4	<u>Employment Agreement by and between CorMedix, Inc. and Elizabeth Hurlburt, dated August 29, 2025</u>
10.5	<u>Employment Agreement by and between CorMedix, Inc. and Matthew David, dated August 31, 2025</u>
99.1	<u>Press Release, dated September 2, 2025</u>
104	Cover Page Interactive Data File (embedded within the Inline XBRL document)

* Portions of this exhibit have been omitted pursuant to Item 601(b)(2)(ii) of Regulation S-K.

SIGNATURES

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

CorMedix Inc.

Date: September 2, 2025

By: /s/ Joseph Todisco

Joseph Todisco
Chief Executive Officer

CERTAIN IDENTIFIED INFORMATION HAS BEEN EXCLUDED FROM THIS EXHIBIT BECAUSE IT IS BOTH (I) NOT MATERIAL AND (II) PRIVATE OR CONFIDENTIAL. SUCH EXCLUDED INFORMATION IS IDENTIFIED HEREIN WITH "[***]." SCHEDULES AND EXHIBITS HAVE BEEN OMITTED PURSUANT TO ITEM 601(A)(5) OF REGULATION S-K.

Execution Version

CONTINGENT PAYMENT AGREEMENT

This CONTINGENT PAYMENT AGREEMENT (this "**Agreement**"), dated as of August 29, 2025, is made by and among Deerfield Private Design Fund IV, L.P., a Delaware limited partnership ("**DPDF IV**"), Deerfield Private Design Fund III, L.P., a Delaware limited partnership ("**DPDF III**") and, together with DPDF IV, the "**Initial Contingent Payment Holders**" and, together with any transferees or assignees thereof, the "**Contingent Payment Holders**" and each, a "**Contingent Payment Holder**", CorMedix Inc., a Delaware corporation ("**Parent**"), Melinta Therapeutics, LLC, a Delaware limited liability company (the "**Company**"), and Deerfield Private Design Fund IV, L.P., a Delaware limited partnership, solely in its capacity as representative ("**Members' Representative**" and, collectively with the Contingent Payment Holders, the Company and Parent, the "**Parties**" and each, a "**Party**").

Background Statement

WHEREAS, pursuant to that certain Agreement and Plan of Merger, by and among Parent, Coriander BidCo, LLC, a Delaware limited liability company and a wholly owned Subsidiary (as defined below) of Parent ("**Merger Sub**"), the Company and the Members' Representative, dated as of August 7, 2025 (together with all exhibits and schedules thereto and as may be amended, restated, supplemented or otherwise modified from time to time in accordance with the terms thereof, the "**Merger Agreement**"), substantially contemporaneously with the execution and delivery of this Agreement, the Company is being merged with Merger Sub, with the Company surviving such merger as a wholly owned Subsidiary of Parent, and each Company Share (as defined below) is being converted into a right to receive Merger Consideration.

WHEREAS, each of the Initial Contingent Payment Holders is a Company Member (as defined below), and in connection with the Merger Agreement and as part of the Merger Consideration payable for the Company Shares thereunder, Parent has agreed to make (or cause one or more of its Affiliates (as defined below) to make) certain payments to the Contingent Payment Holders as set forth herein.

NOW, THEREFORE, in consideration of the covenants and obligations expressed herein, and intending to be legally bound, the Parties agree as follows:

Statement of Agreement

I. Definitions. The following terms used herein shall have the meanings set forth below:

"**Affiliate**" of any Person means another Person that directly or indirectly, through one or more intermediaries, controls, is controlled by, or is under common control with, such first Person. As used herein, "control" means the possession, directly or indirectly, of the power to direct or cause the direction of the management and policies of such entity, whether through ownership of voting securities or other interests, by contract or otherwise.

"Agreement" has the meaning set forth in the Preamble.

"Applicable Percentage" means, (a) in respect of any Net Sales of the Rezzayo Product in the U.S. in any calendar year of under [***], [***], (b) in respect of Net Sales of the Rezzayo Product in the U.S. in any calendar year in an aggregate amount equal to or greater than [***] but less than [***], [***], and (c) in respect of Net Sales of the Rezzayo Product in the U.S. in any calendar year in an aggregate amount greater than [***], [***].

"Assignee" has the meaning set forth in Section 4.

"Average Sale Price" means, with respect to a particular period, the weighted average sale price of any Product, Combination Product, Bundled Product or other product or service included in a Combination Product or Bundled Product, as applicable, the price determined by dividing (a) the total gross sales, as invoiced, on commercial sales of such Product, Combination Product, Bundled Product or other product or service included in a Combination Product or Bundled Product, as applicable, in arms-length transactions during the applicable period, by (b) the units of such Product, Combination Product, Bundled Product or other product or service included in a Combination Product or Bundled Product commercially sold in arms-length transactions during such period.

"Bundled Product" shall mean the Products together with any other product(s) and/or service(s) that are sold at a single unit price, whether packaged together or separately, other than any Combination Product.

"Business Day" means a day (a) other than Saturday or Sunday and (b) on which commercial banks are open for business in New York, New York.

"Code" means the Internal Revenue Code of 1986, as amended.

"Combination Product" means any Product that is co-packaged in combination with one or more additional pharmaceutical products or active pharmaceutical ingredients. For the avoidance of doubt, pharmaceutical dosage form vehicles, adjuvants, and excipients shall not be deemed to be "additional pharmaceutical products" or "active pharmaceutical ingredients," and their presence shall not be deemed to create a Combination Product.

"Commercially Reasonable Efforts" means that level of efforts of a Person, in good faith, to achieve a Milestone and Net Sales in a diligent and sustained manner without undue pause, interruption or delay, that are at least commensurate with the level of efforts, including expenditure of resources, that a pharmaceutical company comparable to Parent and its Affiliates, taken as a whole would devote to the development, seeking of regulatory approval, commercialization, marketing and selling of a pharmaceutical product having similar market potential as any Product at a similar stage of its development or product life, and involving comparable development and marketing costs, taking into account issues of market exclusivity, safety and efficacy, the competitiveness of alternate products in the marketplace and the expected likelihood of regulatory approval of such a pharmaceutical product, but excluding, in each case, a Milestone Payment or any Net Sales Payment, as applicable, due under this Agreement.

"Company" has the meaning set forth in the Preamble.

"Company Member" means the holders of record of Company Shares outstanding as of immediately prior to the Effective Time.

"Company Share" means each Common Share of the Company and each Series A Preferred Share of the Company.

"Contingent Payment Accounting Firm" has the meaning set forth in Section 3(c).

"Contingent Payment Holder" has the meaning set forth in the Preamble.

"Disclosure Covenants" has the meaning set forth in Section 5.

"DPDF III" has the meaning set forth in the Preamble.

"DPDF IV" has the meaning set forth in the Preamble.

"Effective Time" means the time at which the Merger shall become effective.

"Exclusive Licensing Transaction" means (a) any exclusive licensing transaction pursuant to which all or substantially all of any Product, a substantial portion of the Product Intellectual Property, or any of the Product Intellectual Property listed in the Orange Book, is exclusively licensed (directly or indirectly) to a Person other than Parent or any of its Subsidiaries, where (b) such Product or Product Intellectual Property, as applicable, is not licensed back to Parent or any of its Subsidiaries in a manner in which Parent or any of its Subsidiaries possess all development and commercialization rights with respect to such Product in the U.S. and, in the case of Product Intellectual Property, exclusive use for purposes of development and commercialization of such Product in the U.S. For the avoidance of doubt, a Parent Change of Control shall not constitute an Exclusive Licensing Transaction.

"Extended Net Sales Payment Period" means, with respect to each Product, a period beginning on the later of (a) the date of expiration of the last-to-expire Valid Claim listed in the Orange Book for such Product and (b) expiration of Regulatory Exclusivity for any Product and ending on the introduction into the market of a Generic Product for such Product in the U.S.

"Fair Market Value" means the fair market value as mutually determined by Parent and the Members' Representative.

"Field Sales Employee" means any employee (and not an independent contractor) whose primary responsibility is calling upon (including spending a material amount of time engaging in face-to-face meetings in various geographies with) healthcare providers and medical facilities for purposes of marketing products for the treatment or prevention of human disease on behalf of such employee's employer.

"FDA" means the U.S. Food and Drug Administration.

"Freely Tradeable Shares" means Parent Shares that, at the time of issuance thereof, (a) are duly authorized, validly issued, fully paid and non-assessable, (b) are listed on the Nasdaq Global Market, (c) are the subject of an effective registration statement under the Securities Act that is available for the resale thereof by each of the Contingent Payment Holders, as provided for in the Registration Rights Agreement, and/or may be sold by each of the Contingent Payment Holders without any further holding period, limitation or condition (including any current public information requirement) pursuant to Rule 144 under the Securities Act, and (d) do not bear, and are not subject to, any restrictive legend, stop transfer or similar restriction.

"GAAP" means U.S. generally accepted accounting principles, consistently applied.

"Generic Product" means any pharmaceutical product that (a) is sold by a third party that is not an Affiliate or licensee of Parent (or a successor) under a marketing authorization granted by the FDA to such third party and (b) contains the same active pharmaceutical ingredient as the applicable Product and (c) is approved in reliance on the prior approval of the applicable Product as determined by the FDA.

"Governmental Entity" means any supranational, federal, national, state, municipal or local government, any court, tribunal, arbitrator, administrative agency, commission or other governmental official, authority or instrumentality, in each case whether domestic or foreign, any stock exchange or similar self-regulatory organization or any quasi-governmental or private body exercising any regulatory, taxing or other governmental authority (including, as applicable, any governmental or political division, department, agency, commission, instrumentality, official, organization, unit, body or entity and any court, arbitrator or other similar tribunal).

"Initial Contingent Payment Holders" has the meaning set forth in the Preamble.

"Intellectual Property" means all intellectual property rights, whether protected, created or arising under the Laws of the U.S. or any other jurisdiction, including: (a) all patents, industrial designs, patent applications, provisional patent applications and similar instruments (including any and all substitutions, divisions, continuations, continuations-in-part, divisions, reissues, renewals, and extensions and any foreign equivalents of the foregoing (including certificates of invention, supplementary protection certificates and any applications therefor)) (collectively, **"Patent"**), (b) all domestic and foreign copyrights, copyright registrations, copyright applications and all moral rights related thereto, (c) all trademarks, service marks, trade names, business marks, service names, brand names, trade dress rights, logos, slogans, corporate names, and other indications of origin, together with all translations, adaptations, derivations and combinations thereof (including, all applications, registrations, renewals and extensions of the foregoing), (d) all Internet domain names, (e) trade secrets, proprietary know-how, inventions (whether or not patentable), improvements, methodologies, customer and supplier lists, database rights, discoveries, ideas, models, algorithms, blueprints, formulae, systems, processes, data compilations, tools, specifications, and technology, in each of the foregoing cases which are not available in the public domain and have actual or potential commercial value that is derived, in whole or in part, from such secrecy and (f) all other intellectual property rights throughout the world equivalent or similar to any of the foregoing.

"Law" means any statute, law (including controlling common law), ordinance, rule, or regulation of any Governmental Entity.

"M&A Transaction" means (a) any transaction (including a sale of assets, merger, or sale of stock or other equity interests, including merger or sale of the equity interests of a Subsidiary of Parent) pursuant to which the Surviving Company or ownership of all or substantially all of any Product, a substantial portion of the Product Intellectual Property, or any of the Product Intellectual Property listed in the Orange Book, is sold or assigned (directly or indirectly) to or acquired by, directly or indirectly, a Person other than Parent or any of its Subsidiaries, where (b) such Product or Product Intellectual Property, as applicable, is not licensed back to Parent or any of its Subsidiaries in a manner in which Parent or any of its Subsidiaries possess all development and commercialization rights with respect to such Product in the U.S. and, in the case of Product Intellectual Property, exclusive use for purposes of development and commercialization of such Product in the U.S. For the avoidance of doubt, a Parent Change of Control shall not constitute an M&A Transaction.

"Members' Representative" has the meaning set forth in the Preamble.

"Members' Representative Group" has the meaning set forth in Section 7(d).

"Merger" the merger of Merger Sub with and into the Company in accordance with the Merger Agreement.

"Merger Agreement" has the meaning set forth in the Background Statement.

"Merger Sub" has the meaning set forth in the Background Statement.

"Milestone" has the meaning set forth in Section 2(a).

"Milestone Notice" has the meaning set forth in Section 2(a).

"Milestone Payment" has the meaning set forth in Section 2(a).

"Milestone Period" means a period beginning on the date of this Agreement and ending on June 30, 2029.

"Minocin Product" means the product known as Minocin (minocycline) for injection as of the date hereof or as it may be modified thereafter, including all formulations, dosages and forms of administration and any product that otherwise contains the active ingredient minocycline in an injectable or intravenous form.

"MNPI" has the meaning set forth in Section 2(b)(i).

"Net Sales" means the aggregate gross amount invoiced by or on behalf of any Selling Entity for any Product that such Persons sold or otherwise disposed of to third parties, which third parties shall include distributors and end-users, less the following deductions (such deductions in clauses (a) through (f), the **"Permitted Deductions"**), to the extent included in the gross invoiced amount for such Product, or otherwise directly paid or incurred by a Selling Entity with respect to the sale of such Product, in each case, as determined in accordance with GAAP: (a) customary trade and quantity discounts, including trade quantity, early settlement and prompt payment discounts, actually allowed and taken with respect to sales of such Product; (b) credits, allowances and chargebacks given or made for recall, return or wastage replacement of such Product (including for spoiled, damaged, out-dated or returned Product) or for rebates or retroactive price reductions with respect to such Product; (c) discounts or rebates provided pursuant to patient financial assistance or discount programs, and coupon discounts; (d) chargebacks or rebates (or the equivalent thereof) paid on sale of such Product, including such payments mandated by programs of Governmental Entities or paid to medical healthcare organizations, to group purchasing organizations or trade customers; (e) sales, excise, value-added, use or other direct taxes paid, absorbed, incurred or otherwise allowed (except for taxes based on any Selling Entity's income); and (f) uncollected or uncollectable amounts invoiced to third parties and written off as bad debt in accordance with the Selling Entity's ordinary course of business write-off practices. If a single item falls into more than one of the categories set forth above, such item may not be deducted more than once. Notwithstanding the foregoing, in the case of (i) the sale of any Product between or among Selling Entities for subsequent resale to a third party on an arm's length basis, Net Sales will be calculated as above using only the gross amount invoiced by or on behalf of the applicable Selling Entity to such third party for such arm's length sale (and not the sale between or among such Selling Entities), and (ii) any sale or other disposal of any Product for non-cash consideration (other than with respect to such Product supplied expressly for sampling purposes, which shall not be included in Net Sales, and other than with respect to a sale or disposal of such Product between or among the Selling Entities for subsequent resale which shall be governed by clause (A)), then the gross amount to be included in the calculation of Net Sales shall be the Fair Market Value of any non-cash consideration received.

"Net Sales Payment Amount" means (a) in respect of each calendar quarter during the Net Sales Payment Period (i) in respect of the Net Sales of the Rezzayo Product in the U.S. during such quarter an aggregate amount equal to the sum of the Applicable Percentages of such Net Sales, plus (ii) [***]% of Net Sales of the Minocin Product in the U.S. during such calendar quarter or (b) in respect of each calendar quarter during the Extended Net Sales Payment Period (i) in respect of the Net Sales of the Rezzayo Product in the U.S. during such quarter an aggregate amount equal to [***]% the sum of the Applicable Percentages of such Sales, and (ii) [***]% of Net Sales of the Minocin Product in the U.S. during such calendar quarter.

"Net Sales Payment Period" means, with respect to each Product, a period beginning on the date of this Agreement and ending on the earlier of (a) the approval by the FDA and sale of a Generic Product for such Product in the U.S. (provided that, if a third party launches a Generic Product "at risk" in the U.S. and that Generic Product is subsequently withdrawn from the market, then the Net Sales Payment Period shall be reinstated) and (b) the later of (i) the date of expiration of the last-to-expire Valid Claim listed in the Orange Book for such Product and (ii) expiration of Regulatory Exclusivity for such Product.

"Net Sales Report" has the meaning set forth in Section 3(c).

"Orange Book" means FDA's publication entitled Approved Drug Products with Therapeutic Equivalence Evaluations.

"Parent" has the meaning set forth in the Preamble.

"Parent Change of Control" means either (a) the sale, lease, transfer, conveyance or other disposition, in one transaction or a series of related transactions to a Person for value, of all or substantially all of the assets of Parent and its subsidiaries on a consolidated basis (including, for the avoidance of doubt, all of the Products and Product Intellectual Property), or (b) the sale, issuance or transfer of stock, equity securities or other securities of the Parent to any Person.

"Parent Material Adverse Effect" means any change, event, condition, state of facts, development, circumstance, effect or occurrence that (a) has had, or would reasonably be expected to have, a material adverse effect on the business, financial condition or results of operations of Parent and its Subsidiaries, taken as a whole, or (b) prevents Parent from consummating the transactions contemplated by this Agreement or the Merger Agreement: provided, that, for purposes of clause (a), none of the following, and no change, event, condition, state of facts, development, circumstance, effect or occurrence that results from or arises in connection with the following, either alone or in combination, shall be deemed to constitute a Parent Material Adverse Effect and none of the following shall be taken into account in determining whether there has been a Parent Material Adverse Effect: any change, event, condition, state of facts, development, circumstance, effect or occurrence to the extent resulting from or arising in connection with (i) general conditions (or changes therein) in the industry in which Parent operates, (ii) general economic or regulatory, legislative or political conditions (or changes therein), including any actual or potential stoppage, shutdown, disputed election, default on obligations of any Governmental Entity or similar event or occurrence affecting a Governmental Entity, or securities, credit, banking, financial or other capital markets conditions (including changes generally in prevailing interest rates, currency exchange rates, credit markets or equity price levels, trading volumes or the imposition of new or increased tariffs), in each case in the U.S. or elsewhere in the world, (iii) any change or prospective change in applicable Law or GAAP (or the authoritative interpretation or enforcement thereof), (iv) geopolitical conditions, the outbreak or escalation of hostilities, any acts or threats of war (whether or not declared), sabotage, cyber-intrusion, political unrest or conditions, terrorism or any pandemics or epidemics or any applicable Law, mandate or recommendations of a Governmental Entity in response such hostilities, war, sabotage, cyber-intrusion, political unrest or conditions, terrorism, pandemics or epidemics, or any escalation or worsening of any such acts or threat of war (whether or not declared), sabotage, terrorism or any pandemics or epidemics, (v) any hurricane, tornado, flood, fire, volcano, earthquake or other natural or man-made disaster or any other national or international calamity, crisis or disaster, (vi) the failure, in and of itself, of Parent to meet any internal or external projections, forecasts, estimates or predictions in respect of any financial or operating metrics before, on or after the date hereof (it being understood that the underlying facts giving rise or contributing to such failure or change may be taken into account in determining whether there has been a Parent Material Adverse Effect if such facts are not otherwise excluded under this definition), (vii) the announcement, pendency or performance of any of the transactions contemplated by this Agreement or the Merger Agreement, including the identity of, or any facts or circumstances relating to, the Company or its Affiliates and any proceedings by Parent or its subsidiaries in respect of this Agreement or the Merger Agreement or any of the transactions contemplated by this Agreement or the Merger Agreement and any loss of or change in relationship, contractual or otherwise, with any customer, Governmental Entity, supplier, vendor, service provider, collaboration partner, licensor, licensees, payors, contractors or any other party having business dealings with (including the exercise, or prospective exercise, by any party of any rights that arise upon a change of control), or departure of any employees or officers, of Parent or its Subsidiaries (provided that this clause (vii) shall not apply with respect to any representation or warranty in this Agreement or the Merger Agreement the purpose of which is to address the consequences of the execution, delivery or performance of this Agreement or the Merger Agreement or the consummation of the transactions contemplated hereby or thereby), (viii) any action taken by Parent or its Affiliates at the Company's written (including email) request or with the Company's written (including email) consent, except in the case of clauses (i), (ii), (iii), (iv) and (v), to the extent that Parent and its subsidiaries are materially disproportionately affected thereby as compared with other participants in the industry in which Parent operates (in which case only the incremental disproportionate impact or impacts may be taken into account in determining whether there has been a Parent Material Adverse Effect).

"Parent Share Warrants" means warrants to acquire Parent Shares, each in the form of Exhibit A.

"Parent Shares" means common shares, par value \$0.001 per share, of CorMedix Inc.

"Party" has the meaning set forth in the Preamble.

"Patent" means all patents, industrial designs, patent applications, provisional patent applications and similar instruments (including any and all substitutions, divisionals, continuations, continuations-in-part, reissues, renewals, and extensions and any foreign equivalents of the foregoing (including certificates of invention, supplementary protection certificates and any applications therefor)).

"Person" means any individual, firm, corporation, partnership, company, limited liability company, estate, trust, joint venture, association, organization, Governmental Entity or other entity of any kind or nature.

"Pro Rata Share" means, with respect to each Contingent Payment Holder, the percentage set forth opposite such Contingent Payment Holder's name on Schedule 1 hereto.

"Product" means either the Rezzayo Product or the Minocin Product.

"Product Intellectual Property" means all Intellectual Property owned, licensed or controlled by Parent or any of its Affiliates, whenever acquired, in each case, that is necessary to develop, manufacture, have manufactured, use, promote, distribute, import, export, sell or offer for sale any of the Products.

"Qualified Assignee" means with respect to an M&A Transaction or an Exclusive Licensing Transaction with respect to any Product, an Assignee that is in the business of developing or commercializing drugs for the treatment or prevention of human disease and (a) if the Assignee with respect to such M&A Transaction or Exclusive Licensing Transaction, as applicable, is not a company, and is not the direct or indirect Subsidiary of a company, that has publicly listed shares, such party has (i) at least [***] Field Sales Employees at the time of execution of the binding definitive acquisition agreement pursuant to which such M&A Transaction or Exclusive Licensing Transaction is consummated (as applicable, the "**Acquisition Agreement**"), and (ii) annual net sales among all products and services of at least [***] as of the end of such Assignee's most recently completed fiscal quarter ending prior to the execution of the Acquisition Agreement, or (b) if the Assignee with respect to such M&A Transaction or Exclusive Licensing Transaction, as applicable, is a company, or is the direct or indirect Subsidiary of a company, that has publicly listed shares, such party has (i) a market capitalization of at least [***] and (ii) either (A) at least [***] Field Sales Employees at the time of the Acquisition Agreement, or (B) annual net sales among all products and services of at least [***] as of the end of such Assignee's most recently publicly reported fiscal quarter prior to the execution of the Acquisition Agreement.

"Registration Rights Agreement" means that certain registration rights agreement, dated of even date herewith, by and among Parent and the Initial Contingent Payment Holders (as such may be amended, restated or otherwise modified).

"Regulatory Exclusivity" means any exclusive marketing rights or data exclusivity rights conferred by any U.S. federal Governmental Entity with respect to a pharmaceutical product other than a Patent, including orphan drug exclusivity, new chemical entity exclusivity, Generating Antibiotic Incentives Now (GAIN) exclusivity, data exclusivity, or pediatric exclusivity.

"Reporting Company" means a company that is required to file reports pursuant to Section 13 or 15(d) of the U.S. Securities Exchange Act of 1934, as amended, or otherwise files such reports with the SEC.

"Rezzayo Product" means (a) the product known as Rezzayo (rezafungin) as of the date hereof or as it may be modified thereafter, including all formulations, dosages, strengths, delivery modes and forms of administration and (b) any product that contains the active ingredient rezafungin.

"SEC" means the U.S. Securities and Exchange Commission (or successor thereto).

"Securities Act" means the U.S. Securities Act of 1933, as amended.

"Selling Entity" means (a) Parent, the Surviving Company, and their respective Affiliates (provided that such Affiliate is participating in invoicing and selling of any Product), (b) any Person to which any commercial rights in or to any Product are (directly or indirectly) licensed, sublicensed, assigned or transferred by Parent, the Company, or their respective Affiliates (but for clarity, not distributors acting in the capacity of a distributor) and (c) any successor or assign of any Person described in clauses (a) or (b).

"Stock Event" means any stock split or other subdivision of outstanding Parent Shares, combination of outstanding Parent Shares (including by reverse stock split), reclassification, payment of a stock dividend in Parent Shares, recapitalization, or other similar transaction of such character that Parents Shares shall be changed into or become exchangeable for a larger or smaller number of Parent Shares.

"Subsidiary" means, with respect to any Person, an amount of the voting securities, other voting ownership or voting partnership interests of which is sufficient to elect at least a majority of its board of directors or other governing body (or, if there are no such voting interests, fifty percent (50%) or more of the equity interests of which) is owned directly or indirectly by such first Person.

"Surviving Company" means, following the Merger, the Company as the surviving limited liability company and a wholly owned Subsidiary of Parent.

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 01943	☐ 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>Foundation Care LLC</u>		
Physical Address: <u>111 Chesterfield Industrial Boulevard, Suite 111</u>		
City: <u>Chesterfield</u> State: <u>MO</u> Zip: <u>63005-1219</u>		
Mailing Address (if different from physical address): <u>8517 Southpark Circle, Suite 200</u>		
City: <u>Orlando</u> State: <u>FL</u> Zip: <u>32819-9033</u>		
Telephone: <u>877-291-1122</u> Website: <u>https://www.acariahealth.com</u>		
Name of Designated Representative (DR): <u>John Genenbacher</u>		
Licensing Company Email: <u>Licensing@AcariaHealth.com</u> DR Email: <u>John.H.Genenbacher@foundcare.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: Herbal products	☐ 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? See Exhibit A		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

Not Applicable

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: Not 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)

Jessica Ciccolella-Kahl, President

9/11/2025
Date

To whom it may concern:

Disciplinary Actions

- a) California Board of Pharmacy – Permit# NPR1999. (Effective May 7, 2020 known as Foundation Care LLC).
Compounding sterile products without compounding license resulting in a Consent Order and the fine was reduced to zero dollars resulting in a citation no fine.



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 07, 2020

CERTIFIED MAIL

**FOUNDATION CARE LLC
ATTN: DONALD HOWARD, PRS
4010 WEDGEWAY CT
EARTH CITY, MO 63045**

**RE: CI 2018 84341
FOUNDATION CARE LLC
NRP 1999**

As a result of the explanation and information you provided at the office conference, the amount of the fines assessed in Citation and Fine, CI 2018 84341 have been reduced.

The modified Citation is attached and is hereby issued pursuant to California Code of Regulations, title 16, section 1775.4, subdivision (d).

If you desire a hearing to appeal the attached Citation, you must submit a written request for a hearing to the Board of Pharmacy ("Board") within 30 days of the date this Citation was issued. (See Bus. Prof. Code sec. 125.9, subd. (b)(4), and C.C.R., title 16, sec. 1775.4, subd. (d).). Unless the Board receives a written request within the 30 days, you will be deemed to have waived your right to a hearing in this matter and the Citation shall become the final order of the Board. If a hearing is not requested, the timely payment of the imposed fine(s) shall not constitute an admission of the violation(s) charged in the Citation.

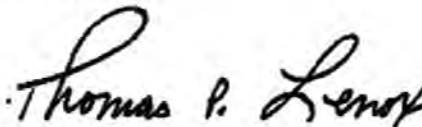
Failure to pay any imposed fine(s) within 30 days of the date the Citation was issued may result in disciplinary action being taken.

Page two
FOUNDATION CARE LLC
CI 2018 84341

If any fine(s) are not timely paid, then the full amount of the unpaid fine(s) shall be added to the fee for the renewal of your license. Your license shall not then be renewed without full payment of the renewal fee and the assessed fine(s).

If you have any questions regarding this Citation please contact Susan Cappello, Enforcement Manager at (916) 518-3008.

Sincerely

A handwritten signature in black ink that reads "Thomas P. Lenox". The signature is written in a cursive style with a large, looping 'T' and a stylized 'L'.

Thomas P. Lenox
Chief of Enforcement
Board of Pharmacy

Attachments

**BOARD OF PHARMACY
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA
MODIFIED CITATION**

Citation Number	Name, License No
CI 2018 84341	FOUNDATION CARE LLC, NRP 1999

JURISDICTION: Bus. & Prof. Code § 4314; CCR, title 16, § 1775; Bus. & Prof. Code § 4160 subd. (d) Bus. & Prof. Code § 4003.1

VIOLATION CODE SECTION	OFFENSE
Bus. & Prof. Code § 4127.2 subd. (a)	Nonresident Pharmacy – License to Compound and Ship Injectable Drug Products into California Required

CONDUCT:

Unlicensed activity-Business and Professions Code 4127.2 (a) states a nonresident pharmacy shall not compound sterile drug products for shipment into this state without a sterile compounding pharmacy license issued by the board pursuant to this section. The license shall be renewed annually and shall not be transferable. Specifically, between October 2017 and April 2019, Foundation Care LLC, located at 4010 Wedgeway Ct., Earth City, MO compounded and shipped at least 18 products into CA. During this time period they did not have a sterile compounding license issued by the State Board of CA. This is a violation of pharmacy law.

CITATION ISSUED ON: May 07, 2020

**BOARD OF PHARMACY
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA
MODIFIED CITATION**

COPY

Citation Number	Name, License No
CI 2018 84341	FOUNDATION CARE LLC, NRP 1999

JURISDICTION: Bus. & Prof. Code § 4314; CCR, title 16, § 1775; Bus. & Prof. Code § 4160 subd. (d) Bus. & Prof. Code § 4003.1

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CITATION ISSUED ON: May 07, 2020

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:
FOUNDATION CARE LLC
NRP 1999

Respondent

Citation Case No : CI 2018 84341
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: FOUNDATION CARE LLC, NRP 1999
Citation and Fine CI 2018 84341

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 May 07, 2020, I served the attached:

Cover Letter, Citation, 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,

NAME

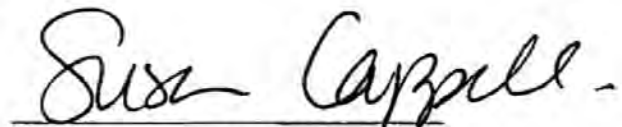
FOUNDATION CARE LLC
ATTN: DONALD HOWARD, PRS
4010 WEDGEWAY CT
EARTH CITY, MO 63045

CERTIFIED MAIL NO

7018 3090 0000 5169 8968

I declare under penalty of perjury that the forgoing is true and correct.

Executed on May 07, 2020, at Sacramento, California.



DECLARANT

Susan Cappello
Enforcement Manager

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: Biogen Idec Inc.
Address: 900 Davis Dr. City: Research Triangle Park State: NC Zip: 27709
Name: Mobius Therapeutics LLC
Address: 1000 EXECUTIVE PKWY DR STE 224 City: St. Louis State: MO Zip: 63141
Name: Takeda
Address: 500 KENDALL ST City: Cambridge State: MA Zip: 02142
Name: TG Therapeutics
Address: 3020 CARRINGTON MILL BLVD., Ste. 475 City: Morrisville State: NC Zip: 27560

Section 4: Publicly Traded Corporation

State of Incorporation: Not Applicable
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): AcariaHealth, Inc.
Corporation/Organization Name: Foundation Care LLC
Mailing Address: 8517 Southpark Circle, Suite 200
City: Orlando State: FL Zip: 32819- 9033
Telephone: 855-422-2742 Email: Licensing@AcariaHealth.com
Contact Person Name: Stephanie Thomas, 855-422-2742, Email Stephanie.K.Thomas@CENTENE.COM

Section 6: Partnership

Partnership Name: Not Applicable
Mailing Address: _____
City: _____ State: _____ Zip: _____
Telephone: _____ Email: _____
Contact Person Name: _____

Section 7: Sole Owner

Owner's Name: Not Applicable
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: See Exhibit B		X	
1. Copy of Certification See Exhibit 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/ .			
Is your company licensed as a Manufacturer by the FDA? If yes, provide: Not Applicable			
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. See Exhibit C	✓	✓		
• List the <u>top four</u> corporation shareholders and their percent ownership. See Exhibit D	✓			
• List of <u>all</u> corporation shareholders and their percent ownership. See Exhibit D		✓		
• 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 Exhibit E	✓	✓	✓	✓
• Designated Representative form must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/ See attachment		✓	✓	✓
• 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 See Exhibit F	✓	✓	✓	✓
• 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 Exhibit G	✓	✓	✓	✓
• 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 Exhibit H	✓	✓	✓	✓
• *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/ Not Applicable	✓	✓	✓	✓
• 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). Not Applicable	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)				
• Submit Fingerprints following instructions found at: Not Applicable http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/Fingerprint%20Submission%20Instructions%20-%20Effective%2001.01.2024.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/ .		✓	✓	✓

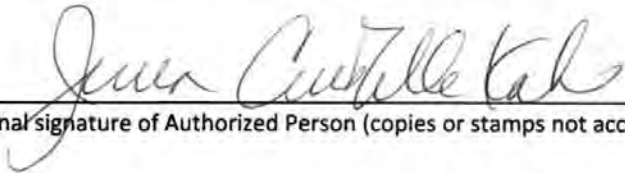
I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application 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.

Foundation Care LLC

Facility Name

Jessica Ciccolella-Kahl, President

Print Name of Authorized Person Submitting Application



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

9/11/2025

Date

Board Use Only

Date Received:

9/16/25

Amount:

\$10000

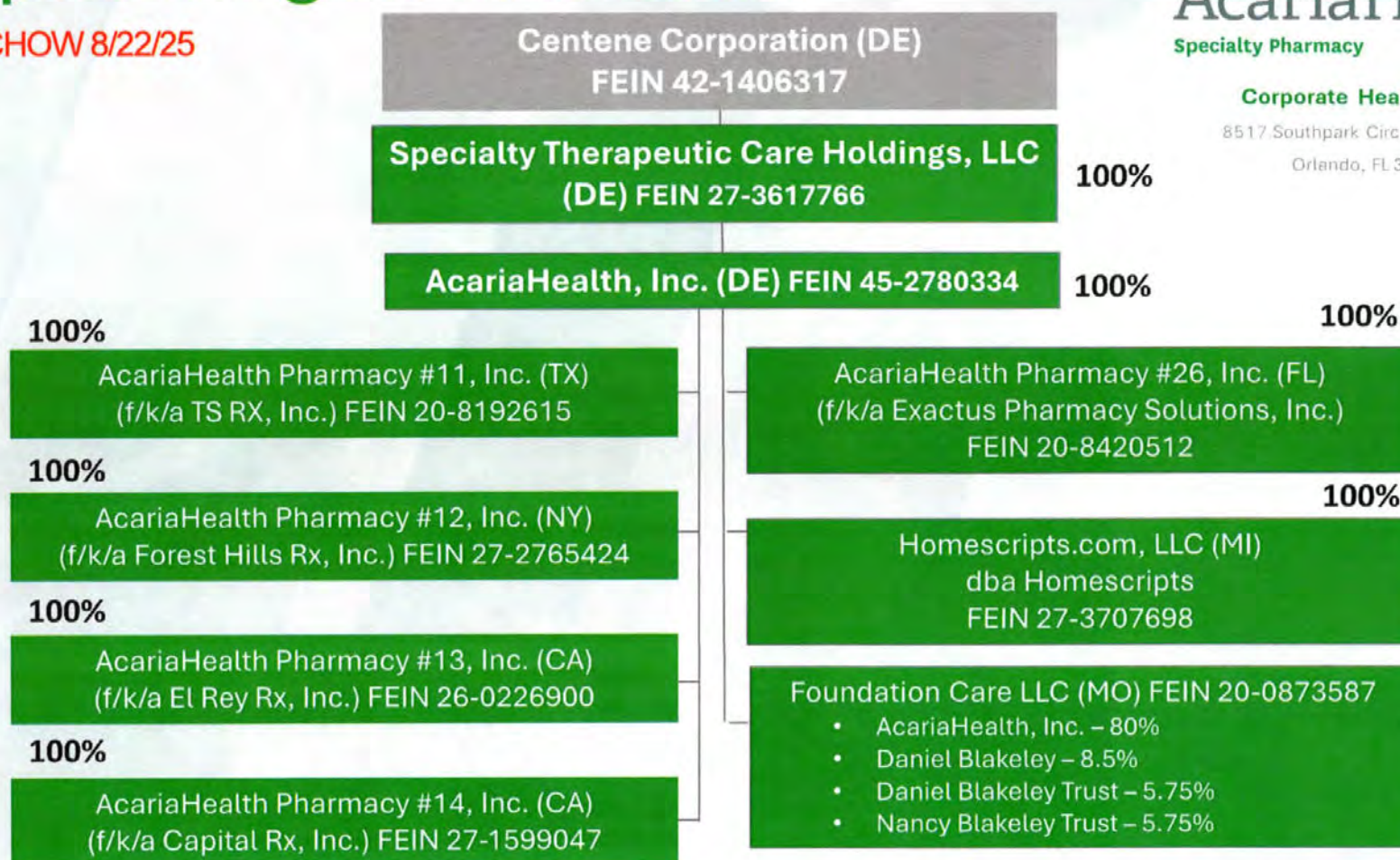
Corporate Organization Chart

PRE CHOW 8/22/25

AcariaHealth
Specialty Pharmacy

Corporate Headquarters

8517 Southpark Circle, Suite 200
Orlando, FL 32819

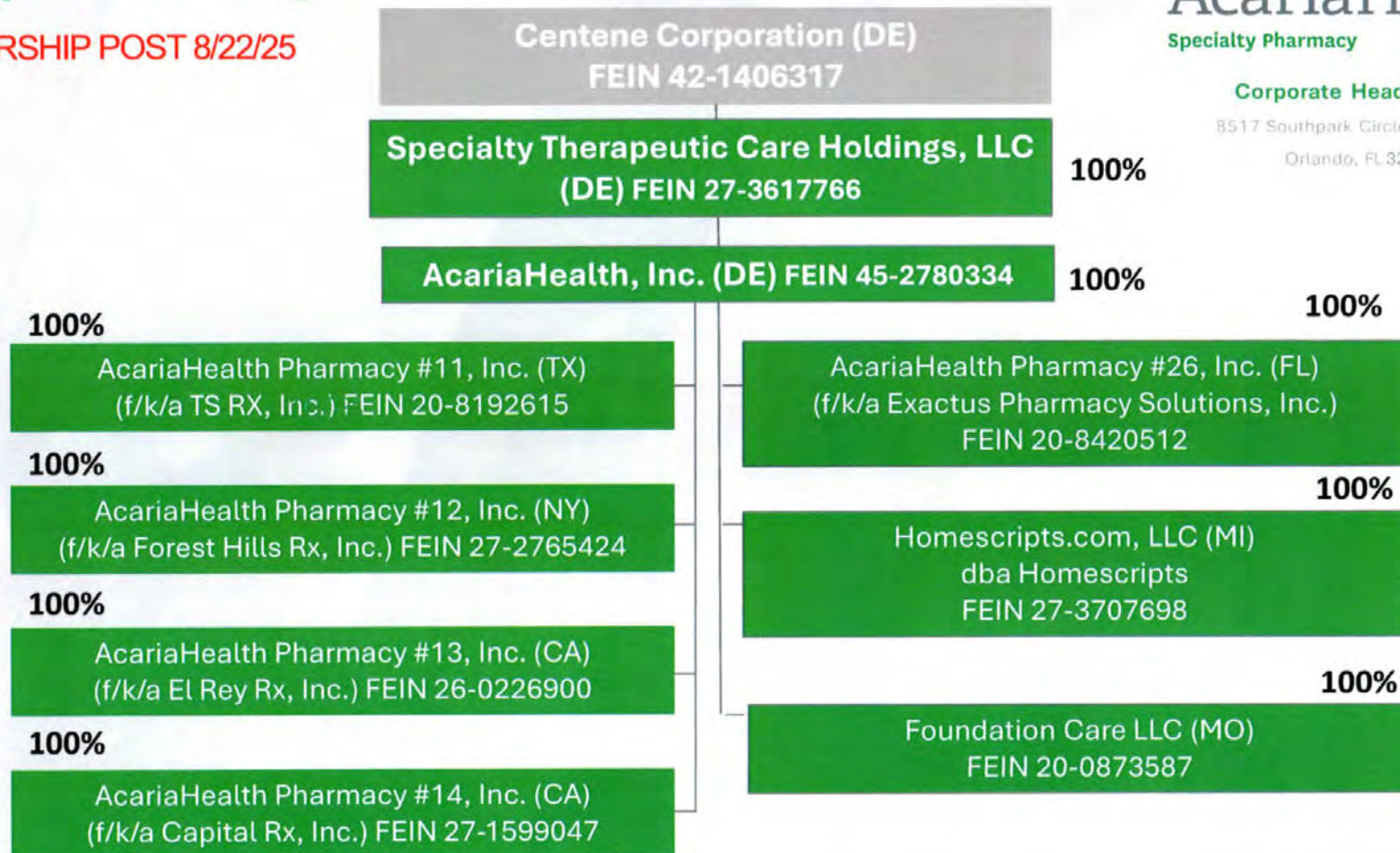


Confidential and Proprietary Information

1

Corporate Organization Chart

OWNERSHIP POST 8/22/25



AcariaHealth
Specialty Pharmacy

Corporate Headquarters

8517 Southpark Circle, Suite 200
Orlando, FL 32819

Confidential and Proprietary Information 1

NABP ACCREDITED

DRUG DISTRIBUTOR

Foundation Care LLC

located at

111 Chesterfield Industrial Blvd, Ste 111
Chesterfield, MO 63005

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



06/04/2024 - 06/03/2027

Period of Accreditation

DISCLOSURE OF OFFICERS, DIRECTORS AND COMMON OWNERSHIP
for
FOUNDATION CARE, LLC

Directors	Title	Street Address	Work No.	Fax No.	Residence Address	Home Phone No.	Mobile Phone No.	SSN/TIN	Date of Birth	Place of Birth	Ownership	FEIN	Effective Date of Ownership
Jessica Dawn Ciccolella-Kahl	President, Director	Centene Corporation 7700 Forsyth Blvd, Ste 800 St. Louis, MO 63105-1849	855-422-2742	866-834-8523	5291 Ashlyn Lane Bunker Hill, IL 62014 Macoupin County		618-303-8710	045-70-8620	3/23/1973	Princeton, NJ	0		1/22/2024
Justin Charles Stubstad	Secretary, Director	Centene Corporation 7700 Forsyth Blvd, Ste 800 St. Louis, MO 63105-1849	314-236-8180		307 Park Road, Saint Louis, MO 63119 Saint Louis County		701-421-9027	501-13-0995	3/5/1985	Stanley, ND	0		9/30/2021

Officers	Title	Street Address	Work No.	Fax No.	Residence Address	Home Phone No.	Mobile Phone No.	SSN/TIN	Date of Birth	Place of Birth	Ownership	FEIN	Effective Date of Ownership
Jessica Dawn Ciccolella-Kahl	President, Director	Centene Corporation 7700 Forsyth Blvd, Ste 800 St. Louis, MO 63105-1849	855-422-2742	866-834-8523	5291 Ashlyn Lane Bunker Hill, IL 62014-2556 Macoupin County		618-303-8710	045-70-8620	3/23/1973	Princeton, NJ	0		1/22/2024
Justin Charles Stubstad	Secretary, Director	Centene Corporation 7700 Forsyth Blvd, Ste 800 St. Louis, MO 63105-1849	314-236-8180		307 Park Road, Saint Louis, MO 63119-2532 Saint Louis County		701-421-9027	501-13-0995	3/5/1985	Stanley, ND	0		9/30/2021
Tricia Lynn Dinkelman	Vice President, Tax	Centene Corporation 7700 Forsyth Blvd, Ste 800 St. Louis, MO 63105-1849	314-505-6308		7720 Briar Creek Lane Waterloo, IL 62298-5240 Monroe County	618-939-3518		340-72-8762	5/21/1973	Centralia, IL Marion County	0		10/1/2017

***** NO FAMILIAL RELATIONSHIPS *****

Entities	Title	Street Address	Work No.	Fax No.	Residence Address	Home Phone No.	Mobile Phone No.	SSN/TIN	Date of Birth	Place of Birth	Ownership	FEIN	Effective Date of Ownership
AcariaHealth, Inc.	Direct Owner	8517 Southpark Circle, Suite 200 Orlando, FL 32819-9033	855-422-2742	866-834-8523				45-2780334			100% of Foundation Care, LLC	45-2780334	8/22/2025
Specialty Therapeutic Care Holdings, LLC.	Indirect Owner	7700 Forsyth Blvd. St. Louis, MO 63105-1807	855-422-2742	866-834-8523				27-3617766			100% of AcariaHealth, Inc.	27-3617766	10/1/2017
Centene Corporation	Indirect Owner	7700 Forsyth Blvd. St. Louis, MO 63105-1807		866-834-8523				42-1406317			100% of Specialty Therapeutic Care Holdings, LLC.	42-1406317	10/1/2017

STATE OF MISSOURI



Denny Hoskins
Secretary of State

CORPORATION DIVISION
CERTIFICATE OF GOOD STANDING

I, DENNY HOSKINS, Secretary of State of the STATE OF MISSOURI, do hereby certify that the records in my office and in my care and custody reveal that

Foundation Care LLC
LC0572814

was created under the laws of this State on the 1st day of March, 2004, and is active, having fully complied with all requirements of this office.

IN TESTIMONY WHEREOF, I hereunto set my hand and cause to be affixed the GREAT SEAL of the State of Missouri. Done at the City of Jefferson, this 10th day of March, 2025.

Denny Hoskins
Secretary of State



Certification Number: CERT-03102025-0064

State of Missouri

Division of Professional Registration
Licensed Drug Distributor
Wholesale Drug Distributor

VALID THROUGH OCTOBER 31, 2025
ORIGINAL CERTIFICATE/LICENSE NO. 2011007755
FOUNDATION CARE LLC
FOUNDATION CARE
JOHN H GENENBACHER, MIC
111 CHESTERFIELD INDUSTRIAL BLV 111
CHESTERFIELD MO 63005
USA

FOUNDATION CARE LLC
FOUNDATION CARE
JOHN H GENENBACHER, MIC
111 CHESTERFIELD INDUSTRIAL BLV 111
CHESTERFIELD MO 63005
USA

State of Missouri

Missouri Department of Commerce and Insurance
Division of Professional Registration

Missouri Board of Pharmacy
Licensed Drug Distributor

Wholesale Drug Distributor

VALID THROUGH OCTOBER 31, 2025
ORIGINAL CERTIFICATE/LICENSE NO. 2011007755
John H Genenbacher

FOUNDATION CARE LLC
FOUNDATION CARE
JOHN H GENENBACHER, MIC
111 CHESTERFIELD INDUSTRIAL BLV 111
CHESTERFIELD MO 63005
USA


EXECUTIVE DIRECTOR


DIVISION DIRECTOR

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
RF0423789	09-30-2026	\$1850
SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
3,3N,4, 5	DISTRIBUTOR	08-12-2025
FOUNDATION CARE LLC 111 CHESTERFIELD INDUSTRIAL BLVD STE 111 CHESTERFIELD, MO 630051219		

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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3,3N,4, 5	DISTRIBUTOR	08-12-2025
FOUNDATION CARE LLC 111 CHESTERFIELD INDUSTRIAL BLVD STE 111 CHESTERFIELD, MO 630051219		

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DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
RF0423789	09-30-2026	\$1850

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
3,3N,4, 5	DISTRIBUTOR	08-12-2025

FOUNDATION CARE LLC 111 CHESTERFIELD INDUSTRIAL BLVD STE 111 CHESTERFIELD, MO 630051219

**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: -----

VERIFICATION OF BOND IN FORCE
Form SB-3

Type of Bond: License/Permit Bond

Name of Principal: FOUNDATION CARE LLC

Obligee: NEVADA STATE BOARD OF PHARMACY

Carrier: LIBERTY MUTUAL INSURANCE COMPANY

Bond Number: 285074788

Effective Date: April 26, 2025

Limit: \$ 100,000.00

Premium: \$ 205.00

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 April 26, 2026



Seal No. 5973

LIBERTY MUTUAL INSURANCE COMPANY

By: 
Barbara Pannier Attorney in Fact

Date: February 6, 2025



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. 8204826 - 8204826

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, Barbara Pannier; Catherine L. Geimer; Christina Baratti; Eric D. Sauer; Jennifer Williams; Salena Wood; Susan R. Schwartz; Thomas U. Krippene

all of the city of Saint Louis state of MO 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 9th 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 ss
County of MONTGOMERY

On this 9th 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 Insurance Company, and West American Insurance Company, and that he, as such, being authorized so to do, execute the foregoing instrument for the purposes therein contained by signing on behalf of the corporations by himself as a duly authorized officer.

IN WITNESS WHEREOF, I have hereunto subscribed my name and affixed my notarial seal at King of Prussia, Pennsylvania, on the day and year first above written.



Commonwealth of Pennsylvania - Notary Seal
Teresa Pastella, Notary Public
Montgomery County
My commission expires March 28, 2025
Commission number 1126044
Member, Pennsylvania Association of Notaries

By: Teresa Pastella
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 6th day of February, 2025.



By: Renee C. Llewellyn
Renee C. Llewellyn, Assistant Secretary

NEVADA STATE BOARD OF PHARMACY

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

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler Foundation Care LLC
Pharmacy/Wholesaler License # (if applicable) _____
Physical Address 111 Chesterfield Industrial Boulevard, Suite 111,
City Chesterfield State MO Zip 63005-1219
Mailing Address (if different from physical address) 8517 Southpark Circle, Suite 200,
City Orlando State FL Zip 32819-9033
Telephone (877) 291-1122 Website https://www.acariahealth.com/
Licensing Company Email Licensing@AcariaHealth.com

Section 2: Personal Information

First John Middle Henry Last Genenbacher
Alias(es, nicknames, name changes, etc.) _____
Date of Birth [REDACTED] SSN or ITIN [REDACTED] Sex ☒ M ☐ F ☐ X
Mailing Address [REDACTED]
City St. Charles State MO Zip [REDACTED]
Telephone [REDACTED] Email John.H.Genenbacher@foundcare.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

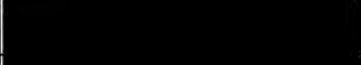
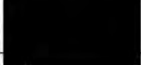
Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)

	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 <i>University of Missouri - St. Louis</i>		From - To (MM/YY - MM/YY) <i>8/2004 - 5/2005</i>	
Address <i>1 University Blvd</i>	City <i>St. Louis</i>	State <i>MO</i>	Zip <i>63121</i>
Diploma/Degree obtained, if any			
School Name <i>Central Missouri State University</i>		From - To (MM/YY - MM/YY) <i>8/2001 - 5/2004</i>	
Address <i>116 W. South St.</i>	City <i>Warrensburg</i>	State <i>MO</i>	Zip <i>64093</i>
Diploma/Degree obtained, if any			
School Name <i>Duchesne High School</i>		From - To (MM/YY - MM/YY) <i>8/1996 - 5/2000</i>	
Address <i>2550 Elm St.</i>	City <i>St. Charles</i>	State <i>MO</i>	Zip <i>63301</i>
Diploma/Degree obtained, if any <i>Diploma</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			

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>8/2017 - 9/2019</i>	Address 	City <i>St. Charles</i>	State <i>MO</i>	Zip 
From - To (MM/YY - MM/YY) <i>9/2019 - Present</i>	Address 	City <i>St. Charles</i>	State <i>MO</i>	Zip 
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	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>Foundation Care</i>		From - To (MM/YY - MM/YY) <i>06/93 - Present</i>	
Business Address <i>111 Chesterfield Industrial Blvd, Suite 111</i>		City <i>Chesterfield</i>	State <i>MO</i>
Phone <i>314 - 291 - 1122</i>	Title <i>Sr. Manager Wholesale Distribution</i>	Zip <i>63005</i>	
Number of Employed Hours <i>6,000 +</i>			
Description of Duties <i>Oversee warehouse operations and business strategy, utilizing cross-functional departments to meet strategic objectives</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			
Business Name		From - To (MM/YY - MM/YY)	
Business Address		City	State Zip
Phone	Title	Number of Employed Hours	
Description 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 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)

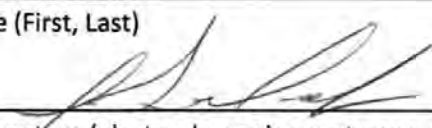
9-9-2025
Date

I, John Genenbacher, certify that as the designated representative for
Foundation Care LLC

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

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

John Genenbacher
Print Name (First, Last)


Original Signature (electronic, copies or stamps not accepted)

9-9-2025
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 Genenbacher

Print Name (First, Last)

[Signature]
Original Signature (electronic, copies or stamps not accepted)

9/9/2025
Date

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

State of FLORIDA, ss. County of ORANGE

I, John Genenbacher, 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

9/9/2025
Date

Subscribed and Sworn to before me this 9 day of September 2025

Stephanie K Thomas
Notary Public Signature



(Seal)

Foundation Care LLC
111 Chesterfield Industrial Boulevard, Suite 111,
Chesterfield MO 63005
FEIN: 20-0873587
Wholesale State License # WH01943

Question

- **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**

Answer

1. John Genenbacher
2. Cindi Burns
3. Kelsey McDaniels Ryan
4. Matthew Heffner
5. Dolly Rumpf
6. Wendy Leacy
7. Cynthia Gebel
8. Michael Bisesi

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
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>Acumed LLC</u>		
Physical Address: <u>5885 NE Cornelius Pass Rd</u>		
City: <u>Hillsboro</u> State: <u>Oregon</u> Zip: <u>97124</u>		
Mailing Address (if different from physical address): _____		
City: _____ State: _____ Zip: _____		
Telephone: <u>503-627-9957</u> Website: <u>WWW.ACUMED.NET</u>		
Name of Designated Representative (DR): <u>David Ellison</u>		
Licensing Company Email: <u>licensingdepartment@acumed.ne</u> DR Email: <u>david.ellison@acumed.net</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)?			✓

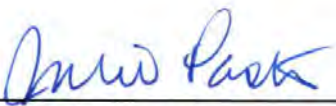
Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement 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 08/31/2023	Disposition Date	State N/A	City N/A	County N/A
Case # 23-276-0	Governing, Licensing, Arresting Presiding Body/Agency/Court Nevada State Board of Pharmacy			
Reason/Charge Unlicensed furnishing of prescription medical devices				
Plaintiff/Defendant/Claimant/Respondent N/A			Lawsuit/Arbitration/Bankruptcy N/A	
Name of Business/Industry/Entity Acumed LLC				

Provide explanation below:

Acumed LLC received a cease and desist letter on 08/31/2023 for unlicensed furnishing of prescription medical devices to certain wholesalers in Nevada. Acumed LLC was previously unaware of the licensing requirements. Upon receiving the letter Acumed LLC ceased distributing devices into Nevada and paid the fine in full. Acumed LLC received a temporary wholesaler license (WH03512) that expired on 12/11/2023. Acumed LLC is seeking to be in compliance with this new application for 2025 and will continue renewals as required. This was previously reported in our 2024 application.


 Original Signature (electronic, copies or stamps not accepted)

3/13/2025
 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: Velocity Medtech (AMT)

Address: 14298 168th Drive SE City: Monroe State: WA Zip: 98272

Name: Micropulse

Address: 5865 East State Road 14 City: Columbia City State: IN Zip: 46725

Name: Apex

Address: 25#, Yonghua Road, Yonghe 511356 City: Guangzhou, China State: N/A Zip: N/A

Name: Precision Edge

Address: 415 W. 12th Ave City: Sault Sainte Marie State: MI Zip: 49783

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): Colson Medical, LLC

Corporation/Organization Name: Acumed LLC

Mailing Address: 5885 NE Corneliuss Pass Rd

City: Hillsboro State: OR Zip: 97124

Telephone: 503-627-9957 Email: david.ellison@acumed.net

Contact Person Name: David Ellison

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/ .		✓	✓	✓

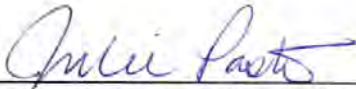
I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application 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.

Acumed LLC

Facility Name

Julie Pasto

Print Name of Authorized Person Submitting Application



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

3/10/2025

Date

Board Use Only

Date Received: _____

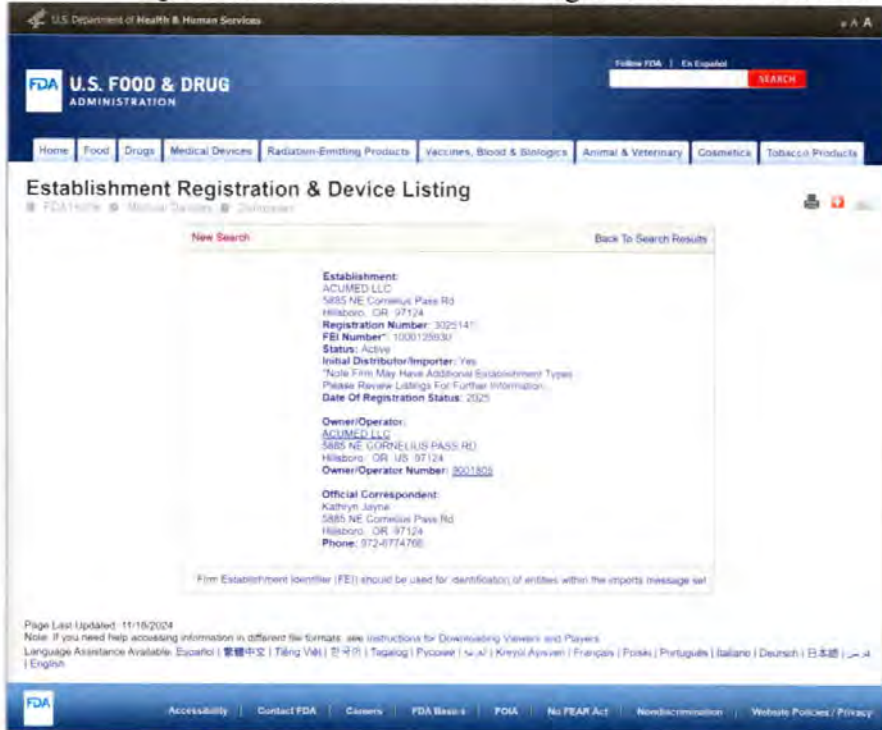
Amount: _____

2025 Nevada Wholesaler Application – Acumed LLC Attachments/Supplemental Documentation

Please see below for a list of all attachments and supplemental documentation that is applicable to Acumed LLC Brookwood and Cornelius Pass locations.

Section 8:

1. Copy of FDA Registration (attached below). Acumed LLC is a medical device manufacturer and is registered with the FDA under Registration No. 3025141.



The screenshot shows the FDA's Establishment Registration & Device Listing page. The header includes the U.S. Department of Health & Human Services and the U.S. Food & Drug Administration logo. A search bar is present at the top right. The main content area displays the registration details for ACUMED LLC, including the establishment name, address (5885 NE Cornelius Pass Rd, Hillsboro, OR 97124), registration number (3025141), and status (Active). It also lists the owner/operator (ACUMED LLC) and the official correspondent (Kathryn Jayne). The page footer contains various links and a note about the last update date (11/16/2024).

2. Surety Bond of \$25,000 and Surety Bond Form (attached), includes a rider for all three locations

Section 9:

3. List of all Officers and Directors:
 - a) Hjalmar Pompe van Meerdervoort - President
 - b) Regina Madigan - Chief Financial Officer
 - c) Scott Cameron - Secretary
4. Corporation Shareholders and their Percent Ownership:

www.acumed.net

Acumed, USA Campus
5885 NE Cornelius Pass Road
Hillsboro, OR 97124
+1 888.627.9957

OsteoMed USA Campus
3885 Arapaho Road
Addison, TX 75001
+1.800.456.7779

Acumed Iberica Campus
C. Proci3n, 1
Edificio Oficio
28023 Madrid, Spain
+34.913.51.63.57

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ACUMED 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 TWELFTH DAY OF DECEMBER, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ACUMED LLC" WAS FORMED ON THE TWENTY-SECOND DAY OF OCTOBER, A.D. 2002.

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



3582644 8300

SR# 20244476836

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: 205116931

Date: 12-12-24

0664

Licensee Details

Demographic Information

Name: ACUMED LLC

Address Information

Line 1: 5885 NE CORNELIUS PASS RD
Line 2:
Line 3:
Line 4: Hillsboro OR 97124

License Information

Type: Wholesaler with Prescription
Lic #: W1-0005322
Status: Active
Issued: 3/21/2024
Expiration Date: 9/30/2026
Last Renewed: 8/25/2025
Small Business?

N	N	N
---	---	---

Prerequisite Information

Relationship/Name	Dates	License Details
-------------------	-------	-----------------

Specialty Information

No Specialty Information

Discipline Information

No Discipline Information

Board Orders

No Available Board Orders



CERTIFICATE OF LIABILITY INSURANCE

Page 1 of 2

DATE (MM/DD/YYYY)
12/31/2024

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

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

PRODUCER Willis Towers Watson Midwest, Inc. c/o 26 Century Blvd P.O. Box 305191 Nashville, TN 372305191 USA	CONTACT NAME: WTW Certificate Center PHONE (A/C, No, Ext): 1-877-945-7378 E-MAIL ADDRESS: certificates@wtwco.com FAX (A/C, No): 1-888-467-2378														
INSURED Acumed LLC 5885 NE Cornelius Pass Road Hillsboro, OR 97124	<table><tr><th>INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr><tr><td>INSURER A: Old Republic Insurance Company</td><td>24147</td></tr><tr><td>INSURER B: Continental Casualty Company</td><td>20443</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(S) AFFORDING COVERAGE	NAIC #	INSURER A: Old Republic Insurance Company	24147	INSURER B: Continental Casualty Company	20443	INSURER C:		INSURER D:		INSURER E:		INSURER F:	
INSURER(S) AFFORDING COVERAGE	NAIC #														
INSURER A: Old Republic Insurance Company	24147														
INSURER B: Continental Casualty Company	20443														
INSURER C:															
INSURER D:															
INSURER E:															
INSURER F:															

COVERAGES

CERTIFICATE NUMBER: W37223312

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:		MWZY 317281 24	11/15/2024	11/15/2025	EACH OCCURRENCE \$ 2,000,000
		DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000				
		MED EXP (Any one person) \$ 10,000				
		PERSONAL & ADV INJURY \$ 2,000,000				
						GENERAL AGGREGATE \$ 2,000,000
						PRODUCTS - COM/OP AGG \$ 2,000,000
						\$
	AUTOMOBILE LIABILITY ☐ ANY AUTO ☐ OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☐ HIRED AUTOS ONLY ☐ NON-OWNED AUTOS ONLY					COMBINED SINGLE LIMIT (Ea accident) \$
						BODILY INJURY (Per person) \$
						BODILY INJURY (Per accident) \$
						PROPERTY DAMAGE (Per accident) \$
						\$
	UMBRELLA LIAB ☐ OCCUR EXCESS LIAB ☐ CLAIMS-MADE DED RETENTION \$					EACH OCCURRENCE \$
						AGGREGATE \$
						\$
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 ☒ No N/A	MWYC 317278 24	11/15/2024	11/15/2025	☒ PER STATUTE ☐ OTH-ER
		E.L. EACH ACCIDENT \$ 3,000,000				
		E.L. DISEASE - EA EMPLOYEE \$ 3,000,000				
						E.L. DISEASE - POLICY LIMIT \$ 3,000,000
B	Excess Product Liability	Y	ADE 6023831192	12/31/2024	11/15/2025	Each Occurrence: \$5M xs \$5M Aggregate: \$5M xs \$5M

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

SEE ATTACHED

CERTIFICATE HOLDER**CANCELLATION**

Acumed LLC 5885 NE Cornelius Pass Road Hillsboro, OR 97124	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

SR ID: 27030165

BATCH: 3758623

0666

AGENCY CUSTOMER ID: _____
LOC #: _____



ADDITIONAL REMARKS SCHEDULE

Page 2 of 2

AGENCY Willis Towers Watson Midwest, Inc.		NAMED INSURED Acumed LLC 5885 NE Cornelius Pass Road Hillsboro, OR 97124	
POLICY NUMBER See Page 1			
CARRIER See Page 1	NAIC CODE See Page 1	EFFECTIVE DATE: See Page 1	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

It is agreed that The Methodist Hospital is included as an Additional Insured as respects to General Liability. Waiver of Subrogation applies in favor of The Methodist Hospital with respects to General Liability, Workers Compensation and separate Products Liability where required by written contract and as permitted by law.

INSURER AFFORDING COVERAGE: Continental Casualty Company

NAIC#: 20443

POLICY NUMBER: ADT 4031919959 EFF DATE: 12/31/2024 EXP DATE: 11/15/2025

SUBROGATION WAIVED: Y

TYPE OF INSURANCE:
Products Liability

LIMIT DESCRIPTION:
Each Occurrence

LIMIT AMOUNT:
\$5,000,000

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. 47-SUR-300045-01-0061

Application/License No. WH03512

Acumed LLC, doing or intending to do business as a
Applicant/Principal
pharmaceutical wholesaler, whose address for purposes of service is
5885 NE Cornelius Pass Rd., Hillsboro, OR 97124, as
Address of Applicant/Principal
PRINCIPAL, and Berkshire Hathaway Specialty Insurance Company, a
Surety Company
corporation organized under the laws of the state of NE
State of Incorporation
and authorized to transact a general surety business in the State of

Nevada, whose address for purposes of service is
1314 Douglas Street, Suite 1300, Omaha, NE 68102-1944, 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 February 7, 2025.
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.

Posted February 20, 2020

THIS BOND is subject to the following conditions:

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

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

In witness whereof, each party to this bond has caused it to be executed on this
7th day of February, 2025.

APPLICANT/PRINCIPAL

Acumed LLC

By: Kathleen Lane
Authorized Representative

SURETY COMPANY

Berkshire Hathaway Specialty Insurance Company

By: [Signature]
Surety Company's Representative

Michelle Anne McMahon, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

Laura Minnick
Witness

Julie Potts
Witness

SIGNED and SEALED in the presence of:

Erika Prodell
Witness Erika Prodell

Glenn Ryan C. Tapawan
Witness Glenn Ryan C. Tapawan

Countersigned by:

[Signature]
Nevada Resident Agent Connor Wolpert
Non-Resident Agent License Number: 3849618

Posted February 20, 2020



Berkshire Hathaway
Specialty Insurance

47-SUR-300045-01-0061

Power Of Attorney

BERKSHIRE HATHAWAY SPECIALTY INSURANCE COMPANY NATIONAL INDEMNITY COMPANY / NATIONAL LIABILITY & FIRE INSURANCE COMPANY

Know all men by these presents, that **BERKSHIRE HATHAWAY SPECIALTY INSURANCE COMPANY**, a corporation existing under and by virtue of the laws of the State of Nebraska and having an office at One Lincoln Street, 23rd Floor, Boston, Massachusetts 02111, **NATIONAL INDEMNITY COMPANY**, a corporation existing under and by virtue of the laws of the State of Nebraska and having an office at 3024 Harney Street, Omaha, Nebraska 68131 and **NATIONAL LIABILITY & FIRE INSURANCE COMPANY**, a corporation existing under and by virtue of the laws of the State of Connecticut and having an office at 100 First Stamford Place, Stamford, Connecticut 06902 (hereinafter collectively the "Companies"), pursuant to and by the authority granted as set forth herein, do hereby name, constitute and appoint: Michelle Anne McMahon, Kimberly Bragg, Susan K. Landreth, Sarah E. Green, 233 South Wacker Dr, Suite 2000 of the city of Chicago, State of Illinois, their true and lawful attorney(s)-in-fact to make, execute, seal, acknowledge, and deliver, for and on their behalf as surety and as their act and deed, any and all undertakings, bonds, or other such writings obligatory in the nature thereof, in pursuance of these presents, the execution of which shall be as binding upon the Companies as if it has been duly signed and executed by their regularly elected officers in their own proper persons. **This authority for the Attorney-in-Fact shall be limited to the execution of the attached bond(s) or other such writings obligatory in the nature thereof.**

In witness whereof, this Power of Attorney has been subscribed by an authorized officer of the Companies, and the corporate seals of the Companies have been affixed hereto this date of August 24, 2023. This Power of Attorney is made and executed pursuant to and by authority of the Bylaws, Resolutions of the Board of Directors, and other Authorizations of **BERKSHIRE HATHAWAY SPECIALTY INSURANCE COMPANY, NATIONAL INDEMNITY COMPANY** and **NATIONAL LIABILITY & FIRE INSURANCE COMPANY**, which are in full force and effect, each reading as appears on the back page of this Power of Attorney, respectively. The following seals of the Companies and signatures by an authorized officer of the Company may be affixed by facsimile or digital format, which shall be deemed the equivalent of and constitute the written signature of such officer of the Companies and original seals of the Companies for all purposes regarding this Power of Attorney, including satisfaction of any signature and seal requirements on any and all undertakings, bonds, or other such writings obligatory in the nature thereof, to which this Power of Attorney applies.

BERKSHIRE HATHAWAY SPECIALTY
INSURANCE COMPANY,

By:

David Fields, Executive Vice President



NATIONAL INDEMNITY COMPANY,
NATIONAL LIABILITY & FIRE INSURANCE COMPANY,

By:

David Fields, Vice President



NOTARY

State of Massachusetts, County of Suffolk, ss:

On this 24th day of August, 2023, before me appeared David Fields, Executive Vice President of **BERKSHIRE HATHAWAY SPECIALTY INSURANCE COMPANY** and Vice President of **NATIONAL INDEMNITY COMPANY** and **NATIONAL LIABILITY & FIRE INSURANCE COMPANY**, who being duly sworn, says that his capacity is as designated above for such Companies; that he knows the corporate seals of the Companies; that the seals affixed to the foregoing instrument are such corporate seals; that they were affixed by order of the board of directors or other governing body of said Companies pursuant to its Bylaws, Resolutions and other Authorizations, and that he signed said instrument in that capacity of said Companies.

[Notary Seal]



Notary Public

I, Ralph Tortorella, the undersigned, Officer of **BERKSHIRE HATHAWAY SPECIALTY INSURANCE COMPANY, NATIONAL INDEMNITY COMPANY** and **NATIONAL LIABILITY & FIRE 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 is in full force and effect and has not been revoked. IN TESTIMONY WHEREOF, see hereunto affixed the seals of said Companies this February 7, 2025.



Ralph Tortorella, Officer

BHSIC, NICO & NLF POA (2023)

To verify the authenticity of this Power of Attorney please contact us at: BHSIC Surety Department, Berkshire Hathaway Specialty Insurance Company, One Lincoln Street, 23rd Floor, Boston, MA 02111 | (770) 625-2536 or by email at David.Fields@bhsic.com. **THIS POWER OF ATTORNEY IS VOID IF ALTERED**

To notify us of a claim please contact us on our 24-hour toll free number at (855) 453-9875, via email at claim@bhsic.com, via fax to (617) 501-8259, or via mail.

GENERAL SURETY RIDER

To be attached and form a part of

Bond No. 47-SUR-300045-01-0061
For Pharmaceutical Wholesaler Surety Bond - Multiple Service Addresses
Dated effective 02/07/2025 (MONTH, DAY, YEAR)
Executed by Acumed LLC, as Principal, (PRINCIPAL)
And by Berkshire Hathaway Specialty Insurance Company, 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

Adding Two Additional Locations

1. Acumed LLC, 4860 NE Brookwood Pkwy, Hillsboro, OR 97124
2. OsteoMed LLC, 3885 Arapaho Rd., Addison, TX 75001

Nothing herein contained shall vary, alter or extend any provision or condition of this bond except as herein expressly stated.

This rider is effective

02/07/2025

(MONTH, DAY, YEAR)

Signed and Sealed

02/07/2025

(MONTH, DAY, YEAR)



BY

Kathryn L. Payne

Acumed LLC
PRINCIPAL

VPO/ARA
TITLE

Berkshire Hathaway Specialty Insurance Company
SURETY

BY

Michelle Anne McMahon
Michelle Anne McMahon, ATTORNEY-IN-FACT



Berkshire Hathaway
Specialty Insurance

47-SUR-300045-01-0061

Power Of Attorney

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In witness whereof, this Power of Attorney has been subscribed by an authorized officer of the Companies, and the corporate seals of the Companies have been affixed hereto this date of August 24, 2023. This Power of Attorney is made and executed pursuant to and by authority of the Bylaws, Resolutions of the Board of Directors, and other Authorizations of **BERKSHIRE HATHAWAY SPECIALTY INSURANCE COMPANY**, **NATIONAL INDEMNITY COMPANY** and **NATIONAL LIABILITY & FIRE INSURANCE COMPANY**, which are in full force and effect, each reading as appears on the back page of this Power of Attorney, respectively. The following seals of the Companies and signatures by an authorized officer of the Company may be affixed by facsimile or digital format, which shall be deemed the equivalent of and constitute the written signature of such officer of the Companies and original seals of the Companies for all purposes regarding this Power of Attorney, including satisfaction of any signature and seal requirements on any and all undertakings, bonds, or other such writings obligatory in the nature thereof, to which this Power of Attorney applies.

BERKSHIRE HATHAWAY SPECIALTY
INSURANCE COMPANY,

By:

David Fields, Executive Vice President



NATIONAL INDEMNITY COMPANY,
NATIONAL LIABILITY & FIRE INSURANCE COMPANY,

By:

David Fields, Vice President



NOTARY

State of Massachusetts, County of Suffolk, ss:

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[Notary Seal]



Notary Public

I, Ralph Tortorella, the undersigned, Officer of **BERKSHIRE HATHAWAY SPECIALTY INSURANCE COMPANY**, **NATIONAL INDEMNITY COMPANY** and **NATIONAL LIABILITY & FIRE 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 is in full force and effect and has not been revoked. IN TESTIMONY WHEREOF, see hereunto affixed the seals of said Companies this February 7, 2025.



Ralph Tortorella, Officer

BHSIC, NICO & NLF POA (2023)

To verify the authenticity of this Power of Attorney please contact us at: BHSI Surety Department, Berkshire Hathaway Specialty Insurance Company, One Lincoln Street, 23rd Floor, Boston, MA 02111 | (770) 625-2516 or by email at transfer.PoA@bhsispecialty.com. THIS POWER OF ATTORNEY IS VOID IF ALTERED.

To notify us of a claim please contact us on our 24-hour toll free number at (855) 453-9675, via email at claimnotice@bhsispecialty.com, via fax to (617) 507-8259, or via mail.

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 Acumed, LLC MDEG License # (if applicable) _____
Physical Address 5885 NE Cornelius Pass Road
City Hillsboro State Oregon Zip 97124
Mailing Address (if different from physical address) _____
City _____ State _____ Zip _____
Telephone _____ Website _____
Licensing Company Email _____

Section 2: Personal Information

First David Middle McKinley Last Ellison
Alias(es, nicknames, name changes, etc.) _____
Date of Birth [REDACTED] SSN or ITIN [REDACTED] Sex ☒ M ☐ F ☐ X
Mailing Address [REDACTED]
City Portland State OR Zip [REDACTED]
Telephone 888-627-9957 Email david.ellison@acumed.net
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 Laurens District 55 High School		From - To (MM/YY - MM/YY) 08/84 - 06/88	
Address 5058 Highway 76 West	City Laurens	State SC	Zip 29360
Diploma/Degree obtained, if any High School Diploma			
School Name Georgia Institute of Technology		From - To (MM/YY - MM/YY) 09/89 - 08/92	
Address 225 North Avenue NW	City Atlanta	State GA	Zip 30332
Diploma/Degree obtained, if any Bachelors of Mechanical 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) 08/21 - Present	Address 	City Portland	State OR	Zip 
From - To (MM/YY - MM/YY) 11/18 - 07/21		City Mount Pleasant	State SC	
From - To (MM/YY - MM/YY) 07/18 - 10/18		City Mount Pleasant	State SC	
From - To (MM/YY - MM/YY) 05/14 - 06/18		City Naples	State FL	
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	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 Acumed, LLC		From - To (MM/YY – MM/YY) 03/21 – Present	
Business Address 5885 NE Cornelius Pass Road		City Hillsboro	State OR
Phone 888-627-9957	Title Vice President, US Operations		Zip 97124
Number of Employed Hours 8040			
Description of Duties Director and Sr Director of Manufacturing Engineering (March 2021 to October 2024) Vice President, US Operations (November 2024 to Present)			
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.			
--	--	--	--

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, David M. Ellison, certify that as the MDEG Administrator for
Acumed, LLC,

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

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

David Ellison

Print Name (First, Last)



Original Signature (electronic, copies or stamps not accepted)

JANUARY 27, 2024

Date

Board Use Only

Date Received: _____

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 Acumed LLC MDEG License # (if applicable) _____
Physical Address 4860 NE Brookwood Pkwy
City Hillsboro State OR Zip 97124
Mailing Address (if different from physical address) _____
City _____ State _____ Zip _____
Telephone (888) 627-9957 Website www.acumed.net
Licensing Company Email licensingdepartment@acumed.net

Section 2: Personal Information

First David Middle McKinley Last Ellison
Alias(es, nicknames, name changes, etc.) _____
Date of Birth [REDACTED] SSN or ITIN [REDACTED] Sex ☒ M ☐ F ☐ X
Mailing Address [REDACTED]
City Portland State OR Zip [REDACTED]
Telephone (888) 627-9957 Email david.ellison@acumed.net
Are you a citizen of the United States? ☒ Yes ☐ No

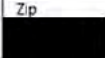
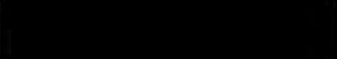
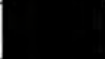
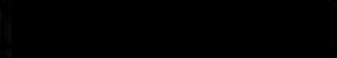
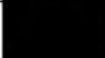
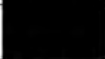
Section 3: Military Service (NRS 622.120)

	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 Laurens District 55 High School		From - To (MM/YY - MM/YY) 08/84-06/88	
Address 5058 Highway 76 West	City Laurens	State SC	Zip 29360
Diploma/Degree obtained, if any High School Diploma			
School Name Georgia Institute of Technology		From - To (MM/YY - MM/YY) 09/89-08/92	
Address 225 North Avenue NW	City Atlanta	State GA	Zip 30332
Diploma/Degree obtained, if any Bachelors of Mechanical 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			
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) 08/21 - present	Address 	City Portland	State OR	Zip 
From - To (MM/YY - MM/YY) 11/18-07/21	Address 	City Mount Pleasant	State SC	Zip 
From - To (MM/YY - MM/YY) 07/18-10/18	Address 	City Mount Pleasant	State SC	Zip 
From - To (MM/YY - MM/YY) 05/14-06/18	Address 	City Naples	State FL	Zip 
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip

Section 7: An MDEG Administrator must provide proof that he or she has least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler. Beginning with the most current, list your hours of employment related to the above. (NAC 639.694)				
Business Name			From - To (MM/YY – MM/YY)	
Acumed, LLC			03/21-present	
Business Address		City	State	Zip
4860 NE Brookwood Pkwy		Hillsboro	OR	97124
Phone	Title	Number of Employed Hours		
(888) 627-9957	Vice President, US Operations	8040		
Description of Duties				
Director and Sr Director of Manufacturing Engineering (March 2021 to October 2024) Vice President, US Operations (November 2024 to present)				
Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title	Number of Employed Hours		
Description of Duties				
Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title	Number of Employed Hours		
Description 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)

Date

I, David M. Ellison, certify that as the MDEG Administrator for

Acumed, LLC

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

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

David Ellison

Print Name (First, Last)



Original Signature (electronic, copies or stamps not accepted)

29 FEB 2025

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 Acumed LLC
Pharmacy/Wholesaler License # (if applicable) W1-0005322
Physical Address 5885 NE Cornelius Pass Road
City Hillsboro State OR Zip 97124
Mailing Address (if different from physical address) Same
City _____ State _____ Zip _____
Telephone (888) 627-9957 Website acumed.net
Licensing Company Email licensingdepartment@acumed.net

Section 2: Personal Information

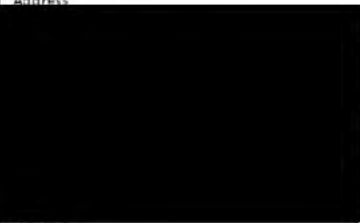
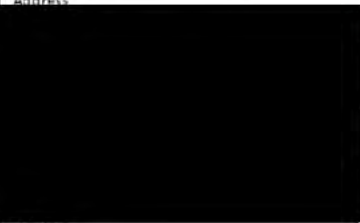
First David Middle McKinley Last Ellison
Alias(es, nicknames, name changes, etc.) _____
Date of Birth [REDACTED] SSN or ITIN [REDACTED] Sex ☒ M ☐ F ☐ X
Mailing Address [REDACTED]
City Portland State OR Zip [REDACTED]
Telephone 888-627-9957 Email david.ellison@acumed.net
Are you a citizen of the United 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?		

Designated Representative Application (Applicant's Initials DME) 2 of 9

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 Laurens District 55 High School		From - To (MM/YY - MM/YY) 8/84 - 6/88		
Address 5058 Highway 76 West	City Laurens	State SC	Zip 29360	
Diploma/Degree obtained, if any High School Diploma				
School Name Georgia Institute of Technology		From - To (MM/YY - MM/YY) 9/89 - 8/92		
Address 225 North Avenue NW	City Atlanta	State GA	Zip 30332	
Diploma/Degree obtained, if any Bachelors of Mechanical 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) 08/21 - Present	Address 	City Portland	State OR	Zip 
From - To (MM/YY - MM/YY) 11/18 - 07/21		City Mount Pleasant	State SC	
From - To (MM/YY - MM/YY) 07/18 - 10/18		City Mount Pleasant	State SC	
From - To (MM/YY - MM/YY) 05/14 - 06/18		City Naples	State FL	
From - To (MM/YY - MM/YY)		Address	City	
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	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 Acumed LLC		From - To (MM/YY - MM/YY) 03/21 - Present	
Business Address 5885 NE Cornelius Pass Road		City Hillsboro	State OR
Phone 888-627-9957	Title Vice President, US Operations		Zip 97124
Description of Duties Director and Senior Director of Manufacturing Engineering (03/21 - 10/24) Vice President, US Operations (11/24 - Present)			

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	

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			

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)

July 31, 2025

Date

I, David M. Ellison, certify that as the designated representative for
~~Dallas, TX~~ ^{Dub} ACUMED LLC

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

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

David M. Ellison

Print Name (First, Last)



Original Signature (electronic, copies or stamps not accepted)

July 31, 2025

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 M. ELLISON

Print Name (First, Last)

[Signature]

Original Signature (electronic, copies or stamps not accepted)

July 31, 2025

Date

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

State of TEXAS, ss. County of DALLAS

I, DAVID M. ELLISON, 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

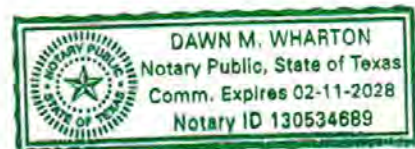
July 31, 2025

Date

Subscribed and Sworn to before me this 31 day of July.

[Signature]

Notary Public Signature



(Seal)

E1031601	Julie A Pasto	USA_Hillsboro_OR_5885 NE Cornelius Pass Rd	Oregon
E1031603	Alexander Dezhnyuk	USA_Hillsboro_OR_5885 NE Cornelius Pass Rd	Oregon
E1031604	Xuan H Ngo	USA_Hillsboro_OR_5885 NE Cornelius Pass Rd	Oregon
E1031606	James George Falkner Jr.	USA_Hillsboro_OR_5885 NE Cornelius Pass Rd	Oregon
E1031607	Randy Wanless	USA_Hillsboro_OR_5885 NE Cornelius Pass Rd	Oregon
E1031610	William A Beutler	USA_Hillsboro_OR_5885 NE Cornelius Pass Rd	Oregon
E1031612	Michelangelo Perrella	USA_Hillsboro_OR_5885 NE Cornelius Pass Rd	Oregon
E1031615	Kevin Nguyen	USA_Hillsboro_OR_5885 NE Cornelius Pass Rd	Oregon
E1031616	Kurt Gemmell	USA_Hillsboro_OR_5885 NE Cornelius Pass Rd	Oregon
E1031617	Binh Nguyen	USA_Hillsboro_OR_5885 NE Cornelius Pass Rd	Oregon
E1031618	Jesse M Ramirez	USA_Hillsboro_OR_5885 NE Cornelius Pass Rd	Oregon
E1031620	Phallon Oun	USA_Hillsboro_OR_5885 NE Cornelius Pass Rd	Oregon
E1031621	Becir Osmancevic	USA_Hillsboro_OR_5885 NE Cornelius Pass Rd	Oregon
E1031624	Santana Galaviz	USA_Hillsboro_OR_5885 NE Cornelius Pass Rd	Oregon
E1031627	Enrique Francisco Flores	USA_Hillsboro_OR_5885 NE Cornelius Pass Rd	Oregon
E1031629	Volha Krautsova	USA_Hillsboro_OR_5885 NE Cornelius Pass Rd	Oregon
E1031630	Hoa Ha	USA_Hillsboro_OR_4860 NE Brookwood Pkwy	Oregon
E1031631	Eric Cullett	USA_Hillsboro_OR_5885 NE Cornelius Pass Rd	Oregon
E1031632	Kimberly R Craven	USA_Hillsboro_OR_5885 NE Cornelius Pass Rd	Oregon
E1031635	Aaron M Smith	USA_Hillsboro_OR_5885 NE Cornelius Pass Rd	Oregon
E1031636	Nicolas Lopez	USA_Hillsboro_OR_5885 NE Cornelius Pass Rd	Oregon
E1031637	Olga P Panfilova	USA_Hillsboro_OR_5885 NE Cornelius Pass Rd	Oregon
E1031638	Marcus Mohr	USA_Hillsboro_OR_5885 NE Cornelius Pass Rd	Oregon
E1031639	Joselyn Petchey	USA_Hillsboro_OR_5885 NE Cornelius Pass Rd	Oregon
E1031640	Dustin Cluff	USA_Hillsboro_OR_5885 NE Cornelius Pass Rd	Oregon
E1031642	Lucila Talicuran	USA_Hillsboro_OR_5885 NE Cornelius Pass Rd	Oregon
E1031644	Brian R Conley	USA_Hillsboro_OR_5885 NE Cornelius Pass Rd	Oregon

E1031645	Corey Bernadot	USA_Hillsboro_OR_5885 NE Cornelius Pass Rd	Oregon
E1031646	Salomon Salgado	USA_Hillsboro_OR_5885 NE Cornelius Pass Rd	Oregon
E1031647	Paul Tervo	USA_Hillsboro_OR_5885 NE Cornelius Pass Rd	Oregon
E1031648	Jon Blake Bake	USA_Hillsboro_OR_5885 NE Cornelius Pass Rd	Oregon
E1031649	Kristopher S Lamping	USA_Hillsboro_OR_5885 NE Cornelius Pass Rd	Oregon
E1031651	Steven Crawford	USA_Hillsboro_OR_5885 NE Cornelius Pass Rd	Oregon
E1031652	Heriberto Gonzalez-Ramos	USA_Hillsboro_OR_5885 NE Cornelius Pass Rd	Oregon
E1031654	Caleb A Martin	USA_Hillsboro_OR_5885 NE Cornelius Pass Rd	Oregon
E1031655	Shaun R Lublink	USA_Hillsboro_OR_4860 NE Brookwood Pkwy	Oregon
E1031656	Matthew J Mcduffee	USA_Hillsboro_OR_5885 NE Cornelius Pass Rd	Oregon
E1031657	Joseph T Wagner	USA_Hillsboro_OR_5885 NE Cornelius Pass Rd	Oregon
E1031658	Allison W Shelley	USA_Hillsboro_OR_5885 NE Cornelius Pass Rd	Oregon
E1031659	Francisco M Silva	USA_Hillsboro_OR_5885 NE Cornelius Pass Rd	Oregon
E1031660	Yamony M Waller	USA_Hillsboro_OR_5885 NE Cornelius Pass Rd	Oregon
E1031661	David W Van Vleet	USA_Hillsboro_OR_5885 NE Cornelius Pass Rd	Oregon
E1031662	Benjamin Pizano Guzman	USA_Hillsboro_OR_5885 NE Cornelius Pass Rd	Oregon
E1031663	Lauren Sutton Mercer	USA_Hillsboro_OR_5885 NE Cornelius Pass Rd	Oregon
E1031664	Marcelino Lopez	USA_Hillsboro_OR_5885 NE Cornelius Pass Rd	Oregon
E1031667	Ismael Alexander Rodriguez	USA_Hillsboro_OR_5885 NE Cornelius Pass Rd	Oregon
E1031669	Richard T Keene	USA_Hillsboro_OR_5885 NE Cornelius Pass Rd	Oregon
E1031670	Joshua Hess	USA_Hillsboro_OR_5885 NE Cornelius Pass Rd	Oregon
E1031671	Jerald L Stainbrook	USA_Hillsboro_OR_5885 NE Cornelius Pass Rd	Oregon
E1031672	Sean Fish	USA_Hillsboro_OR_5885 NE Cornelius Pass Rd	Oregon
E1031673	Don Dung Nguyen	USA_Hillsboro_OR_5885 NE Cornelius Pass Rd	Oregon
E1031675	Kenny K Chinn	USA_Hillsboro_OR_5885 NE Cornelius Pass Rd	Oregon
E1031676	David Holland	USA_Hillsboro_OR_5885 NE Cornelius Pass Rd	Oregon
E1031677	Jordan Lang Galash	USA_Hillsboro_OR_5885 NE Cornelius Pass Rd	Oregon

E1031679	Jareall Davon Anderson	USA_Hillsboro_OR_5885 NE Cornelius Pass Rd	Oregon
E1031680	Joshua Durham	USA_Hillsboro_OR_5885 NE Cornelius Pass Rd	Oregon
E1031682	Claudine Tan	USA_Hillsboro_OR_5885 NE Cornelius Pass Rd	Oregon
E1031683	Pha Her	USA_Hillsboro_OR_5885 NE Cornelius Pass Rd	Oregon
E1031684	Brandon Jeffrey Jones	USA_Hillsboro_OR_5885 NE Cornelius Pass Rd	Oregon
E1031685	Timothy Smith	USA_Hillsboro_OR_5885 NE Cornelius Pass Rd	Oregon
E1031687	Chad Maixner	USA_Hillsboro_OR_5885 NE Cornelius Pass Rd	Oregon
E1031688	Julissa Rios	USA_Hillsboro_OR_5885 NE Cornelius Pass Rd	Oregon
E1031689	Daniel Perez-Lete	USA_Hillsboro_OR_5885 NE Cornelius Pass Rd	Oregon
E1031691	Alix Franco	USA_Hillsboro_OR_5885 NE Cornelius Pass Rd	Oregon
E1031692	Chandara D Mom	USA_Hillsboro_OR_5885 NE Cornelius Pass Rd	Oregon
E1031694	Stanley Langford	USA_Hillsboro_OR_5885 NE Cornelius Pass Rd	Oregon
E1031695	Brian Haug	USA_Hillsboro_OR_5885 NE Cornelius Pass Rd	Oregon
E1031697	Jonathan Waller	USA_Hillsboro_OR_5885 NE Cornelius Pass Rd	Oregon
E1031700	Michelle Micol Anderson	USA_Hillsboro_OR_5885 NE Cornelius Pass Rd	Oregon
E1031701	Tuan H Nguyen	USA_Hillsboro_OR_5885 NE Cornelius Pass Rd	Oregon
E1031704	Bharadwaj Ananthan	USA_Hillsboro_OR_5885 NE Cornelius Pass Rd	Oregon
E1031705	Gregory Garcia	USA_Hillsboro_OR_5885 NE Cornelius Pass Rd	Oregon
E1031706	Michael Stanton Harris	USA_Hillsboro_OR_5885 NE Cornelius Pass Rd	Oregon
E1031707	Tim Mit Mune-At	USA_Hillsboro_OR_5885 NE Cornelius Pass Rd	Oregon
E1031708	Maria Lezette Arada	USA_Hillsboro_OR_5885 NE Cornelius Pass Rd	Oregon
E1031709	Katie Holt	USA_Hillsboro_OR_5885 NE Cornelius Pass Rd	Oregon
E1031710	Matthew Osborn	USA_Hillsboro_OR_5885 NE Cornelius Pass Rd	Oregon
E1031712	Jay Kyle Thomas	USA_Hillsboro_OR_5885 NE Cornelius Pass Rd	Oregon
E1031715	Taryn M Lewis	USA_Hillsboro_OR_5885 NE Cornelius Pass Rd	Oregon
E1031716	Jennifer Im Dunphy	USA_Hillsboro_OR_5885 NE Cornelius Pass Rd	Oregon
E1031718	David Max Loseke	USA_Hillsboro_OR_5885 NE Cornelius Pass Rd	Oregon

E1031721	Anthony Michael Holmes	USA_Hillsboro_OR_5885 NE Cornelius Pass Rd	Oregon
E1031723	Salomoon Moua	USA_Hillsboro_OR_5885 NE Cornelius Pass Rd	Oregon
E1031727	Giraldo Arzola	USA_Hillsboro_OR_5885 NE Cornelius Pass Rd	Oregon
E1031729	Kyle S. McGinnis	USA_Hillsboro_OR_5885 NE Cornelius Pass Rd	Oregon
E1031731	Sabrina J. Luevano	USA_Hillsboro_OR_5885 NE Cornelius Pass Rd	Oregon
E1031733	Angelica Lopez	USA_Hillsboro_OR_5885 NE Cornelius Pass Rd	Oregon
E1031736	Joshua Hamilton Smith	USA_Hillsboro_OR_5885 NE Cornelius Pass Rd	Oregon
E1031739	Huong Nguyen Ha	USA_Hillsboro_OR_5885 NE Cornelius Pass Rd	Oregon
E1031743	Cain Tapia	USA_Hillsboro_OR_5885 NE Cornelius Pass Rd	Oregon
E1031745	Kevin Thanh Tran	USA_Hillsboro_OR_5885 NE Cornelius Pass Rd	Oregon
E1031747	Tom Nakhonexay	USA_Hillsboro_OR_5885 NE Cornelius Pass Rd	Oregon
E1031749	Russell Allen Moser	USA_Hillsboro_OR_5885 NE Cornelius Pass Rd	Oregon
E1031750	Lauren Bridget-Costello	USA_Hillsboro_OR_5885 NE Cornelius Pass Rd	Oregon
E1031752	Micciulla Philip Carmelotes Coloso	USA_Hillsboro_OR_5885 NE Cornelius Pass Rd	Oregon
E1031755	Tony George Davy	USA_Hillsboro_OR_5885 NE Cornelius Pass Rd	Oregon
E1031757	Dilani Emeliya Mil	USA_Hillsboro_OR_5885 NE Cornelius Pass Rd	Oregon
E1031758	Zachary Syversen Ridd	USA_Hillsboro_OR_5885 NE Cornelius Pass Rd	Oregon
E1031760	Brendan Burke Carlson	USA_Hillsboro_OR_5885 NE Cornelius Pass Rd	Oregon
E1031765	Jeffrey Steven Meisner	USA_Hillsboro_OR_5885 NE Cornelius Pass Rd	Oregon
E1031768	Matthew Charles Dobrosky	USA_Hillsboro_OR_4860 NE Brookwood Pkwy	Oregon
E1031769	Tara Marie McKinney	USA_Hillsboro_OR_5885 NE Cornelius Pass Rd	Oregon
E1031771	Randy Craig Hoyne	USA_Hillsboro_OR_5885 NE Cornelius Pass Rd	Oregon
E1031773	Mrs. Jovelyn Ortiz Fornis	USA_Hillsboro_OR_4860 NE Brookwood Pkwy	Oregon
E1031774	Heydi Magaly Perez Galvez	USA_Hillsboro_OR_5885 NE Cornelius Pass Rd	Oregon
E1031787	Marcin Piotr Waligora	USA_Hillsboro_OR_5885 NE Cornelius Pass Rd	Oregon
E1031791	Denny Her	USA_Hillsboro_OR_5885 NE Cornelius Pass Rd	Oregon
E1031793	Quintin Wade Wagner	USA_Hillsboro_OR_5885 NE Cornelius Pass Rd	Oregon

E1031797	Jenna Elise Spadaro Willems	USA_Hillsboro_OR_5885 NE Cornelius Pass Rd	Oregon
E1031798	Joshua Allan Johnson	USA_Hillsboro_OR_5885 NE Cornelius Pass Rd	Oregon
E1031799	Loren D Cochrun	USA_Hillsboro_OR_5885 NE Cornelius Pass Rd	Oregon
E1031801	Sokthea Lee	USA_Hillsboro_OR_5885 NE Cornelius Pass Rd	Oregon
E1031802	Samantha Noel Mosley- Wallace	USA_Hillsboro_OR_5885 NE Cornelius Pass Rd	Oregon
E1031809	Jacob Connor Timshel- Boatner	USA_Hillsboro_OR_5885 NE Cornelius Pass Rd	Oregon
E1031811	Thu Van Vo	USA_Hillsboro_OR_5885 NE Cornelius Pass Rd	Oregon
E1031816	Catherine Louise Van Fleet	USA_Hillsboro_OR_5885 NE Cornelius Pass Rd	Oregon
E1031817	James S Bentzley	USA_Hillsboro_OR_5885 NE Cornelius Pass Rd	Oregon
E1031818	Julio Enrique Solano	USA_Hillsboro_OR_5885 NE Cornelius Pass Rd	Oregon
E1031822	Valerie Michelle Mansker- Wright	USA_Hillsboro_OR_5885 NE Cornelius Pass Rd	Oregon
E1031823	Craig Starkey	USA_Hillsboro_OR_5885 NE Cornelius Pass Rd	Oregon
E1031826	Roger Vanglong Moua	USA_Hillsboro_OR_4860 NE Brookwood Pkwy	Oregon
E1031829	Milton Raymond Torres	USA_Hillsboro_OR_5885 NE Cornelius Pass Rd	Oregon
E1031833	William Edward Knehans	USA_Hillsboro_OR_5885 NE Cornelius Pass Rd	Oregon
E1031834	Anne Elizabeth Kahn	USA_Hillsboro_OR_5885 NE Cornelius Pass Rd	Oregon
E1031835	Wilson Lam	USA_Hillsboro_OR_5885 NE Cornelius Pass Rd	Oregon
E1031836	Casey Ryan Northern	USA_Hillsboro_OR_5885 NE Cornelius Pass Rd	Oregon
E1031837	Natalie Ardythe Pielstick	USA_Hillsboro_OR_5885 NE Cornelius Pass Rd	Oregon
E1031838	Trevor Ray Pielstick	USA_Hillsboro_OR_5885 NE Cornelius Pass Rd	Oregon
E1031841	Andrew Michael Bradshaw Singer	USA_Hillsboro_OR_5885 NE Cornelius Pass Rd	Oregon
E1031842	Saleh Amirriyazi	USA_Hillsboro_OR_5885 NE Cornelius Pass Rd	Oregon
E1031843	James Derrick Burns	USA_Hillsboro_OR_5885 NE Cornelius Pass Rd	Oregon
E1031845	Sierra Jo Lynn Parker	USA_Hillsboro_OR_5885 NE Cornelius Pass Rd	Oregon
E1031846	Stacey Meredith Ewan	USA_Hillsboro_OR_5885 NE Cornelius Pass Rd	Oregon
E1031847	Roberto Arreguin	USA_Hillsboro_OR_5885 NE Cornelius Pass Rd	Oregon
E1031848	Hannah Elizabeth Pierre	USA_Hillsboro_OR_5885 NE Cornelius Pass Rd	Oregon

E1031850	Hailey Sturgill	USA_Hillsboro_OR_5885 NE Cornelius Pass Rd	Oregon
E1031851	Carl G Hunter	USA_Hillsboro_OR_5885 NE Cornelius Pass Rd	Oregon
E1031852	Shelley Diane Parker	USA_Hillsboro_OR_5885 NE Cornelius Pass Rd	Oregon
E1031853	Debra Ann Timm	USA_Hillsboro_OR_5885 NE Cornelius Pass Rd	Oregon
E1031856	Gary Gates	USA_Hillsboro_OR_5885 NE Cornelius Pass Rd	Oregon
E1031857	Donald Evans	USA_Hillsboro_OR_5885 NE Cornelius Pass Rd	Oregon
E1031858	Anthony Michael Timson	USA_Hillsboro_OR_5885 NE Cornelius Pass Rd	Oregon
E1031865	Devin Wright	USA_Hillsboro_OR_5885 NE Cornelius Pass Rd	Oregon
E1032294	Margaret Ann Harris	USA_Hillsboro_OR_5885 NE Cornelius Pass Rd	Oregon
E1033168	Jaquelyne Paola Perez Galvez	USA_Hillsboro_OR_5885 NE Cornelius Pass Rd	Oregon
E1033437	Maria Santiago	USA_Hillsboro_OR_5885 NE Cornelius Pass Rd	Oregon
E1033482	Scott Anthony VanDerZanden	USA_Hillsboro_OR_5885 NE Cornelius Pass Rd	Oregon
E1033553	Jason Borgardt	USA_Hillsboro_OR_5885 NE Cornelius Pass Rd	Oregon
E1033684	Alice Cullett	USA_Hillsboro_OR_5885 NE Cornelius Pass Rd	Oregon
E1034300	Emildred Parra Urdaneta	USA_Hillsboro_OR_5885 NE Cornelius Pass Rd	Oregon
E1034424	Berta Aida Santos Luis	USA_Hillsboro_OR_5885 NE Cornelius Pass Rd	Oregon
E1034606	Eleanor Grover	USA_Hillsboro_OR_5885 NE Cornelius Pass Rd	Oregon
E1034799	Matthew Murdza	USA_Hillsboro_OR_5885 NE Cornelius Pass Rd	Oregon
E1034824	David Ellison	USA_Hillsboro_OR_5885 NE Cornelius Pass Rd	Oregon
E1035501	Manali Paralkar	USA_Hillsboro_OR_5885 NE Cornelius Pass Rd	Oregon
E1035531	Brayden Reiland	USA_Hillsboro_OR_5885 NE Cornelius Pass Rd	Oregon
E1035699	Andres Echeverria Gonzalez	USA_Hillsboro_OR_5885 NE Cornelius Pass Rd	Oregon
E1036244	Nathan Kersteter	USA_Hillsboro_OR_5885 NE Cornelius Pass Rd	Oregon
E1036422	Matthew Rodriguez	USA_Hillsboro_OR_5885 NE Cornelius Pass Rd	Oregon
E1036584	Stuart Crook	USA_Hillsboro_OR_5885 NE Cornelius Pass Rd	Oregon
E1037245	Richard Anderson	USA_Hillsboro_OR_5885 NE Cornelius Pass Rd	Oregon
E1037273	Emma Chase	USA_Hillsboro_OR_5885 NE Cornelius Pass Rd	Oregon

E1037320	Jesus Bruno	USA_Hillsboro_OR_5885 NE Cornelius Pass Rd	Oregon
E1037481	Jennifer Teters	USA_Hillsboro_OR_4860 NE Brookwood Pkwy	Oregon
E1037488	Mariano Calderon	USA_Hillsboro_OR_4860 NE Brookwood Pkwy	Oregon
E1037774	Melanie Venderley	USA_Hillsboro_OR_5885 NE Cornelius Pass Rd	Oregon
E1037878	Lisa Russo	USA_Hillsboro_OR_5885 NE Cornelius Pass Rd	Oregon
E1038168	Stephanie Luedecke	USA_Hillsboro_OR_5885 NE Cornelius Pass Rd	Oregon
E1039304	Jacob Armas	USA_Hillsboro_OR_4860 NE Brookwood Pkwy	Oregon
E1039305	Adam Stare	USA_Hillsboro_OR_5885 NE Cornelius Pass Rd	Oregon
E1039387	Quentin James Kennedy	USA_Hillsboro_OR_5885 NE Cornelius Pass Rd	Oregon
E1039401	Hunter Lyon	USA_Hillsboro_OR_5885 NE Cornelius Pass Rd	Oregon
E1039514	Heather Meyer	USA_Hillsboro_OR_5885 NE Cornelius Pass Rd	Oregon
E1039856	Brendan Garcia	USA_Hillsboro_OR_4860 NE Brookwood Pkwy	Oregon
E1039903	Scott Pickett	USA_Hillsboro_OR_4860 NE Brookwood Pkwy	Oregon
E1040377	Iris Perez Vera	USA_Hillsboro_OR_5885 NE Cornelius Pass Rd	Oregon
E1040633	Cylvan Bircher	USA_Hillsboro_OR_4860 NE Brookwood Pkwy	Oregon
E1040657	Jasmine Cisneros	USA_Hillsboro_OR_5885 NE Cornelius Pass Rd	Oregon
E1040810	Yareli Zamora-Fuerte	USA_Hillsboro_OR_4860 NE Brookwood Pkwy	Oregon
E1041225	Anne Marie Saxton	USA_Hillsboro_OR_4860 NE Brookwood Pkwy	Oregon
E1041239	Rachelle Pangan	USA_Hillsboro_OR_5885 NE Cornelius Pass Rd	Oregon
E1041256	Juan Arellano	USA_Hillsboro_OR_5885 NE Cornelius Pass Rd	Oregon
E1041329	Cleto Lalic	USA_Hillsboro_OR_5885 NE Cornelius Pass Rd	Oregon
E1041550	Brian Hanson	USA_Hillsboro_OR_5885 NE Cornelius Pass Rd	Oregon
E1041951	Magdalia M Monzon Ruiz	USA_Hillsboro_OR_5885 NE Cornelius Pass Rd	Oregon
E1041954	Reny I Fasching	USA_Hillsboro_OR_5885 NE Cornelius Pass Rd	Oregon
E1042058	Margarita Narag	USA_Hillsboro_OR_5885 NE Cornelius Pass Rd	Oregon
E1042082	Lisa Pasquantonio	USA_Hillsboro_OR_5885 NE Cornelius Pass Rd	Oregon
E1042159	Maria Sanchez Maldonado	USA_Hillsboro_OR_5885 NE Cornelius Pass Rd	Oregon

E1042213	Victoria Anderson	USA_Hillsboro_OR_5885 NE Cornelius Pass Rd	Oregon
E1042514	Randolph Keefer II	USA_Hillsboro_OR_5885 NE Cornelius Pass Rd	Oregon
E1043261	Dropati Ryan	USA_Hillsboro_OR_5885 NE Cornelius Pass Rd	Oregon
E1043262	Melanie Orozco	USA_Hillsboro_OR_5885 NE Cornelius Pass Rd	Oregon
E1043599	Steven Ford	USA_Hillsboro_OR_5885 NE Cornelius Pass Rd	Oregon
E1043600	Travis Anthony	USA_Hillsboro_OR_5885 NE Cornelius Pass Rd	Oregon
E1043680	Laura Patricia Sandoval	USA_Hillsboro_OR_5885 NE Cornelius Pass Rd	Oregon
E1043731	Damon Davis	USA_Hillsboro_OR_5885 NE Cornelius Pass Rd	Oregon
E1044157	Megan Hofstetter	USA_Hillsboro_OR_5885 NE Cornelius Pass Rd	Oregon
E1044158	Khoa Nguyen	USA_Hillsboro_OR_5885 NE Cornelius Pass Rd	Oregon
E1044159	Marissa Bertuccio	USA_Hillsboro_OR_5885 NE Cornelius Pass Rd	Oregon
E1044291	Gwendolyn Hall	USA_Hillsboro_OR_4860 NE Brookwood Pkwy	Oregon
E1045510	Alexander Brown	USA_Hillsboro_OR_5885 NE Cornelius Pass Rd	Oregon
E1045694	Van Hoang Thuy Nguyen	USA_Hillsboro_OR_5885 NE Cornelius Pass Rd	Oregon
E1045747	Christopher Doubleday	USA_Hillsboro_OR_5885 NE Cornelius Pass Rd	Oregon
E1046521	Tien Trinh	USA_Hillsboro_OR_5885 NE Cornelius Pass Rd	Oregon
E1046691	Adrian Rodriguez	USA_Hillsboro_OR_5885 NE Cornelius Pass Rd	Oregon
E1047388	Winter Begley	USA_Hillsboro_OR_4860 NE Brookwood Pkwy	Oregon
E1047677	Anna Sam	USA_Hillsboro_OR_5885 NE Cornelius Pass Rd	Oregon
E1048182	Heather Acheson	USA_Hillsboro_OR_4860 NE Brookwood Pkwy	Oregon
E1048242	Mrs. Verina Neilylughparr Palpandi	USA_Hillsboro_OR_5885 NE Cornelius Pass Rd	Oregon
E1048243	Daniel Newton	USA_Hillsboro_OR_4860 NE Brookwood Pkwy	Oregon
E1049454	Cameron Dodge	USA_Hillsboro_OR_4860 NE Brookwood Pkwy	Oregon
E1049508	Leah Alison L. Coloso	USA_Hillsboro_OR_5885 NE Cornelius Pass Rd	Oregon
E1049696	Brennan Dodge	USA_Hillsboro_OR_4860 NE Brookwood Pkwy	Oregon
E1049853	Kenji Shiroma	USA_Hillsboro_OR_5885 NE Cornelius Pass Rd	Oregon
E1049922	Samuel Oyeleye	USA_Hillsboro_OR_5885 NE Cornelius Pass Rd	Oregon

E1051658	Shakara Robideau	USA_Hillsboro_OR_5885 NE Cornelius Pass Rd	Oregon
E1052135	David Paik	USA_Hillsboro_OR_5885 NE Cornelius Pass Rd	Oregon
E1052398	LUYEN MAI	USA_Hillsboro_OR_5885 NE Cornelius Pass Rd	Oregon
E1052465	David Lopez	USA_Hillsboro_OR_4860 NE Brookwood Pkwy	Oregon
E1052553	Nicholas Rank	USA_Hillsboro_OR_5885 NE Cornelius Pass Rd	Oregon
E1052728	Naome Carmona	USA_Hillsboro_OR_5885 NE Cornelius Pass Rd	Oregon
E1053016	Angela Hahn	USA_Hillsboro_OR_5885 NE Cornelius Pass Rd	Oregon
E1053221	Kate Risinger	USA_Hillsboro_OR_5885 NE Cornelius Pass Rd	Oregon
E1053398	Lilian McClantoc	USA_Hillsboro_OR_4860 NE Brookwood Pkwy	Oregon
E1053597	Luke Lalic	USA_Hillsboro_OR_5885 NE Cornelius Pass Rd	Oregon
E1053813	Suzanne Crawford	USA_Hillsboro_OR_5885 NE Cornelius Pass Rd	Oregon
E1053855	Alisha Inkens	USA_Hillsboro_OR_5885 NE Cornelius Pass Rd	Oregon
E1053882	LaDena Barrows	USA_Hillsboro_OR_5885 NE Cornelius Pass Rd	Oregon
E1053883	Deanna Cloud	USA_Hillsboro_OR_5885 NE Cornelius Pass Rd	Oregon
E1053944	Huoth Song	USA_Hillsboro_OR_5885 NE Cornelius Pass Rd	Oregon
E1054544	Nathan Rexford	USA_Hillsboro_OR_5885 NE Cornelius Pass Rd	Oregon
E1054636	Joseph Begley	USA_Hillsboro_OR_5885 NE Cornelius Pass Rd	Oregon
E1054851	Shawn Sawyer	USA_Hillsboro_OR_5885 NE Cornelius Pass Rd	Oregon
E1054963	Mark Stalcup	USA_Hillsboro_OR_5885 NE Cornelius Pass Rd	Oregon
E1054997	Sri Setyaningsih	USA_Hillsboro_OR_5885 NE Cornelius Pass Rd	Oregon
E1055055	Logan Barker	USA_Hillsboro_OR_5885 NE Cornelius Pass Rd	Oregon
E1055097	Kyle Williams	USA_Hillsboro_OR_5885 NE Cornelius Pass Rd	Oregon
E1055198	Lorida Sanchez	USA_Hillsboro_OR_5885 NE Cornelius Pass Rd	Oregon
E1055240	Michael Johanson	USA_Hillsboro_OR_5885 NE Cornelius Pass Rd	Oregon
E1055458	Andrea Lee Phelps	USA_Hillsboro_OR_4860 NE Brookwood Pkwy	Oregon
E1055816	Travis Sewell	USA_Hillsboro_OR_5885 NE Cornelius Pass Rd	Oregon
E1055921	Janelle Mendoza	USA_Hillsboro_OR_5885 NE Cornelius Pass Rd	Oregon

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 (05/12/2022)

NOV 2025

SCANNED

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>AYTU THERAPEUTICS LLC</u>		
Physical Address: <u>7900 E UNION AVE., STE 920, ROOM 13</u>		
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80237</u>		
Mailing Address (if different from physical address): <u>SAME AS ABOVE</u>		
City: _____ State: _____ Zip: _____		
Telephone: <u>972-408-1316</u> Website: <u>https://aytubio.com/</u>		
Name of Designated Representative (DR): <u>JOSHUA DISBROW</u>		
Licensing Company Email: <u>LICENSING@AYTUBIO.COM</u> DR Email: <u>LICENSING@AYTUBIO.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: 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)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		✓
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

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

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

Date of Event/Arrest N/A	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: Tris Pharma Inc
Address: 2033 U.S. HWY 130 City: Monmouth Junction State: NJ Zip: 08852
Name: Vita-Pros
Address: 8667 Jefferson Highway City: Osseo State: MN Zip: 55369
Name: Aphena - MD
Address: 7978 Industrial Park Road, Bldg 1 City: Easton State: MD Zip: 21601
Name: Cardinal Helath, dba Specialty Pharmaceutical Services
Address: 15 Ingram Rd City: LaVergne State: TN Zip: 37086

Section 4: 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: _____

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Delaware
Parent Company (if any): Aytu BioPharma Inc - Delaware
Corporation/Organization Name: Aytu Therapeutics LLC
Mailing Address: 7900 E Union Ave., Suite 920, Room 13
City: Denver State: CO Zip: 80237
Telephone: 972-408-1316 Email: licensing@aytubio.com
Contact Person Name: Dawn Cottar

Section 6: Partnership

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

Section 7: Sole Owner

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

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

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	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. 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.

AYTU THERAPEUTICS LLC

Facility Name

DAWN COTTAR

Print Name of Authorized Person Submitting Application



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

6/23/2025

Date

Board Use Only	Date Received: 7/28/25	Amount: \$1002657069
----------------	------------------------	----------------------

**Limited Power of Attorney for Signature Delegation
for Facility Licensing and Business Applications and Authorizations**

I, Joshua Disbrow, Chief Executive Officer, the "Responsible Person" of the below-mentioned entities, all with offices located at 7900 E. Union Avenue, Suite 920, Denver, CO 80237 (the "Entities"), hereby appoint Dawn Cottar, as the Responsible Person's Attorney-in-Fact to act for the Responsible Person in any lawful way with respect to authorization for signing and approving state and federal licensing applications for the Entities.

1. Aytu Therapeutics LLC
2. Neos Therapeutics, Inc.
3. Neos Therapeutics, LP
4. Neos Therapeutics Brands, LLC

Signed this 10th day of December, 2024

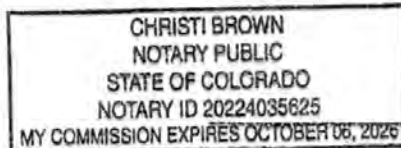
By: [Signature]
Signature of Person Granting Power

Joshua Disbrow
Printed Name/Title of Responsible Person

STATE OF Colorado

COUNTY OF Denver

Sworn to and subscribed in my presence this 10th day of December, 2024.



[Signature]
NOTARY PUBLIC

I, Dawn Cottar, hereby affirm that I am the person named herein as attorney-in-fact and that the signature affixed hereto is my signature.

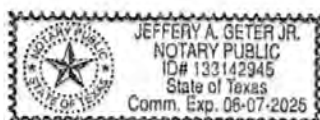
By: [Signature]
Signature of Attorney-in-Fact

Dawn Cottar
Printed Name/Title of Attorney-in-Fact

STATE OF Texas

COUNTY OF Tarrant

Sworn to and subscribed in my presence this 16 day of December, 2024.



[Signature]
NOTARY PUBLIC

[Home](#)  [Drug Databases](#)  [NDC](#)  [Search Result](#)[f Share](#) [% Tweet](#) [in LinkedIn](#) [✉ Email](#) [🖨 Print](#)

Current through September 10, 2025

You have searched Finished drug products

Search Results: '23594'

[Back to Search Page](#)

Keyword Search

Showing 1 to 2 of 2 entries [Show](#)  entries

Proprietary Name	NDC Package Code	Strength	Dosage Form	Route	Application Number / Monograph ID	Labeler Name	Product NDC	Non-Proprietary Name	Substance Name	Product Type Name
 Karbinal	23594-101-01	4mg/5mL	SUSPENSION, EXTENDED RELEASE	ORAL	NDA022556	Aytu Therapeutics, LLC	23594-101	Carbinoxamine Maleate	CARBINOXAMINE MALEATE	HUMAN PRESCRIPTION DRUG
 Karbinal	23594-101-05	4mg/5mL	SUSPENSION, EXTENDED RELEASE	ORAL	NDA022556	Aytu Therapeutics, LLC	23594-101	Carbinoxamine Maleate	CARBINOXAMINE MALEATE	HUMAN PRESCRIPTION DRUG

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

Verified
M.H 9/11/25



Denver Corporate Center III
7900 E. Union Avenue, Suite 920
Denver, CO 80237
www.aytubio.com
1(855) 298-8246

AYTU THERAPEUTICS LLC

Corporate Officers

Joshua Disbrow
Chief Executive Officer
7900 E Union Avenue, Suite 920
Denver, CO 80237
(972) 408-1316
DOB: [REDACTED]
CO DL # [REDACTED]
SS #: [REDACTED]

Ryan Selhorn
Chief Financial Officer
7900 E Union Avenue, Suite 920
Denver, CO 80237
(972) 408-1316
DOB: [REDACTED]
CA DL # [REDACTED]
SS #: [REDACTED]



Denver Corporate Center III
7900 E. Union Avenue, Suite 920
Denver, CO 80237
www.aytubio.com
1(855) 298-8246

AYTU THERAPEUTICS LLC

Shareholder Detail

Publicly Traded: No
Stock Type: Membership Interest
Authorized: 100%
Issued: 100%
Par Value: \$0

Delaware

The First State

Page 1

I, CHARUNI PATIBANDA-SANCHEZ, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "AYTU THERAPEUTICS 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 TWELFTH DAY OF SEPTEMBER, A.D. 2025.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "AYTU THERAPEUTICS LLC" WAS FORMED ON THE SEVENTH DAY OF OCTOBER, A.D. 2019.

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



7645638 8300

SR# 20253959493

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

C. P. Sanchez

Charuni Patibanda-Sanchez, Secretary of State

Authentication: 204736484

Date: 09-12-25

0712

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,

Aytu Therapeutics LLC

is an entity formed or registered under the law of Delaware, 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 20201232405.

This certificate reflects facts established or disclosed by documents delivered to this office on
paper through 05/29/2025 that have been posted, and by documents delivered to this office
electronically through 06/01/2025 @ 19:18:19.

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 06/01/2025 @ 19:18:19 in accordance with applicable law.
This certificate is assigned Confirmation Number 17356765.



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
Aytu Therapeutics, LLC		Allison Radochonski 7900 E. Union Ave., Ste. 920, Room 13 Denver Corporate Center III Denver, CO 80237

Credential Information

License Number	License Method	License Type	License Status	Original Issue Date	Effective Date	Expiration Date
WHI.0006124	Original	Wholesaler In-State	Active	11/09/2021	11/01/2024	10/31/2026

Board/Program Actions

Discipline
There is no Discipline or Board Actions on file for this credential.

Generated on: 3/11/2025 11:18:41 AM

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. PB00494150110

Application/License No. _____

Aytu Therapeutics, LLC, doing or intending to do business as a
Applicant/Principal
pharmaceutical wholesaler, whose address for purposes of service is
7900 E Union Ave, Ste. 920, Denver, CO 80237, as
Address of Applicant/Principal
PRINCIPAL, and Philadelphia Indemnity Insurance Company, a
Surety Company
corporation organized under the laws of the state of PA
State of Incorporation
and authorized to transact a general surety business in the State of

Nevada, whose address for purposes of service is

One Bala Plaza, Suite 100, Bala Cynwyd, PA 19004-0950 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 June 12, 2025.
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.

Posted February 20, 2020

THIS BOND is subject to the following conditions:

- (1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
- (2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and 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
12th day of June, 2025.

APPLICANT/PRINCIPAL

Aytu Therapeutics, LLC
COMPANY

By:

Authorized Representative

SURETY

Philadelphia Indemnity Insurance Company

By:

Surety Company's Representative

Sandra Corona

print name

, Attorney-in-fact

SIGNED and SEALED in the presence of:

Witness

Witness

SIGNED and SEALED in the presence of:

Witness Aidan Smock

Witness Guillermo Corona

Countersigned by:

N/A
Nevada Resident Agent

Posted February 20, 2020

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

CIVIL CODE § 1189

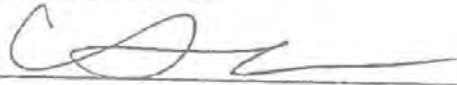
A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California)
 County of Los Angeles)
 On 6-12-2025 before me, Chase Austin Seyforth, Notary Public
Date Here Insert Name and Title of the Officer
 Personally appeared Sandra Corona
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 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 _____

Capacity(ies) Claimed by Signer(s)

Signer's Name _____
☐ Corporate Officer—Title(s) _____
☐ Partner ☐ Limited ☐ General
☐ Individual ☐ Attorney in Fact
☐ Trustee ☐ Guardian or Conservator
☐ Other _____

Signer's Name _____
☐ Corporate Officer—Title(s) _____
☐ Partner ☐ Limited ☐ General
☐ Individual ☐ Attorney in Fact
☐ Trustee ☐ Guardian or Conservator
☐ Other _____

Signer Is Representing _____ Signer Is Representing _____

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 Jennifer Ochs, Charles R. Teter III, B. Aleman, Erin Brown, D. Garcia, Simone Gerhard, Edward C. Spector, Ethan Spector, Marina Tapia, KD Wapato, Sarah Campbell, Aidan Smock, Sandra Corona, MB Neely and Chase Seyforth of Lockton Companies 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, (i) 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 OCTOBER 2024

1927

(Seal)

John Glomb

John Glomb, President & CEO
Philadelphia Indemnity Insurance Company

On this 5th day of October, 2024 before me came the individual who executed the preceding instrument, to me personally known, and being by me duly sworn said that he is the therein described and authorized officer of the PHILADELPHIA INDEMNITY INSURANCE COMPANY, that the seal affixed to said instrument is the Corporate seal of said Company, that the said Corporate Seal and his signature were duly affixed

Notary Public

Vanessa McKenzie

Commonwealth of Pennsylvania - Notary Seal
Vanessa McKenzie, Notary Public
Delaware County
My commission expires November 3, 2028
Commission number 1366394
Member, Pennsylvania Association of Notaries

residing at

Linwood, PA

My commission expires

November 3, 2028

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 October 2024 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 12 day of June, 2025.

Edward Sayago

Edward Sayago, Corporate Secretary
PHILADELPHIA INDEMNITY INSURANCE COMPANY

NEVADA STATE BOARD OF PHARMACY

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

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler AYTU THERAPEUTICS LLC
Pharmacy/Wholesaler License # (if applicable) TBD
Physical Address 7900 E UNION AVE, STE 920, ROOM 13
City DENVER State CO Zip 80237
Mailing Address (if different from physical address) SAME AS ABOVE
City _____ State _____ Zip _____
Telephone 972-408-1316 Website https://aytubio.com/
Licensing Company Email LICENSING@AYTUBIO.COM

Section 2: Personal Information

First JOSHUA Middle ROBERT Last DISBROW
Alias(es, nicknames, name changes, etc.) N/A
Date of Birth [REDACTED] SSN or ITIN [REDACTED] Sex ☒ M ☐ F ☐ X
Mailing Address 7900 E UNION AVE, STE 920
City DENVER State CO Zip 80237
Telephone 972-408-1316 Email LICENSING@AYTUBIO.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.)		<i>gnd</i>
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?	✓	<i>gnd</i>

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 Wake Forest University		From - To (MM/YY - MM/YY) 8/2001 - 5/2003	
Address 200 N College St #150,	City Charlotte	State NC	Zip 28202
Diploma/Degree obtained, if any Master of Business Administration			
School Name North Carolina State University		From - To (MM/YY - MM/YY) 8/1993 - 5/1997	
Address 2101 Hillsborough Street	City Raleigh	State NC	Zip 27695
Diploma/Degree obtained, if any Bachelor of Science in Business Management, Concentration in Operations Management; Minor in Spanish			
School Name Millbrook High School		From - To (MM/YY - MM/YY) 8/1990 - 6/1993	
Address 2201 Spring Forest Rd,	City Raleigh	State NC	Zip 27615
Diploma/Degree obtained, if any Graduate/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) 02/2016-PRESENT	Address [REDACTED]	City DENVER	State CO	Zip [REDACTED]
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	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 AYTU BIOPHARMA		From - To (MM/YY – MM/YY) 04/2015-PRESENT	
Business Address 7900 E UNION AVE, STE 920		City DENVER	State CO
Phone 972-408-1316	Title CHIEF EXECUTIVE OFFICER		Zip 80237
Number of Employed Hours ~21,160			

Description of Duties
Serve as Chief Executive Officer, overseeing all facets of the company's operations from a strategic and executive level.

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

Description of Duties

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

Description of Duties

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

Description of Duties

Business Name NA		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.

Professional Summary

Experienced, entrepreneurial pharmaceutical executive with multiple exits and consistent commercial success; Joined Arbor Pharmaceuticals as second employee and built company into a world-class specialty pharmaceutical company; Proven commercial success in launching unique products, growing sales, building commercial infrastructure, leading teams, and expanding commercial capabilities; Significant experience in multiple markets including pediatrics, urology, allergy, asthma, dermatology, infectious disease, cardiovascular disease, oncology, ophthalmology neurology, psychiatry, critical care, medical devices, and clinical diagnostics; Sales and marketing leadership with major pharmaceutical brands, specialty pharmaceuticals companies, and start up organizations

Professional Experience

Aytu BioScience/Aytu Therapeutics, LLC/Aytu BioPharma; Denver, CO; 2015 - present

Chief Executive Officer/Chairman, Aytu BioScience, Inc. (NASDAQ: AYTU), (April 2015-Present)

- Serve as founding Chief Executive Officer of Aytu BioScience, a commercial-stage specialty pharmaceutical company focused on late-stage development and commercialization of urology-focused therapeutics;
- Lead all strategic and operational aspects of company from inception inclusive of financing, uplisting to NASDAQ from OTCBB, product and business development, commercial operations, business development, clinical and regulatory affairs; Products/companies acquired/developed include Natesto, MiOXSYS (Luoxis Diagnostics), ProstaScint, Primsol and Fiera (Nuelle, Inc.);
- Led the development of commercial-stage, CE marked infertility diagnostic MiOXSYS including initial capital raise, product and commercial development, clinical validation and CE-marking, Health Canada clearance, ex-US distribution, market development and commercialization

Ampio Pharmaceuticals; Englewood, CO; 2012-2015

Chief Operating Officer, Ampio Pharmaceuticals, Inc. (NYSE MKT: AMPE) (Dec 2012-April 2015)

- Served as a member of executive team responsible for commercial and operational elements of this late-stage development biotechnology company inclusive of business and commercial development for two novel assets in inflammatory disease (biologic injectable) and ophthalmology (oral first-in-class therapy)
- Served as founding Chief Executive Officer of Luoxis Diagnostics subsidiary and developed novel diagnostic platform encompassing oxidation-reduction potential (ORP) technology.

Arbor Pharmaceuticals (specialty pharmaceutical company); Atlanta, GA; 2007-12

Vice President, Commercial Operations

- Joined Arbor in 2007 as the company's second employee and led the company's commercial efforts from inception through its first product launch leading to the company's sale to an investor group in 2010 – company acquired less than 4 years from date of incorporation
- Following recapitalization and initial exit, maintained position and grew revenues from zero to over \$127MM; grew commercial employee base from 16 employees to over 150

- Following company's acquisition served on the Executive Committee and reported directly to the Chief Executive Officer; led company's commercial operations including sales, marketing, trade, contracting, and served as a lead commercial interface with key commercial product licensor
- Managed up to 7 director-level direct reports in all commercial functions including sales, sales training, marketing, managed markets, trade relations, national accounts, government affairs, and commercial operations
- Launched 8 in-licensed or acquired products over four years and led commercial group in business development activities including all aspects of due diligence, market definition, and product assessment
- Led company efforts in the commercial development of the company's first Orphan Drug including full market assessment, market research, product pricing, market development, and business development

Cyberonics (Now LivaNova) Washington, DC; 2005-07

Regional Sales Manager

- Led field sales efforts at a rapidly growing neurology company expanding into the major depression market while growing lead product's (VNS Therapy®) core therapeutic area
- Managed 8 to 10 direct reports in Mid-Atlantic US region; earned Regional Manager of the Quarter multiple times (2006, 2007); Grew sales consistently throughout sales management tenure in both major depression and epilepsy; inherited region that was the lowest performing region nationwide
- Recruited, hired, and facilitated all aspects of sales management to maximize representative performance and drive product sales of company's therapy; managed regional budget

LipoScience Raleigh, NC; 2002-05

Director of Marketing and member of corporate Leadership Team

Senior Manager, Marketing & Customer Service

Product Manager, NMR LipoProfile®

Led marketing organization in development and implementation of marketing plan for the NMR LipoProfile®, grew sales units to highest level in company's history

Reported directly to Chief Operating Officer in leading the commercial organization of LipoScience in the cardiovascular diagnostic marketplace

Led commercial efforts in market development of company's first 510(k) diagnostic product

Served on Leadership Team and interfaced regularly with department heads and senior management to coordinate cross-functional teams throughout company

Amgen Charlotte, NC; 2002

Professional Sales Representative

Recruited to Amgen as a top-ranked sales representative at GlaxoSmithKline

Responsible for Amgen's injectable oncology products through coordination of sales activities with Amgen sales counterparts, medical affairs specialists, government and economics managers, hospital systems managers, and reimbursement counterparts

Ranked in top 10 nationally in first quarter of Aranesp® launch (Q2 2002)

GlaxoSmithKline Research Triangle Park, NC; 1997-2002

Various progressive sales and marketing positions

- Excelled in selling GlaxoSmithKline's respiratory products, Flonase®, Flovent®, Serevent®, and Advair® to new and existing customers in allergy/immunology and pulmonary diseases
- Served as Marketing Professional/Associate Product Manager on Flonase team to develop and implement professional promotional initiatives through sales organization
- Awarded numerous top sales awards including prestigious President's Club Award (1999, 2001) and exceeded sales objectives every year employed with GlaxoSmithKline

Education

Wake Forest University, Winston-Salem, North Carolina

Wake Forest Schools of Business

Master of Business Administration

North Carolina State University, Raleigh, North Carolina

Bachelor of Science in Business Management

Concentration in Operations Management

Minor in Spanish

Graduated with honors

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

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

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

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

Business Name NA		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 # 6. Provide all the following where applicable:

Date of Event/Arrest 2019	Disposition Date 3/13/2024	State OR	City Portland	County Multnomah
Case # 2023-1064		Governing, licensing, Arresting Presiding Body/Agency/Court Oregon Board of Pharmacy		
Reason/Charge Failure to disclose 12/21/2018 CO BOP Stipulation and Final Agency Order on OR BOP 8/7/2019 renewal application				
Plaintiff/Defendant/Claimant/Respondent Oregon Board of Pharmacy / Aytu BioPharma Inc			Lawsuit/Arbitration/Bankruptcy Stipulation	
Name of Business/Industry/Entity Aytu BioPharma Inc / Pharmaceutical Manufacturing				

Provide explanation below:

In December 2023, the Oregon Board of Pharmacy notified Aytu BioPharma Inc of an incorrect response within the OR BOP 2019 renewal application. Specifically, in 2018, the State of Colorado Board of Pharmacy issued Aytu BioPharma Inc a Stipulation for a non-current Designated Representative, and this stipulation was not disclosed on the 2019 OR renewal application. The error in submission was an oversight and in no way an attempt to mislead the OR BOP. Aytu took full accountability for the inaccuracy and paid a fine. The case was finalized with the OR BOP on 3/13/2024.


Original Signature (electronic, copies or stamps not accepted)

7/7/25
Date



Denver Corporate Center III
7900 E. Union Avenue, Suite 920
Denver, CO 80237
www.aytubio.com
1(855) 298-8246

AYTU BIOPHARMA INC.

Explanation of disciplinary action since last renewal.

In December 2023, Aytu BioPharma Inc, parent entity to Aytu Therapeutics LLC, was informed that an error had been made on its 2019 renewal application with the State of Oregon. The issue stemmed from a 2018 stipulation from the State of Colorado, which resulted from outdated Designated Representative information. This oversight was unintentional, and there was no attempt to withhold information from the Board.

Aytu BioPharma Inc took full responsibility for the mistake, promptly addressed the issue, and paid the associated fine. The matter was officially finalized with Oregon on March 13, 2024.

Under the authority granted pursuant to ORS 689.135, 689.145, 689.335, 689.405 and 689.445, the Oregon Board of Pharmacy (Board) proposes to take disciplinary action against your Certificate of Registration No. M-0002804 because Aytu Biopharma Inc (Registrant) violated the Oregon Pharmacy Act and the Board of Pharmacy rules as set forth below:

On or about 8/7/2019, Registrant submitted their Manufacturer drug outlet registration renewal application. The renewal application asked, "Since the date of your last renewal, has disciplinary action been taken, or is any such action currently pending or proposed, against any of the persons or establishments listed on the application, by any State or Federal Authority in connection with a violation of any federal or state drug law or regulation?" to which the Registrant answered "No."

Registrant failed to disclose their 12/21/2018 Colorado Board of Pharmacy Stipulation and Final Agency Order (2018 CO Order) on the 8/7/2019 renewal application.

By answering "No" to the question regarding disciplinary action on an application, you failed to answer all questions fully and truthfully on the application for licensure, which is a failure to cooperate under OAR 855-001-0035(1). By not providing information regarding the 2018 CO Order, you failed to provide accurate, honest, and complete information in response to a Board request, which is a failure to cooperate under OAR 855-001-0035(1). Failure to cooperate is unprofessional conduct under OAR 855-006-0020(k), which is grounds for discipline under ORS 689.405(1)(a) and (i), ORS 689.445(1)(d)(B), and 689.832(1).

Based on these alleged violations, the Board proposes to impose a civil penalty in the amount of \$2,000 for 1 violation.



Oregon

Tina Kotek, Governor

Oregon Board of Pharmacy

800 NE Oregon St., Suite 150

Portland, OR, 97232

Phone: 971-673-0001

Fax: 971-673-0002

pharmacy.compliance@bop.oregon.gov

www.oregon.gov/pharmacy

March 13, 2024

AYTU BIOPHARMA INC
DENVER CORPORATE CENTER III
7900 E UNION AVE STE 920
Denver CO 80237

RE: Case Number 2023-1064

Enclosed is a copy of the completed consent order for case number 2023-1064 which has been finalized as of 3/13/2024. Please retain this copy with your records.

Please note that the required items have been received.

Sincerely,
Kim Oster
Compliance Coordinator

The Oregon Board of Pharmacy serves to promote and protect public health, safety, and welfare by ensuring high standards in the practice of pharmacy and through effective regulation of the manufacture and distribution of drugs.

BEFORE THE BOARD OF PHARMACY
OF THE STATE OF OREGON

In the Matter of the) Case No. 2023-1064
Manufacturer Registration of)
AYTU BIOPHARMA INC) CONSENT ORDER
Registrant)

WHEREAS, the Board of Pharmacy of the State of Oregon has filed a Notice of Proposed Civil Penalty ("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 legal cause exists pursuant to ORS 689.405 and ORS 689.445 for disciplinary action and imposition of a civil penalty 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:

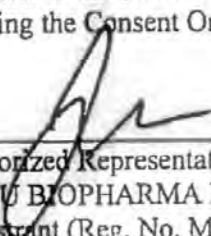
1. The Registrant shall pay a civil penalty to the Board in the amount of \$2,000 with \$1,000 stayed pending no similar violations for three years. If Licensee violates any term or condition of this Consent Order, within three years of the effective date of this Consent Order, the Board may take action to lift the stayed portion of the civil penalty. Payment of the \$1,000 portion of the civil penalty not stayed to be made within ten days from the date this Consent Order becomes final.

2. Failure of the Registrant to pay the civil penalty as required under this Consent Order may, after notice and hearing, result in further disciplinary action.

3. This Consent Order is effective when signed by the Board.

46
47 CONSENT
48

49 I hereby acknowledge that I am the authorized representative of Registrant. On behalf of
50 the Registrant, I hereby acknowledge that I have read and understand the above-noted Notice and
51 the terms of the Consent Order. I hereby acknowledge that I understand that the Consent Order
52 with incorporated Notice is a public record and shall be available via the Board's online licensure
53 verification; is available upon written request pursuant to public disclosure laws; and shall be
54 reported to the National Practitioner Data Bank as required by federal law. I agree to the Board
55 entering the Consent Order.
56

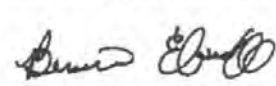
57
58 
59 _____
60 Authorized Representative
61 AYTU BIOPHARMA INC
62 Registrant (Reg. No. M-0002804)
63

2/28/24

Date

64 IT IS SO ORDERED.
65

66
67 BOARD OF PHARMACY
68 FOR THE STATE OF OREGON
69

70 
71 _____
72 Brianne Efremoff, Pharm.D, R.Ph.,
73 Compliance Director

3/13/2024

Date

BEFORE THE BOARD OF PHARMACY
OF THE STATE OF OREGON

In the Matter of the) Case No. 2023-1064
Manufacturer Registration)
AYTU BIOPHARMA INC) NOTICE OF PROPOSED
CIVIL PENALTY
Registrant)

Under the authority granted pursuant to ORS 689.135, 689.145, 689.335, 689.405 and 689.445, the Oregon Board of Pharmacy (Board) proposes to take disciplinary action against your Certificate of Registration No. M-0002804 because Aytu Biopharma Inc (Registrant) violated the Oregon Pharmacy Act and the Board of Pharmacy rules as set forth below:

On or about 8/7/2019, Registrant submitted their Manufacturer drug outlet registration renewal application. The renewal application asked, "Since the date of your last renewal, has disciplinary action been taken, or is any such action currently pending or proposed, against any of the persons or establishments listed on the application, by any State or Federal Authority in connection with a violation of any federal or state drug law or regulation?" to which the Registrant answered "No."

Registrant failed to disclose their 12/21/2018 Colorado Board of Pharmacy Stipulation and Final Agency Order (2018 CO Order) on the 8/7/2019 renewal application.

By answering "No" to the question regarding disciplinary action on an application, you failed to answer all questions fully and truthfully on the application for licensure, which is a failure to cooperate under OAR 855-001-0035(1). By not providing information regarding the 2018 CO Order, you failed to provide accurate, honest, and complete information in response to a Board request, which is a failure to cooperate under OAR 855-001-0035(1). Failure to cooperate is unprofessional conduct under OAR 855-006-0020(k), which is grounds for discipline under ORS 689.405(1)(a) and (i), ORS 689.445(1)(d)(B), and 689.832(1).

Based on these alleged violations, the Board proposes to impose a civil penalty in the amount of \$2,000 for 1 violation.

HEARING RIGHTS

The corporation is entitled to a hearing as provided by the Administrative Procedures Act (ORS chapter 183). An attorney must represent the corporation. If the corporation wishes to have a hearing, the corporation must file a written request for hearing with the Board within 21 days from the date this notice was mailed, and if the hearing request is not filed by the corporation's attorney, it must be ratified by the corporation's attorney within 28 days of Board's receipt of the hearing request. The corporation's attorney may send or deliver a request for hearing to:

Oregon Board of Pharmacy
800 NE Oregon Street, Suite 150

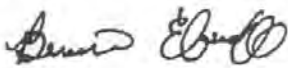
Portland, OR 97232
Fax: (971) 673-0002

If a request for hearing is not received within this 21-day period, the corporation's right to a hearing shall be considered waived.

If the corporation requests a hearing, the corporation's attorney will be notified of the time and place of the hearing. Before the commencement of the hearing, the corporation will be given information on the procedures, right of representation and other rights of parties relating to the conduct of the hearing.

If the corporation does not request a hearing within 21 days, or if it withdraws a hearing request, notifies the Board or Administrative Law Judge that it will not appear, or fails to appear at a scheduled hearing, the Board may issue a final order by default imposing discipline. If the Board issues a final order by default, it designates its file on this matter as the record.

BOARD OF PHARMACY
FOR THE STATE OF OREGON



Brianne Efremoff, Pharm.D, R.Ph.,
Compliance Director

2/22/2024
Date

DATE OF MAILING 2/22/2024

I, JOSHUA DISBROW, certify that as the designated representative for

AYTU THERAPEUTICS LLC

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

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

JOSHUA DISBROW

Print Name (First, Last)



Original Signature (electronic, copies or stamps not accepted)

7/7/25

Date

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

JOSHUA DISBROW

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

Date

7/7/25

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

State of Colorado, ss. County of Denver

I, JOSHUA DISBROW, 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

7/7/25

Subscribed and Sworn to before me this

7

day of

July 2025

Notary Public Signature

CHRISTI BROWN
NOTARY PUBLIC
STATE OF COLORADO (Seal)
NOTARY ID 20224035625
MY COMMISSION EXPIRES OCTOBER 06, 2026

NEVADA STATE BOARD OF PHARMACY

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

Personal History Application

Rev (05/18/2023)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site AYTU THERAPEUTICS LLC
Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable) N/A
Physical Address 7900 E UNION AVENUE, SUITE 920, ROOM 13
City DENVER State CO Zip 80237
Mailing Address (if different from physical address) SAME AS ABOVE
City _____ State _____ Zip _____
Telephone 972-408-1316 Website https://aytubio.com/
Licensing Company Email LICENSING@AYTUBIO.COM LICENSING@AYTUBIO.COM

AL 7/7/25**Section 2: Personal Information**

First JOSHUA Middle ROBERT Last DISBROW
Alias(es, nicknames, name changes, etc.) N/A
Date of Birth [REDACTED] SSN or ITIN [REDACTED] Sex ☒ M ☐ F ☐ X
Mailing Address 7900 E UNION AVENUE, SUITE 920, ROOM 13
City DENVER State CO Zip 80237
Telephone 972-408-1316 Email LICENSING@AYTUBIO.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 Wake Forest University		From - To (MM/YY - MM/YY) 8/2001 - 5/2003	
Address 200 N College St #150,	City Charlotte	State NC	Zip 28202
Diploma/Degree obtained, if any Masters of Business Administration			
School Name North Carolina State University		From - To (MM/YY - MM/YY) 8/1993 - 5/1997	
Address 2101 Hillsborough Street	City Raleigh	State NC	Zip 27695
Diploma/Degree obtained, if any Bachelor of Science in Business Management, Concentration in Operations Management; Minor in Spanish			
School Name Millbrook High School		From - To (MM/YY - MM/YY) 8/1990 - 6/1993	
Address 2201 Spring Forest Rd	City Raleigh	State NC	Zip 27615
Diploma/Degree obtained, if any Graduate/Diploma			
School Name NA		From - To (MM/YY - MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name NA		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) 04/2016-PRESENT	Address [REDACTED]	City DENVER	State CO	Zip [REDACTED]
From - To (MM/YY - MM/YY) 01/2013-04/2016	Address [REDACTED]	City Denver	State CO	Zip [REDACTED]
From - To (MM/YY - MM/YY) N/A	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	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 AYTU BIOPHARMA INC		From - To (MM/YY – MM/YY) 04/2015-PRESENT	
Business Address 7900 E UNION AVE, STE 920		City DENVER	State CO
Phone 972-408-1316	Title CHIEF EXECUTIVE OFFICER		
Description of Duties Serve as Chief Executive Officer, overseeing all facets of the company's operations from a strategic and executive level.			
Business Name N/A		From - To (MM/YY – MM/YY)	
Business Address		City	State
Phone	Title		
Description of Duties			
Business Name N/A		From - To (MM/YY – MM/YY)	
Business Address		City	State
Phone	Title		
Description of Duties			
Business Name N/A		From - To (MM/YY – MM/YY)	
Business Address		City	State
Phone	Title		
Description of Duties			
Business Name N/A		From - To (MM/YY – MM/YY)	
Business Address		City	State
Phone	Title		
Description of Duties			

Continue on next page if additional space is needed.

JRO

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

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

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

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

Business Name N/A		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 # 6. Provide all the following where applicable:

Date of Event/Arrest 2019	Disposition Date 3/13/2024	State OR	City Portland	County Multnomah
Case # 2023-1064		Governing, Licensing, Arresting Presiding Body/Agency/Court Oregon Board of Pharmacy		
Reason/Charge Failure to disclose 12/21/2018 CO BOP Stipulation and Final Agency Order on OR BOP 8/7/2019 renewal application				
Plaintiff/Defendant/Claimant/Respondent Oregon Board of Pharmacy / Aytu BioPharma Inc			Lawsuit/Arbitration/Bankruptcy Stipulation	
Name of Business/Industry/Entity Aytu BioPharma Inc / Pharmaceutical Manufacturing				

Provide explanation below:

In December 2023, the Oregon Board of Pharmacy notified Aytu BioPharma Inc of an incorrect response within the OR BOP 2019 renewal application. Specifically, in 2018, the State of Colorado Board of Pharmacy issued Aytu BioPharma Inc a Stipulation for a non-current Designated Representative, and this stipulation was not disclosed on the 2019 OR renewal application. The error in submission was an oversight and in no way an attempt to mislead the OR BOP. Aytu took full accountability for the inaccuracy and paid a fine. The case was finalized with the OR BOP on 3/13/2024.


Original Signature (electronic, copies or stamps not accepted)

7/7/25
Date



Denver Corporate Center III
7900 E. Union Avenue, Suite 920
Denver, CO 80237
www.aytubio.com
1(855) 298-8246

AYTU BIOPHARMA INC.

Explanation of disciplinary action.

In December 2023, Aytu BioPharma Inc was informed that an error had been made on its 2019 renewal application with the State of Oregon. The issue stemmed from a 2018 stipulation from the State of Colorado, which resulted from outdated Designated Representative information. This oversight was unintentional, and there was no attempt to withhold information from the Board.

Aytu BioPharma Inc took full responsibility for the mistake, promptly addressed the issue, and paid the associated fine. The matter was officially finalized with Oregon on March 13, 2024.

Under the authority granted pursuant to ORS 689.135, 689.145, 689.335, 689.405 and 689.445, the Oregon Board of Pharmacy (Board) proposes to take disciplinary action against your Certificate of Registration No. M-0002804 because Aytu Biopharma Inc (Registrant) violated the Oregon Pharmacy Act and the Board of Pharmacy rules as set forth below:

On or about 8/7/2019, Registrant submitted their Manufacturer drug outlet registration renewal application. The renewal application asked, "Since the date of your last renewal, has disciplinary action been taken, or is any such action currently pending or proposed, against any of the persons or establishments listed on the application, by any State or Federal Authority in connection with a violation of any federal or state drug law or regulation?" to which the Registrant answered "No."

Registrant failed to disclose their 12/21/2018 Colorado Board of Pharmacy Stipulation and Final Agency Order (2018 CO Order) on the 8/7/2019 renewal application.

By answering "No" to the question regarding disciplinary action on an application, you failed to answer all questions fully and truthfully on the application for licensure, which is a failure to cooperate under OAR 855-001-0035(1). By not providing information regarding the 2018 CO Order, you failed to provide accurate, honest, and complete information in response to a Board request, which is a failure to cooperate under OAR 855-001-0035(1). Failure to cooperate is unprofessional conduct under OAR 855-006-0020(k), which is grounds for discipline under ORS 689.405(1)(a) and (i), ORS 689.445(1)(d)(B), and 689.832(1).

Based on these alleged violations, the Board proposes to impose a civil penalty in the amount of \$2,000 for 1 violation.



Oregon

Tina Kotek, Governor

Oregon Board of Pharmacy

800 NE Oregon St., Suite 150

Portland, OR, 97232

Phone: 971-673-0001

Fax: 971-673-0002

pharmacy.compliance@bop.oregon.gov

www.oregon.gov/pharmacy

March 13, 2024

AYTU BIOPHARMA INC
DENVER CORPORATE CENTER III
7900 E UNION AVE STE 920
Denver CO 80237

RE: Case Number 2023-1064

Enclosed is a copy of the completed consent order for case number 2023-1064 which has been finalized as of 3/13/2024. Please retain this copy with your records.

Please note that the required items have been received.

Sincerely,
Kim Oster
Compliance Coordinator

The Oregon Board of Pharmacy serves to promote and protect public health, safety, and welfare by ensuring high standards in the practice of pharmacy and through effective regulation of the manufacture and distribution of drugs.

BEFORE THE BOARD OF PHARMACY
OF THE STATE OF OREGON

In the Matter of the) Case No. 2023-1064
Manufacturer Registration of)
AYTU BIOPHARMA INC) CONSENT ORDER
Registrant)

WHEREAS, the Board of Pharmacy of the State of Oregon has filed a Notice of Proposed Civil Penalty ("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 legal cause exists pursuant to ORS 689.405 and ORS 689.445 for disciplinary action and imposition of a civil penalty 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 Registrant shall pay a civil penalty to the Board in the amount of \$2,000 with \$1,000 stayed pending no similar violations for three years. If Licensee violates any term or condition of this Consent Order, within three years of the effective date of this Consent Order, the Board may take action to lift the stayed portion of the civil penalty. Payment of the \$1,000 portion of the civil penalty not stayed to be made within ten days from the date this Consent Order becomes final.

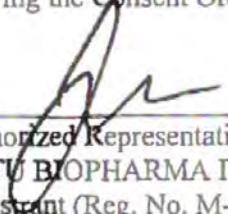
2. Failure of the Registrant to pay the civil penalty as required under this Consent Order may, after notice and hearing, result in further disciplinary action.

3. This Consent Order is effective when signed by the Board.

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CONSENT

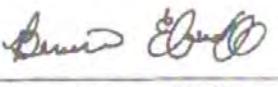
I hereby acknowledge that I am the authorized representative of Registrant. On behalf of the Registrant, I hereby acknowledge that I have read and understand the above-noted Notice and the terms of the Consent Order. I hereby acknowledge that I understand that the Consent Order with incorporated Notice 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
AYTU BIOPHARMA INC
Registrant (Reg. No. M-0002804)

2/28/24
Date

IT IS SO ORDERED.

BOARD OF PHARMACY
FOR THE STATE OF OREGON


Brianne Efremoff, Pharm.D, R.Ph.,
Compliance Director

3/13/2024
Date

BEFORE THE BOARD OF PHARMACY
OF THE STATE OF OREGON

In the Matter of the) Case No. 2023-1064
Manufacturer Registration)
AYTU BIOPHARMA INC) NOTICE OF PROPOSED
CIVIL PENALTY
Registrant)

Under the authority granted pursuant to ORS 689.135, 689.145, 689.335, 689.405 and 689.445, the Oregon Board of Pharmacy (Board) proposes to take disciplinary action against your Certificate of Registration No. M-0002804 because Aytu Biopharma Inc (Registrant) violated the Oregon Pharmacy Act and the Board of Pharmacy rules as set forth below:

On or about 8/7/2019, Registrant submitted their Manufacturer drug outlet registration renewal application. The renewal application asked, "Since the date of your last renewal, has disciplinary action been taken, or is any such action currently pending or proposed, against any of the persons or establishments listed on the application, by any State or Federal Authority in connection with a violation of any federal or state drug law or regulation?" to which the Registrant answered "No."

Registrant failed to disclose their 12/21/2018 Colorado Board of Pharmacy Stipulation and Final Agency Order (2018 CO Order) on the 8/7/2019 renewal application.

By answering "No" to the question regarding disciplinary action on an application, you failed to answer all questions fully and truthfully on the application for licensure, which is a failure to cooperate under OAR 855-001-0035(1). By not providing information regarding the 2018 CO Order, you failed to provide accurate, honest, and complete information in response to a Board request, which is a failure to cooperate under OAR 855-001-0035(1). Failure to cooperate is unprofessional conduct under OAR 855-006-0020(k), which is grounds for discipline under ORS 689.405(1)(a) and (i), ORS 689.445(1)(d)(B), and 689.832(1).

Based on these alleged violations, the Board proposes to impose a civil penalty in the amount of \$2,000 for 1 violation.

HEARING RIGHTS

The corporation is entitled to a hearing as provided by the Administrative Procedures Act (ORS chapter 183). An attorney must represent the corporation. If the corporation wishes to have a hearing, the corporation must file a written request for hearing with the Board within 21 days from the date this notice was mailed, and if the hearing request is not filed by the corporation's attorney, it must be ratified by the corporation's attorney within 28 days of Board's receipt of the hearing request. The corporation's attorney may send or deliver a request for hearing to:

Oregon Board of Pharmacy
800 NE Oregon Street, Suite 150

Portland, OR 97232

Fax: (971) 673-0002

If a request for hearing is not received within this 21-day period, the corporation's right to a hearing shall be considered waived.

If the corporation requests a hearing, the corporation's attorney will be notified of the time and place of the hearing. Before the commencement of the hearing, the corporation will be given information on the procedures, right of representation and other rights of parties relating to the conduct of the hearing.

If the corporation does not request a hearing within 21 days, or if it withdraws a hearing request, notifies the Board or Administrative Law Judge that it will not appear, or fails to appear at a scheduled hearing, the Board may issue a final order by default imposing discipline. If the Board issues a final order by default, it designates its file on this matter as the record.

BOARD OF PHARMACY
FOR THE STATE OF OREGON



Brianne Efremoff, Pharm.D, R.Ph.,
Compliance Director

2/22/2024

Date

DATE OF MAILING 2/22/2024

BEFORE THE STATE BOARD OF PHARMACY

STATE OF COLORADO

Case No. 2018-7371

STIPULATION AND FINAL AGENCY ORDER

IN THE MATTER OF DISCIPLINARY PROCEEDINGS REGARDING THE IN-STATE WHOLESALER REGISTRATION IN THE STATE OF COLORADO OF AYTU BIOSCIENCE INC, REGISTRATION NO. WHI 6109,

Respondent Outlet.

IT IS HEREBY STIPULATED AND AGREED by and between the Colorado State Board of Pharmacy ("Board") and Aytu Bioscience Inc ("Respondent Outlet") to resolve all matters pertaining to Board Case Number 2018-7371, as follows:

FINDINGS AND CONCLUSIONS

1. The Board has jurisdiction over Respondent Outlet, its registration as an in-state 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. (2018).
2. Respondent Outlet was originally registered in the State of Colorado on or about April 3, 2017, being issued registration number WHI 6109, 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 373 Inverness Pkwy., Ste., 206, Englewood, CO 80112-5898.
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 submit an application on two (2) occasions to the Board detailing a change in designated representative and fee. On December 20, 2017, an inspection of Respondent Outlet listed a new designated representative for the wholesaler. The previous designated representative had been in the position for more than 30 days. On September 4, 2018, an inspection of Respondent Outlet discovered the new designated representative left the position on January 5, 2018. The Board did not receive an application for a change of designated representative and fee in either occurrence.

6. On or about September 27, 2018, the Board initiated a complaint against Respondent Outlet because of the failure to submit an application for change in designated representative and fee on two (2) occasions.
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 (30) calendar days of such change. The incoming designated representative must undergo the required background check.

TERMS OF DISCIPLINE

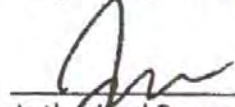
8. **Fine with Surcharge.** Pursuant to section 12-42.5-124(5)(a)(I), C.R.S., Respondent Outlet shall pay a fine of One Thousand Dollars and No Cents (\$1,000.00). Respondent Outlet understands and acknowledges that, pursuant to section 24-34-108, C.R.S., the Executive Director of the Department of Regulatory Agencies 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 6039) and the case number (2018-6336) on the check.
9. **Compliance.** Respondent Outlet shall report 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 change in designated representative.
10. **Other Requirements.** Respondent Outlet acknowledges and agrees that, as a condition of this Final Agency Order, Respondent Outlet shall:
 - a. promptly pay all Respondent Outlet's own fees and costs associated with this Final Agency Order;
 - b. comply fully with this Final Agency Order; and
 - c. comply fully with the Pharmacists, Pharmacy Businesses and Pharmaceuticals Act, all Board rules and regulations, and any other state and federal laws and regulations related to pharmacists and pharmaceuticals in the State of Colorado.
11. **Advisements and Waivers.** Through its undersigned Authorized Representative, Respondent Outlet enters into this Final Agency Order freely and voluntarily, after having the opportunity to consult with legal counsel and/or choosing not to do so. Respondent Outlet acknowledges its understanding that it has the following rights:
 - a. to have formal notice of hearing and charges served upon it;
 - b. to respond to said formal notice of charges;
 - c. to have a formal disciplinary hearing pursuant to sections 12-42.5-123 and 12-42.5-124, C.R.S.; and
 - d. to appeal this Final Agency Order.

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

12. **Acknowledgments.** The undersigned Authorized Representative of Respondent Outlet has read this Final Agency Order in its entirety and acknowledges, after having the opportunity to consult with legal counsel and/or choosing not to do so, that Respondent Outlet understands the legal consequences and agrees that none of the terms or conditions herein is unconscionable. Respondent Outlet is not relying on any statements, promises or representations from the Board other than as may be contained in this Final Agency Order. Respondent Outlet further acknowledges that it is not entering into this Final Agency Order under any duress.
13. **Violations.** Time is of the essence in this Final Agency Order. It is the responsibility of Respondent Outlet to take all appropriate steps to comply fully with this Final Agency Order. Respondent Outlet acknowledges and agrees that any violation of this Final Agency Order shall constitute a willful violation of a lawful Board order, may be sanctioned as provided under section 12-42.5-124(4), C.R.S., and may be sufficient grounds for additional discipline, including but not limited to revocation of Respondent Outlet's registration. The pendency of any suspension or disciplinary action arising out of an alleged violation of this Final Agency Order shall not affect the obligation of Respondent Outlet to comply with all terms and conditions of this Final Agency Order.
14. **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

J. A. Disbaron / CEO

Name / Title

Dated: December 13, 2018

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 21 day of December, 2018.

State Board of Pharmacy

BY: _____

☒ ~~Joseph Liber~~ Dmitry Kunin

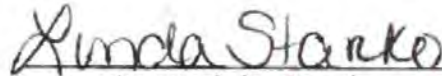
☒ ~~Interim~~ Program Director

CERTIFICATE OF SERVICE

This is to certify that I have duly served the within fully executed **STIPULATION AND FINAL AGENCY ORDER** upon all parties herein by electronic means or by depositing copies of same in the United States mail, first class postage prepaid, at Denver, Colorado, this 21st day of December 2018, addressed as follows:

By electronic mail to Respondent:

Aytu BioScience Inc.
Attn: Outlet Manager
373 Inverness Pkwy Ste 206
Englewood, CO 80112-5898
Email: ahalte@aytubio.com


Agent of the Board

COSTATEBOA Colorado State Board of Pharmacy

Aytu BioScience, Inc.

12/13/2018

Ref Nbr	Invoice Nbr	Inve Date	Invoice Amount	Amount Paid	Disc Taken	Net Check Amt
052689	2018-1311	12/13/18	1,150.00	1,150.00		1,150.00

052689

Wells Fargo Bank, N.A.
Colorado

23-71020

CHECK # 052689

DATE 12/13/2018

Aytu BioScience, Inc.
373 Inverness Parkway
Suite 206
Englewood, CO 80112

*****\$1,150.00

PAY One Thousand One Hundred Fifty and 00/100----- US Dollars

PAY TO THE ORDER OF Colorado State Board of Pharmacy
1560 Broadway
Suite 1350
Denver, CO 80202

Authorized Signature

⑈052689⑈

0754

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

JOSHUA DISBROW

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

Date

7/7/25

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

State of Colorado, ss. County of Denver

I, Joshua Disbrow, 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.

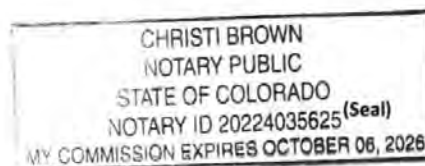
Original Signature

Date

7/7/25

Subscribed and Sworn to before me this 7 day of July 2025

Notary Public Signature





Aytu Therapeutics LLC – Employee Roster

NAME	JOB TITLE
Bailey, Jeffrey	DQO-Director of Quality Operations
Baker, Bryson M	SS-Sales Specialist
Ball, Charlotte L	PYM-Payroll Manager
Brandon, Anita Zoe Ann	DIRMO-Director, Marketing Operations
Brown, Christi L.	EXA-Executive Assistant
Burke, Lori Elaine	SS-Sales Specialist
Cabano, Margaret N	VPOP-VP, Operations
Capone-Truxillo, Kimberly C	STS-Sr. Sales Specialist
Cecutti, Anna MARIA	SS-Sales Specialist
Clark, John	SDTO-Sr. Director, Technical Operations
Conner, Brandon C	KASPEDS-Key Account Specialist, Pediatrics
Cornely, Sean M.	AM-Accounting Manager
Cottar, Dawn Brady	SRMC-Sr. Manager, Compliance
Csaba, Steve George	MANTCO-Manager, Trade & Channel Operations
Curtis, Joseph D	SSS-Sr Sales Specialist
DAngelo, Nicholas John	SS-Sales Specialist
Devine, Matthew T	RSM-Regional Sales Manager
Dew, Benjamin H	RSM-Regional Sales Manager
Dilley, Nancy E	JUNIOR-Junior Accountant
Disbrow, Jarrett T.	317395-Chief Business Officer
Disbrow, Joshua R	CEO-Chief Executive Officer
Dronet, Caleb A	SS-Sales Specialist
Erviti, Ana Maria	SS-Sales Specialist
Evans, Elizabeth	317396-National Account Manager
Ewart, Arlen	DA-Director of Accounting
Fitch, Crystal Ann	RSM-Regional Sales Manager
Flack, Jason Jeffrey	SS-Sales Specialist
Fustokjian, Jack Habib	SS-Sales Specialist
Gao, Fei	SRDIRFA-Sr. Director, Finance & Accounting
Giacomozzi, Heather	STAFF A-Staff Accountant
Goldberg, Jack	SMIT-Sr. Manager, Information Technology
Hamilton, Thomas Michael	DCISO-Sr Director, Commercial Insights and Sales Op
Harrelson, Taylor Nicole	HRCOORD-HR Coordinator, People & Culture
Harrington, Tyler	VPMPs-VP, Marketing & Portfolio Strategy
Hernandez, Bianca	SA I-Sr. Accountant I
Hille, Nicole L	SEN QUA-Sr. Quality Manager
Howard, Victoria Grace	SS-Sales Specialist
Johnson, Tyler	STS-Sr. Sales Specialist



NAME	JOB TITLE
Kelly, Taylor	SS-Sales Specialist
Kennedy, Suzane L	VP REG-VP, Regulatory Affairs/Quality
Krimm, Brooklyn L	SS-Sales Specialist
Lassiter, Jacob Patrick	SS-Sales Specialist
Lawton, Mary Margaret	SS-Sales Specialist
Malone, Cheryl Ann	QUALITY-Quality Specialist
Martinez, Lisa Ann	CSS-Customer Service Specialist
McNesby, Laurie Anne	OFFADMI-Office Administrator / Commercial Support
Mobley, Samuel Bernard	RSM-Regional Sales Manager
Mrzena, Jaxson	SS-Sales Specialist
Mullins, Gillian	SSPEDS-Sales Specialist Pediatrics
O'Bryant, Casey R	SDFPA-Sr. Director, Financial Planning & Analysis
Padilla, Dana Julia	HR GEN-HR Generalist, People & Culture
Powers, Joshua F.	SSPEDS-Sales Specialist Pediatrics
Pyszczyuka, Greg G	CCO-Chief Commercial Officer
Rask, Rylee Shae	SS-Sales Specialist
Riley, Toja	NSDIR-National Sales Director
Robb, Karen S	CONTROL-Controller
Salmeri, Tara D	SS-Sales Specialist
Schafer, Robert Luke	DFRTA-Director of Financial Reporting and Tech Acct
Schivley, Alexis Catherine	SS-Sales Specialist
Selhorn, Ryan J	CFO-Chief Financial Officer
Shomshor, Crystal L	STS-Sr. Sales Specialist
Siciliano, Jake D	MLA-Manager of Legal Affairs
Skasko-Shemansik, Cheryl Renee	SRTM-Sr. Training Manager
Smith, Jason Thomas	SS-Sales Specialist
Springer, Elizabeth Marth	ESS-Executive Sales Specialist
Stager III, George Alan	SS-Sales Specialist
Stewart, Noah Charles	SS-Sales Specialist
Swearingen, Louis S.	SS-Sales Specialist
Tice, Kyle Charles	SSPEDS-Sales Specialist Pediatrics
Triche, Sophia M	SS-Sales Specialist
Van Keuren Jr, Frank Philip	STS-Sr. Sales Specialist
Vasquez, Lydia	SRMRA-Sr. Manager, Regulatory Affairs
Ventura, Jaime	DIRHR-Director, People & Culture
Wellborn, Jeffrey	DSC-Director of Supply Chain
Westfield, Gerwin H	SVPSA-Sr. VP, Scientific Affairs
Whitmore, Lauren Rae	SS-Sales Specialist
Yaros, Andrew R	CS-Compliance Specialist
Count of Employees: 77	

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 (05/12/2022)

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>Biotronik NRO, Inc.</u>		
Physical Address: <u>6024 Jean Rd</u>		
City: <u>Lake Oswego</u> State: <u>OR</u> Zip: <u>97035</u>		
Mailing Address (if different from physical address): _____		
City: _____ State: _____ Zip: _____		
Telephone: <u>(800)547-0394</u> Website: <u>www.biotronik.com</u>		
Name of Designated Representative (DR): <u>Joel Cortright</u>		
Licensing Company Email: <u>taxes-licenses@biotronik.com</u> DR Email: <u>joel.cortright@biotronik.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: <u>Medical Device Distributor</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: Not Applicable- company does not distribute pharmaceutical products

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

Name: _____

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

Name: _____

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

Name: _____

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

Section 4: Publicly Traded Corporation

State of Incorporation: Not Applicable

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): MS Holding II SE (foreign corporation)

Corporation/Organization Name: Biotronik NRO, Inc.

Mailing Address: 6024 Jean Rd

City: Lake Oswego State: OR Zip: 97035

Telephone: (800)547-0394 Email: matt.boucher@biotronik.com

Contact Person Name: Matt Boucher

Section 6: Partnership

Partnership Name: Not Applicable

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 7: Sole Owner

Owner's Name: Not Applicable

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	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. 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.

BIOTRONIK NRO, Inc.

Facility Name

Joel Cortright

Print Name of Authorized Person Submitting Application



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

10/2/2025

Date

Board Use Only

Date Received: 10/7/25

Amount: 1000-CC



Establishment Registration & Device Listing

[FDA Home](#) [Medical Devices](#) [Databases](#)



[New Search](#)

[Back To Search Results](#)

Establishment:
BIOTRONIK NRO, INC.
6024 Jean Road
Lake Oswego, OR 97035
Registration Number: 3027063190
FEI Number*: 3027063190
Status: Active
Initial Distributor/Importer: Yes
*Note Firm May Have Additional Establishment Types.
Please Review Listings For Further Information.
Date Of Registration Status: 2025

Owner/Operator:
Biotronik NRO, INC.
6024 Jean Road
Lake Oswego, OR US 97035
Owner/Operator Number: 10087752

Official Correspondent:
Wee Wen Leow
6024 Jean Road
Lake Oswego, OR 97035
Phone: 1-512-3644044

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

From: [CDRH Registration and Listing](#)
To: [Wee Wen Leow](#)
Subject: [EXT] Registration Number 3027063190: Successful 2025 Medical Device Establishment Registration
Date: Monday, October 21, 2024 1:47:32 PM
Attachments: [SignatureBlockLogo.png](#)



Dear Wee Wen Leow:

This e-mail provides confirmation that the annual registration for the following medical device establishment has been successfully completed for 2025:

Registration Number: 3027063190
Owner Operator Number: 10087752
BIOTRONIK NRO, INC.
6024 Jean Road
Lake Oswego, OR 97035
UNITED STATES

If you do not see a registration number assigned to the establishment and your establishment previously had one, please send an email to reglist@cdrh.fda.gov and include the registration number you believe is assigned to your establishment. We will review and determine if a duplicate registration has been created for your establishment.

Your registration is valid until December 31, 2025. Registration for 2026 will be conducted between October 1 and December 31, 2025.

Please note that registering your device facility and listing your devices does not, in any way, constitute FDA approval of your facility or your devices.

Should you have any questions, please send an e-mail to the CDRH Registration and Listing Helpdesk at reglist@cdrh.fda.gov.

CDRH Registration and Listing Helpdesk
Imports & Registration and Listing Team
Division 2 Establishment Support
Office of Regulatory Programs
Office of Product Evaluation and Quality
Center for Devices and Radiological Health
U.S. Food and Drug Administration

Tel: 301-796-7400, Option 1
Email: reglist@cdrh.fda.gov



SECTION 9: Provide the following documents with your application based on your business type

- **List of all Officers and Directors:**
 - Todd Langevin - President & Director
 - Jeremy Evans - Secretary
 - Jake Langer – Director
 - James Felsted - Treasurer
- **List the top four corporation shareholders and their percent ownership**
 - Not Applicable
- **List of all corporation shareholders and their percent ownership.**
 - MS Holding II SE (foreign corporation)- 100% ownership
- **Certificate of Corporate Status or Certificate of Good Standing obtained from Secretary of State's Office in the State where the business is domiciled, dated within the last 12 months**
 - Biotronik NRO, Inc is domiciled in Delaware
 - Certificate of Good Standing (Long Form) is attached
- **Designated Representative Form must be completed by the Designated Representative**
 - Attached
- **Personal History Record Application must be completed by each shareholder/stockholder/partner/owner.**
 - Not Applicable
- **Copy of DEA certificate if handling controlled substances**
 - Not Applicable
- **Copy of current SEC 10K or 8K (First 15 pages only)**
 - Not Applicable
- **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant**
 - Attached
- **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)**
 - Located in the state of Oregon

- License attached
- **"Medical Devices, Equipment and Gases (MDEG) Administrator form must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices.**
 - The business wholesales medical devices
 - MDEG Administrator Form is attached
- **If providing Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance. The MDEG wholesaler shall maintain liability insurance of at least one million dollars**
 - Proof of liability insurance is attached

Delaware

The First State

Page 1

I, CHARUNI PATIBANDA-SANCHEZ, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "BIOTRONIK NRO, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE SIXTEENTH DAY OF JUNE, A.D. 2025.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "BIOTRONIK NRO, INC." WAS INCORPORATED ON THE TWELFTH DAY OF MARCH, A.D. 2020.

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



7897597 8300

SR# 20253081686

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

C. P. Sanchez

Charuni Patibanda-Sanchez, Secretary of State

Authentication: 203954679

Date: 06-16-25

0768

State of Oregon

OFFICE OF THE SECRETARY OF STATE
Corporation Division

Certificate of Existence 5376678

I, TOBIAS READ, SECRETARY OF STATE and Custodian of the Seal of said State, do hereby certify:

BIOTRONIK NRO, INC.

is

Authorized to Transact Business

under the laws of The State of Oregon

and is active on the records of the Corporation Division as of the date of this certificate.

*In Testimony Whereof, I have hereunto
set my hand and affixed hereto the
Seal of the State of Oregon.*



TOBIAS READ, SECRETARY OF STATE

Issued Date: 6/4/2025



Come visit us on the internet at: <https://sos.oregon.gov/business>
or use the QR code to check their current status.



CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)
12/31/2024

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

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

PRODUCER Aon Risk Insurance Services West, Inc. Portland Oregon Office 851 SW 6th Avenue Suite 550 Portland OR 97204-1309 USA	CONTACT NAME:	
	PHONE (A/C. No. Ext): (503) 224-9700	FAX (A/C. No.): (503) 295-0923
INSURED Biotronik, Inc. 6024 SW Jean Road Lake Oswego OR 97035 USA	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	
	NAIC #	
	INSURER A: Trumbull Insurance Company	27120
	INSURER B: Sentinel Insurance Company, Ltd	11000
	INSURER C: HDI Global Insurance Company	41343
INSURER D:		
INSURER E:		
INSURER F:		

COVERAGES **CERTIFICATE NUMBER:** 570110264962 **REVISION NUMBER:**

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

Limits shown are as requested

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
C	COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: ☒ POLICY ☐ PROJECT ☐ LOC OTHER:			GLD1110617	01/01/2025	01/01/2026	EACH OCCURRENCE \$5,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$100,000 MED EXP (Any one person) \$5,000 PERSONAL & ADV INJURY \$5,000,000 GENERAL AGGREGATE \$5,000,000 PRODUCTS - COMP/OP AGG \$5,000,000
A	AUTOMOBILE LIABILITY ☒ ANY AUTO ☐ OWNED AUTOS ONLY ☐ HIRED AUTOS ONLY ☐ SCHEDULED AUTOS ☐ NON-OWNED AUTOS ONLY			52 UEN CG2238	01/01/2025	01/01/2026	COMBINED SINGLE LIMIT (Ea accident) \$2,000,000 BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) Comp./Coll./Deductible \$1,000
	UMBRELLA LIAB ☐ OCCUR EXCESS LIAB ☐ CLAIMS-MADE DED ☐ RETENTION						EACH OCCURRENCE AGGREGATE
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER / MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y / N ☒ Y	N / A	52WEAP3FTM	01/01/2025	01/01/2026	☒ 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)

CERTIFICATE HOLDER**CANCELLATION**

BIOTRONIK NRO, Inc 6024 Jean Road Lake Oswego OR 97035 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 <i>Aon Risk Insurance Services West, Inc.</i>

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. 83BSBJJ7738

Application/License No. _____

BIOTRONIK NRO, INC., doing or intending to do business as a
Applicant/Principal
pharmaceutical wholesaler, whose address for purposes of service is
6024 SW Jean Road Lake Oswego, OR 97035, 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 September 29, 2025.
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

29th day of September, 2025.

APPLICANT/PRINCIPAL
BIOTRONIK NRO, INC.

James Fehsted
Authorized Representative

SURETY COMPANY
HARTFORD FIRE INSURANCE COMPANY

[Signature]
Surety Company's Representative

Richard Casas, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

[Signature]
Witness

[Signature]
Witness

SIGNED and SEALED in the presence of:

Derek J. Elston
Witness Derek J. Elston

Aerie Walton
Witness Aerie Walton

Countersigned by:

N/A
Nevada Resident Agent

POWER OF ATTORNEY

Direct Inquiries, Bond Authenticity
and Claims to:
THE HARTFORD
BOND, T-14
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 Insurance Company of the Midwest**, a corporation duly organized under the laws of the State of Indiana

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, Jennifer L. Jakaitis, Richard Casas, Aaron D. Griffin, 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 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.



Phyllis A. Clark

Phyllis A. Clark, Assistant Secretary

Joelle L. LaPierre

Joelle L. LaPierre, Assistant Vice President

STATE OF FLORIDA

COUNTY OF SEMINOLE

ss. Lake Mary

On this 1st day of March, 2024, before me personally came Joelle L. 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.



Mariluz Arce

Mariluz Arce
My Commission HH 287363
Expires July 13, 2026

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 29, 2025.

Signed and sealed in Lake Mary, Florida.



Keith D. Dozois

Keith D. Dozois, Assistant Vice President

NEVADA STATE BOARD OF PHARMACY

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

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

Rev (06/21/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of MDEG BIOTRONIK NRO, Inc. MDEG License # (if applicable) _____
Physical Address 6024 Jean Road
City Lake Oswego State OR Zip 97035
Mailing Address (if different from physical address) _____
City _____ State _____ Zip _____
Telephone 800-547-0394 Website https://info.biotronik.com/neuro
Licensing Company Email _____

Section 2: Personal Information

First Joel Middle Matthew Last Cortright
Alias(es, nicknames, name changes, etc.) _____
Date of Birth [REDACTED] SSN or ITIN [REDACTED] Sex ☒ M ☐ F ☐ X
Mailing Address 6024 Jean Rd
City Lake Oswego State OR Zip 97035
Telephone [REDACTED] Email joel.cortright@biotronik.com
Are you a citizen of the United States? ☒ Yes ☐ No

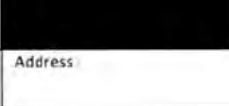
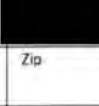
Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 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 Santa Rosa High		From - To (MM/YY - MM/YY) 9/89 - 6/92	
Address 1235 Mendocino Ave	City Santa Rosa	State CA	Zip 95401
Diploma/Degree obtained, if any High School Diploma			
School Name Santa Rosa Junior College		From - To (MM/YY - MM/YY) 9/92-6/94	
Address 1501 Mendocino Ave	City Santa Rosa	State CA	Zip 95401
Diploma/Degree obtained, if any Associates Degree			
School Name Sonoma State University		From - To (MM/YY - MM/YY) 9/94-6/95	
Address 1801 E Cotati Ave	City Rohnert Park	State CA	Zip 94928
Diploma/Degree obtained, if any			
School Name San Francisco State University		From - To (MM/YY - MM/YY) 9/94-6/95	
Address 1600 Holloway Ave	City San Francisco	State CA	Zip 94132
Diploma/Degree obtained, if any			
School Name Portland State University		From - To (MM/YY - MM/YY) 8/11 -Present	
Address 1825 SW Broadway	City Portland	State OR	Zip 97201
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) 08/2018-Present	Address 	City Canby	State OR	Zip 
From - To (MM/YY - MM/YY) 06/2011 - 08/2018	Address 	City Portland	State OR	Zip 
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	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 Biotronik, Inc.		From - To (MM/YY - MM/YY) 3/09-Present	
Business Address 6024 Jean Rd		City Lake Oswego	State OR
Phone 800-547-0394	Title Sr. Director, Commercial Operations and Cust. Excellence		Zip 97035
Number of Employed Hours 35,680			
Description of Duties Responsible for Contracting, Supply Chain, Sales Ops, Analytics, Systems and Care Teams			

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)

10/2/2025

Date

I, Joel Cortright, certify that as the MDEG Administrator for
BIOTRONIK NRO, Inc.

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

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

Joel Cortright

Print Name (First, Last)

Joel Cortright
Original Signature (electronic, copies or stamps not accepted)

10/2/2025

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 BIOTRONIK NRO, Inc.
Pharmacy/Wholesaler License # (if applicable) _____
Physical Address 6024 Jean Road
City Lake Oswego State OR Zip 97035
Mailing Address (if different from physical address) _____
City _____ State _____ Zip _____
Telephone 800-547-0394 Website https://info.biotronik.com/neuro
Licensing Company Email _____

Section 2: Personal Information

First Joel Middle M Last Cortright
Alias(es, nicknames, name changes, etc.) _____
Date of Birth [REDACTED] SSN or ITIN [REDACTED] Sex ☒ M ☐ F ☐ X
Mailing Address 6024 Jean Rd
City Lake Oswego State OR Zip 97013
Telephone [REDACTED] Email joel.cortright@biotronik.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.)		✓

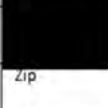
Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)

	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 Santa Rosa High		From - To (MM/YY - MM/YY) 9/89 - 6/92	
Address 1235 Mendocino Ave	City Santa Rosa	State CA	Zip 95401
Diploma/Degree obtained, if any High School Diploma			
School Name Santa Rosa Junior College		From - To (MM/YY - MM/YY) 9/92-6/94	
Address 1501 Mendocino Ave	City Santa Rosa	State CA	Zip 95401
Diploma/Degree obtained, if any Associates Degree			
School Name Sonoma State University		From - To (MM/YY - MM/YY) 9/94-6/95	
Address 1801 E Cotati Ave	City Rohnert Park	State CA	Zip 94928
Diploma/Degree obtained, if any			
School Name San Francisco State University		From - To (MM/YY - MM/YY) 9/94-6/95	
Address 1600 Holloway Ave	City San Fransisco	State CA	Zip 94132
Diploma/Degree obtained, if any			
School Name Portland State University		From - To (MM/YY - MM/YY) 8/11 -Present	
Address 1825 SW Broadway	City Portland	State OR	Zip 97201
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) 08/2018-Present	Address 	City Canby	State OR	Zip 
From - To (MM/YY - MM/YY) 06/2011 - 08/2018	Address 	City Portland	State OR	Zip 
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	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 Biotronik, Inc.		From - To (MM/YY – MM/YY) 3/09-Present	
Business Address 6024 Jean Rd		City Lake Oswego	State OR
Phone 503-327-5654	Title Sr. Director, Commercial Operations and Cust. Excellence		Zip 97035
Description of Duties Responsible for Contracting, Supply Chain, Sales Ops, Analytics, Systems and Care Teams			

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	

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			

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 # 5. Provide all the following where applicable:

Date of Event/Arrest 2008	Disposition Date 2009	State OR	City Portland	County Multnomah
Case #	Governing, licensing, Arresting Presiding Body/Agency/Court			
Reason/Charge N/A				
Plaintiff/Defendant/Claimant/Respondent N/A			Lawsuit/Arbitration/Bankruptcy Bankruptcy - Compass Home Furnishings, Inc.	
Name of Business/Industry/Entity Compass Home Furnishings, Inc.				

Provide explanation below:

Bankruptcy and ultimate closure of Compass Home Furnishings, Inc. in 2009, of which I was owner.


Original Signature (electronic, copies or stamps not accepted)

10/2/2025

Date

I, Joel Cortright, certify that as the designated representative for
BIOTRONIK NRO, Inc.

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

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

Joel Cortright

Print Name (First, Last)



Original Signature (electronic, copies or stamps not accepted)

10/2/2025

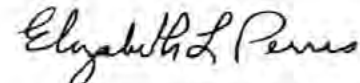
Date

U.S. BANKRUPTCY COURT
DISTRICT OF OREGON
FILED

August 25, 2009

Clerk, U.S. Bankruptcy Court

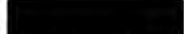
Below is an order of the Court.


U.S. Bankruptcy Judge

DN7 (12/6/07) pjg

UNITED STATES BANKRUPTCY COURT
District of Oregon

In re

Joel Matthew Cortright, 

Other names used by debtor: Compass Home Furnishings, Inc., Clay,
Metal & Stone, J & J Tangent, LLC, Copper Creations

Debtor(s)

Case No. **09-33486-elp7**

CHAPTER 7 ORDER RE:
DISCHARGE OF DEBTOR(S)

It appearing that on 5/11/09 a bankruptcy petition was filed by the debtor(s); timely complaints filed pursuant to 11 USC §523(a) could be pending and the court could still order that any affected debt is nondischargeable, however no complaint objecting to the debtor's discharge pursuant to 11 USC §727 was timely filed (or such complaint was filed, and after due notice and hearing, was not sustained); each timely filed written reaffirmation agreement was either rescinded or not approved by the court; and therefore,

IT IS ORDERED the debtor(s) shall be granted a discharge under §727 of Title 11, United States Code (the Bankruptcy Code).

EXPLANATION OF BANKRUPTCY DISCHARGE IN A CHAPTER 7 CASE

This court order grants a discharge to the person(s) named as a debtor. It is not a dismissal of the case and it does not determine how much money, if any, the trustee will pay to creditors.

Collection of Discharged Debts Prohibited. The discharge prohibits any attempt to collect from a debtor a debt that has been discharged. For example, a creditor is not permitted to contact a debtor by mail, phone, or otherwise, to file or continue a lawsuit, to attach wages or other property, or to take any other action to collect a discharged debt from the debtor. (If applicable there are also special rules that protect certain community property owned by the debtor's spouse, even if that spouse did not file a bankruptcy case.) A creditor who violates this order can be required to pay damages and attorney's fees to the debtor.

However, a creditor may have the right to enforce a valid lien, such as a mortgage or security interest, against the debtor's property after the bankruptcy, if that lien was not avoided or eliminated in the bankruptcy case. Also, a debtor may voluntarily pay any debt that has been discharged.

Debts that are Discharged. The Chapter 7 discharge order eliminates a debtor's legal obligation to pay a debt that is discharged. Most, but not all, types of debts are discharged if the debt existed on the date the bankruptcy case was filed. (If this case was begun under a different chapter of the Bankruptcy Code and converted to Chapter 7, the discharge applies to debts owed when the bankruptcy case was converted.)

Debts that are Not Discharged. Some of the common types of debts which are not discharged in a Chapter 7 bankruptcy case are:

- a. Debts for most taxes;
- b. Debts incurred to pay nondischargeable taxes;
- c. Debts that are for domestic support obligations, or debts to a spouse or former spouse for property settlement;
- d. Debts for most student loans;
- e. Debts for most fines, penalties, forfeitures, or criminal restitution obligations;
- f. Debts for personal injuries or death caused by the debtor's operation of a motor vehicle, vessel, or aircraft while intoxicated;
- g. Some debts which were not properly listed by the debtor;
- h. Debts the bankruptcy court specifically has decided or will decide in this case are not discharged;
- i. Debts for which the debtor has given up the discharge protections by signing a reaffirmation agreement in compliance with the Bankruptcy Code requirements for reaffirmation of debts; and
- j. Debts owed to certain pension, profit sharing, stock bonus, other retirement plans, or to the Thrift Savings Plan for federal employees for certain types of loans from these plans.

This information is only a general summary of the bankruptcy discharge. There are exceptions to these general rules. Because the law is complicated, you may want to consult an attorney to determine the exact effect of the discharge in this case.

DTC (3/5/09) pjg

UNITED STATES BANKRUPTCY COURT
District of Oregon

U.S. BANKRUPTCY COURT
DISTRICT OF OREGON
FILED

In re

Joel Matthew Cortright

Other names used by debtor: Compass Home
Furnishings, Inc., Clay, Metal & Stone, J & J Tangent,
LLC, Copper Creations

Debtor(s)

} Case No. **09-33486-elp7**

} ORDER DISCHARGING
} TRUSTEE AND
} CLOSING CASE
}

June 24, 2010

Clerk, U.S. Bankruptcy Court

BY **pjk** DEPUTY

The trustee of the above debtor's estate, if one has been appointed, has:

1. (If Chapter 7 case) either filed a report of no assets or reduced the property and effects of the debtor's estate to cash;
2. Fully administered any estate funds and property on hand; and
3. Performed all other and further duties required to date in the administration of said estate.

IT IS THEREFORE ORDERED that, if a trustee has been appointed, upon filing any final report or account required by the UST, and without further court order, the trustee shall be discharged as the trustee of the debtor's estate.

IT IS FURTHER ORDERED that this case is closed; the case will be closed only for administrative purposes if this case was dismissed; and the court shall retain jurisdiction over any adversary proceeding pending at the time of closure.

Clerk, U.S. Bankruptcy Court

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to 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 Cortright

Print Name (First, Last)

[Signature]

Original Signature (electronic, copies or stamps not accepted)

10/2/2025

Date

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

State of OREGON, ss. County of CLACKAMAS

I, SEREN DILARA EREN, 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

10.2.2025

Date

Subscribed and Sworn to before me this 2 day of OCTOBER.

[Signature]

Notary Public Signature



(Seal)

Start Date 05/31/2025
End Date 05/31/2025
BIOTRONIK NRO INC.

Name	Job Title Description
Abraczinskas, Evan Patrick	Senior Clinical Specialist
Adair, Jared Daniel	Clinical Specialist
Adams, Robin	Executive Territory Manager
Allen, Lauren	Senior Territory Manager
Alves, Luis Genehr	Principal Product Manager
Asaad, Laith	Executive Territory Manager
Baker, James Bradley	Executive Territory Manager
Balco, Brian	Executive Territory Manager
Banek, Avel M	Embrace One Specialist
Barbicas, Ashley	Director, Customer Excellence
Beaumont, Katherine	Clinical Specialist
Benavides, Fabio A	Senior Territory Manager
Bezverkh, Polina	Executive Territory Manager
Bozinovski, Jessika	Embrace One Specialist
Brown, Ryan P	Regional Sales Director
Bruso, Gregory	Senior Clinical Specialist
Cairo, Jamie L	Embrace One Specialist
Callahan, Joseph	Executive Territory Manager
Cantrell, Brian A	Regional Sales Director
Casas Mejia, Edith Yamile	Senior Clinical Specialist
Caswell, Luke M	Executive Territory Manager
Caudill, Dale A	Director, Quality Systems & Design Assurance
Cianni, Lindsey N	Embrace One Specialist
Collier, Johnathan J	Vice President, Sales
Companion, Wilder	Executive Territory Manager
Coroi, Courtney	Senior Clinical Specialist
Cortright, Joel	Senior Director, Commercial Operations
Cotard, Denise C	Executive Territory Manager
Cunningham, Travis R	Senior Clinical Specialist
DeBartolo, Jack	Clinical Specialist II
Diep, Jamison	Clinical Specialist II
Elbert, Edmund	Executive Territory Manager
Elieff, Mason	Senior Clinical Specialist
Estep, Clayton	Executive Territory Manager
Falcheck, David J	Executive Territory Manager
Farrel, Jacob T	Area Vice President
Fireman, David	Senior Clinical Specialist
Fleck, Blayne P	Dir., Commercial Marketing & Prof. Education
Fleischhacker, Marissa Nicole	Clinical Specialist
Foster, Jason L	Executive Territory Manager
Fountain, Jason R	Sr. Manager Health Economics & Reimbursement
Gallucci, Michael	Principal Product Support Engineer
Gehle, Kevin H	Senior Marketing Manager
Gorman, Raymond K	Executive Territory Manager
Graves, Tasha	Clinical Specialist II
Greenawalt, Alex	Senior Clinical Specialist
Grobstich, Matthew L	Area Vice President

Hairston, Juston	Senior Territory Manager
Halles, Sarah	Clinical Specialist
Harper, Leslie	Territory Manager
Hecker, Travis W	Director of Commercial Strategy
Hicks, Jacob	Associate Director, Clinical Affairs
Hogan, Patrick John	Territory Manager
Johnson, Nathan E	Executive Territory Manager
Johnson, Steven Lee	Contracts Manager
Johnstone, Grant C	Executive Territory Manager
Jones, Ryan	Senior Territory Manager
Kahn, Jeffrey	Senior Territory Manager
Kieling, Ryan Timothy	Executive Territory Manager
Kinder, Kimberly	Executive Territory Manager
King, Jason	Executive Territory Manager
Kraiter, Lauren Louise	Director, Upstream Marketing
Kreller, Wendy	Senior Clinical Specialist
Kujawa, John M	Manager, Commercial Operations
Lake, James Ira	Executive Territory Manager
Langevin, Todd R	President - NRO
Lenich, Amy A	Senior Territory Manager
Leow, Wee Wen	Senior Manager, Regulatory Affairs
Longobardi, Julie	Executive Territory Manager
Martin, Alia Marie	Clinical Specialist
McCoy, Travis	Executive Territory Manager
Mendoza, Marco A	Supply Chain Specialist
Meyerer, Leslie	Embrace One Associate
Milosevic, Tamara	Sales Operations Specialist
Mitchell, James N	Regional Sales Director
Molina, Matthew David	Clinical Specialist
Mullane, Steven Paul	Sr. Manager, Clinical Affairs
Myers, Shawn	Executive Territory Manager
Nieves, Mark Anthony	Territory Manager
Owens, Erin	Clinical Specialist
Pemberton, Jadyn M	Compliance Manager
Pena, Anaïs	Senior Clinical Specialist
Pittard, Robert Louis	Clinical Specialist
Poletiek, Jodie L	Contracts Manager
Prothero, Mary P	Senior Territory Manager
Pruett, Amanda Karin	Embrace One Associate
Pruett, William Robert	Executive Territory Manager
Quevedo, Samantha	Embrace One Associate
Rivera Benitez, Noe Salvador	Senior Territory Manager
Robichaux, Ben Thomas	Clinical Specialist
Rodriguez, Taylor M	Sr. Manager, Customer & Program Strategy
Ryan, Zara	Clinical Specialist
Sanchez Cano, Johanna	Senior Territory Manager
Scott, Tyler J	Executive Territory Manager
Sevin, Grant	Clinical Specialist
Shaw, John J	Executive Territory Manager
Simcoe, Lindsay Brooke	Senior Clinical Specialist
Siqueiros, Leila	Events and Congress Manager
Stevens, Drew	Senior Territory Manager

Stewart, Morgan	Territory Manager
Stutevoss, Jacob Mathew	Clinical Specialist II
Sullivan, John A	Territory Manager
Sullivan, Kaitlyn King	Regional Sales Director
Thomas, Jimmie	Executive Territory Manager
Torres, Ruben	Executive Territory Manager
Trussell, Benjamin P	Senior Clinical Specialist
Trzesniak, Michael J	Embrace Care Team Lead
Welch, John J	Senior Territory Manager
Wray, Haley R	Senior Territory Manager

4U

NEVADA STATE BOARD OF PHARMACY

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

Wholesaler Application Non-Refundable \$1,000 Fee

Rev (08/17/2022)

Where is the facility located?		☐ Nevada ☒ Out-of-State
Type of Application (check applicable box)		Wholesaler Business Type (check applicable box)
☒ New Wholesaler ☐ Ownership Change* ☐ Name Change* ☐ Location Change* (in-state only)	* If making a change, provide current license number: WH _____	☒ 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>Botanix SB Inc.</u>		
Physical Address: <u>2390 E. Camelback Rd. Suite 202</u>		
City: <u>Phoenix</u> State: <u>AZ</u> Zip: <u>85016</u>		
Mailing Address (if different from physical address): <u>100 Front Street, Suite 1340</u>		
City: <u>Conshohocken</u> State: <u>PA</u> Zip: <u>19428</u>		
Telephone: <u>215-287-0018</u> Website: <u>https://botanixpharma.com/</u>		
Name of Designated Representative (DR): <u>Robert Abeyta</u>		
Licensing Company Email: <u>licensing@botanixpharma.com</u> DR Email: <u>rabeyta@botanixpharma.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	☒ Dangerous Drugs ☐ Controlled Substances ☐ *Medical devices, equipment, supplies, gases ☐ Others:	☒ Manufacturer ☐ Repacker ☐ Reverse Distributor ☐ Warehouse ☐ Retail pharmacy wholesale distributor ☐ Others: Virtual

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

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 supplies sold, dispense 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): Botanix Pharmaceuticals Ltd

Corporation/Organization Name: Botanix SB

Mailing Address: 100 Front Street, Suite 1340

City: Conshohocken State: PA Zip: 19428

Telephone: [REDACTED] Email: mcallahan@botanixpharma.com

Contact Person Name: Howie McKibbon

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

C. Hubert

Original Signature (electronic, copies or stamps not accepted)

7/14/25

Date

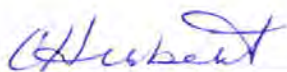
Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		x
1. Copy of Certification 2. Copy of a bond in an amount of \$25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. 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	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/ .		✓	✓	✓

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

Botanix SB Inc.
Facility Name

Carey Herbert
Print Name of Authorized Person Submitting Application


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

7/22/25
Date

Board Use Only	Date Received: <u>7/29/25</u>	Amount: <u>\$1000-ek 9019</u>
----------------	-------------------------------	-------------------------------

Home Drug Databases NDC Search Result

[f Share](#) [X Tweet](#) [in LinkedIn](#) [✉ Email](#) [🖨 Print](#)

Current through July 23, 2025

You have searched Finished drug products

Search Results: 'botanix'

[Back to Search Page](#)

Showing 1 to 1 of 1 entries

Show 50 entries

Proprietary Name	NDC Package Code	Strength	Dosage Form	Route	Application Number / Monograph ID	Labeler Name	Product NDC	Non Proprietary Name	Substance Name	Product Type Name
 Sofdra	83723-010-50	87mg/.67mL	GEL	TOPICAL	NDA217347	Botanix SB Inc.	83723-010	sofprionium bromide	SOFPIRONIUM BROMIDE	HUMAN PRESCRIPTION DRUG

Previous 1 Next



Description of Operations

Botanix SB Inc. is a Virtual Manufacturer. Botanix SB Inc.'s products are manufactured by a Contract Manufacturer and will be distributed by their Third-Party Logistics Provider, Eversana Life Science Services, LLC, who is licensed to ship pharmaceutical products into your state.

Labeler Code: 83723

Contract Manufacturer Information:

We are using the following contract manufacturer to produce our product:

Contract Pharmaceuticals Limited Canada

7600 East Danbro Crescent

Mississauga, Canada, L5N 6L6

FEIN: 3001581899

Contact Person: Leila Boroumand

Contact Number: [REDACTED]

Contract Pharmaceuticals Limited Canada manufactures Botanix SB Inc.'s product and packages finished product. At no time does Contract Pharmaceuticals Limited Canada own the product, contract with Botanix SB Inc.'s customers, invoice, nor sell a Botanix SB Inc. product. Botanix SB Inc.'s products are not Controlled Substances.

Third Party Logistic information:

For distribution into the commercial supply channels, Eversana Life Science Services, LLC acts as Botanix SB Inc.'s Third Party Logistics (3PL) provider to manage the storage and distribution of Botanix SB Inc.'s product-throughout the United States. Eversana Life Science Services, LLC's address is:

Eversana Life Science

4580 S. Mendenhall Rd. Memphis TN, 38141

Contact: Duane Allison

Ph: 901-797-8885

Botanix SB Inc. has 2 employees working on site during normal business hours.

Botanix SB Inc.'s hours of operation are 9:00 am – 5:00pm Monday through Friday.

Botanix SB Inc.'s records are stored at their facility in Pheonix Arizona.

Botanix SB Inc.'s facility square footage is 4336.



Company Information

Company Name: Botanix SB Inc.
Facility Address: 2390 East Camelback Road, Suite 202
City, State, Zip: Pheonix, Arizona, 85016
Phone: 303-809-8044
Website: <https://botanixpharma.com/>
E-mail: licensing@botanixpharma.com

FEIN: 88-1845954
State of Formation: Delaware
Date Incorporated: 03/25/2022
File Number: 203055715

Ownership Information

Botanix SB Inc. is 100% owned by Botanix Pharmaceuticals Ltd., a publicly traded company on the Australian Stock Exchange (ASX: BOT).

Parent Company Address: Suite 3 41 – 47 Colin Street West Perth Western Australia 6005 Australia
Parent Company Phone: +61 8 6285 0083
Parent Company FEIN: 98-1373122

Officers

Howard George McKibbon, President
Business Address: 2390 East Camelback Road, Suite 202 Pheonix Arizona, 85016
Business Phone: 215-287-0018
Email: hmckibbon@botanixpharma.com

Carey Herbert, Chief Legal & Compliance Officer
Business Address: 2390 East Camelback Road, Suite 202 Pheonix Arizona, 85016
Business Phone: 602-471-7584
Email: cherbert@botanixpharma.com

Chris Lesovitz, Chief Financial Officer
Business Address: 2390 East Camelback Road, Suite 202 Pheonix Arizona, 85016
Business Phone: 484-432-7434
Email: clesovitz@botanixpharma.com

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "BOTANIX SB INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FIFTH DAY OF DECEMBER, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "BOTANIX SB INC." WAS INCORPORATED ON THE TWENTY-FIFTH DAY OF MARCH, A.D. 2022.



6697914 8300

SR# 20244395912

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: 205049089

Date: 12-05-24

0803



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 :	Botanix SB Inc.
Address :	2390 East Camelback Road Suite 202 Phoenix AZ 85016
Registration No :	M002473
Permit Type :	Manufacturer
Sub Type :	Virtual
Date Issued :	08/28/2024
Expiration Date :	10/31/2027
Status :	OPEN
Discipline :	No

A handwritten signature in black ink, reading "Kam Gandhi". The signature is fluid and cursive, with the first name "Kam" and last name "Gandhi" clearly distinguishable.

Kam Gandhi

Executive Director
Arizona State Board of Pharmacy

Date: 10/24/2025

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206

Reno, NV 89521

(775) 850-1440

Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. 9446481

Application/License No. _____

BOTANIX SB, INC., doing or intending to do business as a
Applicant/Principal
pharmaceutical wholesaler, whose address for purposes of service is
2390 Camelback Rd, Ste 202, Phoenix AZ 85016, 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 ILLINOIS,
State of Incorporation
and authorized to transact a general surety business in the State of

Nevada, whose address for purposes of service is
600 Red Bank Boulevard , Owings Mill, MD 21117 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 August 19, 2025.
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 August, 2025

APPLICANT/PRINCIPAL

SURETY

COMPANY



Authorized Representative



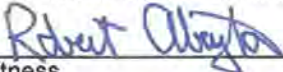
Surety Company's Representative



print name

Attorney-in-fact

SIGNED and SEALED in the presence of:



Witness

SIGNED and SEALED in the presence of:



Witness



Witness



Witness

Countersigned by:

N/A

Nevada Resident Agent

**ZURICH AMERICAN INSURANCE COMPANY
COLONIAL AMERICAN CASUALTY AND SURETY COMPANY
FIDELITY AND DEPOSIT COMPANY OF MARYLAND
POWER OF ATTORNEY**

KNOW ALL MEN BY THESE PRESENTS: That the ZURICH AMERICAN INSURANCE COMPANY, a corporation of the State of New York, the COLONIAL AMERICAN CASUALTY AND SURETY COMPANY, a corporation of the State of Illinois, and the FIDELITY AND DEPOSIT COMPANY OF MARYLAND a corporation of the State of Illinois (herein collectively called the "Companies"), by **Robert D. Murray, Vice President**, in pursuance of authority granted by Article V, Section 8, of the By-Laws of said Companies, which are set forth on the reverse side hereof and are hereby certified to be in full force and effect on the date hereof, do hereby nominate, constitute, and appoint **Patrick V. LARKIN, SR. and LeeAnne HENDERSON, of Media, Pennsylvania** EACH, 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.

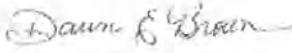
The said Vice President does hereby certify that the extract set forth on the reverse side hereof is a true copy of Article V, Section 8, of the By-Laws of said Companies and is now in force.

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 12th day of August, A.D. 2020.



ATTEST:
ZURICH AMERICAN INSURANCE COMPANY
COLONIAL AMERICAN CASUALTY AND SURETY COMPANY
FIDELITY AND DEPOSIT COMPANY OF MARYLAND

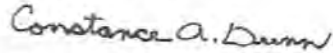

By: **Robert D. Murray**
Vice President


By: **Dawn E. Brown**
Secretary

**State of Maryland
County of Baltimore**

On this 12th day of August, A.D. 2020 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 15th day of April 1999.



Brian M. Hodges

By: 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.reportsfclaims@zurichna.com
800-626-4577

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 Botanix SB Inc.
Pharmacy/Wholesaler License # (if applicable) _____
Physical Address 2390 E. Camelback Rd. Suite 202
City Phoenix State AZ Zip 85016
Mailing Address (if different from physical address) _____
City 2390 E. Camelback Rd. Suite 202 State Arizona Zip 85016
Telephone 303-809-8044 Website https://botanixpharma.com/
Licensing Company Email licensing@botanixpharma.com

Section 2: Personal Information

First Robert Middle Bruce Last Abeyta
Alias(es, nicknames, name changes, etc.) _____
Date of Birth [REDACTED] SSN or ITIN [REDACTED] Sex ☒ M ☐ F ☐ X
Mailing Address 2390 E. Camelback Rd. Suite 202
City Phoenix State Arizona Zip 85016
Telephone 3038098044 Email rabeyta@botanixpharma.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 see attached resume			From - To (MM/YY – MM/YY)	
Address		City	State	Zip
Diploma/Degree obtained, if any				
School Name			From - To (MM/YY – MM/YY)	
Address		City	State	Zip
Diploma/Degree obtained, if any				
School Name			From - To (MM/YY – MM/YY)	
Address		City	State	Zip
Diploma/Degree obtained, if any				
School Name			From - To (MM/YY – MM/YY)	
Address		City	State	Zip
Diploma/Degree obtained, if any				
School Name			From - To (MM/YY – MM/YY)	
Address		City	State	Zip
Diploma/Degree obtained, if any				

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)				
From - To (MM/YY – MM/YY)	Address	City	State	Zip
12/22 – current		Gilbert	AZ	
From - To (MM/YY – MM/YY)		City	State	
10/18-12/22		Broomfield	CO	
From - To (MM/YY – MM/YY)		City	State	
08/13-10/18		Broomfield	CO	
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

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

Business Name		From - To (MM/YY - MM/YY)	
see attached resume			
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
		40/week	
Description of Duties			
Business Name		From - To (MM/YY - MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			
Business Name		From - To (MM/YY - MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			
Business Name		From - To (MM/YY - MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			
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.			

SENIOR DIRECTOR OF CMC AND SUPPLY CHAIN

Operations Executive with 20+ years of leadership in Pharmaceuticals, Medical Devices, and In-Vitro Diagnostics, specializing in operational excellence, manufacturing efficiency, PMO management, and supply chain optimization. Skilled at aligning strategy with execution, fostering clarity, collaboration, and measurable results across teams. Recognized for building trust-driven cultures through empathetic leadership, professional development, and succession planning. Proven expertise in synthesizing complex systems, driving profit improvement, and delivering actionable roadmaps that align with long-term business goals. Dedicated to optimizing operations, empowering teams, and driving sustainable growth while championing continuous improvement and fostering innovation in high-performance cultures.

Global Market Expansion | Commercial Operations | Operational Excellence | Regulatory Compliance | Audit Preparedness
Supply Chain Optimization | Cost Management | ERP Implementation & Systems Integration
Lean Implementation & Continuous Improvement | Business Strategy Development & Deployment
Personnel Succession Planning & Development | Cross-Functional Team Leadership | Performance Metrics & KPIs

CAREER HIGHLIGHTS

Operational Excellence Across Industries

- Spearheaded ERP implementations, lean initiatives, & supply chain optimizations, driving cost reductions, efficiency gains, & global scalability for multimillion-dollar enterprises.

Developed High-Performing Teams

- Cultivated talent through robust succession planning, technical training, & leadership development programs, ensuring long-term organizational success & employee retention.

Delivered Strategic Business Growth

- Led transformative initiatives, including FDA PMA approval, global market expansion to 20+ countries, & vertical integration, significantly boosting profit margins & operational capacity.

PROFESSIONAL EXPERIENCE

BOTANIX PHARMACEUTICALS | Phoenix, AZ

2024 – Present

Dermatology-focused pharmaceutical company specializing in treatments for hyperhidrosis and other skin conditions.

Senior Director of CMC and Supply Chain

Developing and leading global CMC and Supply Chain management program.

Supply Chain Planning and Logistics:

- Develop and implement supply chain planning strategies to support business objectives, including demand forecasting, production scheduling, and inventory management
- Execute demand planning processes and ensure accurate forecasting to meet production needs and customer demand.
- Manage supply planning to maintain optimal inventory levels across the supply chain, including RM, WIP, and FG.

Process Development and Optimization:

- Oversee the development, scaling, and validation of manufacturing processes, including analytical methods and specifications. Drive process improvements to enhance product quality, efficiency, and compliance.

Project Management:

- Coordinate with project teams to define CMC timelines, resources, and budgets, ensuring projects stay on track and budget.

Strategic Leadership:

- Develop and execute CMC strategies to support clinical development and commercialization of drug products.
- Guide cross-functional teams to meet regulatory milestones and ensure high-quality standards.

Regulatory Compliance:

- Ensure CMC activities are compliant with regulatory requirements (e.g., FDA, EMA) and support regulatory submissions, including IND, NDA, BLA, and other global regulatory filings.

Risk Assessment and Mitigation:

- Identify potential CMC risks and establish strategies to mitigate them, ensuring product quality, efficacy, and compliance.
- Manage business continuity programs through successful completion.

DERMAVANT SCIENCES | Gilbert, AZ (Remote)

2023 – 2024

*Dermatology-focused pharmaceutical company specializing in treatments for psoriasis and eczema, acquired by Organon in October 2024.***CMC Program Leader and Head of PMO**

Recruited to lead global CMC program management and establish a Project Management Office (PMO) for a dynamic, high-impact organization. Oversaw CMC project managers, CDMO performance in the U.S. and Europe, and cross-departmental collaboration, positioning organization for successful acquisition by Organon in 2024.

- **Elevated Global Program Coordination:** Standardized project management practices across U.S., Canada, and U.K. operations, increasing on-time project delivery rates from 60% to 90% and ensuring alignment across 30+ technical operations.
- **Built and Scaled PMO Functionality:** Implemented project management training and best practices, improving organizational efficiency, fostering direct report career growth, and ensuring consistent on-time, on-budget project delivery.
- **Enhanced Workforce Capabilities:** Delivered APICS-certified supply chain training, enabling six team members to achieve certification readiness and take on greater responsibilities.

COOPERVISION SPECIALTY EYE CARE | Gilbert, AZ

2022 – 2023

*Contact lens manufacturing and distribution division of CooperVision, Inc.***Director of Acquisitions Integration**

Hired to lead the comprehensive integration of four acquired sites into a single operational hub in Gilbert, AZ, encompassing products, personnel, facilities, and systems. Managed an ~\$8M budget and oversaw capital projects, organizational synergies, KPI development, and Certified Supply Chain Management training for 50+ employees.

- **Unified Operations:** Designed and implemented strategic project plans to consolidate four sites across San Diego, Canada, and Gilbert into a single operational facility.

WATERS CORPORATION, ERA SITE | Golden, CO

2020 – 2022

*Environmental products manufacturing company supporting government proficiency testing.***Multi-Site Leader and Senior Director of Operations**

Led operations for two facilities in Golden, CO (100+ employees) and Nixa, MO (25 employees), managing manufacturing, supply chain, distribution, and safety/security functions. Oversaw a \$30M budget supporting ~\$100M in annual product sales.

- **Improved On-Time Delivery by 20%:** Boosted on-time-in-full rates from mid-70% to low-90% in Golden and from 50% to 95% in Nixa, generating \$5M in additional sales through enhanced production planning and materials management.
- **Increased Retention to 90%+:** Launched succession planning and professional development programs, resulting in promotions or raises for 80% of employees and elevating retention from 70% to 90%+.
- **Reduced Errors by 10% Across 2,000+ SKUs:** Expanded the distribution center by 2,000 sq ft, enhancing SKU tracking, advancing ERP utilization and Power BI reporting across global sites. Achieved zero findings in ISO and EPA inspections.

ARCHERDX, INC. (acquired by Invitae) | Boulder, CO

2019 – 2020

*In vitro diagnostics company specializing in detecting and monitoring DNA/RNA markers from cancer cells.***Senior Director of Operations**

Redesigned manufacturing, operations, and supply chain functions to optimize production and meet regulatory requirements for complex IVD products. Scaled the organization from 6 to 75 employees, driving efficiency and strategic growth while supporting FDA and PMDA approvals.

- **Boosted Production and Fulfillment Efficiency and Cut Production Costs 70%:** Increased weekly test kit output from 200 to ~3,000 units by retooling processes and automating workflows while reducing lead times from two weeks to same-day or third-day delivery through improved forecasting, strategic supplier negotiations, and streamlined procurement processes.
- **Enabled \$2.5B Acquisition by Invitae:** Delivered robust manufacturing capabilities and reliable supply chain operations, aligning product delivery with clinical and market needs and contributing to successful corporate valuation.

TOLMAR PHARMACEUTICALS, INC. | Fort Collins, CO

2017 – 2019

*Specialty pharmaceutical company specializing in sterile injectables, aseptic filling, and dermatology products.***Director of Operations Efficiency**

Provided in-house consulting to implement Lean methodologies, optimize processes, and improve organizational efficiency across manufacturing and distribution functions.

- **Institutionalized Lean Methodologies Across 300 Employees:** Designed and delivered Lean training programs for the entire workforce, completing 25 process improvement projects and reducing manufacturing costs by \$200K with minimal budgets.
- **Improved on-time-in-full delivery rates from mid-70% to low-90%:** Developed targeted efficiency initiatives in collaboration with quality and supply chain teams.

Director of Operations

Spearheaded clinical trial operations, securing FDA premarket approval approval without panel review and enabling global commercialization in the U.S. and 20+ countries. Led SAP ERP implementation, FDA premarket approval, and international market expansion while reducing costs and optimizing processes.

- **Reduced Costs and Optimized Production:** Cut cost of goods sold (COGS) by 60%, increased profit margins from 70% to over 90%, and decreased product cycle time by 65% through equipment upgrades, enhanced training, and process improvements.
- **Implemented Enterprise Systems and Improved Retention:** Directed SAP ERP implementation in under nine months and established robust succession planning, reducing turnover from ~25% to under 10%.

ADDITIONAL EXPERIENCE

ThermoFisher Scientific | Lafayette, CO | Director of Manufacturing

Corgenix Medical Corporation | Westminster, CO | Director of Manufacturing

Roche Pharmaceuticals | Boulder, CO | Production Planning Manager and Head of Marketing Planning

Ischemia Technologies, Inc. | Denver, CO | Marker Test Operations Manager

Geneva (Novartis) Pharmaceuticals, Inc. | Broomfield, CO | Production Operations Manager

Medtronic HemoTec, Inc. Englewood, CO | Quality Assurance Project Manager

EDUCATION & PROFESSIONAL CERTIFICATIONS

Master of Business of Administration – Emphasis in Finance | UNIVERSITY OF COLORADO DENVER

Bachelor of Arts, Double Major in Biochemistry and Molecular/Cellular/Developmental Biology | UNIVERSITY OF COLORADO BOULDER

Professional Certifications: PMP Certification (PMI); Certified Master Instructor (ASCM), teaching CPIM, CSCP, CLTD, S&OP & Lean Implementation; Six Sigma Yellow Belt; and Quality Auditor training (BSI/ASQ). Certified in CPIM, CSCP, and CLTD by ASCM.

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

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

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

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

Business Name		From - To (MM/YY – MM/YY)	
Business Address		City	State Zip
Phone	Title	Number of Employed Hours	
Description 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?		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 # 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, Robert Abeyta, certify that as the designated representative for
Botanix SB Inc.

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

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

Robert Abeyta

Print Name (First, Last)

Robert Abeyta

Original Signature (electronic; copies or stamps not accepted)

24 Sept 2025

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 Abeyta

Print Name (First, Last)

Robert Abeyta

Original Signature (electronic, copies or stamps not accepted)

24 Sept 2025

Date

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

State of Arizona, ss. County of Maricopa

I, Robert Abeyta, 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 Abeyta

Original Signature

24 Sept 2025

Date

Subscribed and Sworn to before me this 24 day of September.

Rachael Barchenas-Garcia

Notary Public Signature



(Seal)

Employees at the Phoenix, AZ Facility

1. Howie McKibbon
2. John Schohl
3. David Morgan
4. Leisha Martin
5. Paul Seaback
6. Katherine Burns
7. Kevin Wojchiechowski
8. Robert Abeyta
9. Dolores Gonzales
10. Carey Herbert



Supplier/Customer List

Botanix has 1 supplier/customer:

SendRx

Address: 1002 Bonaventure Dr.

Elk Grove Village, IL, 60007

Phone: 314-920-2400

4V

NEVADA STATE BOARD OF PHARMACY

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

Wholesaler Application Non-Refundable \$1,000 Fee

Rev (08/17/2022)

Where is the facility located?		☐ Nevada ☒ Out-of-State
Type of Application (check applicable box)		Wholesaler Business Type (check applicable box)
☒ New Wholesaler ☐ Ownership Change* ☐ Name Change* ☐ Location Change* (in-state only)	* If making a change, provide current license number: WH _____	☐ 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>Essilor Laboratories of America, Inc.</u>		
Physical Address: <u>13675 N. Stemmons Fwy</u>		
City: <u>Farmers Branch</u> State: <u>TX</u> Zip: <u>75234</u>		
Mailing Address (if different from physical address): _____		
City: <u>Farmers Branch</u> State: _____ Zip: _____		
Telephone: <u>(972) 243-2484</u> Website: <u>https://www.essilorluxottica.com/en/</u>		
Name of Designated Representative (DR): <u>John Anderson</u>		
Licensing Company Email: <u>statelicensing@essilorusa.com</u> DR Email: <u>John.Anderson@essilorusa.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: Self Distributing 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): Essilor Laboratories of America Holding Co., Inc.

Corporation/Organization Name: Essilor Laboratories of America, Inc. dba Omega Northcreek Lab

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: (972) 243-2484 Email: statelicensing@essilorusa.com

Contact Person Name: Ettore Mosca

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	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)	✓	✓	✓	✓
• ^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.

Essilor Laboratories of America, Inc.
Facility Name

Ettore Mosca
Print Name of Authorized Person Submitting Application

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

9/9/2025
Date

Board Use Only	Date Received: <u>10/27/25</u>	Amount: <u>\$1000000 4555</u>
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[FDA Home](#)³ [Medical Devices](#)⁴ [Databases](#)⁵

Establishment Registration & Device Listing
New Search

[Back To Search Results](#)

Establishment:

Essilor Laboratories Of America, Inc. Dba Omega Northcreek Lab
13675 N Stemmons Fwy
Dallas, TX 75234
Registration Number: 3038269608
FEI Number*: 3038269608
Status: Active
Date Of Registration Status: 2025

Owner/Operator:

[Essilor Of America, Inc](#)⁶
13515 N Stemmons Fwy
Dallas, TX US 75234

Owner/Operator Number: [8010073](#)⁷

Official Correspondent:

John Anderson
13455 Branch View Lane
Dallas, TX 75234
Phone: 817-2623801

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

Links on this page:

1. <http://www.addthis.com/bookmark.php?u508=true&v=152&username=fdamain>
2. <http://www.addthis.com/bookmark.php>
3. <https://www.fda.gov/>
4. <https://www.fda.gov/Medical-Devices>
5. <https://www.fda.gov/medical-devices/device-advice-comprehensive-regulatory-assistance/medical-device-databases>
6. [./scripts/cdrh/cfdocs/cfRL/rl.cfm?
start_search=1&establishmentName=@Num=&StateName=&CountryName=&RegistrationNumber=&OwnerOperatorNumber=8010073&OwnerOperatorName=&ProductCode=&DeviceName=&ProprietaryName=](/scripts/cdrh/cfdocs/cfRL/rl.cfm?start_search=1&establishmentName=@Num=&StateName=&CountryName=&RegistrationNumber=&OwnerOperatorNumber=8010073&OwnerOperatorName=&ProductCode=&DeviceName=&ProprietaryName=)
7. [./scripts/cdrh/cfdocs/cfRL/rl.cfm?
start_search=1&establishmentName=@Num=&StateName=&CountryName=&RegistrationNumber=&OwnerOperatorNumber=8010073&OwnerOperatorName=&ProductCode=&DeviceName=&ProprietaryName=](/scripts/cdrh/cfdocs/cfRL/rl.cfm?start_search=1&establishmentName=@Num=&StateName=&CountryName=&RegistrationNumber=&OwnerOperatorNumber=8010073&OwnerOperatorName=&ProductCode=&DeviceName=&ProprietaryName=)

Page Last Updated: 09/29/2025

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U.S. Food and Drug Administration
10903 New Hampshire Avenue
Silver Spring, MD 20993
Ph. 1-888-INFO-FDA (1-888-463-6332)
Contact FDA



For Government For Press

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Description of Operations

Essilor Laboratories of America, Inc dba Omega Northcreek Lab is a Self-Distributing Manufacturer of Rx required Class II Medical Devices (510K Exempt). Essilor's products are manufactured at their Northcreek Lab in Texas and will be distributed to physicians' offices.

FDA Establishment Number:

3038269608

510K Exempt: D075606

Essilor Laboratories of America, Inc dba Omega Northcreek Lab has 510 employees working on site during normal business hours.

Essilor Laboratories of America, Inc's hours of operation are as follows:

M-Th: 6:00 AM – 4:30 PM and 4:30 PM – 3:00 AM

F-Su: 7:00 AM – 7:00 PM and 7:00 PM – 7:00 AM

Essilor Laboratories of America, Inc's records are stored onsite.

Essilor Laboratories of America Inc's facility square footage is 22,977.



Company Information

Company Name: Essilor Laboratories of America, Inc. dba Omega Northcreek Lab
Address: 13675 N. Stemmons Fwy
City, State, Zip: Farmers Branch, TX 75234
Phone: (972) 243-2484
Website: <https://www.essilorluxottica.com/en/>
E-mail: statelicensing@essilorusa.com

FEIN: 38-2673743
State of Formation: DE
Date Incorporated: 10/26/2001
File Number: 3450730

Ownership Information

Essilor Laboratories of America, Inc. dba Omega Northcreek Lab is 100% owned by Essilor Laboratories of America Holding Co., Inc.

Parent Company Address: Essilor Laboratories of America Holding Co., Inc.
Parent Company Phone: (972) 243-2484
Parent Company FEIN: 13-3920760

Officers

Michael Mott, EVP, General Counsel, N.A.
Business Address: 4000 Luxottica Place, Cincinnati, OH 45040
Business Phone: (513) 823-1235

Sara Francescutto, CFO - North America
Business Address: 1 West 37th Street, New York, NY 10018
Business Phone: 347-537-9262

Ettore Mosca, EVP, North America Operations
Business Address: 13675 N. Stemmons Fwy, Farmers Branch, TX 75234
Business Phone: 513-704-6500



NORTH CAROLINA

Department of the Secretary of State

CERTIFICATE OF EXISTENCE

I, ELAINE F. MARSHALL, Secretary of State of the State of North Carolina, do hereby certify that

ESSILOR LABORATORIES OF AMERICA, INC.

is a corporation duly incorporated under the laws of the State of North Carolina, having been incorporated on the 11th day of April, 1986, with its period of duration being Perpetual.

I FURTHER certify that, as of the date set forth hereunder, the said corporation's articles of incorporation are not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said corporation is not administratively dissolved for failure to comply with the provisions of the North Carolina Business Corporation Act; that its most recent annual report required by N.C.G.S. 55-16-22 has been delivered to the Secretary of State; and that the said corporation has not filed articles of dissolution as of the date of this certificate.



Scan to verify online.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 27th day of March, 2025.

Elaine F. Marshall

Secretary of State



CERTIFICATE



This is to certify that

ESSILOR OF AMERICA, INC. (NORTH CREEK)

13675 N. Stemmons Fwy
Farmers Branch, TX 75234
United States of America

has implemented and maintains a **Quality Management System**.

Scope:

The manufacture of non-active, non-implantable spectacles and lenses used in the medical industry.

Through an audit, documented in a report, it was verified that the management system fulfills the requirements of the following standard:

ISO 13485 : 2016

Certificate registration no.	31618487 MP2016
Date of original certification	2024-01-14
Date of certification	2024-01-14
Valid until	2027-01-13



DQS Inc.

David Tellez
Managing Director

DQS IS A MEMBER OF



Accredited Body: DQS Inc., 1500 McConnor Parkway, Suite 400, Schaumburg, IL 60173 USA
The validity of this certificate can only be verified by the QR-code.

0832

- ★ Please contact Drugs and Food Safety Licensing Branch at (512) 834-6727 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 <https://www.dshs.texas.gov/medical-device-manufacturers-distributors>.
- ★ Please submit written notice if you close or sell your business. You can email us at drugs-foodsafety@dshs.texas.gov.
- ★ If you have any questions or desire additional information concerning the application process or this license, please contact the Drugs and Food Safety Licensing Branch 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.

JOHN ANDERSON
13675 N STEMMONS FWY
FARMERS BRANCH TX 75234



**TEXAS DEPARTMENT OF STATE HEALTH SERVICES
REGULATORY LICENSING UNIT**



ESSILOR LABORATORIES OF AMERICA INC DBA
OMEGA NORTHCREEK LAB
13675 N STEMMONS FWY
FARMERS BRANCH, TX 75234

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:

DEVICE DISTRIBUTOR

License # 1003771
Expires: July 24, 2027

NON-TRANSFERABLE

H. H. H. H. MD
Commissioner

0833

515601

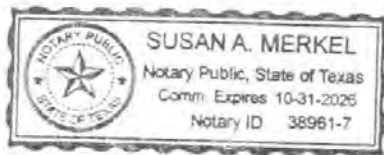
STATE OF TEXAS

COUNTY OF DALLAS

The foregoing instrument was acknowledged before me this 1st day of April, 2025, by Dorina Hertner on behalf of Essilor Laboratories of America, Inc, a North Carolina corporation, and who is personally known to me or who has provided sufficient identification.

Given under my hand and seal of office this 1st day of April, 2025.

Notary Public: *Susan A. Merkel*



Printed Name: Susan A. Merkel

My Commission Expires: 10/31/2026



CERTIFICATE OF LIABILITY INSURANCE

Page 1 of 1

DATE (MM/DD/YYYY)
04/03/2025

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 Willis Towers Watson Midwest, Inc. c/o 26 Century Blvd P.O. Box 305191 Nashville, TN 37205191 USA	CONTACT WTW Certificate Center NAME: PHONE (A/C, No, Ext): 1-877-945-7378 FAX (A/C, No): 1-888-467-2378 E-MAIL: certificates@wtwco.com ADDRESS:														
INSURED Essilor Laboratories of America, Inc. 13515 North Stemmons Freeway Dallas, TX 75234	<table><tr><th>INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr><tr><td>INSURER A: ACE American Insurance Company</td><td>22667</td></tr><tr><td>INSURER B: ACE Property & Casualty Insurance Company</td><td>20699</td></tr><tr><td>INSURER C: Indemnity Insurance Company of North Ameri</td><td>43575</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(S) AFFORDING COVERAGE	NAIC #	INSURER A: ACE American Insurance Company	22667	INSURER B: ACE Property & Casualty Insurance Company	20699	INSURER C: Indemnity Insurance Company of North Ameri	43575	INSURER D:		INSURER E:		INSURER F:	
INSURER(S) AFFORDING COVERAGE	NAIC #														
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INSURER C: Indemnity Insurance Company of North Ameri	43575														
INSURER D:															
INSURER E:															
INSURER F:															

COVERAGES**CERTIFICATE NUMBER:** W38583236**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:			OGL G4665657A	12/31/2024	12/31/2025	EACH OCCURRENCE \$ 3,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 3,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000 \$
A	☒ AUTOMOBILE LIABILITY ☒ ANY AUTO OWNED AUTOS ONLY ☐ SCHEDULED AUTOS HIRED AUTOS ONLY ☐ NON-OWNED AUTOS ONLY			ISA H11349833	12/31/2024	12/31/2025	COMBINED SINGLE LIMIT (Ea accident) \$ 2,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	☒ UMBRELLA LIAB ☒ OCCUR ☐ EXCESS LIAB ☐ CLAIMS-MADE DED ☒ RETENTION \$ 10,000			G46656611 002	12/31/2024	12/31/2025	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000 \$
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 ☒ No	N/A	WLR C72605718	12/31/2024	12/31/2025	☒ 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	Optical Professional Retroactive Date: 12/31/2023 Incl'd within General Liab limit			OGL G4665657A	12/31/2024	12/31/2025	Per Claim: \$3,000,000 Aggregate Limit: \$10,000,000

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

Umbrella/Excess Liability Policy is follow form: Occurrence over General Liability; It does not sit excess of the Optical Professional Liability policy.

CERTIFICATE HOLDER**CANCELLATION**

ESSILOR LABORATORIES OF AMERICA INC DBA
Omega Northcreek Lab
13675 N Stemmons Fwy
Dallas, TX 75229

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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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. 107980632

Application/License No. _____

Essilor Laboratories of America, Inc. dba Omega Northcreek Lab, doing or intending to do business as a
Applicant/Principal
pharmaceutical wholesaler, whose address for purposes of service is
13675 N. Stemmons Freeway, Farmers Branch, TX 75234, as
Address of Applicant/Principal
PRINCIPAL, and Travelers Casualty and Surety Company of America, a
Surety Company
corporation organized under the laws of the state of Connecticut
State of Incorporation
and authorized to transact a general surety business in the State of

Nevada, whose address for purposes of service is
One Tower Square, Hartford, CT 06183 as
Address of Surety

SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of ONE HUNDRED THOUSAND DOLLARS (\$100,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on March 21, 2025
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.

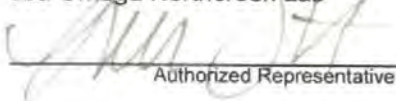
In witness whereof, each party to this bond has caused it to be executed on this 21st day of March, 2025.

APPLICANT/PRINCIPAL

SURETY

COMPANY

Essilor Laboratories of America, Inc.
dba Omega Northcreek Lab


Authorized Representative

Travelers Casualty and Surety Company of America


Surety Company's Representative

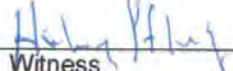
Laurie Pflug, Attorney-in-fact
print name

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



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

POWER OF ATTORNEY

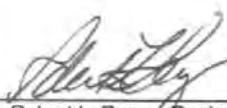
KNOW ALL MEN BY THESE PRESENTS: That Travelers Casualty and Surety Company of America, Travelers Casualty and Surety Company, and St. Paul Fire and Marine Insurance Company are corporations duly organized under the laws of the State of Connecticut (herein collectively called the "Companies"), and that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

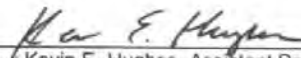
FURTHER RESOLVED, that any bond, recognizance, contract of indemnity, or writing obligatory in the nature of a bond, recognizance, or conditional undertaking shall be valid and binding upon the Company when (a) signed by the President, any Vice Chairman, any Executive Vice President, any Senior Vice 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 **21st** day of **March**, 2025




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

**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 Essilor Laboratories of America, Inc. MDEG License # (if applicable) _____
Physical Address 13675 N. Stemmons Fwy
City Farmers Branch State TX Zip 75234
Mailing Address (if different from physical address) _____
City Farmers Branch State _____ Zip _____
Telephone (972) 243-2484 Website https://www.essilorluxottica.com/en/
Licensing Company Email statelicensing@essilorusa.com

Section 2: Personal Information

First John Middle D Last Anderson
Alias(es, nicknames, name changes, etc.) _____
Date of Birth [REDACTED] SSN or ITIN [REDACTED] Sex ☒ M ☐ F ☐ X
Mailing Address _____
City Farmers Branch State _____ Zip _____
Telephone (972) 243-2484 Email statelicensing@essilorusa.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 See attached resume		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name See attached resume		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name See attached resume		From - To (MM/YY – MM/YY)	
Address	City	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
05/10/2010 Current		Bedford	TX	
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	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 See attached resume		From - To (MM/YY – MM/YY)	
Business Address		City	State Zip
Phone	Title	Number of Employed Hours	
Description of Duties			
Business Name See attached resume		From - To (MM/YY – MM/YY)	
Business Address		City	State Zip
Phone	Title	Number of Employed Hours	
Description of Duties			
Business Name See attached resume		From - To (MM/YY – MM/YY)	
Business Address		City	State Zip
Phone	Title	Number of Employed Hours	
Description of Duties			
Business Name See attached resume		From - To (MM/YY – MM/YY)	
Business Address		City	State Zip
Phone	Title	Number of Employed Hours	
Description of Duties			
Business Name See attached resume		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)

Date

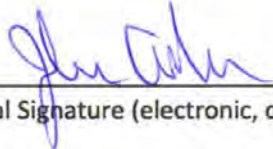
I, John Anderson, certify that as the MDEG Administrator for
Essilor Laboratories of America, Inc.

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

1. JA Have a high school diploma or its equivalent;
2. JA 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. JA 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. JA Will ensure that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.

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

John Anderson
Print Name (First, Last)


Original Signature (electronic, copies or stamps not accepted)

9/9/2025
Date

Board Use Only

Date Received: 10/27/25

EDUCATION

Master of Science, **Industrial Pharmacy**, Long Island University
 Bachelor of Science, **Industrial Engineering**, University of Pittsburgh

Highly accomplished, hands-on professional with expertise in the medical devices and pharmaceutical industries. Experienced in obtaining global product approvals and leading quality assurance, regulatory affairs, operations and supply chain departments in established and start-up organizations.

Background includes LSS Black Belt & ASQ certification with experience in implementation and improvement of research & development through sales processes including R&D, quality and regulatory affairs, validation, manufacturing and supply chain/ distribution.

CORE COMPETENCIES

- Multi-Site QMS and Regulatory Affairs responsibility
 - **Regulatory Pathways Experience:** SaMD, DeNovo/Breakthrough, EUA, Traditional/Special 510k including clinical trial INDs, 513g filings.
 - Strategic Business Deployment within Global RA constraints
 - Warning Letter Remediation
 - Quality & Operations integration
 - eQMS development & Implementation
 - Program & Project Management
 - Global Quality System implementation & remediation
 - New Product & Business Development
 - Strategic and Tactical Planning
 - Experience with Global International Registration and Submissions for Pharmaceutical and Class I, II & III Medical Devices
 - Team Building & Leadership
 - Leadership of Global QA and RA teams
 - Software (SaMD/ CFR part 11) & Process Validation
-

PROFESSIONAL EXPERIENCE

ESSILOR OF AMERICA, Dallas, Texas

April 2022-Present

Sr. Director of Global Compliance

Additional Responsibility for all Quality and Regulatory Affairs functions in the development, validation, clinical, submission, market release and post market monitoring of the 2.5B Global Class I, II & III Contact Lens Category

Jun 2021-Present

Director of Regulatory Affairs

Responsible for all Regulatory Affairs functions in the development, validation, clinical, submission, market release and post market monitoring of Class I & II ophthalmic Medical devices. EssilorLuxottica is a Global company of 200,000 employees and 26B in revenue within the ophthalmic industry.

Products: Complex Ophthalmic digital software products (Class I, II and III) medical devices.

Regulatory Pathways experience: SaMD, DeNovo, Traditional/Special 510k including clinical trial INDs. 513g filings.

- Lead regulatory activities including product registrations, establishment registrations (35 Mfg. facilities and over 80 labs in network)
- Development of product regulatory compliance policies and implementation
- Development and monitoring of Regulatory watch and response activities across network
- Audits and gap review against CFR 820 and ISO 13485 standards across network of Mfg. 0045 and labs.

JOHN D. ANDERSON

- Write regulatory documents and conduct training and awareness plans for QA, Supply Chain, Marketing, Legal, Trade, EHS and Suppliers/Subcontractors

INOGEN, Richardson, Texas

Dec 2020-June 2021 (interim)

VP Quality, Regulatory Affairs & Compliance

Responsible for all Executive Responsibilities of Quality & Regulatory Affairs and Compliance functions for company in development of Class II Medical Devices.

Serve as Compliance officer and Quality Management Representative for company

March 2020-June 2021

Director Global Quality & Regulatory Affairs

Responsible for all management of Quality & Regulatory Affairs functions for company in development of Class II Medical Devices.

- Create and implement best practice regulatory & quality vision, strategy, objectives, policies, processes and procedures to aid and improve business performance.
- Provide executive leadership and overall direction for regulatory & quality to ensure the attainment of corporate and local objectives.
- Collaborate with all functional groups at all levels of the enterprise to drive a culture of regulatory & quality by conceiving, collaborating, and supporting the implementation of specific actions, processes and behaviors that support such a culture.
- Refine and improve quality management system (QMS) to support a diverse product portfolio. Ensure that the QMS is robust, complies with applicable regulatory requirements, and establishes global standards and procedures that set clear expectations for the businesses.

THERMIGEN (a CELLING BIOSCIENCES company), Irving, Texas

August 2018-March 2020

Corporate Director, Quality Assurance & Regulatory Affairs

Products: Thermi is a global medical device company producing advanced temperature-controlled radiofrequency technology.

Spine Smith designs, develops and markets implants and biologics for surgical fixation, correction and tissue regeneration of the spine.

Celling Biosciences purchased Thermi in March 2019 from the pharmaceutical company Almirall. They develop technologies to collect, process and deliver autologous cells to the patient at the point of care. The technology uses the patient's own cells to promote healing and provides a way of accelerating the body's natural healing process.

Selected Accomplishments:

- Responsible for all management of the Quality Assurance & Regulatory Affairs functions for the three businesses; Thermi (Class II medical devices), Spine Smith (Class II Orthopedic medical device instruments and implants) and Celling Biosciences (Orthopedic and Biologic).
- Lead integration and implementation of Global Quality & Regulatory Affairs systems across 3 businesses
- Obtain and manage all necessary domestic and international regulatory registrations, product clearances/approvals, certifications or other documents required to maintain ISO 13485-2016, MDSAP and FDA registration to facilitate the sale of products in US, State of California, European, Canadian, China and other international markets as determined by business objectives
- Compile, submit, and monitor reports and responses to regulatory authorities.
- Design, implement, and maintain an Internal Audit Program company-wide for a fully compliant Quality Management System (QMS)

JOHN D. ANDERSON

- Manage post market surveillance (PMS) and vigilance activities, including customer complaints analysis/adverse medical event reporting systems, clinical reports, etc. and verify actions taken to improve product quality are appropriately effective.
- Participated in the transfer of approved product design to Manufacturing to meet market introduction and other key milestone target dates, ensuring that a Device Master Record is in place (specifications, bill of materials, drawings, material specifications, labelling, etc.).
- Led risk management activities and in the development of risk files for company products to ensure compliance with standards and that output is incorporated into product design.
- Led change control activities, such as design changes, manufacturing improvements, new supplier introductions, cost reduction initiatives, etc., ensuring that regulatory standards are understood.

EYEVANCE PHARMACEUTICALS, LP, Ft. Worth, Texas

Dec 2017-Aug 2018

Vice President, Quality and Regulatory Affairs

Products: Pharmaceutical Sterile Ophthalmic dosage forms

Selected Accomplishments:

- Developed the vision and oversaw overall strategy and direction of Quality Assurance and Regulatory Affairs policies, programs and initiatives.
- Responsible for all executive and day to day management of the Quality, Regulatory Affairs submission documentation, Quality Management System, Supply Chain Logistics and Operations activities.
- Implemented initial Quality System for start-up company focused on developing innovative and impactful therapies that address unmet ophthalmic needs.

GALDERMA LABORATORIES, LP, Ft. Worth, Texas

Oct 2016 – Dec 2017

Director, Quality Assurance

Products: Global Manufacturing and Distribution of Pharmaceutical, Medical Devices and Consumer Products.

Selected Accomplishments:

- Management, and leadership of all QA responsibilities including, internal and external auditing, complaint (MDR) investigations, CAPA, change control, document control, and GxP training.
- Interfaced with FDA and other regulatory agencies relating to GxP inspections including 2017 FDA audit resulting in zero observations.

LIFE SCIENCE LOGISTICS, Dallas/Ft. worth Airport, Texas

2013 - 2016

Vice President, Quality and Regulatory Affairs & Operations, 2013 – 2016

Products: Global Distribution of Pharmaceutical, Medical Devices and Consumer Products.

Selected Accomplishments:

- Multi-Site operations, quality system and regulatory affairs responsibility including packaging and labeling in the Distribution of Pharmaceutical, Medical Devices, Consumer Products and Biologics across the four FDA registered/ISO 13485:2016 sites.
- P&L responsibility (10 million) and overall control of planning, staffing, budgeting, managing expense priorities.
- Championed the implementation of the first lean manufacturing program throughout the company. Developed and taught training courses to introduce lean principles to all areas of operations and quality.
- Led the successful redesign and implementation of a revised world class companywide quality system from a quality system that had previously performed below required client standards. This included remediation of the previous 150 major and critical inspection observations to inspection results of zero critical or major observations.

ORTHOFIX, INC., Lewisville, Texas

2010 - 2013

Manager of Quality Assurance,

Products: Class I, II, III sterile implant medical devices for spine and orthopedic applications including HCT sterile Biologics.

Selected Accomplishments:

- Managed all Quality Systems activities, served on senior management team, directed all quality and validation functions including management of 12 direct reports in the areas of Calibration, Quality Engineering, Validation (process, software, sterilization) and Document Control.

Cardinal Health, Inc., Jacksonville, Texas

Oct 2005- Dec 2010

Quality and Regulatory Affairs Manager

Products: Class II Medical Devices (Plastics) for Body Fluid Management during procedures

Selected Accomplishments:

- Management Representative (Site Head) in facility of 300 as flagship facility in a global network of the surgical business medical device manufacturing.
- As part of senior management team, direct all quality and validation functions in a medical device manufacturing facility of 300 including management of 10 direct reports and 20 indirect reports in the areas of Quality Engineering, Product Evaluation, Laboratory, Calibrations, Validation (Process and Software), Quality Assurance/Control and Document Control.
- As site Management Representative, hosted outside FDA, ISO and notified body audits including QSR820, ISO9001, ISO13485, FDA, Medical Device Directive (MDD) and Canadian Medical Device Regulations (CMDR).
- Assist corporate quality in 510K and NDA submissions for new product introductions.
- Manage, lead and develop the quality and validation group to support lot review and release of products
- Organize and manage all aspects of technical/quality review of batch records for products to support product release

Allergan, Inc., Waco, Texas

Aug 1999- Oct 2005

Manufacturing Manager

Products: Medical Devices (Class I) Eye Care and Pharmaceutical Sterile Ophthalmic Solutions

Selected Accomplishments:

- Manage 6 direct reports (2 filling supervisors and 4 packaging supervisors) and 100 indirect reports in the blow fill seal, Aerosol, Semisolid and sterile filling environment.
- Manage 5 cost centers totaling \$1 million in costs
- Implementation of SPC on production lines

QA Validation Specialist

Aug 1999- Aug 2005

Selected Accomplishments:

- Performed IQ/OQ/PQ on manufacturing equipment
- Performed SIP validation for transfer lines and pressure vessels.
- Prepared and reviewed Protocols for transfer of 53 products
- Reviewed validation batch data for deviations and wrote final reports
- Developed cleaning validation master plan and led team to complete cleaning validation studies on transfer products. Responsible for writing of cleaning protocols, final reports, and execution of cleaning validation studies

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 Essilor Laboratories of America, Inc.
Pharmacy/Wholesaler License # (if applicable) _____
Physical Address 13675 N. Stemmons Fwy
City Farmers Branch State TX Zip 75234
Mailing Address (if different from physical address) _____
City Farmers Branch State _____ Zip _____
Telephone (972) 243-2484 Website https://www.essilorluxottica.com/en/
Licensing Company Email statelicensing@essilorusa.com

Section 2: Personal Information

First John Middle D Last Anderson
Alias(es, nicknames, name changes, etc.) _____
Date of Birth [REDACTED] SSN or ITIN [REDACTED] Sex ☒ M ☐ F ☐ X
Mailing Address 13675 N. Stemmons Fwy
City Farmers Branch State TX Zip 75234
Telephone (972) 243-2484 Email John.Anderson@essilorusa.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 See attached		From - To (MM/YY - MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name See attached		From - To (MM/YY - MM/YY)	
Address	City	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
2010 - Current	[REDACTED]	Bedford	TX	[REDACTED]
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip

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

Business Name		From - To (MM/YY - MM/YY)	
See attached resume			
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			
Business Name		From - To (MM/YY - MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			
Business Name		From - To (MM/YY - MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			
Business Name		From - To (MM/YY - MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			
Business Name		From - To (MM/YY - MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			
Continue on next page if additional space is needed.			

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

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

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

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

Business Name		From - To (MM/YY – MM/YY)	
Business Address		City	State Zip
Phone	Title		Number of Employed Hours
Description 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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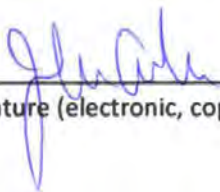
Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (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?		
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

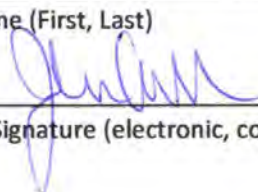
I, John Anderson, certify that as the designated representative for
Essilor Laboratories of America, Inc.

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

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

John Anderson

Print Name (First, Last)


Original Signature (electronic, copies or stamps not accepted)

9/9/2025
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 Anderson

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

Date

9/9/2025

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

State of Texas, ss. County of Dallas

I, Sandra Stork, 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.

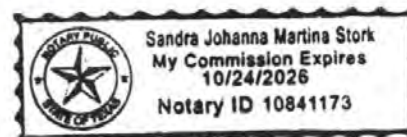
Original Signature

Date

9-9-25

Subscribed and Sworn to before me this 9th day of September, 2025

Notary Public Signature



(Seal)

EE ID	EE Name	EE First Name	EE Last Name	Company	Work Location
	Crooks, Steve	Steve	Crooks	ESSILOR LAB AMERICA INC	NCRK
	Glass, Lamar	Lamar	Glass	ESSILOR LAB AMERICA INC	NCRK
	Medina, Mark	Mark	Medina	ESSILOR LAB AMERICA INC	NCRK
	Perkins, Robert	Robert	Perkins	ESSILOR LAB AMERICA INC	NCRK
	Walker, Krystal	Krystal	Walker	ESSILOR LAB AMERICA INC	NCRK
	Castillo, Maria	Maria	Castillo	ESSILOR LAB AMERICA INC	NCRK
	Del Campo, Rocio	Rocio	Del Campo	ESSILOR LAB AMERICA INC	NCRK
	Herrera, Martha	Martha	Herrera	ESSILOR LAB AMERICA INC	NCRK
	Pereyda, Michael	Michael	Pereyda	ESSILOR LAB AMERICA INC	NCRK
	Washington, Victor	Victor	Washington	ESSILOR LAB AMERICA INC	NCRK
	Dominguez, Maria	Maria	Dominguez	ESSILOR LAB AMERICA INC	NCRK
	Smith, William	William	Smith	ESSILOR LAB AMERICA INC	NCRK
	Resendez, Enrique	Enrique	Resendez	ESSILOR LAB AMERICA INC	NCRK
	Anzualda, Maria	Maria	Anzualda	ESSILOR LAB AMERICA INC	NCRK
	De La Cerda, Genaro	Genaro	De La Cerda	ESSILOR LAB AMERICA INC	NCRK
	Gonzales, Hermelinda	Hermelinda	Gonzales	ESSILOR LAB AMERICA INC	NCRK
	Cepeda, Chris	Chris	Cepeda	ESSILOR LAB AMERICA INC	NCRK
	Hernandez, Maria	Maria	Hernandez	ESSILOR LAB AMERICA INC	NCRK
	Flores III, Faustino	Faustino	Flores III	ESSILOR LAB AMERICA INC	NCRK
	Salinas, Herlinda	Herlinda	Salinas	ESSILOR LAB AMERICA INC	NCRK
	Jimenez, Deborah	Deborah	Jimenez	ESSILOR LAB AMERICA INC	NCRK
	Vallejo, Maribel	Maribel	Vallejo	ESSILOR LAB AMERICA INC	NCRK
	Hernandez, Angelica	Angelica	Hernandez	ESSILOR LAB AMERICA INC	NCRK

Jones, Ida	Ida	Jones	ESSILOR LAB AMERICA INC	NCRK
Aphonephanh, Keovongviene	Keovongviene	Aphonephanh	ESSILOR LAB AMERICA INC	NCRK
Lewis, Kristal	Kristal	Lewis	ESSILOR LAB AMERICA INC	NCRK
Lara, Samuel	Samuel	Lara	ESSILOR LAB AMERICA INC	NCRK
Whiteside, Rickey	Rickey	Whiteside	ESSILOR LAB AMERICA INC	NCRK
Perez, Alma	Alma	Perez	ESSILOR LAB AMERICA INC	NCRK
Herrera, Hilaria	Hilaria	Herrera	ESSILOR LAB AMERICA INC	NCRK
Najera, Maria	Maria	Najera	ESSILOR LAB AMERICA INC	NCRK
Green, Timothy	Timothy	Green	ESSILOR LAB AMERICA INC	NCRK
Martinez, Carlos	Carlos	Martinez	ESSILOR LAB AMERICA INC	NCRK
Puga, Jluca	Jluca	Puga	ESSILOR LAB AMERICA INC	NCRK
Villicana, Enrique	Enrique	Villicana	ESSILOR LAB AMERICA INC	NCRK
Zuniga Obregon, Ma	Ma	Zuniga Obregon	ESSILOR LAB AMERICA INC	NCRK
Hernandez, Fidel	Fidel	Hernandez	ESSILOR LAB AMERICA INC	NCRK
Benavidez, Eddie	Eddie	Benavidez	ESSILOR LAB AMERICA INC	NCRK
Corona, Edward	Edward	Corona	ESSILOR LAB AMERICA INC	NCRK
Orozco, Jose	Jose	Orozco	ESSILOR LAB AMERICA INC	NCRK
Aranda, Antonia	Antonia	Aranda	ESSILOR LAB AMERICA INC	NCRK
Gonzalez, Elsa	Elsa	Gonzalez	ESSILOR LAB AMERICA INC	NCRK
Leon, Ricardo	Ricardo	Leon	ESSILOR LAB AMERICA INC	NCRK
Lopez, Elena	Elena	Lopez	ESSILOR LAB AMERICA INC	NCRK
Clemmons, Irene	Irene	Clemmons	ESSILOR LAB AMERICA INC	NCRK
Velasquez, Maria	Maria	Velasquez	ESSILOR LAB AMERICA INC	NCRK
Williams, Araceli	Araceli	Williams	ESSILOR LAB AMERICA INC	NCRK
Rojas, Raquel	Raquel	Rojas	ESSILOR LAB AMERICA INC	NCRK

Hernandez, Yanira	Yanira	Hernandez	ESSILOR LAB AMERICA INC	NCRK
Garcia, Patrick	Patrick	Garcia	ESSILOR LAB AMERICA INC	NCRK
CHACKO, SAM	SAM	CHACKO	ESSILOR LAB AMERICA INC	NCRK
McCullough, Jessica	Jessica	McCullough	ESSILOR LAB AMERICA INC	NCRK
Flores, Damian	Damian	Flores	ESSILOR LAB AMERICA INC	NCRK
aranda, diego	diego	aranda	ESSILOR LAB AMERICA INC	NCRK
Zurita, Joely	Joely	Zurita	ESSILOR LAB AMERICA INC	NCRK
Zuniga, Zelina	Zelina	Zuniga	ESSILOR LAB AMERICA INC	NCRK
Torres, Jason	Jason	Torres	ESSILOR LAB AMERICA INC	NCRK
McKinney, Aja	Aja	McKinney	ESSILOR LAB AMERICA INC	NCRK
Villatoro, Jonathan	Jonathan	Villatoro	ESSILOR LAB AMERICA INC	NCRK
Bader, Liam	Liam	Bader	ESSILOR LAB AMERICA INC	NCRK
Pusapally, Srinivas	Srinivas	Pusapally	ESSILOR LAB AMERICA INC	NCRK
De La Cerda, Victoria	Victoria	De La Cerda	ESSILOR LAB AMERICA INC	NCRK
Hy, Saron	Saron	Hy	ESSILOR LAB AMERICA INC	NCRK
Espinosa, Alexander	Alexander	Espinosa	ESSILOR LAB AMERICA INC	NCRK
Chance II, Thomas	Thomas	Chance II	ESSILOR LAB AMERICA INC	NCRK
Ventura, Sara	Sara	Ventura	ESSILOR LAB AMERICA INC	NCRK
Leos, Cristian	Cristian	Leos	ESSILOR LAB AMERICA INC	NCRK
Gallegos, Priscilla	Priscilla	Gallegos	ESSILOR LAB AMERICA INC	NCRK
nunez, roxanne	roxanne	nunez	ESSILOR LAB AMERICA INC	NCRK
Gonzalez, Marcela	Marcela	Gonzalez	ESSILOR LAB AMERICA INC	NCRK
Martinez, Bianca	Bianca	Martinez	ESSILOR LAB AMERICA INC	NCRK
Beechum, Eric	Eric	Beechum	ESSILOR LAB AMERICA INC	NCRK
Box, Tyler	Tyler	Box	ESSILOR LAB AMERICA INC	NCRK

Valverde, Diana	Diana	Valverde	ESSILOR LAB AMERICA INC	NCRK
Tufer, Yeshemebet	Yeshemebet	Tufer	ESSILOR LAB AMERICA INC	NCRK
Mercado Sanchez, Margarita	Margarita	Mercado Sanchez	ESSILOR LAB AMERICA INC	NCRK
Cheathem, Shyari	Shyari	Cheathem	ESSILOR LAB AMERICA INC	NCRK
TREJO, RENATO	RENATO	TREJO	ESSILOR LAB AMERICA INC	NCRK
Rodriguez, Holly	Holly	Rodriguez	ESSILOR LAB AMERICA INC	NCRK
Green, Jahmeer	Jahmeer	Green	ESSILOR LAB AMERICA INC	NCRK
Aguilar, Ernestina	Ernestina	Aguilar	ESSILOR LAB AMERICA INC	NCRK
Walker, Courtres	Courtres	Walker	ESSILOR LAB AMERICA INC	NCRK
Thomas, Demarcus	Demarcus	Thomas	ESSILOR LAB AMERICA INC	NCRK
Bruce, Jermaine	Jermaine	Bruce	ESSILOR LAB AMERICA INC	NCRK
Mendez Esquivel, Daisy	Daisy	Mendez Esquivel	ESSILOR LAB AMERICA INC	NCRK
Garcia, Leonardo	Leonardo	Garcia	ESSILOR LAB AMERICA INC	NCRK
Rodriguez, Haley	Haley	Rodriguez	ESSILOR LAB AMERICA INC	NCRK
Sanchez, Crystal	Crystal	Sanchez	ESSILOR LAB AMERICA INC	NCRK
Santos, Xavier	Xavier	Santos	ESSILOR LAB AMERICA INC	NCRK
Gaut, Lakeisha	Lakeisha	Gaut	ESSILOR LAB AMERICA INC	NCRK
Cortazar, Sarah	Sarah	Cortazar	ESSILOR LAB AMERICA INC	NCRK
Robinson, Kendrick	Kendrick	Robinson	ESSILOR LAB AMERICA INC	NCRK
Chum, Liyah	Liyah	Chum	ESSILOR LAB AMERICA INC	NCRK
Zotelo, Jasmin	Jasmin	Zotelo	ESSILOR LAB AMERICA INC	NCRK
Santana, Rosemely	Rosemely	Santana	ESSILOR LAB AMERICA INC	NCRK
McGinnis, Caitlin	Caitlin	McGinnis	ESSILOR LAB AMERICA INC	NCRK
Viloria Matos, Idaimar	Idaimar	Viloria Matos	ESSILOR LAB AMERICA INC	NCRK
Colunga, Maria	Maria	Colunga	ESSILOR LAB AMERICA INC	NCRK

McGuire, Brian	Brian	McGuire	ESSILOR LAB AMERICA INC	NCRK
Rico, Stephanie	Stephanie	Rico	ESSILOR LAB AMERICA INC	NCRK
Sanchez, Juanita	Juanita	Sanchez	ESSILOR LAB AMERICA INC	NCRK
Rojas Ochoa, David	David	Rojas Ochoa	ESSILOR LAB AMERICA INC	NCRK
Mendoza, Zuli	Zuli	Mendoza	ESSILOR LAB AMERICA INC	NCRK
Vera, Valeria	Valeria	Vera	ESSILOR LAB AMERICA INC	NCRK
Calero, Adolfo	Adolfo	Calero	ESSILOR LAB AMERICA INC	NCRK
Desai, Nihar	Nihar	Desai	ESSILOR LAB AMERICA INC	NCRK
Campos, Alan	Alan	Campos	ESSILOR LAB AMERICA INC	NCRK
Addison Jr, Billy	Billy	Addison Jr	ESSILOR LAB AMERICA INC	NCRK
Persinger, Mitchell	Mitchell	Persinger	ESSILOR LAB AMERICA INC	NCRK
Falcon, Juan	Juan	Falcon	ESSILOR LAB AMERICA INC	NCRK
Luna, Andrea	Andrea	Luna	ESSILOR LAB AMERICA INC	NCRK
Garcia, Veronica	Veronica	Garcia	ESSILOR LAB AMERICA INC	NCRK
Sharifi, Leila	Leila	Sharifi	ESSILOR LAB AMERICA INC	NCRK
Davis, Michael	Michael	Davis	ESSILOR LAB AMERICA INC	NCRK
Rodriguez, Jizelle	Jizelle	Rodriguez	ESSILOR LAB AMERICA INC	NCRK
Powell, Zenora	Zenora	Powell	ESSILOR LAB AMERICA INC	NCRK
Millage, Gwendolyn	Gwendolyn	Millage	ESSILOR LAB AMERICA INC	NCRK
Reyna, Jacob	Jacob	Reyna	ESSILOR LAB AMERICA INC	NCRK
Loreda, Fabian	Fabian	Loreda	ESSILOR LAB AMERICA INC	NCRK
Wube, Bethlehem	Bethlehem	Wube	ESSILOR LAB AMERICA INC	NCRK
Madrid, Lisbeth	Lisbeth	Madrid	ESSILOR LAB AMERICA INC	NCRK
Martinez, Adair	Adair	Martinez	ESSILOR LAB AMERICA INC	NCRK
Jimenez, Jose	Jose	Jimenez	ESSILOR LAB AMERICA INC	NCRK

Gonzalez, Adrian	Adrian	Gonzalez	ESSILOR LAB AMERICA INC	NCRK
Calix, Jessica	Jessica	Calix	ESSILOR LAB AMERICA INC	NCRK
Sada, Lyna	Lyna	Sada	ESSILOR LAB AMERICA INC	NCRK
Dunniho, Nathan	Nathan	Dunniho	ESSILOR LAB AMERICA INC	NCRK
Lopez, Freddy	Freddy	Lopez	ESSILOR LAB AMERICA INC	NCRK
Archer, Gregg	Gregg	Archer	ESSILOR LAB AMERICA INC	NCRK
Quinones, Maria	Maria	Quinones	ESSILOR LAB AMERICA INC	NCRK
Padilla, Jesus	Jesus	Padilla	ESSILOR LAB AMERICA INC	NCRK
Peralta, Juliana	Juliana	Peralta	ESSILOR LAB AMERICA INC	NCRK
Flores, Maria	Maria	Flores	ESSILOR LAB AMERICA INC	NCRK
Valdez, Jose	Jose	Valdez	ESSILOR LAB AMERICA INC	NCRK
Garza, Manisone	Manisone	Garza	ESSILOR LAB AMERICA INC	NCRK
Gonzalez, Jaime	Jaime	Gonzalez	ESSILOR LAB AMERICA INC	NCRK
Lopez, Onesimo	Onesimo	Lopez	ESSILOR LAB AMERICA INC	NCRK
McGill, Carey	Carey	McGill	ESSILOR LAB AMERICA INC	NCRK
Phillips, Opal	Opal	Phillips	ESSILOR LAB AMERICA INC	NCRK
Bustamante, Luis	Luis	Bustamante	ESSILOR LAB AMERICA INC	NCRK*
Mireles, Jaime	Jaime	Mireles	ESSILOR LAB AMERICA INC	NCRK
Cruz, Denia	Denia	Cruz	ESSILOR LAB AMERICA INC	NCRK
Garcia, Elida	Elida	Garcia	ESSILOR LAB AMERICA INC	NCRK
Hernandez, Jose	Jose	Hernandez	ESSILOR LAB AMERICA INC	NCRK
Blackmon, Larry	Larry	Blackmon	ESSILOR LAB AMERICA INC	NCRK
Vela-Salmeron, Esmeralda	Esmeralda	Vela-Salmeron	ESSILOR LAB AMERICA INC	NCRK
Stokes, Anthony	Anthony	Stokes	ESSILOR LAB AMERICA INC	NCRK
Villarreal, Sylvia	Sylvia	Villarreal	ESSILOR LAB AMERICA INC	NCRK

Requena, David	David	Requena	ESSILOR LAB AMERICA INC	NCRK
Sanchez, Tiffany	Tiffany	Sanchez	ESSILOR LAB AMERICA INC	NCRK
Garcia, Nelly	Nelly	Garcia	ESSILOR LAB AMERICA INC	NCRK
Cruz, Ana	Ana	Cruz	ESSILOR LAB AMERICA INC	NCRK
Stephens, Hortencia	Hortencia	Stephens	ESSILOR LAB AMERICA INC	NCRK
Esquivel, Luis	Luis	Esquivel	ESSILOR LAB AMERICA INC	NCRK
Sada, Mary	Mary	Sada	ESSILOR LAB AMERICA INC	NCRK
Rodriguez, Marisol	Marisol	Rodriguez	ESSILOR LAB AMERICA INC	NCRK
Velazquez, Sergio	Sergio	Velazquez	ESSILOR LAB AMERICA INC	NCRK
Foster, Augustus	Augustus	Foster	ESSILOR LAB AMERICA INC	NCRK
Beltran, Griselda	Griselda	Beltran	ESSILOR LAB AMERICA INC	NCRK
Velazquez, Juana	Juana	Velazquez	ESSILOR LAB AMERICA INC	NCRK
Mena, Bianca	Bianca	Mena	ESSILOR LAB AMERICA INC	NCRK
Powell-Dixon, Jerrie	Jerrie	Powell-Dixon	ESSILOR LAB AMERICA INC	NCRK
DelToro, Rosa	Rosa	DelToro	ESSILOR LAB AMERICA INC	NCRK
Salgado, Elia	Elia	Salgado	ESSILOR LAB AMERICA INC	NCRK
Myles, Ebony	Ebony	Myles	ESSILOR LAB AMERICA INC	NCRK
Martinez, Tracy	Tracy	Martinez	ESSILOR LAB AMERICA INC	NCRK
Menjivar Hernandez, Ana	Ana	Menjivar Hernandez	ESSILOR LAB AMERICA INC	NCRK
Almendares, Anna	Anna	Almendares	ESSILOR LAB AMERICA INC	NCRK
Ridge, CherylN	CherylN	Ridge	ESSILOR LAB AMERICA INC	NCRK
Figueroa-Rivera, Alexis	Alexis	Figueroa-Rivera	ESSILOR LAB AMERICA INC	NCRK
Montelongo, Maria	Maria	Montelongo	ESSILOR LAB AMERICA INC	NCRK
Zamora, Lidia	Lidia	Zamora	ESSILOR LAB AMERICA INC	NCRK
Lighten, Erica	Erica	Lighten	ESSILOR LAB AMERICA INC	NCRK

Flores, Martha	Martha	Flores	ESSILOR LAB AMERICA INC	NCRK
Sweet, Christopher	Christopher	Sweet	ESSILOR LAB AMERICA INC	NCRK
Herrera, George	George	Herrera	ESSILOR LAB AMERICA INC	NCRK
Facundo, Victoria	Victoria	Facundo	ESSILOR LAB AMERICA INC	NCRK
Chanmysay, Aly	Aly	Chanmysay	ESSILOR LAB AMERICA INC	NCRK
Ryan, Shawn	Shawn	Ryan	ESSILOR LAB AMERICA INC	NCRK
Starling, Tanesha	Tanesha	Starling	ESSILOR LAB AMERICA INC	NCRK
Young, Christopher	Christopher	Young	ESSILOR LAB AMERICA INC	NCRK
Flores, Linda	Linda	Flores	ESSILOR LAB AMERICA INC	NCRK
Ollie, Vickie	Vickie	Ollie	ESSILOR LAB AMERICA INC	NCRK
Chargois, Jared	Jared	Chargois	ESSILOR LAB AMERICA INC	NCRK
Lilly, Lugenna	Lugenna	Lilly	ESSILOR LAB AMERICA INC	NCRK
Boleware Jr, Derek	Derek	Boleware Jr	ESSILOR LAB AMERICA INC	NCRK
Pierce, Christopher	Christopher	Pierce	ESSILOR LAB AMERICA INC	NCRK
Pierce, Barbara	Barbara	Pierce	ESSILOR LAB AMERICA INC	NCRK
Riske, Kip	Kip	Riske	ESSILOR LAB AMERICA INC	NCRK
Hernandez, Fernando	Fernando	Hernandez	ESSILOR LAB AMERICA INC	NCRK
Andrade, Ingrid	Ingrid	Andrade	ESSILOR LAB AMERICA INC	NCRK
Gallardo, Lizette	Lizette	Gallardo	ESSILOR LAB AMERICA INC	NCRK
Chavis, Melissa	Melissa	Chavis	ESSILOR LAB AMERICA INC	NCRK
Washington, Robert	Robert	Washington	ESSILOR LAB AMERICA INC	NCRK
Roberson, Tommy	Tommy	Roberson	ESSILOR LAB AMERICA INC	NCRK
Simpson, Sandra	Sandra	Simpson	ESSILOR LAB AMERICA INC	NCRK
Jimenez Montenegro, Wendy	Wendy	Jimenez Montenegro	ESSILOR LAB AMERICA INC	NCRK
Castillo, Alicia	Alicia	Castillo	ESSILOR LAB AMERICA INC	NCRK

Kelly-Horton, Dollie	Dollie	Kelly-Horton	ESSILOR LAB AMERICA INC	NCRK
Alexander, Belinda	Belinda	Alexander	ESSILOR LAB AMERICA INC	NCRK
Jones, Anntonette	Anntonette	Jones	ESSILOR LAB AMERICA INC	NCRK
Smith, Lester	Lester	Smith	ESSILOR LAB AMERICA INC	NCRK
Chapa, Susana	Susana	Chapa	ESSILOR LAB AMERICA INC	NCRK
Rivera, Alex	Alex	Rivera	ESSILOR LAB AMERICA INC	NCRK
Flores, Francisco	Francisco	Flores	ESSILOR LAB AMERICA INC	NCRK
Soto, Isabell	Isabell	Soto	ESSILOR LAB AMERICA INC	NCRK
Calix, Maria	Maria	Calix	ESSILOR LAB AMERICA INC	NCRK
Desta, Aster	Aster	Desta	ESSILOR LAB AMERICA INC	NCRK
Brown, Evonda	Evonda	Brown	ESSILOR LAB AMERICA INC	NCRK
Wilson, Kenneth	Kenneth	Wilson	ESSILOR LAB AMERICA INC	NCRK
Frost, Daketra	Daketra	Frost	ESSILOR LAB AMERICA INC	NCRK
Robinson, Jason	Jason	Robinson	ESSILOR LAB AMERICA INC	NCRK
Jimenez, Mike	Mike	Jimenez	ESSILOR LAB AMERICA INC	NCRK
Andujo Gonzalez, Javier	Javier	Andujo Gonzalez	ESSILOR LAB AMERICA INC	NCRK
Hailemariam, Kassahun	Kassahun	Hailemariam	ESSILOR LAB AMERICA INC	NCRK
De La Cerda Del Bosque, Jose	Jose	De La Cerda Del Bosque	ESSILOR LAB AMERICA INC	NCRK
Johnson, Jessica	Jessica	Johnson	ESSILOR LAB AMERICA INC	NCRK
Gallegos, David	David	Gallegos	ESSILOR LAB AMERICA INC	NCRK
Thompson, Jane	Jane	Thompson	ESSILOR LAB AMERICA INC	NCRK
Yimenu, Alemayehu	Alemayehu	Yimenu	ESSILOR LAB AMERICA INC	NCRK
Gutierrez, Cesar	Cesar	Gutierrez	ESSILOR LAB AMERICA INC	NCRK
Leija, Esteban	Esteban	Leija	ESSILOR LAB AMERICA INC	NCRK
Jones, Korey	Korey	Jones	ESSILOR LAB AMERICA INC	NCRK

Kelly, Joseph	Joseph	Kelly	ESSILOR LAB AMERICA INC	NCRK
Butler, Roxanne	Roxanne	Butler	ESSILOR LAB AMERICA INC	NCRK
HARRIS-HAMILTON, MABLE	MABLE	HARRIS-HAMILTON	ESSILOR LAB AMERICA INC	NCRK
Andrews, Hamid	Hamid	Andrews	ESSILOR LAB AMERICA INC	NCRK
Oviedo, Daniel	Daniel	Oviedo	ESSILOR LAB AMERICA INC	NCRK
Rogers, Richard	Richard	Rogers	ESSILOR LAB AMERICA INC	NCRK
Phillips, Phillip	Phillip	Phillips	ESSILOR LAB AMERICA INC	NCRK
Enriquez, Favian	Favian	Enriquez	ESSILOR LAB AMERICA INC	NCRK
Colunga, Omar	Omar	Colunga	ESSILOR LAB AMERICA INC	NCRK
Rodriguez Gomez, Aleni	Aleni	Rodriguez Gomez	ESSILOR LAB AMERICA INC	NCRK
Mejia, Daniel	Daniel	Mejia	ESSILOR LAB AMERICA INC	NCRK
Cordova, Maria	Maria	Cordova	ESSILOR LAB AMERICA INC	NCRK
Lopez Guillen, Yehimi	Yehimi	Lopez Guillen	ESSILOR LAB AMERICA INC	NCRK
Ortega, Maili	Maili	Ortega	ESSILOR LAB AMERICA INC	NCRK
Alvarez, Alberto	Alberto	Alvarez	ESSILOR LAB AMERICA INC	NCRK
Bankston, Florisa	Florisa	Bankston	ESSILOR LAB AMERICA INC	NCRK
Fink, Whitney	Whitney	Fink	ESSILOR LAB AMERICA INC	NCRK
Garcia, Wendy	Wendy	Garcia	ESSILOR LAB AMERICA INC	NCRK
Lopez, Leslie	Leslie	Lopez	ESSILOR LAB AMERICA INC	NCRK
Heredia, Salvador	Salvador	Heredia	ESSILOR LAB AMERICA INC	NCRK
Gomez, Martha	Martha	Gomez	ESSILOR LAB AMERICA INC	NCRK
Santos, Emily	Emily	Santos	ESSILOR LAB AMERICA INC	NCRK
Landaverde Rios, Alexander	Alexander	Landaverde Rios	ESSILOR LAB AMERICA INC	NCRK
Urdaneta, Norkis	Norkis	Urdaneta	ESSILOR LAB AMERICA INC	NCRK
Flores, Stephanie	Stephanie	Flores	ESSILOR LAB AMERICA INC	NCRK

MARISTAN, DINORAH	DINORAH	MARISTAN	ESSILOR LAB AMERICA INC	NCRK
Wells, William	William	Wells	ESSILOR LAB AMERICA INC	NCRK
Quiceno, Liliana	Liliana	Quiceno	ESSILOR LAB AMERICA INC	NCRK
Kennedy, Breanna	Breanna	Kennedy	ESSILOR LAB AMERICA INC	NCRK
Trevino, Virginia	Virginia	Trevino	ESSILOR LAB AMERICA INC	NCRK
Vazquez, Jonhatan	Jonhatan	Vazquez	ESSILOR LAB AMERICA INC	NCRK
Vinod Samuel, Alvin	Alvin	Vinod Samuel	ESSILOR LAB AMERICA INC	NCRK
Santos, Natalie	Natalie	Santos	ESSILOR LAB AMERICA INC	NCRK
Murray, LaToya	LaToya	Murray	ESSILOR LAB AMERICA INC	NCRK
Vazquez, Natalie	Natalie	Vazquez	ESSILOR LAB AMERICA INC	NCRK
Chears, Steven	Steven	Chears	ESSILOR LAB AMERICA INC	NCRK
Rodriguez, Jessica	Jessica	Rodriguez	ESSILOR LAB AMERICA INC	NCRK
Valenzuela, Mario	Mario	Valenzuela	ESSILOR LAB AMERICA INC	NCRK
Thomas, Rajan	Rajan	Thomas	ESSILOR LAB AMERICA INC	NCRK
Carter, John	John	Carter	ESSILOR LAB AMERICA INC	NCRK
Vazquez, Anna	Anna	Vazquez	ESSILOR LAB AMERICA INC	NCRK
moreno, maria	maria	moreno	ESSILOR LAB AMERICA INC	NCRK
Aganon, Joseph	Joseph	Aganon	ESSILOR LAB AMERICA INC	NCRK
Subramanian, Sabbarish Khanna	Sabbarish Khanna	Subramanian	ESSILOR LAB AMERICA INC	NCRK
Cuesta Cano, Maritza	Maritza	Cuesta Cano	ESSILOR LAB AMERICA INC	NCRK
arriaga, iliana	iliana	arriaga	ESSILOR LAB AMERICA INC	NCRK
Vanegas Quiroga, Hector	Hector	Vanegas Quiroga	ESSILOR LAB AMERICA INC	NCRK
Mathew, Jacob	Jacob	Mathew	ESSILOR LAB AMERICA INC	NCRK
Pham, Kiet	Kiet	Pham	ESSILOR LAB AMERICA INC	NCRK
Balderas Nava, Arcelia	Arcelia	Balderas Nava	ESSILOR LAB AMERICA INC	NCRK

Martinez, Guadalupe	Guadalupe	Martinez	ESSILOR LAB AMERICA INC	NCRK
Guerrero, Giovanni	Giovanni	Guerrero	ESSILOR LAB AMERICA INC	NCRK
Trevizo Regalado, Maroni	Maroni	Trevizo Regalado	ESSILOR LAB AMERICA INC	NCRK
Ruiz, Gisel	Gisel	Ruiz	ESSILOR LAB AMERICA INC	NCRK
ilunga, jeremie	jeremie	ilunga	ESSILOR LAB AMERICA INC	NCRK
Colunga, John	John	Colunga	ESSILOR LAB AMERICA INC	NCRK
Finley, Damontrell	Damontrell	Finley	ESSILOR LAB AMERICA INC	NCRK
Norris, Marquis	Marquis	Norris	ESSILOR LAB AMERICA INC	NCRK
Ramirez, Robert	Robert	Ramirez	ESSILOR LAB AMERICA INC	NCRK
vasquez, joshua	joshua	vasquez	ESSILOR LAB AMERICA INC	NCRK
Loera, Kaleb	Kaleb	Loera	ESSILOR LAB AMERICA INC	NCRK
Chavez, Juliana	Juliana	Chavez	ESSILOR LAB AMERICA INC	NCRK
nunez, shiloh	shiloh	nunez	ESSILOR LAB AMERICA INC	NCRK
Torres, Ashley	Ashley	Torres	ESSILOR LAB AMERICA INC	NCRK
Blier, Nathan	Nathan	Blier	ESSILOR LAB AMERICA INC	NCRK
Rodriguez, Alfredo	Alfredo	Rodriguez	ESSILOR LAB AMERICA INC	NCRK
Salmeron, Edwin	Edwin	Salmeron	ESSILOR LAB AMERICA INC	NCRK
Alvares, Daniel	Daniel	Alvares	ESSILOR LAB AMERICA INC	NCRK
Thompson, Jennifer	Jennifer	Thompson	ESSILOR LAB AMERICA INC	NCRK
Torres, Victor	Victor	Torres	ESSILOR LAB AMERICA INC	NCRK
Owens, Deion	Deion	Owens	ESSILOR LAB AMERICA INC	NCRK
Washington, Vicki	Vicki	Washington	ESSILOR LAB AMERICA INC	NCRK
Sillemon, Desaray	Desaray	Sillemon	ESSILOR LAB AMERICA INC	NCRK
Yougoue, Richard	Richard	Yougoue	ESSILOR LAB AMERICA INC	NCRK
Wilson, Dandria	Dandria	Wilson	ESSILOR LAB AMERICA INC	NCRK

Diaz, Irving	Irving	Diaz	ESSILOR LAB AMERICA INC	NCRK
Sunmola, Modinat	Modinat	Sunmola	ESSILOR LAB AMERICA INC	NCRK
Messiah, Dario	Dario	Messiah	ESSILOR LAB AMERICA INC	NCRK
Gonzales, Paulina	Paulina	Gonzales	ESSILOR LAB AMERICA INC	NCRK
Castillo, Richard	Richard	Castillo	ESSILOR LAB AMERICA INC	NCRK
Shaw, Aaron	Aaron	Shaw	ESSILOR LAB AMERICA INC	NCRK
Perez, Faustino	Faustino	Perez	ESSILOR LAB AMERICA INC	NCRK
Haile, Serkalem	Serkalem	Haile	ESSILOR LAB AMERICA INC	NCRK
Perez, Christina	Christina	Perez	ESSILOR LAB AMERICA INC	NCRK
Zaragoza, Jerry	Jerry	Zaragoza	ESSILOR LAB AMERICA INC	NCRK
Anyanwu, Maria	Maria	Anyanwu	ESSILOR LAB AMERICA INC	NCRK
Magana, Claudia	Claudia	Magana	ESSILOR LAB AMERICA INC	NCRK
Magana Torres, Cristina	Cristina	Magana Torres	ESSILOR LAB AMERICA INC	NCRK
Lugo, Jessandra	Jessandra	Lugo	ESSILOR LAB AMERICA INC	NCRK
Mier Chaidez, Kevin	Kevin	Mier Chaidez	ESSILOR LAB AMERICA INC	NCRK
McGilbra, Etiwanda	Etiwanda	McGilbra	ESSILOR LAB AMERICA INC	NCRK
Perez Saucedo, Estephany	Estephany	Perez Saucedo	ESSILOR LAB AMERICA INC	NCRK
Reyes, Edgar	Edgar	Reyes	ESSILOR LAB AMERICA INC	NCRK
Walker, Joni	Joni	Walker	ESSILOR LAB AMERICA INC	NCRK
Grifaldo, Victoria	Victoria	Grifaldo	ESSILOR LAB AMERICA INC	NCRK
Gomez, Juan	Juan	Gomez	ESSILOR LAB AMERICA INC	NCRK
Torres, Ricardo	Ricardo	Torres	ESSILOR LAB AMERICA INC	NCRK
Martinez, Nelson	Nelson	Martinez	ESSILOR LAB AMERICA INC	NCRK
Perez, Magdalena	Magdalena	Perez	ESSILOR LAB AMERICA INC	NCRK
Umana, Michael	Michael	Umana	ESSILOR LAB AMERICA INC	NCRK

Zuniga, Marixa	Marixa	Zuniga	ESSILOR LAB AMERICA INC	NCRK
Rodriguez, Beatrice	Beatrice	Rodriguez	ESSILOR LAB AMERICA INC	NCRK
Tucker, James	James	Tucker	ESSILOR LAB AMERICA INC	NCRK
Melendez, Manuel	Manuel	Melendez	ESSILOR LAB AMERICA INC	NCRK
Rodriguez-Dominguez, Michel	Michel	Rodriguez-Dominguez	ESSILOR LAB AMERICA INC	NCRK
Luke, Jimmy	Jimmy	Luke	ESSILOR LAB AMERICA INC	NCRK
Reyes Perez, Juan	Juan	Reyes Perez	ESSILOR LAB AMERICA INC	NCRK
Navarre, Marchell	Marchell	Navarre	ESSILOR LAB AMERICA INC	NCRK
Heredia, Crystal	Crystal	Heredia	ESSILOR LAB AMERICA INC	NCRK
Fulce, Heather	Heather	Fulce	ESSILOR LAB AMERICA INC	NCRK
Mercado Mindiola, Rafael	Rafael	Mercado Mindiola	ESSILOR LAB AMERICA INC	NCRK
Ballew, Corey	Corey	Ballew	ESSILOR LAB AMERICA INC	NCRK
Merchant, Samina	Samina	Merchant	ESSILOR LAB AMERICA INC	NCRK
Charlie, Alfred	Alfred	Charlie	ESSILOR LAB AMERICA INC	NCRK
Rios, Jose	Jose	Rios	ESSILOR LAB AMERICA INC	NCRK
Lewis, Yolanda	Yolanda	Lewis	ESSILOR LAB AMERICA INC	NCRK
Garrett, Bryon	Bryon	Garrett	ESSILOR LAB AMERICA INC	NCRK
Kinmon, Phyllis	Phyllis	Kinmon	ESSILOR LAB AMERICA INC	NCRK
Benavides, Maria	Maria	Benavides	ESSILOR LAB AMERICA INC	NCRK
Garcia, Martha	Martha	Garcia	ESSILOR LAB AMERICA INC	NCRK
Silva, Brenda	Brenda	Silva	ESSILOR LAB AMERICA INC	NCRK
Mason, Deborah	Deborah	Mason	ESSILOR LAB AMERICA INC	NCRK
Flores, Edith	Edith	Flores	ESSILOR LAB AMERICA INC	NCRK
Zuniga, Maria	Maria	Zuniga	ESSILOR LAB AMERICA INC	NCRK
Garcia, Irma	Irma	Garcia	ESSILOR LAB AMERICA INC	NCRK

Morales, Rebecca	Rebecca	Morales	ESSILOR LAB AMERICA INC	NCRK
Wade, Aahshanne	Aahshanne	Wade	ESSILOR LAB AMERICA INC	NCRK
Gonzalez, Gabriel	Gabriel	Gonzalez	ESSILOR LAB AMERICA INC	NCRK
Villarreal, Juan	Juan	Villarreal	ESSILOR LAB AMERICA INC	NCRK
Garza, Ninfa	Ninfa	Garza	ESSILOR LAB AMERICA INC	NCRK
Barbosa, Linda	Linda	Barbosa	ESSILOR LAB AMERICA INC	NCRK
Colmenero, Sandra	Sandra	Colmenero	ESSILOR LAB AMERICA INC	NCRK
Sisavath, Sisaat	Sisaat	Sisavath	ESSILOR LAB AMERICA INC	NCRK
Cruz, Tomas	Tomas	Cruz	ESSILOR LAB AMERICA INC	NCRK
Moreno, Sergio	Sergio	Moreno	ESSILOR LAB AMERICA INC	NCRK
Olivas, Jose	Jose	Olivas	ESSILOR LAB AMERICA INC	NCRK
Garcia, Christina	Christina	Garcia	ESSILOR LAB AMERICA INC	NCRK
Martinez, Virginia	Virginia	Martinez	ESSILOR LAB AMERICA INC	NCRK
Gonzalez-Concha, Lorena	Lorena	Gonzalez-Concha	ESSILOR LAB AMERICA INC	NCRK
Takashige, Todd	Todd	Takashige	ESSILOR LAB AMERICA INC	NCRK
Hueck, Heyleknsa	Heyleknsa	Hueck	ESSILOR LAB AMERICA INC	NCRK
Jaimes, Xochilt	Xochilt	Jaimes	ESSILOR LAB AMERICA INC	NCRK
Vasquez, Ana	Ana	Vasquez	ESSILOR LAB AMERICA INC	NCRK
Bustamante, Cecilia	Cecilia	Bustamante	ESSILOR LAB AMERICA INC	NCRK
Rodriguez, Humberto	Humberto	Rodriguez	ESSILOR LAB AMERICA INC	NCRK
Aguirre, Maria	Maria	Aguirre	ESSILOR LAB AMERICA INC	NCRK
Ortega, Maria	Maria	Ortega	ESSILOR LAB AMERICA INC	NCRK
Morales, David	David	Morales	ESSILOR LAB AMERICA INC	NCRK
Rangel, Maria	Maria	Rangel	ESSILOR LAB AMERICA INC	NCRK
Perez, Margia	Margia	Perez	ESSILOR LAB AMERICA INC	NCRK

Hernandez, Martha	Martha	Hernandez	ESSILOR LAB AMERICA INC	NCRK
Amaya, Maria	Maria	Amaya	ESSILOR LAB AMERICA INC	NCRK
Cuellar, Maria Del Rosario	Maria Del Rosario	Cuellar	ESSILOR LAB AMERICA INC	NCRK
Franco, Jazmin	Jazmin	Franco	ESSILOR LAB AMERICA INC	NCRK
Gonzalez, Rosa	Rosa	Gonzalez	ESSILOR LAB AMERICA INC	NCRK
Hernandez, Rudis	Rudis	Hernandez	ESSILOR LAB AMERICA INC	NCRK
Gonzalez, Adela	Adela	Gonzalez	ESSILOR LAB AMERICA INC	NCRK
Benitez, Maria	Maria	Benitez	ESSILOR LAB AMERICA INC	NCRK
Villatoro, Evaristo	Evaristo	Villatoro	ESSILOR LAB AMERICA INC	NCRK
Medellin, Dora	Dora	Medellin	ESSILOR LAB AMERICA INC	NCRK
Roy, Rachel	Rachel	Roy	ESSILOR LAB AMERICA INC	NCRK
Aguilar Rivera, Yolanda	Yolanda	Aguilar Rivera	ESSILOR LAB AMERICA INC	NCRK
Chacon, Araceli	Araceli	Chacon	ESSILOR LAB AMERICA INC	NCRK
Hollis, Rosario	Rosario	Hollis	ESSILOR LAB AMERICA INC	NCRK
Martinez, Graciela	Graciela	Martinez	ESSILOR LAB AMERICA INC	NCRK
Sam, Saramma	Saramma	Sam	ESSILOR LAB AMERICA INC	NCRK
Truong, Loc	Loc	Truong	ESSILOR LAB AMERICA INC	NCRK
Cooper, Issac	Issac	Cooper	ESSILOR LAB AMERICA INC	NCRK
Herrera, Francisca	Francisca	Herrera	ESSILOR LAB AMERICA INC	NCRK
Flores, Lorena	Lorena	Flores	ESSILOR LAB AMERICA INC	NCRK
Rodriguez, Baneza	Baneza	Rodriguez	ESSILOR LAB AMERICA INC	NCRK
Abraham, Mathew	Mathew	Abraham	ESSILOR LAB AMERICA INC	NCRK
Nguyen, Cuong	Cuong	Nguyen	ESSILOR LAB AMERICA INC	NCRK
Rangel, Antonia	Antonia	Rangel	ESSILOR LAB AMERICA INC	NCRK
Gomez, Myriam	Myriam	Gomez	ESSILOR LAB AMERICA INC	NCRK

794009	Baza, Adela	Adela	Baza	ESSILOR LAB AMERICA INC	NCRK
794019	Rivas, Isilma	Isilma	Rivas	ESSILOR LAB AMERICA INC	NCRK
794025	Simon, Susan	Susan	Simon	ESSILOR LAB AMERICA INC	NCRK
794050	Maldonado Melgar, Keyla	Keyla	Maldonado Melgar	ESSILOR LAB AMERICA INC	NCRK
794055	Salazar-Martinez, Rogelio	Rogelio	Salazar-Martinez	ESSILOR LAB AMERICA INC	NCRK
794080	Maltos Rivas, Alejandra	Alejandra	Maltos Rivas	ESSILOR LAB AMERICA INC	NCRK
794083	Pothen, Eapen	Eapen	Pothen	ESSILOR LAB AMERICA INC	NCRK
794084	Guerrero, Maria	Maria	Guerrero	ESSILOR LAB AMERICA INC	NCRK
794086	Torres, Blas	Blas	Torres	ESSILOR LAB AMERICA INC	NCRK
794098	Atkinson, Diamond	Diamond	Atkinson	ESSILOR LAB AMERICA INC	NCRK
794101	Cruz, Valentin	Valentin	Cruz	ESSILOR LAB AMERICA INC	NCRK
794106	Martinez, Rosalba	Rosalba	Martinez	ESSILOR LAB AMERICA INC	NCRK
794118	Lewis, Aubrey	Aubrey	Lewis	ESSILOR LAB AMERICA INC	NCRK
794142	Munoz Ramirez, Jennifer	Jennifer	Munoz Ramirez	ESSILOR LAB AMERICA INC	NCRK
794149	Lopez Hurtado, Betty	Betty	Lopez Hurtado	ESSILOR LAB AMERICA INC	NCRK
794150	Shimels, Kasahun	Kasahun	Shimels	ESSILOR LAB AMERICA INC	NCRK
794151	Trejo, Maribel	Maribel	Trejo	ESSILOR LAB AMERICA INC	NCRK
794154	Cortinas, Maria	Maria	Cortinas	ESSILOR LAB AMERICA INC	NCRK
794157	Patel, Jaydeep	Jaydeep	Patel	ESSILOR LAB AMERICA INC	NCRK
794165	Valadez, Maria	Maria	Valadez	ESSILOR LAB AMERICA INC	NCRK
794166	Valadez-Rodriguez, Hugo	Hugo	Valadez-Rodriguez	ESSILOR LAB AMERICA INC	NCRK
794172	Yeverino, Anthony	Anthony	Yeverino	ESSILOR LAB AMERICA INC	NCRK
794173	Rivera, Yolanda	Yolanda	Rivera	ESSILOR LAB AMERICA INC	NCRK
794185	Castilleja, Veronica	Veronica	Castilleja	ESSILOR LAB AMERICA INC	NCRK
794187	Perez, Sonia	Sonia	Perez	ESSILOR LAB AMERICA INC	NCRK

Trinh, Hoai	Hoai	Trinh	ESSILOR LAB AMERICA INC	NCRK
Rico, Rosa	Rosa	Rico	ESSILOR LAB AMERICA INC	NCRK
Montalvo Lopez, Salvador	Salvador	Montalvo Lopez	ESSILOR LAB AMERICA INC	NCRK
Rajan, Sajin	Sajin	Rajan	ESSILOR LAB AMERICA INC	NCRK
Arias, Rosibel	Rosibel	Arias	ESSILOR LAB AMERICA INC	NCRK
Oviedo, Martha	Martha	Oviedo	ESSILOR LAB AMERICA INC	NCRK
Rubio Salmeron, Josselin	Josselin	Rubio Salmeron	ESSILOR LAB AMERICA INC	NCRK
Solchenberger, Alexis	Alexis	Solchenberger	ESSILOR LAB AMERICA INC	NCRK
Nguyen, Lam	Lam	Nguyen	ESSILOR LAB AMERICA INC	NCRK
Mathew, Biju	Biju	Mathew	ESSILOR LAB AMERICA INC	NCRK
Davila, David	David	Davila	ESSILOR LAB AMERICA INC	NCRK
Estrada, Alejandra	Alejandra	Estrada	ESSILOR LAB AMERICA INC	NCRK
Kung, Thawng	Thawng	Kung	ESSILOR LAB AMERICA INC	NCRK
Esparza, Romelia	Romelia	Esparza	ESSILOR LAB AMERICA INC	NCRK
Sanchez, Diego	Diego	Sanchez	ESSILOR LAB AMERICA INC	NCRK
Nino, Cynthia	Cynthia	Nino	ESSILOR LAB AMERICA INC	NCRK
Luna, Guillermina	Guillermina	Luna	ESSILOR LAB AMERICA INC	NCRK
Okedele, Henry	Henry	Okedele	ESSILOR LAB AMERICA INC	NCRK
Uribe, Samantha	Samantha	Uribe	ESSILOR LAB AMERICA INC	NCRK
Salinas, Maria	Maria	Salinas	ESSILOR LAB AMERICA INC	NCRK
Aleman, Angelica	Angelica	Aleman	ESSILOR LAB AMERICA INC	NCRK
Martinez, Katie	Katie	Martinez	ESSILOR LAB AMERICA INC	NCRK
Romero, Maria	Maria	Romero	ESSILOR LAB AMERICA INC	NCRK
Cheriyannoor Yohannan, Babu	Babu	Cheriyannoor Yohannan	ESSILOR LAB AMERICA INC	NCRK
Castrellon Hernandez, Teresa	Teresa	Castrellon Hernandez	ESSILOR LAB AMERICA INC	NCRK

Johnson, Latoniadra	Latoniadra	Johnson	ESSILOR LAB AMERICA INC	NCRK
Valencia-Perez, Susan	Susan	Valencia-Perez	ESSILOR LAB AMERICA INC	NCRK
Cortes, Ignacio	Ignacio	Cortes	ESSILOR LAB AMERICA INC	NCRK
Ramirez Guedez, Domenica	Domenica	Ramirez Guedez	ESSILOR LAB AMERICA INC	NCRK
Hernandez Azuaje, Ana	Ana	Hernandez Azuaje	ESSILOR LAB AMERICA INC	NCRK
Blanco Olivares, Fany	Fany	Blanco Olivares	ESSILOR LAB AMERICA INC	NCRK
Rana, Kishor	Kishor	Rana	ESSILOR LAB AMERICA INC	NCRK
Mendoza Urango, Sandy	Sandy	Mendoza Urango	ESSILOR LAB AMERICA INC	NCRK
Philip, Lal	Lal	Philip	ESSILOR LAB AMERICA INC	NCRK
John, Nisi	Nisi	John	ESSILOR LAB AMERICA INC	NCRK
Samuel, John	John	Samuel	ESSILOR LAB AMERICA INC	NCRK
Villanueva, Gregorio	Gregorio	Villanueva	ESSILOR LAB AMERICA INC	NCRK
Zapata, Antonio	Antonio	Zapata	ESSILOR LAB AMERICA INC	NCRK
Rosas, Maura	Maura	Rosas	ESSILOR LAB AMERICA INC	NCRK
Aguinaga, Aurelia	Aurelia	Aguinaga	ESSILOR LAB AMERICA INC	NCRK
Nguyen, Phuong	Phuong	Nguyen	ESSILOR LAB AMERICA INC	NCRK
Patten, Danny	Danny	Patten	ESSILOR LAB AMERICA INC	NCRK
Wagoner, Russell	Russell	Wagoner	ESSILOR LAB AMERICA INC	NCRK
Diaz, Andres	Andres	Diaz	ESSILOR LAB AMERICA INC	NCRK
Crawford, Avery	Avery	Crawford	ESSILOR LAB AMERICA INC	NCRK
Cuellar, William	William	Cuellar	ESSILOR LAB AMERICA INC	NCRK
Saengchanthavong, Oudorn	Oudorn	Saengchanthavong	ESSILOR LAB AMERICA INC	NCRK
Garcia, Paulo	Paulo	Garcia	ESSILOR LAB AMERICA INC	NCRK
De Los Santos, Porfirio	Porfirio	De Los Santos	ESSILOR LAB AMERICA INC	NCRK
Morales, Ismael	Ismael	Morales	ESSILOR LAB AMERICA INC	NCRK

Deanda, Carmina	Carmina	Deanda	ESSILOR LAB AMERICA INC	NCRK
Pacheco Jr., Domingo	Domingo	Pacheco Jr.	ESSILOR LAB AMERICA INC	NCRK
Nguyen, Kien	Kien	Nguyen	ESSILOR LAB AMERICA INC	NCRK
Sotelo, Armando	Armando	Sotelo	ESSILOR LAB AMERICA INC	NCRK
Reyes Jr., Jose	Jose	Reyes Jr.	ESSILOR LAB AMERICA INC	NCRK
Tadesse, Demelash	Demelash	Tadesse	ESSILOR LAB AMERICA INC	NCRK
Ly, Khoa	Khoa	Ly	ESSILOR LAB AMERICA INC	NCRK
Boulom, Sombath	Sombath	Boulom	ESSILOR LAB AMERICA INC	NCRK
Cerrato-Diaz, Emil	Emil	Cerrato-Diaz	ESSILOR LAB AMERICA INC	NCRK
Mikaelian, Vadim	Vadim	Mikaelian	ESSILOR LAB AMERICA INC	NCRK
Sublett, Donald	Donald	Sublett	ESSILOR LAB AMERICA INC	NCRK
Guerrero, Antonio	Antonio	Guerrero	ESSILOR LAB AMERICA INC	NCRK
Price, Sylvester	Sylvester	Price	ESSILOR LAB AMERICA INC	NCRK
Diaz Rodriguez, Cesar	Cesar	Diaz Rodriguez	ESSILOR LAB AMERICA INC	NCRK
White, Briana	Briana	White	ESSILOR LAB AMERICA INC	NCRK
Lopez, Minerva	Minerva	Lopez	ESSILOR LAB AMERICA INC	NCRK
Murray, Khalyn	Khalyn	Murray	ESSILOR LAB AMERICA INC	NCRK
Green, Spenser	Spenser	Green	ESSILOR LAB AMERICA INC	NCRK
Rios, Giselle	Giselle	Rios	ESSILOR LAB AMERICA INC	NCRK
Keeling, DeAndre	DeAndre	Keeling	ESSILOR LAB AMERICA INC	NCRK
Mercado, Evelia	Evelia	Mercado	ESSILOR LAB AMERICA INC	NCRK
Jimenez Cervantes, Fabiola	Fabiola	Jimenez Cervantes	ESSILOR LAB AMERICA INC	NCRK
Shay, Gregory	Gregory	Shay	ESSILOR LAB AMERICA INC	NCRK
Moreno, Maria	Maria	Moreno	ESSILOR LAB AMERICA INC	NCRK
Mahoney, Bianca	Bianca	Mahoney	ESSILOR LAB AMERICA INC	NCRK

Nahimana, Vestine	Vestine	Nahimana	ESSILOR LAB AMERICA INC	NCRK
Bosher, Rachel	Rachel	Bosher	ESSILOR LAB AMERICA INC	NCRK
Aranda, Michael	Michael	Aranda	ESSILOR LAB AMERICA INC	NCRK
Curry, Barbara	Barbara	Curry	ESSILOR LAB AMERICA INC	NCRK



DQS Inc.
Medical Non-Conforming Report

Stage 2 Assessment

ISO 13485:2016

IF OTHER PLEASE SPECIFY ALL STANDARDS RELEVANT TO THIS REPORT: NA

Single Site Address BR 31618487
Essilor of America, Inc. (North Creek)
13675 N. Stemmons Fwy
Farmers Branch, TX, 75234
USA

AUDIT DATES
12/18/2023 TO 9/20/2023

REMOTE PER IAF MD 4 ICT REQUIREMENTS: ☐ Yes ☒ No

% REMOTE/DAYS REMOTE CONDUCTED: 0

DAYS ONSITE CONDUCTED: 3 days, 3 Auditors

TOTAL # of AUDIT DAYS: 9

FILL OUT ONLY IN THE INSTANCE OF REMOTE ASSESSMENT:

- **WHAT METHOD WAS USED FOR REMOTE TECHNIQUE?:** NA
- **The Remote Objectives Have Been Met Per IAF MD 4 - use of ICT for auditing/assessment purposes, CP31 Corporate Procedure - Remote Assessment, CF33 - Risk Assessment for remote audits & Q-0900-9:** ☐ Yes ☐ No
- **The Remote Effectiveness Was Satisfactory:** ☐ Yes ☐ No (If no, please state why)

BR#'S FOR SITE(S) AUDITED: 31618487

Audit Team Leader (Path 1): Peter Shimshak
Telephone: [REDACTED]
Email: Peter.shimshak@dqs.de

Additional Auditors: Sandra Storli, Mark Jackson
Telephone: 847-970-0099, 760-504-9012
Email: Sandra.storli@dqs.de, mark.jackson@dqs.de

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Please list sites and activities + which of them are relevant for this certification in the table (insert additional rows if needed)

Total staff in the scope of the Audit Program:		529				
☒ Shift Work	8am-5pm	Activities:	Work order fulfillment, Purchasing, Receiving, Inspection, Testing, Audits, Calibration, Maintenance, Warehouse, Shipping, Quality, and Engineering	Site or Sites Applicable	Single site	Emp Count 118
Office hours:					Indirect personnel	
Shift 1 weekdays/hours:	6am-4:30pm	Activities:	Surfacing, Coating, Finishing, QC Inspection, Final QC Processes	Site(s):	Single site	202
Shift 2 weekdays/hours:	4:30pm-3am	Activities:	Surfacing, Coating, Finishing, QC Inspection, Final QC Processes	Site(s):	Single site	209

Audit language (Please indicate if a translator is needed or was utilized): English, no translator needed

MED and/or EA Codes (QM) Main: MD 0105

MED and/or EA Codes (QM) Supplemental: NA

Organization Contact and Title: Javier Andujo, Senior Manager QA

Telephone: Email: javier.andujo@essilorusa.com, Tel.: [REDACTED]

1 Summary of Audit Results:

Thank you for your trustful cooperation during our recent audit of your organization. The following report details the assessment results including strengths, opportunities, and weaknesses that were presented during closing meeting. DQS strives to ensure that all customer expectations are met, as well as the professional commitment to our customer base is held to the highest degree with integrity. We thank you for choosing us as your certification partner and look to ensure your organization's continued success.

Strengths	1. Risk Management Log FORM-QA-02 show positive actions taken the address risks with monthly review. 2. Software Validation records complete with version of the software, risk assessment, network environment, and positive conclusions. 3. Facility is very clean and organized. 4. Weekly quality meeting reports are comprehensive and contain good SPC analysis data.
Nonconformities/Weaknesses	# of Minors Issued 9 # of Majors Issued 0

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On site verification of nonconformities needed via follow-up / special assessment: Please explain and comment- if a special assessment is required, offsite special requires approval from a manager

☐ Yes

☒ No

Comment(s):

NA

2 Previous Non-Conformances:

The agreed corrective actions of the previous assessment are:

- ☐ Effectively implemented, please see Medical Report from previous assessment with appropriate evidences for acceptance
- ☐ Not effectively implemented
- ☒ This appraisal is not applicable.

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Client Guidance

All audit findings are based on a sampling process, targeted towards reliable evidence for effective implementation and compliance of the management system. Where applicable findings and required corrective action plans were or will be agreed upon with the responsible managers or management representatives, steps have been or will be defined to resolve such nonconformity. Further business aspects may exist, positive or negative, which have not been reviewed by the audit team. It is the organization's responsibility to investigate and evaluate the potential impact and scope of findings, thus continuously ensuring full compliance to the applied standard(s).

Disputes/Appeals- If at any time during the process, the organization wishes to dispute an NCR(s), please fill out the NCR dispute documentation or email the non-conformance and evidence to regional program management. The current contact information is as follows: shawn.esmaili@dqs.de and/or David.parlagreco@dqs.de

In their absence, it may be submitted to another manager. Please contact your customer service representative for contact information.

DQS Management will handle the dispute NCR directly with your organization and Auditor. During this process, the management will review the evidence provided and make an objective decision and inform both parties of the results.

The lead auditor may also deal directly with the dispute and provide evidence of acceptance. The audit report should note the response as accepted in cases where a dispute was accepted. The NCR is not to be removed from the report but notes added that the customer disputed it and who accepted the dispute.

Note the following when responding to action requests:

Response Timeline- The response time required for minor NCR(s) is 30 days from the date of issuance.

For Major NCR(s) the response time required is 10 calendar days from the date of issuance.

The organization is required to submit the cause, describe the specific correction and corrective actions taken, or actions planned to be taken, to eliminate the non-conformances within the specified times outlined to the Lead Auditor.

Extensions- Should an organization wish to extend the due date for an NCR, the request must be received in writing to DQS Program Management, and include the extenuating circumstances for the request.

An extension can be requested on behalf of the client by the Auditor performing the NCR review and shall be approved by management. The request cannot exceed 60 days from the date of issue.

Major nonconformities- require a Special Audit to verify the effectiveness of corrective actions taken within 90 days from the last day of the audit. Depending on the nature of the non-conformance noted, the special Audit may be conducted either on-site or off-site.

In order to be allowed to conduct the Special Audit off-site, the Lead Auditor shall make a recommendation to Local DQS management to conduct an offsite Special Audit, including reasoning why this will be effective for verification of the non-conformance(s). With the approval of DQS Management, evidence of which must be documented and retained as a record, the audit may be conducted off site. Regardless of whether the audit is conducted on site or off site, it must be documented with audit report.

Evidence provided for acceptance must be submitted with the audit package. At a minimum, evidence of the corrective action within the organization's system or outlined evidence must be submitted for acceptance by technical review.

a) If the NCR, or verification of major nonconformities is not completed prior to the certificate expiration date, the certificate will expire. With the agreement of management, the certification can be restored.

b) **For Stage 2 Assessments- the NCR Analysis (ARA) must be completed prior to the certificate decision. It's the lead auditor's responsibility to ensure all requirements of the audit objectives have been fulfilled**

Minor nonconformities- will require acceptance of correction and corrective action plan. Corrective action must include correction/containment for all NCR's, not just for product related nonconformances. Where correction is not immediate, the organization must include their containment measures to ensure the problem is contained until permanent actions are completed. If containment consideration is not included (dependent on risk of the nonconformity), the lead auditor will reject the corrective action and contact the organization for appropriate responses. Copies of Corrective Actions within the organization's system or evidence of items outlined in the plan MUST be submitted for acceptance to technical review. **Verification of effectiveness regarding implementation of these plans shall be reviewed at the next assessment.**

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3 Activities of the customer

Corrective actions:

- ☐ Corrective actions not necessary for this assessment
- ☐ Major Corrective actions will be implemented and reviewed for effectiveness as agreed by [Click or tap to enter a date.](#)
- ☒ Minor Corrective actions will be implemented and reviewed for effectiveness during the next assessment

4 Current Non-Conformances:

Nonconformities, identified during an audit, shall be closed with evidence of effectiveness within defined time lines. Otherwise, certificates may be put on hold or be withdrawn. Please respond by the date outlined above.

Action Requests			
AR no.	Major	Minor	Detail of nonconformity including the reference to the clause of the standard, if the nonconformity is considered major the affected device is indicated
PS01-2023	☐	☒	Requirement: ISO 13485:2016 clause 7.2.1 Determination of requirements related to product. The organization shall determine: d) any user training needed to ensure specified performance and safe use of the medical device; Nonconformance: Not in all cases is user training addressed in the quality management system documentation. Objective Evidence: User training not addressed in Quality Manual PR-QA-01 version 4 in section 7.2.1 Reason Why the Non-Conformity Is Not Classified as a Major: User training is addressed in section 7.2.2 of the quality manual. User training information is supplied with the product when required by the customer. Document Review-Offsite

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		1/21/2024 Date Response Is Due To Lead Assessor (to be completed by Lead Auditor) 1/11/2024 Date organization provided corrective action responses to DQS(to be completed by organization) Click or tap to enter a date. Date of 1st Rejection (if necessary) (to be completed by Lead Auditor) Click or tap to enter a date. Date of 2nd Rejection (if necessary) (to be completed by Lead Auditor) Click or tap to enter a date. Date of 3rd Rejection (if necessary); Please escalate to program management (to be completed by Lead Auditor) 1/11/2024 Date DQS accepted corrective action responses (to be completed by Lead Auditor) The following fields are to be completed by the organization and submitted to the Lead Auditor for evaluation: <u>Containment Action:</u> Create internal CAPA number CA-0124 to address this nonconformity. Review clause 7.2 of 13485 – 2016 Review Quality manual section 7.2 for requirements <u>Root Cause Analysis:</u> It was an overlook of the requirement 7.2 clause of 13485-2016, we believed that it was address in section 7.2.2 of the quality manual, but it was missed in section 7.2.1 <u>Actions taken to remove root cause.</u> (If an action plan is proposed, describe steps and timeline for completion.) Update the quality manual per the requirements of 7.2.1 to address user training. Train associates to the updated quality manual. Plant to complete actions by 02/21/2024 <u>Evidence of effective implementation</u> (describe actions taken or planned to verify effectiveness of action taken-reference attachments for any evidence submitted): Quality manual update is released. Training is complete for the updated quality manual. For use by DQS Lead Assessor:
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DQS Inc.
Medical Non-Conforming Report

			Evidence of effective implementation (describe actions taken or planned to verify effectiveness of actions taken): PS01-2023, 1/11/24 PS. Review internal CAPA number CA-0124 to address the requirement of user training. Review updated quality manual. Review training to the updated quality manual. Verify effective closure of internal CAPA number CA-0124. ☐ Action taken and effective. No further follow-up required. ☒ Action implemented or action plan and containment action acceptable. To verify on next continuous assessment. ☐ Special Assessment Required. Action implemented or action plan and containment action acceptable. ☐ Action is unacceptable. Organization notified on Click or tap to enter a date. by Click or tap to enter a date.. Describe any subsequent actions or proposed by the organization to address the non-conformity. If these actions resulted in the subsequent acceptance of the response, not such here and describe:
PS02-2023	☐	☒	Requirement: ISO 13485:2016 Clause 4.1.6 Software Validation. Software applications shall be validated prior to initial use and, as appropriate, after changes to such software or its application. Nonconformance: Not in all cases are software applications validated. Objective Evidence: Gagepack and Megamation software applications are being used prior to validation. Reason Why The Non-Conformity Is Not Classified As A Major: Megamation software is used for preventive maintenance and appeared to be operating effectively during assessment. Gagepack system is used for calibration and appeared to be operating effectively during assessment. Document Review-Offsite

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			1/21/2024 Date Response Is Due To Lead Assessor (to be completed by Lead Auditor) 1/11/2024 Date organization provided corrective action responses to DQS(to be completed by organization) Click or tap to enter a date. Date of 1st Rejection (if necessary) (to be completed by Lead Auditor) Click or tap to enter a date. Date of 2nd Rejection (if necessary) (to be completed by Lead Auditor) Click or tap to enter a date. Date of 3rd Rejection (if necessary); Please escalate to program management (to be completed by Lead Auditor) 1/11/2024 Date DQS accepted corrective action responses (to be completed by Lead Auditor) The following fields are to be completed by the organization and submitted to the Lead Auditor for evaluation: <u>Containment Action:</u> Create internal CAPA number CA-0224 to address this nonconformity Review if there are other applications that are key to our processes <u>Root Cause Analysis:</u> Since these applications were not used to decide if a product is good or bad, we believed that they did not need to be validated. <u>Actions taken to remove root cause.</u> (If an action plan is proposed, describe steps and timeline for completion.) Validate all software applications that are used to make key decisions for our processes. Track software packaged for validation purposes. Plant to complete actions by 02/15/2024 <u>Evidence of effective implementation</u> (describe actions taken or planned to verify effectiveness of action taken-reference attachments for any evidence submitted): Validations for Gagepack and Megamations Validations for any other application found, if any, that are used to make key decisions for our processes
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DQS Inc.
Medical Non-Conforming Report

			For use by DQS Lead Assessor: Evidence of effective implementation (describe actions taken or planned to verify effectiveness of actions taken): PS02-2023, 1/11/24. Review internal CAPA number CA-0224 to address software validations. Review completed validations of Gagepack and Megamations. Review other software validations that require validation. Verify effective closure of internal CAPA number CA-0224. ☐ Action taken and effective. No further follow-up required. ☒ Action implemented or action plan and containment action acceptable. To verify on next continuous assessment. ☐ Special Assessment Required. Action implemented or action plan and containment action acceptable. ☐ Action is unacceptable. Organization notified on Click or tap to enter a date, by Click or tap to enter a date. Describe any subsequent actions or proposed by the organization to address the non-conformity. If these actions resulted in the subsequent acceptance of the response, not such here and describe:
AR no.	Major	Minor	Detail of nonconformity including the reference to the clause of the standard, if the nonconformity is considered major the affected device is indicated
MJ03-2023	☐	☒	Requirement: ISO 13485:2016 clause 7.6 Control of Monitoring and Measure Equipment The organization shall document procedures to ensure that monitoring and measurement can be carried out and are carried out in a manner that is consistent with the monitoring and measurement requirements. As necessary to ensure valid results, measuring equipment shall: a) be calibrated or verified, or both, at specified intervals, or prior to use, against measurement standards traceable to international or national measurement standards: when no such standards exist, the basis used for calibration or verification shall be recorded. Nonconformance: The calibration process is not entirely effective.

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DQS Inc.
Medical Non-Conforming Report

		Objective Evidence: Internal calibration instruction for the Lens Kit Asset #Lens Kit#8 was not available, and calibration was not available. Asset #17016441 thickness gauge was overdue for calibration, due on 11/2023. Reason Why The Non-Conformity Is Not Classified As A Major: The lens kit is used for internal verification of lensometers and is not subject to change, as it is a static device. There is another check after the thickness gauge which would catch any nonconforming product. The risk to product quality is low. Document Review-Offsite 1/21/2024 Date Response Is Due To Lead Assessor (to be completed by Lead Auditor) 1/11/2024 Date organization provided corrective action responses to DQS(to be completed by organization) Click or tap to enter a date. Date of 1st Rejection (if necessary) (to be completed by Lead Auditor) Click or tap to enter a date. Date of 2nd Rejection (if necessary) (to be completed by Lead Auditor) Click or tap to enter a date. Date of 3rd Rejection (if necessary); Please escalate to program management (to be completed by Lead Auditor) 1/11/2024 Date DQS accepted corrective action responses (to be completed by Lead Auditor) The following fields are to be completed by the organization and submitted to the Lead Auditor for evaluation: <u>Containment Action:</u> Create internal CAPA number CA-0324 to address this nonconformity. Removed asset #17016441 thickness gauge from production and it was immediately calibrated. Measure Lens Kit Asset #Lens Kit#8 with two lensometers to verify the lenses read at the expected values <u>Root Cause Analysis:</u> We were transferring our calibrated instruments database from an excel spreadsheet to a calibration tracking software and there was some confusion about the calibration due dates
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DQS Inc.
Medical Non-Conforming Report

		Lens Kit # 8 is a legacy kit from our old lab and the calibration certificate was lost in the transition to this lab. <u>Actions taken to remove root cause.</u> (If an action plan is proposed, describe steps and timeline for completion.) Review internal calibration procedure PR-QA-05 to ensure that it contains measures to prevent instruments from passing their calibration due date. Develop internal calibration instruction for the Lens Kit Asset #Lens Kit#8. Review all areas of the lab for instruments that are past due on their calibration. Calibrate any instrument found out of calibration. Plant to complete actions by 04/19/2024 <u>Evidence of effective implementation</u> (describe actions taken or planned to verify effectiveness of action taken-reference attachments for any evidence submitted): Instruments requirement calibration are tracked for calibration requirements and are calibrated per instructions. Audit a sample of instruments from our database and verify that they are maintained in calibration. For use by DQS Lead Assessor: Evidence of effective implementation (describe actions taken or planned to verify effectiveness of actions taken): MJ03-2023, 1/11/24 PS. Review internal CAPA number CA-0324 to address calibration nonconformity. Verify asset #17016441 thickness gauge and Measure Lens Kit Asset #Lens Kit#8 with two lensometers are calibrated per instructions. Assess other calibration units during next audit. Verify internal CAPA number CA-0324 is closed effectively ☐ Action taken and effective. No further follow-up required. ☒ Action implemented or action plan and containment action acceptable. To verify on next continuous assessment. ☐ Special Assessment Required. Action implemented or action plan and containment action acceptable. ☐ Action is unacceptable. Organization notified on Click or tap to enter a date. by Click or tap to enter a date.. Describe any subsequent actions or
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DQS Inc.
Medical Non-Conforming Report

			proposed by the organization to address the non-conformity. If these actions resulted in the subsequent acceptance of the response, not such here and describe:
AR no.	Major	Minor	Detail of nonconformity including the reference to the clause of the standard, if the nonconformity is considered major the affected device is indicated
MJ04-2023	☐	☒	Requirement: ISO 13485:2016 clause 6.4.1 Work Environment The organization shall document the requirements for the work environment needed to achieve conformity to product requirements. If the conditions for the work environment can have an adverse effect on product quality, the organization shall document the requirements for the work environment and the procedures to monitor and control the work environment. Nonconformance: The work environment process is not entirely effective. Objective Evidence: The refrigerator located in the Consumables Room used for storing Zoe chemicals does not include temperature monitoring. No temperature gauge is being used to monitor temperature requirements. The Cold Storage Daily Temperature log has excursions from stated requirements. Should be 5-15C. The log has temperatures 12/10/23 and 12/13/23 that were out of range without explanation. The log sheet is also missing Zoe temperature requirements. Reason Why The Non-Conformity Is Not Classified As A Major: The excursion was only 2C max below the recommended temperature by the supplier and was only for a short duration. The chemical has been depleted and did not affect subsequent production run first pass yields. Therefore, product quality risk is low. Document Review-Offsite

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DQS Inc.
Medical Non-Conforming Report

		1/21/2024 Date Response Is Due To Lead Assessor (to be completed by Lead Auditor) 1/11/2024 Date organization provided corrective action responses to DQS(to be completed by organization) Click or tap to enter a date. Date of 1st Rejection (if necessary) (to be completed by Lead Auditor) Click or tap to enter a date. Date of 2nd Rejection (if necessary) (to be completed by Lead Auditor) Click or tap to enter a date. Date of 3rd Rejection (if necessary); Please escalate to program management (to be completed by Lead Auditor) 1/11/2024 Date DQS accepted corrective action responses (to be completed by Lead Auditor) The following fields are to be completed by the organization and submitted to the Lead Auditor for evaluation: <u>Containment Action:</u> Create internal CAPA number CA-0424 to address this nonconformity. Chemical Zoe was immediately moved to a refrigerator with appropriate temperature monitoring gauge <u>Root Cause Analysis:</u> Miscalculated the time to deplete the old chemical and we had to store the new chemical on a temporary basis in a non-controlled refrigerator We don't have a process to escalate instances when values in log sheets are out of stated tolerances. <u>Actions taken to remove root cause.</u> (If an action plan is proposed, describe steps and timeline for completion.) Train Chemical Technicians about the requirements for monitoring cold storage and reporting values out of tolerance Review if there is other equipment without an appropriate gauge to monitor temperature requirements. Review if there are other temperature logs without temperature requirements and without explanations if temperatures are out of tolerance. Develop a process to escalate instances when values in log sheets are out of stated tolerances
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DQS Inc.
Medical Non-Conforming Report

		<u>Evidence of effective implementation</u> (describe actions taken or planned to verify effectiveness of action taken-reference attachments for any evidence submitted): Training records of chemical technicians in the requirements for cold storage Results of auditing all equipment that requires gauges to monitor temperature requirements Temperature logs containing temperature requirements Documented procedure for escalation of values in logs out of stated tolerances Plant to complete actions by 4/30/2024 For use by DQS Lead Assessor: Evidence of effective implementation (describe actions taken or planned to verify effectiveness of actions taken): MJ04-2023, 1/11/24 PS. Review internal CAPA number CA-0424 to address special storage conditions nonconformance. Review training of technicians for cold storage requirements. Review cold storage units for controls on temperature. Review actions taken when temperature is beyond limits. Verify effective closure of internal CAPA number CA-0424. ☐ Action taken and effective. No further follow-up required. ☒ Action implemented or action plan and containment action acceptable. To verify on next continuous assessment. ☐ Special Assessment Required. Action implemented or action plan and containment action acceptable. ☐ Action is unacceptable. Organization notified on Click or tap to enter a date. by Click or tap to enter a date.. Describe any subsequent actions or proposed by the organization to address the non-conformity. If these actions resulted in the subsequent acceptance of the response, not such here and describe:
AR no.	Major	Minor
		Detail of nonconformity including the reference to the clause of the standard, if the nonconformity is considered major the affected device is indicated

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DQS Inc.
Medical Non-Conforming Report

MJ05-2023	☐	☒	Requirement: ISO 13485:2016 clause Section 7.4.1 Purchasing Process The organization shall plan the monitoring and re-evaluation of suppliers. Supplier performance in meeting requirements for the purchased product shall be monitored. The results of the monitoring shall provide an input into the supplier re-evaluation process. Nonconformance: The purchasing process is not entirely effective. Objective Evidence: PR-PU-02, Revision 1, describes the supplier re-evaluation process, but does not address monitoring. Reason Why The Non-Conformity Is Not Classified As A Major: Omega suppliers are not new and have been providing materials for many years. Supplier performance is reviewed during management reviews. Product risk is low due to the maturity of the supply base. Document Review-Offsite 1/21/2024 Date Response Is Due To Lead Assessor (to be completed by Lead Auditor) 1/11/2024 Date organization provided corrective action responses to DQS(to be completed by organization) Click or tap to enter a date. Date of 1st Rejection (if necessary) (to be completed by Lead Auditor) Click or tap to enter a date. Date of 2nd Rejection (if necessary) (to be completed by Lead Auditor) Click or tap to enter a date. Date of 3rd Rejection (if necessary); Please escalate to program management (to be completed by Lead Auditor) 1/11/2024 Date DQS accepted corrective action responses (to be completed by Lead Auditor) The following fields are to be completed by the organization and submitted to the Lead Auditor for evaluation: <u>Containment Action:</u> Open CAPA CA-0524 to address this nonconformance. Contact global purchasing to develop the list of key suppliers.
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DQS Inc.
Medical Non-Conforming Report

		Review key suppliers receiving document FORM-QA-55 to include a pass/fail evaluation. <u>Root Cause Analysis:</u> We thought that the monitoring of key suppliers by Corporate Purchasing was enough to comply and that we did not have to include it in our procedure. <u>Actions taken to remove root cause.</u> (If an action plan is proposed, describe steps and timeline for completion.) Modify procedure PR-PU-02, Supplier Management Procedure, to include the monitoring of key suppliers Revise the Managed Supplier List, VIS-QA-04, to align our key suppliers with the key suppliers from US corporate purchasing <u>Evidence of effective implementation</u> (describe actions taken or planned to verify effectiveness of action taken-reference attachments for any evidence submitted): Revised documents PR-PU-02, Supplier Management Procedure, and VIS-QA-04, Managed Supplier List. Receiving document FORM-QA-55, Incoming Inspection of Chemicals, with monitoring data for key suppliers Plant to complete actions by 05/31/2024 For use by DQS Lead Assessor: Evidence of effective implementation (describe actions taken or planned to verify effectiveness of actions taken): MJ05-2023, 1/11/24 PS. Review internal CAPA CA-0524 to address supplier monitoring. Review updated procedure PR-PU-02 to clearly address both supplier monitoring and supplier re-evaluation. Review receiving log for monitoring suppliers. Verify effective closure of internal CAPA CA-0524. ☐ Action taken and effective. No further follow-up required. ☒ Action implemented or action plan and containment action acceptable. To verify on next continuous assessment. ☐ Special Assessment Required. Action implemented or action plan and containment action acceptable.
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DQS Inc.
Medical Non-Conforming Report

			☐ Action is unacceptable. Organization notified on Click or tap to enter a date. by Click or tap to enter a date. . Describe any subsequent actions or proposed by the organization to address the non-conformity. If these actions resulted in the subsequent acceptance of the response, not such here and describe:
AR no.	Major	Minor	Detail of nonconformity including the reference to the clause of the standard, if the nonconformity is considered major the affected device is indicated
SS06-2023	☐	☒	Requirement: ISO 13485:2016 clause 5.4.1 Quality objectives Top management shall ensure that quality objectives, including those needed to meet applicable regulatory requirements and requirements for product, are established at relevant functions and levels within the organization. The quality objectives shall be measurable and consistent with the quality policy. Nonconformance: The quality objectives were not adequately assessed and reported during management review. Objective Evidence: The list of quality objectives on FORM-QA-48 was not assessed to determine the actual performance against the goal established. For example, the internal audit compliance goal was set at 90% but no details for the actual achievement of the goal. Reason Why The Non-Conformity Is Not Classified As A Major: Goals are being reviewed during the "pass down process" for the surfacing, coating and finishing on a daily basis. Document Review-Offsite

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DQS Inc.
Medical Non-Conforming Report

		1/21/2024 Date Response Is Due To Lead Assessor (to be completed by Lead Auditor) 1/11/2024 Date organization provided corrective action responses to DQS(to be completed by organization) Click or tap to enter a date. Date of 1st Rejection (if necessary) (to be completed by Lead Auditor) Click or tap to enter a date. Date of 2nd Rejection (if necessary) (to be completed by Lead Auditor) Click or tap to enter a date. Date of 3rd Rejection (if necessary); Please escalate to program management (to be completed by Lead Auditor) 1/11/2024 Date DQS accepted corrective action responses (to be completed by Lead Auditor) The following fields are to be completed by the organization and submitted to the Lead Auditor for evaluation: <u>Containment Action:</u> Open CAPA CA-0624 to address this nonconformance. Review the Quality objectives with the lab management to ensure that we have the key KPIs covered <u>Root Cause Analysis:</u> By the daily and weekly reviews of our quality objectives we knew if we were above or below our goals but it was not specified in the Management Review meeting. <u>Actions taken to remove root cause.</u> (If an action plan is proposed, describe steps and timeline for completion.) Include a score card with the Quality Objectives in our management review meeting to clearly identify how we are doing against goals Perform a management review in the first quarter of 2024 to review the quality objectives. Plant to complete actions by 04/15/2024 <u>Evidence of effective implementation</u> (describe actions taken or planned to verify effectiveness of action taken-reference attachments for any evidence submitted):
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DQS Inc.
Medical Non-Conforming Report

		Minute of the management review meeting to be held in the first quarter of 2024 with the quality objectives clearly identified with goals and achievements. For use by DQS Lead Assessor: Evidence of effective implementation (describe actions taken or planned to verify effectiveness of actions taken): SS06-2023, 1/11/24 PS. Review internal CAPA CA-0624 to address nonconformance related to objectives and goals in management review. Review management review meetings to verify objectives and goals are identified with achievements to the goals. Actions are identified when objectives and goals are not reached. Verify effective closure of internal CAPA CA-0624. ☐ Action taken and effective. No further follow-up required. ☒ Action implemented or action plan and containment action acceptable. To verify on next continuous assessment. ☐ Special Assessment Required. Action implemented or action plan and containment action acceptable. ☐ Action is unacceptable. Organization notified on Click or tap to enter a date. by Click or tap to enter a date.. Describe any subsequent actions or proposed by the organization to address the non-conformity. If these actions resulted in the subsequent acceptance of the response, not such here and describe:
SS07-2023	☐	☒ Requirement: ISO 13485:2016 clause 8.2.4 Internal Audit Process The selection of auditors and conduct of audits shall ensure objectivity and impartiality of the audit process. Auditors shall not audit their own work. Nonconformance: The internal audit process is not adequately controlled. Objective Evidence: The internal audits conducted during the year were not objective and impartial as quality cannot audit their own work. In audits performed for quality document review, was performed by auditors of the quality department.

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DQS Inc.
Medical Non-Conforming Report

		Reason Why The Non-Conformity Is Not Classified As A Major: Audits conducted in other areas were independent of the process. Document Review-Offsite 1/21/2024 Date Response Is Due To Lead Assessor (to be completed by Lead Auditor) 1/11/2024 Date organization provided corrective action responses to DQS(to be completed by organization) Click or tap to enter a date. Date of 1st Rejection (if necessary) (to be completed by Lead Auditor) Click or tap to enter a date. Date of 2nd Rejection (if necessary) (to be completed by Lead Auditor) Click or tap to enter a date. Date of 3rd Rejection (if necessary); Please escalate to program management (to be completed by Lead Auditor) 1/11/2024 Date DQS accepted corrective action responses (to be completed by Lead Auditor) The following fields are to be completed by the organization and submitted to the Lead Auditor for evaluation: <u>Containment Action:</u> Create internal CAPA number CA-0724 to address this nonconformance. Select one candidate from a non-quality department to be trained as lead auditor <u>Root Cause Analysis:</u> We considered that we only needed one lead auditor. It was never recommended by our corporate auditors to have a second lead auditor. <u>Actions taken to remove root cause.</u> (If an action plan is proposed, describe steps and timeline for completion.) Train a second person as lead auditor Audit the processes of the quality department by the second lead auditor <u>Evidence of effective implementation</u> (describe actions taken or planned to verify effectiveness of action taken-reference attachments for any evidence submitted): Training certificate of second lead auditor
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DQS Inc.
Medical Non-Conforming Report

		Internal audit reports by second lead auditor for the processes of the quality department. Ensure all audits are completed by independent person of areas audited. Plant to complete actions by 06/15/2024 For use by DQS Lead Assessor: Evidence of effective implementation (describe actions taken or planned to verify effectiveness of actions taken): SS07-2023, 1/11/23 PS. Review internal CAPA number CA-0724 to address independent auditors. Review internal audits to ensure auditors are independent of the areas audited. Verify effective closure of internal CAPA number CA-0724. ☐ Action taken and effective. No further follow-up required. ☒ Action implemented or action plan and containment action acceptable. To verify on next continuous assessment. ☐ Special Assessment Required. Action implemented or action plan and containment action acceptable. ☐ Action is unacceptable. Organization notified on Click or tap to enter a date. by Click or tap to enter a date.. Describe any subsequent actions or proposed by the organization to address the non-conformity. If these actions resulted in the subsequent acceptance of the response, not such here and describe:
SS08-2023	☐	☒ Requirement: ISO 13485:2016 clause 8.5.4 Corrective Action. The organization shall take action to eliminate the cause of nonconformities in order to prevent recurrence and (f) Review the effectiveness of corrective action taken. Nonconformance: The corrective action process is not followed per SOP PR-QA-06 Corrective Action Process. Objective Evidence: CAPAs reviewed did not include the details as outlined in the SOP. For example CA-0923, after the investigation, the root cause was not always

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DQS Inc.
Medical Non-Conforming Report

		stated in the CAPA and the action taken did not always match the root cause. Reason Why The Non-Conformity Is Not Classified As A Major: This nonconformity didn't impact the overall QMS of the organization. In addition, the organization has an overall good process in place. Document Review-Offsite 1/21/2024 Date Response Is Due To Lead Assessor (to be completed by Lead Auditor) 1/11/2024 Date organization provided corrective action responses to DQS(to be completed by organization) Click or tap to enter a date. Date of 1st Rejection (if necessary) (to be completed by Lead Auditor) Click or tap to enter a date. Date of 2nd Rejection (if necessary) (to be completed by Lead Auditor) Click or tap to enter a date. Date of 3rd Rejection (if necessary); Please escalate to program management (to be completed by Lead Auditor) 1/11/2024 Date DQS accepted corrective action responses (to be completed by Lead Auditor) The following fields are to be completed by the organization and submitted to the Lead Auditor for evaluation: <u>Containment Action:</u> Create internal CAPA number CA-0824 to address this nonconformity. Develop brainstorm session to find ideas to improve the CAPA form. <u>Root Cause Analysis:</u> CAPA owners don't have proper training in how to deploy a CAPA. <u>Actions taken to remove root cause.</u> (If an action plan is proposed, describe steps and timeline for completion.) Train CAPA owners and potential owners in CAPA training. Revise CAPA form to make it more user friendly. <u>Evidence of effective implementation</u> (describe actions taken or planned to verify effectiveness of action taken-reference attachments for any evidence submitted):
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DQS Inc.
Medical Non-Conforming Report

			Evidence of training in CAPA deployment to CAPA owners and potential CAPA owners Revised CAPA form FORM-QA-26 Examples of CAPAs using the new form with proper root cause analysis and actions addressing the identified root cause Plant to complete actions by 04/30/2024 For use by DQS Lead Assessor: Evidence of effective implementation (describe actions taken or planned to verify effectiveness of actions taken): SS08-2023, 1/11/24 PS. Review internal CAPA number CA-0824 to address incomplete CAPA. Review training of CAPA owners. Review updated CAPA form FORM-QA-26. Review examples of CAPA for completeness. Review effective closure of internal CAPA number CA-0824. ☐ Action taken and effective. No further follow-up required. ☒ Action implemented or action plan and containment action acceptable. To verify on next continuous assessment. ☐ Special Assessment Required. Action implemented or action plan and containment action acceptable. ☐ Action is unacceptable. Organization notified on Click or tap to enter a date. by Click or tap to enter a date.. Describe any subsequent actions or proposed by the organization to address the non-conformity. If these actions resulted in the subsequent acceptance of the response, not such here and describe:
SS09-2023	☐	☒	Requirement: ISO 13485:2016 clause 6.2 Human resources The organization shall: e) maintain appropriate records of education, training, skills and experience Nonconformance: Not in all cases are training records available. Objective Evidence:

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DQS Inc.
Medical Non-Conforming Report

		Training for procedure PR-TRN-01 version 6 was not available for indirect personnel. Reason Why The Non-Conformity Is Not Classified As A Major: Several training records audited were compliant for other training requirements. Direct personnel training records were complete. Document versions change notifications are being sent to indirect personnel. Document Review-Offsite 1/21/2024 Date Response Is Due To Lead Assessor (to be completed by Lead Auditor) 1/11/2024 Date organization provided corrective action responses to DQS(to be completed by organization) Click or tap to enter a date. Date of 1st Rejection (if necessary) (to be completed by Lead Auditor) Click or tap to enter a date. Date of 2nd Rejection (if necessary) (to be completed by Lead Auditor) Click or tap to enter a date. Date of 3rd Rejection (if necessary); Please escalate to program management (to be completed by Lead Auditor) 1/11/2024 Date DQS accepted corrective action responses (to be completed by Lead Auditor) The following fields are to be completed by the organization and submitted to the Lead Auditor for evaluation: <u>Containment Action:</u> Create internal CAPA number CA-0924 to address this nonconformity. Review which training records are missing for indirect positions. <u>Root Cause Analysis:</u> We were sending emails notifying changes and directing indirect people to read the revised documents but we were not collecting signatures. <u>Actions taken to remove root cause.</u> (If an action plan is proposed, describe steps and timeline for completion.) Add the names of the missing indirect positions to the Training Documentation Form, FORM-TRN-04. Add the titles of all indirect positions to the form FORM-TRN-04
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DQS Inc.
Medical Non-Conforming Report

		Collect signatures of all indirect positions when trained to documents relevant for their department and/or position. Plant to complete actions by 03/30/2024 <u>Evidence of effective implementation</u> (describe actions taken or planned to verify effectiveness of action taken-reference attachments for any evidence submitted): Revised Training Documentation Form with names and titles of indirect positions. Training Documentation forms with signatures of indirect persons trained to documents relevant to their department and/or position. For use by DQS Lead Assessor: Evidence of effective implementation (describe actions taken or planned to verify effectiveness of actions taken): SS09-2023, 1/11/24 PS. Review internal CAPA number CA-0924 to address training requirements of indirect personnel. Review training records of indirect personnel for documents related to their position. Review effective closure of internal CAPA number CA-0924. ☐ Action taken and effective. No further follow-up required. ☒ Action implemented or action plan and containment action acceptable. To verify on next continuous assessment. ☐ Special Assessment Required. Action implemented or action plan and containment action acceptable. ☐ Action is unacceptable. Organization notified on Click or tap to enter a date. by Click or tap to enter a date.. Describe any subsequent actions or proposed by the organization to address the non-conformity. If these actions resulted in the subsequent acceptance of the response, not such here and describe:
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4W

NEVADA STATE BOARD OF PHARMACY

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

Wholesaler Application

Non-Refundable \$1,000 Fee

Rev (08/17/2022)

Where is the facility located?		☐ Nevada ☒ Out-of-State
Type of Application (check applicable box)		Wholesaler Business Type (check applicable box)
☐ New Wholesaler ☒ Ownership Change* ☐ Name Change* ☐ Location Change* (in-state only)	* If making a change, provide current license number: WH <u>03367</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>Evergreen Theragnostics, Inc.</u>		
Physical Address: <u>27 Commerce Street</u>		
City: <u>Springfield</u>	State: <u>NJ</u>	Zip: <u>07081</u>
Mailing Address (if different from physical address): <u>Same as physical address.</u>		
City: <u>Springfield</u>	State: <u>NJ</u>	Zip: <u>07081</u>
Telephone: <u>(833) 846-2366</u> Website: <u>www.evergreentgn.com</u>		
Name of Designated Representative (DR): <u>Kyle W. Hoffmann</u>		
Licensing Company Email: <u>licensing@evergreentgn.com</u> DR Email: <u>kyle.hoffmann@evergreentgn.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. See Attachment I.

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

Date of Event/Arrest 2009	Disposition Date	State MT	City	County
Case #	Governing, licensing, Arresting Presiding Body/Agency/Court Montana Board of Pharmacy			
Reason/Charge Distribution without a valid license.				
Plaintiff/Defendant/Claimant/Respondent Lantheus Medical Imaging, Inc.			Lawsuit/Arbitration/Bankruptcy Stipulation and Final Order	
Name of Business/Industry/Entity Lantheus Medical Imaging, Inc.				

Provide explanation below:

Please note that no disciplinary action has been taken against Evergreen Theragnostics, Inc. The Montana Board of Pharmacy (Board) filed a complaint against Lantheus Medical Imaging, Inc. (Lantheus) in 2009, alleging that Lantheus distributed in the State without a valid license. On January 15, 2010, Lantheus entered into a Stipulation and Final Order with the Board. As a result, Lantheus submitted a check in the amount of \$2,000.00 to pay for the administrative fine. Lantheus currently holds a license in good standing in the State of Montana. Enclosed please find a copy of the Stipulation and Final Order from the Montana Board.

Original Signature (electronic, copies or stamps not accepted)

Date

Attachment I

Regarding the Disciplinary Action

Please note that no disciplinary action has been taken against Evergreen Theragnostics, Inc. As previously reported to your office, the Montana Board of Pharmacy (Board) filed a complaint against Lantheus Medical Imaging, Inc. (Lantheus) in 2009, alleging that Lantheus distributed in the State without a valid license. On January 15, 2010, Lantheus entered in a Stipulation and Final Order with the Board. As a result, Lantheus submitted a check in the amount of \$2,000.00 to pay for the administrative fine. Lantheus currently holds a license in good standing in the State of Montana. Enclosed please find a copy of the Stipulation and Final Order from the Montana Board.

Explanation for the open response in Section 5:

Lantheus' license with the Montana Board of Pharmacy (MTBOP) remains in good standing. However, Lantheus has received a Notice of Proposed Board Action and Opportunity for Hearing from the MTBOP. The MTBOP's records indicate that Lantheus did not submit its 2009 Renewal Application in a timely fashion and, as a result, there was an alleged gap in Lantheus' license to practice as a Wholesale Distributor in Montana in 2009. Lantheus believed that the renewal materials were submitted on September 18, 2008 and, to our knowledge, received nothing from the Montana Board to indicate that a problem with the Montana license existed, or that the Board did not receive the renewal registration, until Lantheus initiated contact with the Board to check on the status of its renewal application. Lantheus is working with the Montana Board of Pharmacy to resolve this matter. In the meantime, Lantheus has resubmitted its renewal application and successfully renewed its license for 2009.

BEFORE THE BOARD OF PHARMACY
DEPARTMENT OF LABOR AND INDUSTRY
STATE OF MONTANA

IN THE MATTER OF THE PROPOSED
DISCIPLINARY TREATMENT OF THE
LICENSE OF LANTHEUS MEDICAL IMAGING
Wholesale Drug Distributor
License No. 1193

} Docket No. CC-10-0019-PHA
} Complaint No. PHA-2009-0085
} STIPULATION
}

The Professional and Occupational Licensing Division of the Department of Labor and Industry of the State of Montana (Department), by and through its legal counsel, Anjeanette C. Lindle, and Lantheus Medical Imaging (Licensee), by and through James V. Diment, Associate Director of Distribution Logistics, hereby stipulate and agree as follows:

1. Licensee is a licensed Wholesale Drug Distributor, licensed in the state of Montana, license No. 1193.

2. The Montana Board of Pharmacy has a statutory obligation to protect the public health, safety and welfare under Mont. Code Ann. §37-7-102 et seq.

3. Licensee admits the jurisdiction of the Board of Pharmacy over the subject matter of the above-entitled proceeding. Licensee desires to avoid unnecessary expenditure of time and other valuable resources in resolving the issues in this action. Therefore, Licensee specifically and affirmatively waives a contested case hearing in the above-entitled matter and all rights to appeal under the Montana Administrative Procedure Act, and elects to resolve this matter on the terms and conditions set forth herein.

4. Licensee acknowledges that Licensee has read and understands the terms of this Stipulation and the Notice of Proposed Board Action issued in this matter. Licensee acknowledges that Licensee enters into this Stipulation voluntarily, and without reservation. Licensee acknowledges that no promise, other than those contained herein, and no threat has been made by the Department or by any of its members, officers, agents or representatives, to induce Licensee to enter into this Stipulation.

Stipulation and Final Order

5. Based upon the complaint, the Department contends as set forth in the Fact Assertions listed in the Notice of Proposed Board Action and Opportunity for Hearing herein issued in this matter. Although Licensee neither admits nor denies the Board's findings, the Licensee does admit that there is a legal and adequate basis for the Department to have filed the Notice of Proposed Board Action and Opportunity for Hearing. The Licensee further contends that the fact that they practiced under the belief that the renewal materials were submitted on September 18, 2008 to the board based on their internal tracking documents, but for the failure of one employee handling this matter to follow internal standard operating procedures is sufficient justification for a lighter sanction.

6. The Department and the Licensee agree that this Stipulation shall be a final compromise and settlement of grounds for license discipline as a result of Licensee's conduct. In the event that the Board, in its discretion, does not approve this settlement or a lesser remedy than indicated in this settlement, this Stipulation is withdrawn and shall be of no evidentiary value and shall not be relied upon or introduced by either party. Licensee agrees that if the Board rejects this stipulation and this case proceeds to hearing, Licensee will assert no claim that the Board was prejudiced by its review and discussion of this stipulation or of any records relating thereto.

7. The Department and the Licensee agree that this Stipulation shall be incorporated and made a part of the final order issued by the Montana Board of Pharmacy herein.

8. The Department and the Licensee agree that this Stipulation and the attached Final Order are public documents. Licensee understands that this disciplinary action will be reported to data banks as required by federal law, including the Healthcare Integrity and Protection Data Bank (HIPDB) and the National Practitioners Data Bank (NPDB).

9. The following conditions shall apply to the continued licensure of Licensee in the state of Montana:

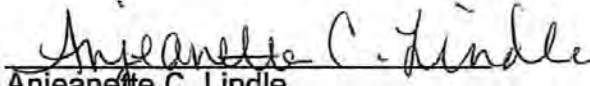
Stipulation and Final Order

A. Licensee shall pay an administrative fine in the amount of two thousand dollars (\$2000.00). Licensee shall pay by certified check or money order, made payable to the Montana Board of Pharmacy, P. O. Box 200513, Helena, Montana, 59620-0513, within 30 days of the Final Order.

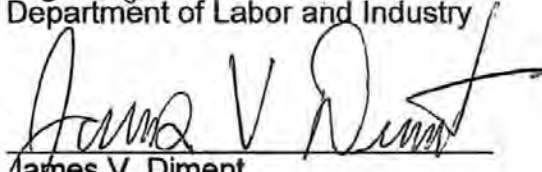
B. Within ten (10) days of the date of the Final Order in this case, the Person-in-Charge, or designated representative, must submit a Montana Board of Pharmacy Pharmacist/Person in Charge Change Form for the Licensee's licensure file. The form is available on the Montana Board of Pharmacy website and from the Board of Pharmacy office.

10. In the event the Board of Pharmacy, in its discretion, does not approve this settlement, this Stipulation shall be withdrawn and shall be of no evidentiary value and shall not be relied upon nor introduced in any disciplinary action by either party hereto. Licensee agrees that should the Board reject this Stipulation, and if this case proceeds to a contested case hearing, Licensee will assert no claim that the Board of Pharmacy was prejudiced by its review and discussion of this Stipulation or of any records relating hereto.

**THIS AGREEMENT IS SUBJECT TO FINAL APPROVAL BY THE
MONTANA BOARD OF PHARMACY**


Anjeanette C. Lindle
Legal Counsel
Department of Labor and Industry

12/13/09
DATE


James V. Diment
Associate Director
Distribution Logistics
Lantheus Medical Imaging

12-10-09
DATE

BEFORE THE BOARD OF PHARMACY
DEPARTMENT OF LABOR AND INDUSTRY
STATE OF MONTANA

IN THE MATTER OF THE PROPOSED
DISCIPLINARY TREATMENT OF THE
LICENSE OF LANTHEUS MEDICAL IMAGING
License No. 1193

} Docket No. CC-10-0019-PHA
} Complaint No. PHA-2009-0085
} FINAL ORDER

Based upon the Stipulation entered into herein by the Department of Labor and Industry, Business Standards Division (Department) and Lantheus Medical Imaging (Licensee), and good cause appearing therefore,

IT IS HEREBY ORDERED that the parties' Stipulation is approved, adopted, and incorporated by reference with the same force and effect as if its terms were recited in this Final Order verbatim, and that the Licensee must comply with the terms and conditions thereof.

IT IS FURTHER ORDERED that Lantheus Medical Imaging is adjudged to have violated certain statutes and regulations under the jurisdiction of the Montana Board of Pharmacy warranting sanctions under Mont. Code Ann. §37-1-312.

As required by Mont. Code Ann. §37-1-312(2), the Board has first considered the sanctions that are necessary to protect and compensate the public and now enters the following order designed to rehabilitate the licensee.

DATE: 1-15-2010



Presiding Officer
Montana Board of Pharmacy
Adjudication Panel

1 **CERTIFICATE OF SERVICE**

2 I hereby certify that on this 20th day of January, 2010, I caused a true and
3 accurate copy of the foregoing FINAL ORDER together with a copy of the fully executed
4 Stipulation, to be served upon the Licensee by placing it in the U.S. mail, postage
5 prepaid, addressed as follows:

6 James V. Diment
7 Associate Director
8 Distribution Logistics
9 Lantheus Medical Imaging
331 Treble Cove Road
North Billerica, MA 01862

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13 Cristina Medina
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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>N/A</u>	City: _____	State: _____	Zip: _____
Address: _____	City: _____	State: _____	Zip: _____
Name: _____	City: _____	State: _____	Zip: _____
Address: _____	City: _____	State: _____	Zip: _____
Name: _____	City: _____	State: _____	Zip: _____
Address: _____	City: _____	State: _____	Zip: _____
Name: _____	City: _____	State: _____	Zip: _____
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: <u>Delaware</u>		
Parent Company (if any): <u>Lantheus Medical Imaging, Inc. - See Attachment A.</u>		
Corporation/Organization Name: <u>Evergreen Theragnostics, Inc.</u>		
Mailing Address: <u>27 Commerce Street</u>		
City: <u>Springfield</u>	State: <u>NJ</u>	Zip: <u>07081</u>
Telephone: <u>(833) 846-2366</u>	Email: <u>licensing@evergreentgn.com</u>	
Contact Person Name: <u>Kyle Hoffmann</u>		

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>See Attachment B.</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/ . <i>See Attachment C.</i>			

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. <i>See Attachment D.</i>	✓	✓		
• List the <u>top four</u> corporation shareholders and their percent ownership. <i>N/A</i>	✓			
• List of <u>all</u> corporation shareholders and their percent ownership. <i>See Attachment D.</i>		✓		
• List of <u>all</u> partners and their percent ownership. <i>N/A</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 12 months. <i>See Attachment E.</i>	✓	✓	✓	✓
• Designated Representative form must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/ . <i>See Attachment F.</i>		✓	✓	✓
• Personal History Record Application must be completed by each <i>N/A - wholly owned by parent company</i> 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 <i>N/A</i>	✓	✓	✓	✓
• Copy of current SEC 10K or 8K (First 15 pages only) <i>N/A</i>	✓			
• List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant. <i>See Attachment G.</i>	✓	✓	✓	✓
• 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) <i>See Attachment H.</i>	✓	✓	✓	✓
• *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/ . <i>N/A</i>	✓	✓	✓	✓
• 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). <i>N/A</i>	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)				
• Submit Fingerprints following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/Fingerprint%20Submission%20Instructions%20-%20Effective%2001.01.2024.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/ .		✓	✓	✓

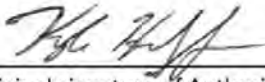
I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application 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.

Evergreen Theragnostics, Inc.

Facility Name

Kyle William Hoffmann

Print Name of Authorized Person Submitting Application



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

06/24/2025

Date

Board Use Only

Date Received: 7/18/25

Amount: \$1000-CC

Attachment A

Regarding the Change in Ownership

Effective April 15, 2025, Evergreen Theragnostics, Inc. (Evergreen) will undergo a change in ownership. Evergreen will no longer be a publicly-traded company but will at that time become a wholly-owned subsidiary of Lantheus Medical Imaging, Inc. Please note that there will be no change to the federal employment identification (FEIN) number. Enclosed please find legal documentation of the change as well as organizational charts demonstrating the structure before and after the change.

Drug Establishments Current Registration Site

[New Search](#)

Search Results for *Evergreen*

Showing 1 to 1 of 1 entries [Show](#) 1 entries

Firm Name	FDA Establishment Identifier	DUNS	Business Operations	Address	Registration Expiration Date
Evergreen Theragnostics, Inc.	3020627161	117439769	ANALYSIS; LABEL; PACK	27 Commerce Street, Springfield, New Jersey (NJ) 07081, United States (USA)	12/31/2025

[Previous](#) [1](#) [Next](#)

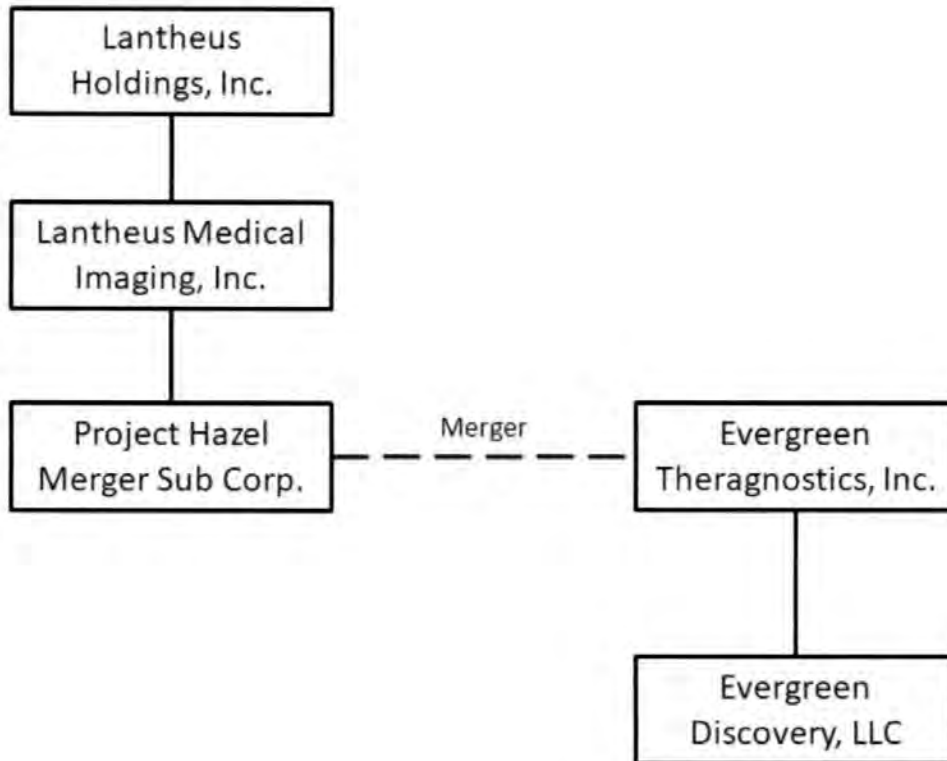
Data Current Through: Thursday, Apr 24, 2025

[New Search](#)

**SIMPLIFIED ORGANIZATION CHART
BEFORE THE TRANSACTION**



SIMPLIFIED ORGANIZATION CHART OF THE MERGER



**SIMPLIFIED ORGANIZATION CHART
AFTER CLOSING THE TRANSACTION**



Attachment D

Corporation Information

Evergreen Theragnostics, Inc.
27 Commerce Street
Springfield, NJ 07081

Evergreen Theragnostics, Inc. is a wholly-owned subsidiary of its parent company, Lantheus Medical Imaging, Inc.

Parent Company:

Lantheus Medical Imaging, Inc.
201 Burlington Road, Bedford, MA 01730
Ownership: 100%

Corporate Officers:

Brian Markison
President

Robert J. Marshall, Jr.
Treasurer

Daniel M. Niedzwiecki
Secretary

Attachment E

Delaware Certificate of Good Standing

Delaware

The First State

Page 1

I, CHARUNI PATIBANDA-SANCHEZ, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "EVERGREEN THERAGNOSTICS, 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-EIGHTH DAY OF JULY, A.D. 2025.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "EVERGREEN THERAGNOSTICS, INC." WAS INCORPORATED ON THE TENTH DAY OF JUNE, A.D. 2019.



7391501 8300

SR# 20253483423

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

A handwritten signature in cursive script, reading "C. P. Sanchez", is written over a horizontal line.

Charuni Patibanda-Sanchez, Secretary of State

Authentication: 204310258

Date: 07-28-25

0923

Attachment H

Resident State License

Enclosed please find a copy of the resident state New Jersey license. Please note that the resident state licensing agency, the New Jersey Department of Health, has confirmed that the license number will not change in connection with the change in ownership.



**NEW JERSEY DEPARTMENT OF HEALTH
CONSUMER AND ENVIRONMENTAL HEALTH SERVICE**

P.O. Box 369, Trenton, New Jersey 08625-0369

0752689

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:

27 COMMERCE ST SPRINGFIELD, NJ 07081-

Reg. No.
5005968

EVERGREEN THERAGNOSTICS, INC.
27 COMMERCE ST
SPRINGFIELD, NJ 07081-

**ISSUED PURSUANT TO
N.J.S.A. 24:6B**

EXPIRES: January 31, 2026

Establishment Copy

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206

Reno, NV 89521

(775) 850-1440

Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. TIC05908

Application/License No. _____

Evergreen Theragnostics, Inc., doing or intending to do business as a
Applicant/Principal
pharmaceutical wholesaler, whose address for purposes of service is
27 Commerce Street, Springfield, NJ 07801, as
Address of Applicant/Principal
PRINCIPAL, and Trisura Insurance Company, a
Surety Company
corporation organized under the laws of the state of Oklahoma
State of Incorporation
and authorized to transact a general surety business in the State of

Nevada, whose address for purposes of service is
2 Stamford Plaza, Suite 1504, Tresser Boulevard, Stamford, CT 06901 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 May 31, 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
31st day of May, 2022.

APPLICANT/PRINCIPAL

Evergreen Theragnostics, Inc.

James Cook
Authorized Representative

SURETY COMPANY

Trisura Insurance Company

Robyn Rost
Surety Company's Representative

Robyn Rost, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

[Signature]
Witness

[Signature]
Witness

SIGNED and SEALED in the presence of:

[Signature]
Witness Karla Luongo

Alexis Miranti
Witness Alexis Miranti

Countersigned by:

Nevada Resident Agent





2 Stamford Plaza
Suite 1504, 281 Tresser Boulevard
Stamford, Connecticut 06901
us.surety@trisura.com

POWER OF ATTORNEY

Bond # TIC05908

KNOW ALL MEN BY THESE PRESENTS: That **TRISURA INSURANCE COMPANY**, a corporation organized and existing under the laws of the State of Oklahoma, authorized to conduct a surety business, and having its principal place of business at 2 Stamford Plaza, Suite 1504, Tresser Boulevard, Stamford, Connecticut 06901, does hereby constitute and appoint:

Robyn Rost

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 **TRISURA 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 **TRISURA INSURANCE COMPANY** and is granted under and by authority of the following resolution adopted by the Board of Directors of **TRISURA INSURANCE COMPANY** at a meeting duly held on the 11th day of December, 2020.

"**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, **TRISURA INSURANCE COMPANY** have each executed and attested these presents

on this 25 day of February, 2021.

STATE OF Connecticut
County of Fairfield

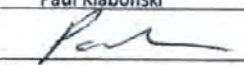

George James, Chief Underwriting Officer, Surety



On this 25 day of February, 2021, 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 **TRISURA 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 Fairfield, Connecticut the day and year first above written.

PAUL KLABONSKI
NOTARY PUBLIC
MY COMMISSION EXPIRES 8/31/2023

Paul Klabonski seal

a Notary Public of Connecticut
My Commission Expires: 8/31/2023

CERTIFICATION

I, the undersigned officer of **TRISURA 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, May 31, 2022


Richard Grant, Vice President, U.S. Surety

TO CONFIRM AUTHENTICITY OF THIS BOND OR DOCUMENT EMAIL: us.surety@trisura.com

TRISURA INSURANCE COMPANY
STATUTORY-BASIS STATEMENTS OF ADMITTED ASSETS, LIABILITIES, AND CAPITAL AND SURPLUS
AS AT DECEMBER 31, 2021

Admitted Assets

	<u>2021</u>
Bonds, at amortized cost	17,867,150
Preferred stock, at fair value	1,661,181
Common Stocks, at fair value	132,894,416
Cash, cash equivalents and short-term investments	16,247,969
Total cash and invested assets	<u>168,670,716</u>
Premiums receivable, agents' balance and other receivables	15,591,245
Investment income due and accrued	77,684
Net deferred tax asset	222,029
Total admitted assets	<u>\$ 184,561,674</u>

Liabilities

Net losses and loss adjustment expenses	989,778
Net unearned premiums	1,414,885
Commissions payable, contingent commissions and other charges	317,243
Ceded reinsurance premiums payable	16,346,574
Other expenses (excluding taxes, licenses and fees)	327,018
Taxes, licenses and fees (excluding federal and foreign income taxes)	1,527,682
Current federal and foreign incomes taxes	227,990
Funds held by company under reinsurance treaty	3,607,621
Provision for reinsurance	303,000
Other liabilities	575,862
Total liabilities	<u>\$ 25,637,653</u>

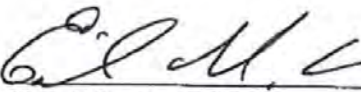
Capital and surplus

Common stock, \$140 par value, 30,000 shares authorized and issued	4,200,000
Paid-in surplus	156,868,326
Unassigned funds (surplus)	(2,144,305)
Total capital and surplus	<u>158,924,021</u>
Total liabilities & capital and surplus	<u>\$ 184,561,674</u>

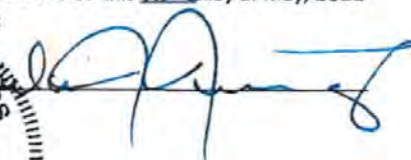
I, Eileen M Sweeney, hereby certify that I am the Executive Vice President and Chief Financial Officer of Trisura Insurance Company, a corporation duly authorized under the laws of the state of Oklahoma, licensed and engaged in the State of Oklahoma, and duly qualified to act as Surety under such laws. I further certify that I am authorized to make this certification on its behalf, and that the foregoing is a fair statement of Admitted Assets, Liabilities, and Capital and Surplus, as at December 31, 2021, as reflected by its books and records and as reported in its statement on file with the Insurance Department of the State of Oklahoma.

Signed and sealed this 12 day of May, 2022

Attest:


Eileen M Sweeney, EVP & CFO





Attachment F

Designated Representative Form

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 Evergreen Theragnostics, Inc.
Pharmacy/Wholesaler License # (if applicable) WH03367
Physical Address 27 Commerce Street
City Springfield State NJ Zip 07081
Mailing Address (if different from physical address) Same as physical address.
City _____ State _____ Zip _____
Telephone (833) 846-2366 Website www.evergreentgn.com
Licensing Company Email licensing@evergreentgn.com

Section 2: Personal Information

First Kyle Middle William Last Hoffmann
Alias(es, nicknames, name changes, etc.) N/A
Date of Birth [REDACTED] SSN or ITIN [REDACTED] Sex ☒ M ☐ F ☐ X
Mailing Address 27 Commerce Street
City Springfield State NJ Zip 07081
Telephone [REDACTED] Email kyle.hoffmann@evergreentgn.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.)		☒

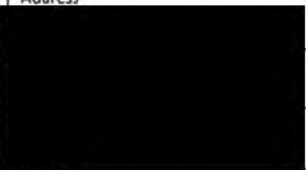
Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)

	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 Oregon State University		From - To (MM/YY - MM/YY) 09/22 - 06/25	
Address 700 SW 26th St.	City Corvallis	State OR	Zip 97331
Diploma/Degree obtained, if any Masters in Health Physics, Radiation Health Physics			
School Name Massachusetts College of Pharmacy and Health Sciences		From - To (MM/YY - MM/YY) 09/11 - 05/17	
Address 179 Longwood Ave.	City Boston	State MA	Zip 02115
Diploma/Degree obtained, if any Doctor of Pharmacy (PharmD)			
School Name Wantagh High School		From - To (MM/YY - MM/YY) 09/06 - 06/11	
Address 3297 Beltagh Ave.	City Wantagh	State NY	Zip 11793
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) 06/22 - Present	Address 	City Middlesex	State NJ	Zip 
From - To (MM/YY - MM/YY) 08/18 - 06/22		City Hartsdale	State NY	
From - To (MM/YY - MM/YY) 09/99 - 08/18		City Wantagh	State NY	
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	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 Evergreen Theragnostics, Inc.		From - To (MM/YY - MM/YY) 01/21 - Current	
Business Address 27 Commerce Street	City Springfield	State NJ	Zip 07081
Phone (973) 600-5204	Title VP, Technical Operations & Radiation Safety Officer	Number of Employed Hours 9,000	
Description of Duties Oversee all facility operations, including manufacturing of prescription drugs.			
Business Name SOFIE		From - To (MM/YY - MM/YY) 02/20 - 12/20	
Business Address 60H Commerce Way	City Totowa	State NJ	Zip 07512
Phone (703) 787-7900	Title Facility Manager / Nuclear Pharmacist I	Number of Employed Hours 1,600	
Description of Duties Oversee dispensing, distribution, and record keeping related to prescription drugs manufactured in a nuclear pharmacy.			
Business Name CVS Health		From - To (MM/YY - MM/YY) 08/17 - 01/20	
Business Address 10 S. Bedford Rd.	City Mt. Kisco	State NY	Zip 10549
Phone (914) 242-3651	Title Pharmacist-in-Charge	Number of Employed Hours 4,000	
Description of Duties Manage all activities for a retail 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			
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: 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?		✓

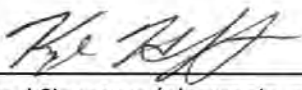
Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement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

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

N/A

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

Provide explanation below:



Original Signature (electronic, copies or stamps not accepted)

06/24/2025

Date

I, Kyle W. Hoffmann, certify that as the designated representative for
Evergreen Theragnostics, Inc.

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

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

Kyle, Hoffmann
Print Name (First, Last)


Original Signature (electronic, copies or stamps not accepted)

06/24/2025
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.

Kyle Hoffmann

Print Name (First, Last)

[Signature]

Original Signature (electronic, copies or stamps not accepted)

30 JUN 2025

Date

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

State of New Jersey, ss. County of Essex

I, Kyle W. Hoffmann, 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

30 JUN 2025

Date

Subscribed and Sworn to before me this 30th day of June.

[Signature]

Notary Public Signature



(Seal)

Designated Representative Application (Applicant's Initials KH) 9 of 9

Employee Name	Hire Date	Job Title
BOSCO, ELLIOTT ANDREW	12/02/2024	PROJECT MANAGER
GOSWAMI, NUPUR	09/09/2024	PROJECT MANAGER
KWONG, ALTON ARLEN	04/18/2022	DIRECTOR, CDMO BUSINESS DEVELOPMENT
SIAN, JASKEERAT KAUR	12/11/2023	MANAGER, PROJECT MANAGEMENT
SONI, RINKU	10/08/2024	PROJECT MANAGER
KUTER, NORBERT	10/04/2021	SENIOR ACCOUNTANT
LIN, ZHENHUA	01/17/2022	SENIOR IT SPECIALIST
ANTUONO, GINA LISETTE	09/05/2023	ASSOCIATE SCIENTIST
AYLWARD, CAMERON	02/20/2023	MANUFACTURING MANAGER
DAMIAO, ARTHUR	12/13/2021	FACILITIES MANAGER
FONG, BRITTANY SARA	03/31/2025	ASSOCIATE SCIENTIST
RYAN, CONOR WOLF	04/29/2024	MANUFACTURING SUPERVISOR
SCHUSTER, JOHN JOSEPH	10/14/2024	MASTER SCHEDULER
SMOLENSKY, MATTHEW JOSEPH	09/16/2024	VALIDATION ENGINEER
WESOLOWSKI, THOMAS	05/06/2024	MANUFACTURING SUPERVISOR
ABDALLATIF, JANICE IRENE	04/07/2025	QC CHEMIST
ALFARO, KEVIN	08/07/2023	QA MANAGER
BAHRAMI, MEYSAM	02/05/2024	QC SUPERVISOR
BANERJEE, ANAMIKA	03/31/2025	QC CHEMIST
BENHARUSH, ROTEM	10/19/2022	QC MANAGER
BOJIC, VLADIMIR	08/19/2024	QA SPECIALIST
BURKE, ELIZABETH BONNIE	03/10/2025	QA SHOP FLOOR SPECIALIST
CAMPI, STEPHANIE ANN BALLETTA	07/10/2023	MANAGER, MICROBIOLOGY
CELA, BILALL	10/28/2024	QA PROJECT MANAGER
CHAVA, SUJITH	10/21/2024	QA SPECIALIST, BATCH RECORD REVIEWER
COAKLEY, MARTIN JOHN	03/20/2023	QC PRINCIPAL ANALYTICAL SCIENTIST
COHEN, MAXWELL ELLIS	09/23/2024	QA SHOP FLOOR SPECIALIST
DAL CORTIVO, JASON ZACHARY	09/18/2024	QA SPECIALIST
FIELDS, NANCY ANN	02/24/2025	DIRECTOR, QUALITY CONTROL
GALLAWAY, WILLIAM	02/26/2024	QC SUPERVISOR
GORDEYEV, KIRILL	03/31/2025	QC CHEMIST
HARTOUNIAN, HOVANESS HOVIG JOHN	07/15/2024	QA SPECIALIST
HERNANDEZ, RENE	09/10/2024	MICROBIOLOGY ASSOCIATE
KADIYALA, HARSHITHA	11/04/2024	BATCH RECORD REVIEWER
KANG, DUK WON	03/17/2025	VP, QUALITY ASSURANCE
KISER, GRACE M.	09/09/2024	QA SPECIALIST, BATCH RECORD REVIEWER
KOSTYACK, MARK DYLAN	09/11/2023	QA PROCESS ENGINEER
KURASINSKA, KATARZYNA MARIA	03/31/2025	QA SPECIALIST, BATCH RECORD REVIEWER
LARIONOFF, PETER ANDREW	01/13/2025	PROJECT MANAGER, QUALITY ASSURANCE
PASQUALINI, EMILY CLAIRE	04/07/2025	QA SHOP FLOOR SPECIALIST
PATEL, VIPUL	11/18/2024	MICROBIOLOGY ASSOCIATE
PATEL, YESHA	09/30/2024	QC SUPERVISOR
PATRICK, MICHAEL	01/30/2023	DIRECTOR OF QUALITY ASSURANCE
SEIDEN RODRIGUEZ, MAXIMILLIAN	09/30/2024	QA SUPERVISOR
THAMMERA, KARTHIK	10/28/2024	QA SPECIALIST
THEKKAN, LISA	09/23/2024	QC CHEMIST
WIESMETH, ABIGAIL	06/24/2024	QA BATCH REVIEW SUPERVISOR
PATEL, RUCHEET SANJAYKUMAR	03/31/2025	DIRECTOR OF SUPPLY CHAIN
SINGH, PURSOTHAM	12/02/2024	MANAGER, LOGISTICS AND CUSTOMER SERVICE
ADAMS-ATTAH, YUNUS	11/04/2024	INTERIM MANUFACTURING SUPERVISOR
ALHADDAD, MAHMOUD	03/10/2025	PRODUCTION TECHNICIAN
AQUINO, PAOLA	01/16/2023	SR, SUPPLY CHAIN SPECIALIST
ASTOR, BRANDON MAX	08/05/2024	SENIOR QC TECHNICIAN
BOONE, JORDAN Z.	03/03/2025	QC ANALYST II
CELA, ADIS	12/23/2024	QC ANALYST I
COONS, SOPHIA	11/25/2024	PRODUCTION TECHNICIAN
DOMENICO, JOHN P.	01/02/2024	QC ANALYST III
ERSKINE, DREW	01/16/2023	QC ANALYST III
ERUKANURE, OKEOGHENE	01/09/2023	SR, PRODUCTION TECHNICIAN

ESPINOSA, NIKKAELA	10/07/2024	QA DOCUMENT CONTROLLER
GUZMAN, CARLOS EDUARDO	10/07/2024	PRODUCTION TECHNICIAN
JIMENEZ, JOEL	02/12/2024	PRODUCTION TECHNICIAN
LANCASTER, RICKY JR LAMONT	12/23/2024	SUPPLY CHAIN SPECIALIST
LANGSTON, SE'VON	11/18/2024	PRODUCTION TECHNICIAN
LIGUS, JAKE PHILIP	08/14/2023	CUSTOMER SERVICE AND SUPPLY CHAIN SPECIALIST
MARSDEN, ROBERT C.	08/26/2024	QC ANALYST II
QADRI, SAMAD	09/25/2023	PRODUCTION TECHNICIAN
REDICAN, JOSEPH CONNOR	10/18/2021	SENIOR PRODUCTION TECHNICIAN
REMY, JENNIFER	06/17/2024	INVENTORY SPECIALIST
REYNOSO, DAYLIN L	04/07/2025	SR. PRODUCTION TECHNICIAN
SAENKO, MARIA	07/10/2023	QA DOCUMENT CONTROLLER
SMITH, TRISHAUN ROBERT	03/24/2025	SENIOR PRODUCTION TECHNICIAN
STANIEWSKI, CAROLINE	10/08/2024	SUPPLY CHAIN SPECIALIST
TORIELLO, JOSEPH	08/26/2024	QC ANALYST II
UCHENIK, ALEXANDRA R.	09/03/2024	SENIOR QC TECHNICIAN

4X

NEVADA STATE BOARD OF PHARMACY

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

Wholesaler Application

Non-Refundable \$1,000 Fee

Rev (08/17/2022)

Where is the facility located?		☐ Nevada ☒ Out-of-State
Type of Application (check applicable box)		Wholesaler Business Type (check applicable box)
☒ New Wholesaler ☐ 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>Granata Bio Corporation</u>		
Physical Address: <u>289 Saint George St., Suite 209</u>		
City: <u>Duxbury</u> State: <u>MA</u> Zip: <u>02332</u>		
Mailing Address (if different from physical address): <u>Same as above</u>		
City: _____ State: _____ Zip: _____		
Telephone: <u>617-620-2640</u> Website: <u>www.granata.bio</u>		
Name of Designated Representative (DR): <u>Stephen Medeiros</u>		
Licensing Company Email: <u>compliance.granatabio@gmail.com</u> DR Email: <u>steve.medeiros@granata.bio</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: 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

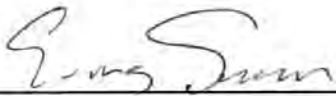
Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement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

2/5/25
Date

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

Name: N/A - not shipping yet
Address: _____ City: _____ State: _____ Zip: _____
Name: _____
Address: _____ City: _____ State: _____ Zip: _____
Name: _____
Address: _____ City: _____ State: _____ Zip: _____
Name: _____
Address: _____ City: _____ State: _____ Zip: _____

Section 4: Publicly Traded Corporation

State of Incorporation: N/A
Parent Company (if any): _____
Corporation Name: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
Telephone: _____ Email: _____
Contact Person Name: _____
Date of SEC Registration: _____ SEC Registration Number: _____ Stock Exchange Symbol: _____

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: DE
Parent Company (if any): N/A
Corporation/Organization Name: Granata Bio Corporation
Mailing Address: 289 Saint George St., Suite 209
City: Duxbury State: MA Zip: 02332
Telephone: 617-620-2640 Email: compliance.granatabio@gmail.com
Contact Person Name: Sierra Cristiano

Section 6: Partnership

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

Section 7: Sole Owner

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

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

Section 9: Provide 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)	✓	✓	✓	✓
• ^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.

Granata Bio Corporation

Facility Name

Evan Sussman

Print Name of Authorized Person Submitting Application



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

2/5/25

Date

Board Use Only

Date Received: 4/7/25

Amount: \$1000-ck 1408

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

Drugs@FDA: FDA-Approved Drugs

[Home \(index.cfm\)](#) | [Previous Page](#)

Abbreviated New Drug Application (ANDA): 072196

Company: GRANATA BIO CORP

 [EMAIL \(MAILTO:?SUBJECT=DRUGS@FDA: FDA APPROVED DRUG PRODUCTS&BODY=HTTP://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/DAF/INDEX.CFM?EVENT=OVERVIEW.PROCESS%26VARAPPLNO=072196\)](mailto:?SUBJECT=DRUGS@FDA: FDA APPROVED DRUG PRODUCTS&BODY=HTTP://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/DAF/INDEX.CFM?EVENT=OVERVIEW.PROCESS%26VARAPPLNO=072196)

Products on ANDA 072196



[CSV](#) [Excel](#) [Print](#)

Drug Name	Active Ingredients	Strength	Dosage Form/Route	Marketing Status	TE Code	RLD	RS
MILOPHONE	CLOMIPHENE CITRATE	50MG	TABLET;ORAL	Prescription	AB	No	No

Showing 1 to 1 of 1 entries

Approval Date(s) and History, Letters, Labels, Reviews for ANDA 072196



Therapeutic Equivalents for ANDA 072196



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10016 fx

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O
	NDC/NHR IC Labeler	Firm Name													
12	50384	Sterling Pharma Solutions Limited													
13	67008	Pharmrite North America Corp													
14	72680	CBH International LLC													
15	69194	Pine Pharmaceuticals													
16	41853	Guangzhou Panyu Qingyou Paper Product Factory													
17	86130	CLASSIC AGRIMED LLC													
18	74021	Bacardi Bottling Corporation													
19	84539	JOHNSON BIOPHARMACEUTICAL INC.													
10	83246	Genzyme Ireland Limited													
11	72820	Wacker Biotech GmbH													
12	85418	Beauty Journey Studio LLC													
13	57993	Sanford HealthCare Accessories, LLC													
14	74837	Renowned Chemical Solutions LLC													
15	55801	APPCO PHARMA LLC													
16	82980	Granata Bio, INC													
17	62129	Advanced Chemical Technology													
18	79538	ADVANCED AESTHETICS INC													
19	70278	Daewoong America Inc.													
20	84512	BEYOND HEALTHCARE, LLC													
21	72902	Estrella Brands, LLC													
22	79524	Xact Xpressions, Inc.													
23	70007	Espero Pharmaceuticals, Inc.													
24	78775	Dolphin Paper Roll Corp													

Handwritten signature and date: 10/21/25

Labeler - Granata Bio Corporation (117610734) NDC Labeler Code: 82980

Contact	Address	Telephone Number	Email Address
Evan Sussman	Address: 289 Saint George Street, Suite 209 City, State, Zip:Duxbury, MA, 02332 Country: USA	+617-620-2640	evan@granata.bio

Labeler Detail

Name	Address	ID/FEI	Business Operations
Granata Bio Corporation	Address: 289 Saint George Street, Suite 209 City, State, Zip:Duxbury, MA, 02332 Country: USA	117610734	distributes drug products under own private label(Distributes human prescription drug products)



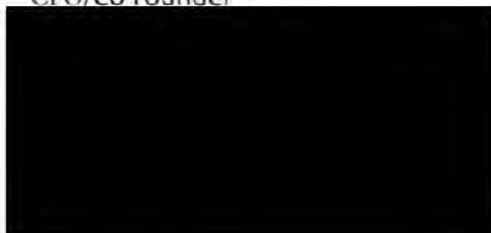
289 Saint George Street
Suite 209
Duxbury, MA 02332

List of Officers

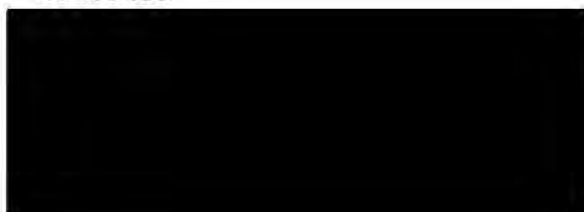
Evan Sussman
Chief Executive Officer, Co-founder



David Paller
CEO/Co-founder

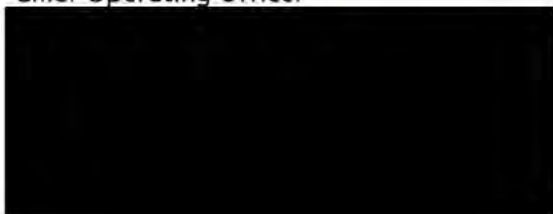


Marc Chung
Co-founder



Designated Representative

Stephen Joseph Medeiros
Chief Operating Officer



SHAREHOLDER NAME	Share	*Ownership*	Individual	DOB	ADDRESS
GV 2023, L.P.	18.32%	Yes	No		1489 Charleston Rd, Mountain View, CA 94043
Evan Sussman	18.05%	Yes	Yes	7/26/1979	2 Cooper Hill Road, Oxbury, MA 02332
Honeycomb Capital LLC	9.66%	Yes	No		822 Ourlane Cv, Houston, TX 77024
CooperSurgical, Inc.	9.16%	Yes	No		50-75 Corporate Dr, Trumbull, CT 06611
Sarah Faranda	6.93%	Yes	Yes	5/9/1986	64 Crest Road, Ridgewood, NJ
Geddon Richter Ireland Ltd.	5.85%	Yes	No		4045 Kingswood Rd, Citywest Business Campus, Dublin 24, Ireland
David Paller	5.80%	Yes	Yes	10/8/1977	4 Pierce Ct, Barrington, RI 02806
Marc Chung	5.80%	Yes	Yes	3/10/1972	149 E Rock Rd, New Haven, CT 06511
US Fertility Innovation Fund, LLC	3.16%	No			9600 Blackwell Rd., Suite 500, Rockville, MD 20850
Barclis Family Holdings, LLC	2.07%	No			64 Crest Road, Ridgewood, NJ
Alumni Ventures - Granata Bio Trust	1.76%	No			9655 S Dixie Hwy #210, Miami, FL 33156
Amboy Street Ventures Fund I, L.P.	1.53%	No			870 N. Commercial Street, Suite 403, Manchester, NH 03101
Granata Bio Nov 2023, a series of Vibe Bio F	1.31%	No			828 Powderhorn Ln, Unit C #12548, Jackson, WY 83002
Matthew Faranda	1.24%	No			68 Harrison Ave, #605 PMB 37509, Boston, MA 02111
Leslie Stein 2020 Irr Trust	1.07%	No			13204 Jasmine Hill Ter, Rockville, MD, 20850
Michael J. Levy 2020 Trust	1.07%	No			9601 Blackwell Rd., Rockville, MD 20850
Matthew Faranda	1.06%	No			7650 SW 134 St, Pinecrest, FL 33156
Brian C. Brito and Ana M. Brito	0.83%	No			6735 Salt Cedar Way, Building 1, Suite 300, Frisco, TX 75034
What If Ventures Granata Bio - What If SPV	0.56%	No			724 West Evergreen Ave, Chicago, IL 60610
Pamela Schuman	0.41%	No			381 E Mountain Rd, N Cold Spring, NY 10518
Zhong Yang Belinda Ker & Igor Rojkovskiy	0.33%	No			200 Harbour Close, Unit 514, New Haven, CT 06519
Abdallah Ward LLC	0.33%	No			3801 Northwestern St, Houston, TX 77005
D Global Ventures Fund 1 LP	0.31%	No			50 Verbalee Ln, Hillsborough, CA 94010
Segio Capital, LLC	0.31%	No			18975 Collins Ave 2400, Sunny Isles Beach, FL 33160
Gaingels Granata Bio LLC	0.27%	No			119 South Main Street, Seattle, Washington 98104
Kumar Budur	0.23%	No			4 Pond Brook Court, Brookfield, CT 06806
GR-0406 Fund 1, a series of MV Funds, LP	0.22%	No			3 Main St, Suite 214, Burlington, VT 05401
Vibe Biotechnology Inc.	0.22%	No			43 Tayside Track, Missouri City, TX 77459
Dr. Daniel B. Williams	0.20%	No			9512 London Bridge Station, Houston, TX 77045
Dr. Craig Witz	0.20%	No			5526 Grand Lake St, Bellaire, TX 77401
Dr. Thomas B. Pool	0.16%	No			219 Switch Oak, Shavano Park, TX, 78230
Frank Roschangar	0.17%	No			45 SE Ethan Terrace, Stuart, FL 34997
Raj Gorla	0.17%	No			1690 Dixwell Ave, Apt D-19, Hamden, CT 06514
Kumar Budur	0.17%	No			227 S. Fazio Court, Spring, TX 77388
Dr. Rasikh Tukamyshev	0.16%	No			241 Perkins St, Unit A601, Boston, MA 02130
Dr. Jason Griffith	0.16%	No			3438 34th Pl NW, Washington DC, 20016
Dr. Sahadat Kemi Nurudeen	0.16%	No			1321 E St NE, Washington DC, 20002
Frank Roschangar	0.10%	No			5526 Grand Lake St, Bellaire, TX 77401
Kumar Budur	0.10%	No			219 Switch Oak, Shavano Park, TX, 78230
Kevin Bittorf	0.09%	No			45 SE Ethan Terrace, Stuart, FL 34997
Taylor Stein	0.08%	No			1690 Dixwell Ave, Apt D-19, Hamden, CT 06514
Dr. Daniel B. Williams	0.06%	No			227 S. Fazio Court, Spring, TX 77388
Dr. Sahadat Kemi Nurudeen	0.06%	No			241 Perkins St, Unit A601, Boston, MA 02130
Jeffrey Issner	0.06%	No			1321 E St NE, Washington DC, 20002
Mana Ventures, LP - D1	0.05%	No			3438 34th Pl NW, Washington DC, 20016

Delaware

The First State

Page 1

I, CHARUNI PATIBANDA-SANCHEZ, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "GRANATA BIO CORPORATION" IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE SIXTEENTH DAY OF SEPTEMBER, A.D. 2025.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "GRANATA BIO CORPORATION" WAS INCORPORATED ON THE THIRTIETH DAY OF MAY, A.D. 2018.

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



6908205 8300

SR# 20253980717

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

C. P. Sanchez

Charuni Patibanda-Sanchez, Secretary of State

Authentication: 204759518

Date: 09-16-25

0952

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:

Granata Bio Corporation
289 SAINT GEORGE STREET, SUITE 209
DUXBURY, MA 02332



Robert Goldstein, MD, PhD
Commissioner - Department of Public Health

Registration Number: MA0001103

Type: Virtual Manufacturer

Issue Date: 08/05/2025

Expiration Date: 09/22/2026



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. 107407756

Application/License No. _____

Granata BiO Corporation, doing or intending to do business as a
Applicant/Principal

pharmaceutical wholesaler, whose address for purposes of service is

289 Saint George Street Suite 209, Duxbury, MA 02332, as
Address of Applicant/Principal

PRINCIPAL, and Travelers Casualty and Surety Company of America, a
Surety Company

corporation organized under the laws of the state of Connecticut
State of Incorporation

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

Nevada, whose address for purposes of service is

One Tower Square, Hartford, CT 06183 as
Address of Surety

SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of ONE HUNDRED THOUSAND DOLLARS (\$100,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on February 27, 2025.

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 5th day of March, 2025.

APPLICANT/PRINCIPAL

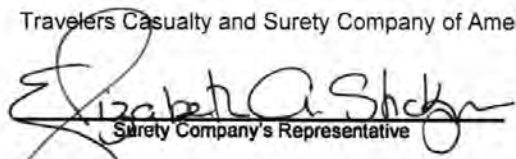
COMPANY

Granata Bio Corporation

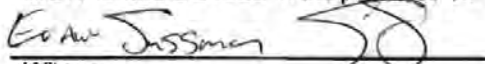

Authorized Representative

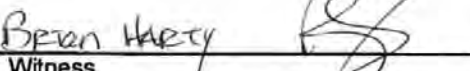
SURETY

Travelers Casualty and Surety Company of America

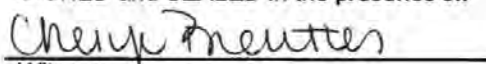

Surety Company's Representative
Elizabeth A. Stickman, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:


Witness


Witness

SIGNED and SEALED in the presence of:


Witness


Witness

Countersigned by:

Nevada Resident Agent

Posted February 20, 2020

0955



**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 **Elizabeth A. Stickman** of **Leesburg, Virginia**, 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, 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 **5th** day of **March, 2025**



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 Information

Name of Pharmacy/Wholesaler Granata Bio Corporation
Pharmacy/Wholesaler License # (if applicable) N/A
Physical Address 289 Saint George St., Suite 209
City Duxbury State MA Zip 02332
Mailing Address (if different from physical address) Same as above
City _____ State _____ Zip _____
Telephone 617-620-2640 Website www.granata.bio
Licensing Company Email compliance.granatabio@gmail.com

Section 2: Personal Information

First Stephen Middle Joseph Last Medeiros
Alias(es, nicknames, name changes, etc.) N/A
Date of Birth [REDACTED] SSN or ITIN [REDACTED] Sex ☒ M ☐ F ☐ X
Mailing Address [REDACTED]
City Marshfield State MA Zip [REDACTED]
Telephone [REDACTED] Email steve.medeiros@granata.bio
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 Boston University		From - To (MM/YY – MM/YY) 09/02-01/07	
Address 881 Commonwealth Ave.	City Boston	State MA	Zip 02215
Diploma/Degree obtained, if any Master of Science in Administrative Studies & Financial Economics			
School Name Bentley University		From - To (MM/YY – MM/YY) 09/95-05/00	
Address 175 Forest St.	City Waltham	State MA	Zip 02452
Diploma/Degree obtained, if any Bachelor of Science in Finance			
School Name Bridgewater-Raynham Regional High School		From - To (MM/YY – MM/YY) 09/92-05/95	
Address 415 Center St.	City Bridgewater	State MA	Zip 02324
Diploma/Degree obtained, if any Diploma			
School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

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

From - To (MM/YY – MM/YY) 2014-Present	Address [REDACTED]	City Marshfield	State MA	Zip [REDACTED]
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	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 Granata Bio Corporation		From - To (MM/YY – MM/YY) 4/2024 - present	
Business Address 289 Saint George St., Suite 209	City Duxbury	State MA	Zip 02332
Phone 617-620-2640	Title CEO	Number of Employed Hours 1040	
Description of Duties CMC oversight, contracting and leadership			

Business Name EMD Serono		From - To (MM/YY – MM/YY) 2013-2024	
Business Address 1 Technology Pl	City Rockland	State MA	Zip 02370
Phone 800-283-8088	Title Senior Business Director - Fertility & HIV	Number of Employed Hours 22,880	
Description of Duties Lead EMD Serono Fertility field team to exceed quarterly and annual sales targets. Drive accountability through clear objectives for account planning, KOL engagement and key decision makers within Fertility market.			

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

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

Date

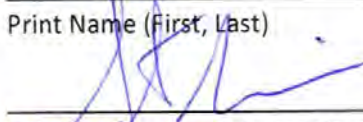
I, Stephen Medeiros, certify that as the designated representative for
Granata Bio Corporation

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.

Stephen Medeiros

Print Name (First, Last)

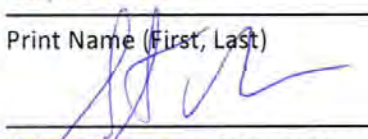

Original Signature (electronic, copies or stamps not accepted)

8/5/2025
Date

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

Stephen Medeiros

Print Name (First, Last)

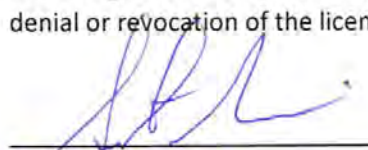

Original Signature (electronic, copies or stamps not accepted)

2/5/2025
Date

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

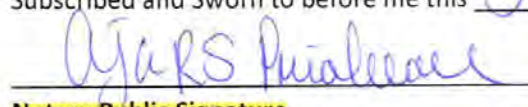
State of South Carolina, ss. County of Charleston

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


Original Signature

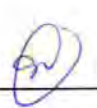
2/5/2025
Date

Subscribed and Sworn to before me this 5 day of February.


Notary Public Signature

Aja RS Prioleau
NOTARY PUBLIC
State of South Carolina
My Commission Expires 10/31/2033

(Seal)

Designated Representative Application (Applicant's Initials )

9 of 9

0964

EVAN: Ints all
STD + Notarize last page

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 Granata Bio Corporation
Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable) N/A
Physical Address 289 Saint George St., Suite 209
City Duxbury State MA Zip 02332
Mailing Address (if different from physical address) Same as above
City _____ State _____ Zip _____
Telephone 617-620-2640 Website www.granata.bio
Licensing Company Email compliance.granatabio@gmail.com

Section 2: Personal Information

First Evan Middle Ross Last Sussman
Alias(es, nicknames, name changes, etc.) N/A
Date of Birth [REDACTED] SSN or ITIN [REDACTED] Sex ☒ M ☐ F ☐ X
Mailing Address 289 Saint George St., Suite 209
City Duxbury State MA Zip 02332
Telephone 617-620-2640 Email evan@granata.bio
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 Yale University		From - To (MM/YY - MM/YY) 08/12-05/14		
Address	City New Haven	State CT	Zip 06520	
Diploma/Degree obtained, if any Master of Business Administration, Leadership in Healthcare				
School Name Brown University		From - To (MM/YY - MM/YY) 09/97-05/01		
Address 69 Brown St.	City Providence	State RI	Zip 02912	
Diploma/Degree obtained, if any Bachelor of Organizational Behavior and Management				
School Name Saint Marks School		From - To (MM/YY - MM/YY) 09/93-05/97		
Address 25 Marlboro Rd	City Southborough	State MA	Zip 01772	
Diploma/Degree obtained, if any Diploma				
School Name		From - To (MM/YY - MM/YY)		
Address	City	State	Zip	
Diploma/Degree obtained, if any				
School Name		From - To (MM/YY - MM/YY)		
Address	City	State	Zip	
Diploma/Degree obtained, if any				

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)				
From - To (MM/YY - MM/YY) 2014-Present	Address [REDACTED]	City Duxbury	State MA	Zip [REDACTED]
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	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 Granata Bio Corporation		From - To (MM/YY - MM/YY) 05/18 - Present	
Business Address 289 Saint George St., Suite 209	City Duxbury	State MA	Zip 02332
Phone 617-620-2640	Title CEO		

Description of Duties

Overseeing Clinical Development, Business Development, Mergers & Acquisitions, and communication with the Board of Directors, as well as staying well connected with key clients and external partners.

Business Name EMD Serono, Inc.		From - To (MM/YY - MM/YY) 10/09 - 04/18	
Business Address 1 Technology Pl	City Rockland	State MA	Zip 02370
Phone 800-283-8088	Title Business Unit Head - Fertility Technologies		

Description of Duties

Overseeing the financial and commercial welfare of all products in the US under the fertility and HIV portfolios, including the developing business in technologies and fertility lab equipment.

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

N/A ES [Signature]
Original Signature (electronic, copies or stamps not accepted)

2/5/25
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.

Evan Sussman

Print Name (First, Last)

Evan Sussman

Original Signature (electronic, copies or stamps not accepted)

2/5/25

Date

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

State of South Carolina, ss. County of Charleston

I, Evan Sussman, 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.

Aja RS Prisleau

Original Signature

02/05/2025

Date

Subscribed and Sworn to before me this 5th day of February.

Aja RS Prisleau

Notary Public Signature

Aja RS Prisleau
NOTARY PUBLIC
State of South Carolina
My Commission Expires 10/31/2033

(Seal)

Granata Bio, Inc. Employee List 6/4/2024									
First Name	Last Name	Title	Officer	Email	Phone	Share %	Address	City, State	Zip
Evan	Sussman	Chief Executive Officer, Co-founder	Yes	evan@granata.bio				Duxbury, MA	
Sarah	Faranda	Chief Development Officer, Co-founder	No	sarah.faranda@granata.bio				Ridgewood Barrington, RI	
David	Paller	Co-founder	Yes	david@granata.bio				New Haven, CT	
Marc	Chung	Co-founder	Yes	marc@granata.bio				Marshfield, MA	
Steve	Medeiros	Chief Operating Officer	State Rep	steve.medeiros@granata.bio				Superior, CO	
Kelly	Gonda, PharmD, FNP, MS, MBA	Head of Scientific Affairs	No	kelly.gonda@granata.bio				Seattle, WA	
Sierra	Cristiano	Head of Commercial Operations	No	sierra.cristiano@granata.bio				Ormond Beach, FL	
Stephanie	Sciandra	Director of Product Development	No	stephanie.sciandra@granata.bio					

4Y

NEVADA STATE BOARD OF PHARMACY

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

Wholesaler Application Non-Refundable \$1,000 Fee

Rev (08/17/2022)

Where is the facility located?		☐ Nevada ☒ Out-of-State
Type of Application (check applicable box)		Wholesaler Business Type (check applicable box)
☒ New Wholesaler ☐ Ownership Change* ☐ Name Change* ☐ Location Change* (in-state only)	* If making a change, provide current license number: WH _____	☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ☒ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)
Section 1: General Information		
Facility Name: <u>Granules Consumer Health LLC</u>		
Physical Address: <u>7413 Cushing Road</u>		
City: <u>Manassas</u> State: <u>VA</u> Zip: <u>20109</u>		
Mailing Address (if different from physical address): _____		
City: <u>SAME</u> State: _____ Zip: _____		
Telephone: <u>571-719-9391</u> Website: <u>statelicensing@granulesconsumerhealth.com</u>		
Name of Designated Representative (DR): <u>Amjad Hussain</u>		
Licensing Company Email: <u>statelicensing@granulesconsumerhealth.com</u> DR Email: <u>amjad.hussain@granulesconsumerhealth.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: Private Label Customers	☒ Dangerous Drugs ☐ Controlled Substances ☐ *Medical devices, equipment, supplies, gases ☐ Others:	☐ Manufacturer ☐ Repacker ☐ Reverse Distributor ☐ Warehouse ☐ Retail pharmacy wholesale distributor ☒ Others: 3PL Distribution

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

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

This is in response to Question # _____ 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: Granules India Limited

Address: Sy. No. 160/A, 161/E, 162, 174/A, Gagilapur Village,
Dundigai-Gandimaisamma Mandal

City: Medchal- Malkajgiri District, Telangana 500043, India

Name: Carecam International Inc.

Address: 10 Plog Road

City: Fairfeild

State: NJ

Zip: 07004

Name: Aphena Pharma Solutions – Tennessee LLC.

Address: 1920 Fisk Road

City: Cookeville

State: TN

Zip: 38506

Name: Carecam International Inc.

Address: 10 Plog Road

City: Fairfeild

State: NJ

Zip: 07004

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): Granules Pharmaceuticals Inc.

Corporation/Organization Name: Granules Consumer Health LLC

Mailing Address: SAME

City: Manassas

State: VA

Zip: 20109

Telephone: 571 325 5950

Email: statelicensing@granulesconsumerhealth.com

Contact Person Name: Amjad Hussain

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)	✓	✓	✓	✓
• *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.

Granules Consumer Health LLC

Facility Name

Amjad Hussain

Print Name of Authorized Person Submitting Application



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

10/06/25

Date

Board Use Only

Date Received: 10/9/25

Amount: \$160000

[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 \(index.cfm\)](#)

Search Results for **granules consumer**

[CSVExcel](#)

Filter:

Firm Name	FDA Establishment Identifier	DUNS	Business Operations	Address	Expiration Date
Granules Consumer Health LLC	3024359799	118556508	LABEL; PACK; RELABEL; REPACK;	7413 Cushing RD, Manassas, Virginia (VA) 20109, United States (USA)	12/31/2025

Showing 1 to 1 of 1 entries

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

Data Current through: Wednesday, Sep 17, 2025

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

**Attachment to Granules Consumer Health LLC Out-of-State Wholesaler
Application (Nevada Board of Pharmacy)**

Description of Operations:

Granules Consumer Health Inc. ("Granules") is a 3PL of over-the-counter and Rx drugs to other wholesalers, Private Label Customers, and Pharmaceutical Companies from a warehouse. The Manassas office is the corporate headquarters.

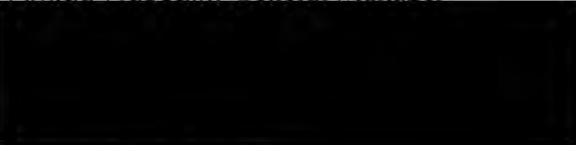
Granules' hours of operations are Monday through Friday from 8:00 a.m. to 5:00 p.m. ET.

Granules Consumer Health LLC Directors and employees

Name	Title	Residence Address	Ownership %
Vijay Ramanavarapu	President		0%
Amjad Hussain	General Manager		0%

Designated Rep:

Amjad Hussain, General Manager



Parent Company:

Granules Pharmaceuticals Inc. (100%)
3701 Concorde Pkwy
Chantilly, VA, 20151

Delaware

The First State

Page 1

I, CHARUNI PATIBANDA-SANCHEZ, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "GRANULES CONSUMER HEALTH, 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 SEVENTH DAY OF MAY, A.D. 2025.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "GRANULES CONSUMER HEALTH, LLC" WAS FORMED ON THE TWENTY-SEVENTH DAY OF MAY, A.D. 2021.

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



5952932 8300

SR# 20252093526

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

C. B. Sanchez

Charuni Patibanda-Sanchez, Secretary of State

Authentication: 203634110

Date: 05-07-25

0981

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

Granules Consumer Health LLC

Amjad Hussain
7413 Cushing Road
Manassas VA 20109

Number
0208008216

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.

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF HEALTH PROFESSIONS



Caroline D. Juran
Executive Director
(804) 367-4456

Arne W. Owens, Director

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

BOARD OF PHARMACY
Controlled Substances Registration
Granules Consumer Health LLC

Amjad Hussain
7413 Cushing Road
Manassas VA 20109

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

Number
0220002650

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: 1-800-533-1560.

<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">DEA REGISTRATION NUMBER</th> <th style="text-align: left;">THIS REGISTRATION EXPIRES</th> <th style="text-align: left;">FEE PAID</th> </tr> <tr> <td>RG0662773</td> <td>09-30-2026</td> <td>\$3699</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">SCHEDULES</th> <th style="text-align: left;">BUSINESS ACTIVITY</th> <th style="text-align: left;">ISSUE DATE</th> </tr> <tr> <td>2,2N,3, 3N,4,5,L1</td> <td>MANUFACTURER</td> <td>08-06-2025</td> </tr> </table> GRANULES CONSUMER HEALTH LLC 7413 CUSHING RD MANASSAS, VA 201092539	DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID	RG0662773	09-30-2026	\$3699	SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE	2,2N,3, 3N,4,5,L1	MANUFACTURER	08-06-2025	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.
DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID											
RG0662773	09-30-2026	\$3699											
SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE											
2,2N,3, 3N,4,5,L1	MANUFACTURER	08-06-2025											

Form DEA-223 (9/2016)

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE UNITED STATES DEPARTMENT OF JUSTICE DRUG ENFORCEMENT ADMINISTRATION WASHINGTON D.C. 20537													
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RG0662773	09-30-2026	\$3699
SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5,L1	MANUFACTURER	08-06-2025
GRANULES CONSUMER HEALTH LLC 7413 CUSHING RD MANASSAS, VA 201092539		

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 22162-2639**

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 1724 8112 9143 9193 2100 1205

VERIFICATION CERTIFICATE FOR INDEFINITE TERM SURETY BOND

THIS IS TO CERTIFY that Bond Number 2264957 issued by
North American Specialty Insurance Company, as Surety, dated the 2nd
day of February, 2018, in the amount of One Hundred Thousand & 00/100 (\$ 100,000.00 Dollars), on behalf
of Granules Pharmaceuticals, Inc, as Principal,
and in favor of Nevada State Board of Pharmacy, as Obligee,
covers a term which began on the 2nd day of February, 2018,
and ends only with the cancellation of said bond or other legal termination thereof; and that the said bond
remains in effect, subject to all its agreements, conditions and limitations.

Signed, sealed and dated this 17th day of September, 2020.

North American Specialty Insurance Company

Surety

By:

Julie Karnes

Julie Karnes - Attorney-in-Fact

SWISS RE CORPORATE SOLUTIONS

NORTH AMERICAN SPECIALTY INSURANCE COMPANY
WASHINGTON INTERNATIONAL INSURANCE COMPANY
WESTPORT INSURANCE CORPORATION **GENERAL POWER OF ATTORNEY**

KNOW ALL MEN BY THESE PRESENTS, THAT North American Specialty Insurance Company, a corporation duly organized and existing under laws of the State of New Hampshire, and having its principal office in the City of Kansas City, Missouri and Washington International Insurance Company a corporation organized and existing under the laws of the State of New Hampshire and having its principal office in the City of Kansas City, Missouri, and Westport Insurance Corporation, organized under the laws of the State of Missouri, and having its principal office in the City of Kansas City, Missouri does hereby make, constitute and appoint:

CAROLYN E. WHEELER, VICKI NOBINGER, MARY Y. VOLMAR, LORETTA M. JONES, SANDRA KING, BONNIE L. RICE, RACHEL A. CHAVERIAT, JULIE KARNES,
REBECCA HOBBS, SANDY McELHANEY, MARIAH SMITH, ANDREA ALLMAN, JESSICA FREDERICK, MICHELLE LUTE-HEATHERLY and THELMA M. LETT JOINTLY OR SEVERALLY

Its true and lawful Attorney(s)-in-Fact, to make, execute, seal and deliver, for and on its behalf and as its act and deed, bonds or other writings obligatory in the nature of a bond on behalf of each of said Companies, as surety, on contracts of suretyship as are or may be required or permitted by law, regulation, contract or otherwise, provided that no bond or undertaking or contract or suretyship executed under this authority shall exceed the amount of:

ONE HUNDRED TWENTY FIVE MILLION (\$125,000,000.00) DOLLARS

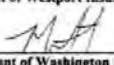
This Power of Attorney is granted and is signed by facsimile under and by the authority of the following Resolutions adopted by the Boards of Directors of North American Specialty Insurance Company and Washington International Insurance Company at meetings duly called and held on March 24, 2000 and Westport Insurance Corporation by written consent of its Executive Committee dated July 18, 2011.

"RESOLVED, that any two of the President, any Senior Vice President, any Vice President, any Assistant 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 Company 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 Company; and it is

FURTHER RESOLVED, that the signature of such officers and the seal of the Company 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 Company when so affixed and in the future with regard to any bond, undertaking or contract of surety to which it is attached."



By 
Steven P. Anderson, Senior Vice President of Washington International Insurance Company
& Senior Vice President of North American Specialty Insurance Company
& Senior Vice President of Westport Insurance Corporation

By 
Mike A. Ito, Senior Vice President of Washington International Insurance Company
& Senior Vice President of North American Specialty Insurance Company
& Senior Vice President of Westport Insurance Corporation



IN WITNESS WHEREOF, North American Specialty Insurance Company, Washington International Insurance Company and Westport Insurance Corporation have caused their official seals to be hereunto affixed, and these presents to be signed by their authorized officers this

this 14th day of February, 20 19.

North American Specialty Insurance Company
Washington International Insurance Company
Westport Insurance Corporation

State of Illinois ss:
County of Cook

On this 14th day of February, 20 19, before me, a Notary Public personally appeared Steven P. Anderson, Senior Vice President of Washington International Insurance Company and Senior Vice President of North American Specialty Insurance Company and Senior Vice President of Westport Insurance Corporation and Michael A. Ito Senior Vice President of Washington International Insurance Company and Senior Vice President of North American Specialty Insurance Company and Senior Vice President of Westport Insurance Corporation, 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.



M. Kenny, Notary Public

I, Jeffrey Goldberg, the duly elected Vice President and Assistant Secretary of North American Specialty Insurance Company, Washington International Insurance Company and Westport Insurance Corporation do hereby certify that the above and foregoing is a true and correct copy of a Power of Attorney given by said North American Specialty Insurance Company, Washington International Insurance Company and Westport Insurance Corporation which is still in full force and effect.

IN WITNESS WHEREOF, I have set my hand and affixed the seals of the Companies this 17th day of September, 20 20.

Jeffrey Goldberg, Vice President & Assistant Secretary of Washington International Insurance Company &
North American Specialty Insurance Company & Vice President & Assistant Secretary of Westport Insurance Corporation

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 Granules Consumer Health LLC
Pharmacy/Wholesaler License # (if applicable) Applying
Physical Address 7413 Cushing Road
City Manassas State VA Zip 20109
Mailing Address (if different from physical address) Same
City _____ State _____ Zip _____
Telephone 571-719-9391 Website https://granulesconsumerhealth.com /
Licensing Company Email statelicensing@granulesconsumerhealth.com

Section 2: Personal Information

First Amjad Middle NMN Last Hussain
Alias(es, nicknames, name changes, etc.) N/A
Date of Birth [REDACTED] SSN or ITIN [REDACTED] Sex ☒ M ☐ F ☐ X
Mailing Address [REDACTED]
City Warrenton State VA Zip [REDACTED]
Telephone 571-719-9391 Email statelicensing@granulesconsumerhealth.com
Are you a citizen of the United States? ☒ Yes ☐ No

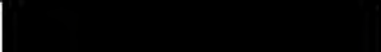
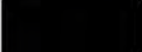
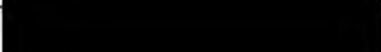
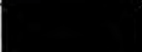
Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 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 Dhaka City College-		From - To (MM/YY - MM/YY) 09/92- 10/96	
Address R/A road no:2	City Dhaka	State Bangladesh	Zip
Diploma/Degree obtained, if any Bachelor			
School Name Dhaka City College		From - To (MM/YY - MM/YY) 06/1990 - 06/1992	
Address R/A road no:2	City Dhaka	State Bangladesh	Zip
Diploma/Degree obtained, if any Diploma			
School Name West And High school		From - To (MM/YY - MM/YY) 01/88- 03/90	
Address Lalbagh road	City Dhaka	State Bangladesh	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			

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) 01/25- present	Address 	City Warrenton	State VA	Zip 
From - To (MM/YY - MM/YY) 08/23-01/25		City Manassas	State VA	
From - To (MM/YY - MM/YY) 09/12- 08/23		City Cream Ridge	State NJ	
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	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 Granules Consumer Health LLC		From - To (MM/YY – MM/YY) 05-2022 to Present	
Business Address 7413 Cushing Road,		City Manassas	State VA
Zip 20109		Number of Employed Hours 1120 (7 mos x 40 hrs x 4 wks)	
Phone 571-719-9391	Title General Manager		
Description of Duties See attached resume			
Business Name Country Life Vitamins		From - To (MM/YY – MM/YY) 02-2021 to 05-2022	
Business Address 101 Corporate Dr,		City Hauppauge	State NY
Zip 11788		Number of Employed Hours 2400 ; (15 mos x 40 hrs x 4 wks)	
Phone (631- 231-1031	Title Senior Manager, Distribution and Warehouse		
Description of Duties See attached resume			
Business Name US Pharma Lab		From - To (MM/YY – MM/YY) 7-2019 to 5-201	
Business Address 1300 Airport Rd		City North Brunswick	State NJ
Zip 08902		Number of Employed Hours 3200	
Phone 888)-296-8775	Title Plant Manager		
Description of Duties See attached resume			
Business Name		From - To (MM/YY – MM/YY)	
Business Address		City	State
Zip		Number of Employed Hours	
Phone	Title		
Description of Duties			
Business Name		From - To (MM/YY – MM/YY)	
Business Address		City	State
Zip		Number of Employed Hours	
Phone	Title		
Description of Duties			

Continue on next page if additional space is needed.

Amjad Hussain

Manufacturing, Packaging, Distribution and Warehouse Expertise

28+ Year success in leading warehousing, manufacturing, and packaging industries

SUMMARY OF QUALIFICATIONS

Well-rounded professional background encompassing expertise and successes in FDA approved (21 CFR, Parts 100, 111, 210, 211) tablet, caplet, two pieces capsule manufacturing, packaging, distribution, and warehousing operations. Dedicated, detail-oriented individual with strong organizational, team building, problem-solving and decision-making capabilities. Able to manage time productively, lead cross functional teams, handle multiple projects simultaneously and perform well under pressure. Responsible and conscientious with the ability to work well as both a part of a team and independently.

PROFESSIONAL EXPERIENCE

General Manager, Packaging / Warehouse Operations, Site Head

Granules Consumer Health

Manassas Va.

May 2022 - Present

Organize and directs critical workflow and packaging operations. Works closely with the President and responsible for packaging, warehouse, facilities & maintenance, directing, and coordinating the efficient operations of the production facility in order to produce high quality finished products. Coordinate across operations management and engineering teams to facilitate the creation and implementation of objectives that enable the company to reach sustainable growth goals. Create a safe and positive work environment by continuously communicating, resolving issues, and developing motivation and retention strategies.

Senior Manager, Distribution and Warehouse

Country Life Vitamins

Hauppauge, NY

Feb 2021 – May 2022

Drove process efficiency and operational excellence. Improved on-time shipping rate, order flow, and warehouse throughput. Reduced carrier costs and labor costs. Implemented and managed inventory audits/cycle counts, multinational logistics, and supply chain strategies. Managed multiple warehouses and implemented time saving improvements through automating allocation processes

Plant Manager

US Pharma Lab

North Brunswick, NJ

July 2019 – Feb 2021

Established operational policies and implemented process improvements to ensure superior quality and outstanding output of custom brand packaging of tablets, capsules, and powders. Direct management of 5 individual leaders with indirect oversight of 135+ exempt and non-exempt employees. Designed and implemented coaching and training programs to develop staff, facilitate efficiency, and improve performance and cost saving. Managed operational and capital expense budgets exceeding \$3M across two locations. Ensured adherence to strict quality procedures while reducing operational costs by more than 30%.

Amiad Hussain

Production Manager

International Vitamin Corporation Freehold, NJ

Feb 2009 – Apr 2019

Oversight of manufacturing, packaging, kit & weigh, and facility maintenance departments to achieve operational excellence. Oversaw 260 indirect and 24 direct reports ensuring that project/department milestones and goals were met while adhering to approved budgets. Reduced packaging labor cost from \$0.16 to \$0.11 by achieved processing run rate of 42 million bottles with 9,106 changeovers (Average bottle count of 159 tablets) resulting in annual savings of 2.1M. Reduced labor cost in tablet manufacturing from \$1.69 to \$1.00 by (per thousand tablets). Achieved processing run rate of 2.5 billion resulting in annual savings of 3.6M. Introduced and implemented Kit & Weigh department to reduce production cost by 5% resulting in annual savings of over \$300K. Reduced maintenance supply by \$130,000 per year. Mapped and analyzed 3 divisions of production, equipment, product safety and identified ways to reduce waste, improve workflow, and increase efficiency by 30%. Implemented weekly schedule based on customer orders to reduce on hand inventory and achieved 90% above score card for OTIF (On Time In Full) to satisfy customer delivery rating. Supported and participated in compliance audits (FDA, USP, UL, OSHA and other customer/state audits).

Packaging Manager

Inverness Medical Innovations

Freehold, NJ

Dec 1997 – Jan 2009

Responsible for oversight of 2,500+ sku packaging operation. Managed 111+ employee indirect, 13 direct reports. Developed and redesigned packaging lines to reduce cleaning and changeover time from 4 hours to 45 minutes. Designed and specified equipment with minimal change parts and quick-change features to improve changeover efficiency. Created ergonomic packing stations on each line to reduce employee motion and increase throughput. Automated the inner-packing process by adding shrink banding equipment, reducing staff by 2 people on each of 16 packaging lines which resulted in an annual savings of \$525k and 6% increase in throughput. Increased first pass yield performance on documentation errors from 83% to 97%. Developed and implemented process controls of Production materials, minimizing downtime and resulting in operating efficiencies.

Shipping/Receiving Manager

International Vitamin Corporation Freehold, NJ

May 1996 – Dec 1997

Promoted and provided a safe, clean, and organized warehouse that exceeded established daily goals, specifically in the areas of receiving, stocking, inventory control and shipping. Ensured safety performance metrics were achieved by leading safety improvement activities and effectively managing and leading safety performance in the warehouse. Introduced and delegated supply audits and weekly to ensure all documentation and compliance requirements were met. Pulled materials required in sales order within 24 to 48 hours ahead of scheduled ship time to ensure timely delivery of the products. Supported Quality Assurance and Supply Chain Managers in providing material inspections of inbound and outbound deliveries. Managed transportation, distribution, and logistic operations, ensuring efficient use of logistic resources while meeting the needs of the customer.

Granules Consumer Health LLC Ownership

Granules Pharmaceuticals, INC (Parent 100%)

3701 Concorde Pkwy

Chantilly, VA 20151

Tax ID: 47-2137127



Granules Consumer Health LLC

7413 Cushing Road

Manassas, VA, 20109

Tax ID: 33-4381856

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

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

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

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

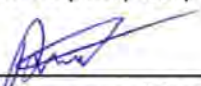
10/06/25
Date

I, Amjad Hussain, certify that as the designated representative for
Granules Consumer Health 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.

Amjad Hussain
Print Name (First, Last)


Original Signature (electronic, copies or stamps not accepted)

10/06/25
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.

Amjad Hussain

Print Name (First, Last)



Original Signature (electronic, copies or stamps not accepted)

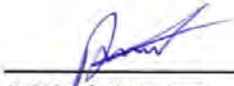
10/06/25

Date

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

State of Virginia, ss. County of Fairfax

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

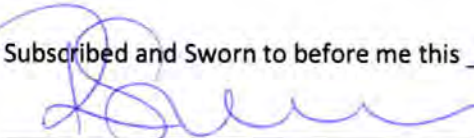


Original Signature

10/06/25

Date

Subscribed and Sworn to before me this 6th day of October.



Notary Public Signature



Granules Consumer Health LLC Employee List

Preferred/First Name	Last Name	Job Title
Doel	Behl	Senior Manager, Operations
Scott	Larson	VP, Sales and Marketing
Christopher	Tipton	Director of Sales
Amjad	Hussain	General Manager
Mahesh	Birajdar	Senior Packaging Engineer
Sabin	Bati	Facility Engineer
Maria	Rodriguez	Logistics Manager
Thirupathi	Errolla	Visiting Trainee Facilities Operations
Deepti	Dandu	Regulatory Compliance Associate
Mansi	Shah	Regulatory Affairs Associate
Linda	Bottom-Hodnett	Inventory Manager
Scott	Kauffman	Senior Manager, Sales & Marketing
Tawana	Rose-Sudberry	Trainer/Operator, 1st Shift
Adnan	Ahmed	Packaging Engineer
Mahadev	Chava	Manager, SAP and Network Systems
Nagalakshmi Narayana	Kollimarla	Senior Director, Finance
Vilin	Hegde	Sr Associate, Operations
Claudia	Perez	Sanitation Technician, 1st Shift
Kenia	Paredes	Setup Mechanic, 1st Shift
Jenn	Noakes	Sales Director
Nayyar	Tauseef	Packaging Operator, 1st Shift
Jessica	Fabian	Senior Finance Executive
Niyati Badal	Kapadia	Associate Manager, Regulatory Affairs
Augustus	Koufie	Warehouse Lead, 2nd Shift
Bhibhishan	Sedhain	Setup Mechanic, 1st Shift
James	Fattorusso	Warehouse Technician, 1st Shift
Tatiana	Larrain Sotomayor	Packaging Operator, 1st Shift
Tularam	Jaishi	Packaging Operator, 1st Shift
Ken Vitalis	Tibab	Warehouse Technician, 1st Shift
Nesreen	Abdallah	Team Lead, 1st Shift
No Name Given	Nagendra Pratap	Packaging Manager, 1st Shift
Bhupen	Shah	Purchasing Associate, 1st Shift
Radhika	Seerapu	Team Lead, 2nd Shift
Peerapan	Aungsupaisal	Warehouse Coordinator, 1st Shift
Mereman	Cole	Packaging Operator, 1st Shift
Santosh	Aryal	Packaging Operator, 1st Shift
Sadhana	Guni	Inventory Control Associate, 1st Shift

Granules Consumer Health LLC Employee List

Preferred/First Name	Last Name	Job Title
Mayur	Phadke	Sr. Director, Operations
Joel	Reju	Shipping & Receiving Coordinator, 1st Shift
Sagar	Shrestha	Team Lead, 1st Shift
Gabriela	Naranjo Venegas	Procurement Manager
Lucas	Rodriguez Rodriguez	Production Coordinator, 1st Shift
Oscar	Zavala Ingles	Warehouse Team Lead, 1st Shift
Norbert	Thervil	Warehouse Technician, 2nd Shift
Leela Venkata Sai Spoori	Bitra	QA Associate, 1st Shift
Estela	Aviles	Packaging Operator, 1st Shift
Karina	Talat	Packaging Operator, 1st Shift
Phani	Nadimpally	Distribution Manager Warehouse
Delzin Mahernoz	Anklesaria	QA Associate, 1st Shift
Naveed	Parvez	Packaging Operator, 1st Shift
Emilio	Garcia	Warehouse Technician, 1st Shift
Marcellus	Campbell	Warehouse Technician, 1st Shift
Neeraj	Kulkarni	Planning Analyst
Joseph	Speraw	Warehouse Floor Manager, 2nd Shift
Tanmayi Kalidas	Pathak	QA Associate, 1st Shift
Aura	Watson	Commercial Operations Assistant
Dipa	Sharma	Production Coordinator, 2nd Shift
Ahmad	Khattak	Packaging Operator, 2nd Shift
Ishwora	Neupane Bhandari	Packaging Operator, 1st Shift
Elia	Romero	Packaging Operator, 1st Shift
Melvin	Taylor	Warehouse Technician, 1st Shift
Thret	Griffith	Warehouse Technician, 2nd Shift
Rafif	Sinnugrot	Payroll Administrator
Ratna	Dhar	Team Lead, 2nd Shift
Cristian	Llano	Packaging Mechanic, 2nd Shift
Enayatullah	Shahid	Packaging Operator, 2nd Shift
Suraj	Bashyal	Packaging Operator, 1st Shift
Kiriam	Gonzalez Saravia	Team Lead, 2nd Shift
Dilendra	Hamal	Packaging Operator, 2nd Shift
Ray	Brown	Warehouse Technician, 2nd Shift
Joseph	Drotti	Packaging Operator, 2nd Shift
Binod	Shrestha	Packaging Operator, 2nd Shift
Sharada	Bhandari	Packaging Operator, 2nd Shift
Neetu Sri	Parvatham	Packaging Operator, 2nd Shift

Granules Consumer Health LLC Employee List

Preferred/First Name	Last Name	Job Title
Sean	Vanover	QA Head, Packaging & Distribution
Ismael	Yussif	Warehouse Technician, 1st Shift
Bhuvan	Regmi	Packaging Operator, 2nd Shift
Victor	Hernandez	Packaging Mechanic, 2nd Shift
Sangita	Bhatta	Packaging Operator, 1st Shift
Sapna	Shrestha	Packaging Operator, 1st Shift
Brigithe	Galindo Solis	Packaging Operator, 2nd Shift
Sachindra	Karki	Packaging Operator, 1st Shift
Saraswati	Bhusal	Packaging Operator, 2nd Shift
Sharath Reddy	Baddam	Operations Associate, 1st Shift
Manju	Shrestha	Packaging Operator, 2nd Shift
Masud	Biswas	Packaging Operator, 1st Shift
Seid	Shafi	Packaging Operator, 2nd Shift
Prabhu	Sood	Packaging Operator, 2nd Shift
Ibrahim	Bashiru	Packaging Operator, 2nd Shift
Achita	Basnet	Packaging Operator, 1st Shift
Sanjita	Khatri	Packaging Operator, 1st Shift
Zahra	Naimi	Packaging Operator, 2nd Shift
Ashish	Tamang	Packaging Operator, 1st Shift
Sara	Bermudez	Sanitation Technician, 2nd Shift
Daniel	Kado	Warehouse Technician, 3rd Shift
Richard	Sarfo	Warehouse Technician, 3rd Shift
Rafaela	Loza Loza	Packaging Operator, 2nd Shift
Bimal	Shah	Packaging Operator, 2nd Shift
Wilson	Villegas	Packaging Operator, 2nd Shift
Victor	Villegas	Packaging Operator, 2nd Shift
Naheed	Yari	Packaging Operator, 1st Shift
Keerthana	Sunkara	Logistics Coordinating Specialist
Abdul Majeed	Abdul Rashid	Packaging Operator, 2nd Shift
Wamla	Bosson	QA Technician, 2nd Shift
Chad	Pulley	Packaging Operator, 1st Shift
Navya Sri	Konkala	Packaging Operator, 2nd Shift

4Z

NEVADA STATE BOARD OF PHARMACY

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

Wholesaler Application Non-Refundable \$1,000 Fee

Rev (08/17/2022)

Where is the facility located?		☐ Nevada ☒ Out-of-State
Type of Application (check applicable box)		Wholesaler Business Type (check applicable box)
☒ New Wholesaler ☐ Ownership Change* ☐ Name Change* ☐ Location Change* (in-state only)	* If making a change, provide current license number: WH _____	☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ☒ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)
Section 1: General Information		
Facility Name: <u>LifeScience Logistics, LLC</u>		
Physical Address: <u>3530 Brightleaf Lane</u>		
City: <u>Apex</u> State: <u>NC</u> Zip: <u>27523</u>		
Mailing Address (if different from physical address): <u>c/o State License Servicing, Inc., 225 Dolson Avenue, 4th Floor</u>		
City: <u>Middletown</u> State: <u>NY</u> Zip: <u>10940</u>		
Telephone: <u>(845) 544-2482</u> Website: <u>www.lslog.com</u>		
Name of Designated Representative (DR): <u>Robert Francis Sternberg</u>		
Licensing Company Email: <u>LSL@slsny.com</u> DR Email: <u>rsternberg@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: Distribution sites within organization & Manufacturers	☒ Dangerous Drugs ☐ Controlled Substances ☒ *Medical devices, equipment, supplies, gases ☒ Others: <u>Drugs (Biologics)</u>	☐ 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)?		☒

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

Name:	N/A - None at this time			
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: 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, Inc.		225 Dolson Avenue, 4th Floor
City: Middletown	State: NY	Zip: 10940
Telephone: (845) 544-2482	Email: LSL@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 #: 3009057691		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/ .		✓	✓	✓

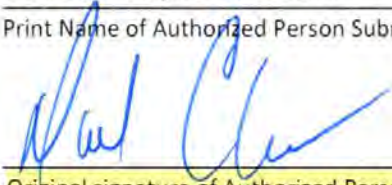
I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application 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.

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)

23 June 25

Date

Board Use Only

Date Received:

9/29/25

Amount:

\$1000-CH 9/19/24

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 03/06/2017	Disposition Date	State CO	City	County
Case # 2016-3687	Governing, licensing, Arresting Presiding Body/Agency/Court Colorado State Board of Pharmacy			
Reason/Charge Administrative Fine - Violation of Board Rule 15.01.14(c)				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity LifeScience Logistics, LLC				

Provide explanation below:

See attached discipline documents


David Christopher Cheetham
Original Signature (electronic, copies or stamps not accepted)

23 June 2025
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 04/30/2018	Disposition Date	State CA	City Sacramento	County
Case # CI 2017 78097	Governing, licensing, Arresting Presiding Body/Agency/Court Board of Pharmacy, Department of Consumer Affairs State of California			
Reason/Charge Citation and Fine				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity LifeScience Logistics, LLC				

Provide explanation below:

See attached documentation.



David Christopher Cheetham

Original Signature (electronic, copies or stamps not accepted)

23 June 2025

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 10/26/18	Disposition Date	State AL	City Birmingham	County
Case # 18-L-0075	Governing, licensing, Arresting Presiding Body/Agency/Court Alabama Board of Pharmacy			
Reason/Charge Fine				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity LifeScience Logistics, LLC				

Provide explanation below:

See attached documentation.


 David Christopher Cheetham
 Original Signature (electronic, copies or stamps not accepted)

23 June 25
 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 5/23/2023	Disposition Date	State CA	City Sacramento	County
Case # CI 2021 95502	Governing, licensing, Arresting Presiding Body/Agency/Court California State Board of Pharmacy			
Reason/Charge Discipline				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity LifeScience Logistics, LLC				

Provide explanation below:

See attached documentation.

David Christopher Cheetham

Original Signature (electronic, copies or stamps not accepted)

23 June 2025

Date



3100 Olympus Blvd, Suite 100 Dallas, TX 75019

27 February 2025

RE: LSL Explanation for Colorado Citation from 2017

To Whom It May Concern:

This memo provides an explanation of the Colorado State Board of Pharmacy's citation and fine of Life Science Logistics in March 2017.

On April 27th, 2016, the Board received an Application for Change of Designated Representative (DR) from LifeScience Logistics, LLC. The form indicated the prior DR, Thomas Kennedy, disassociated November 16th, 2015, and that Henry Tillman took over as the new DR the same day. However, the resume for the Designated Representative was received July 18th, 2016. Therefore, approximately 180 days had transpired from the time the previous Designated Representative left the position until the time the application was received: and approximately 240 days had transpired from the time the previous Designated Representative left the position, and the new Designated Representative's resume was received.

This finding was determined to be a violation of Board Rule 15.01.14(c) states that any change in the designated representative of a wholesaler shall be reported to the Board on a form supplied by the Board within 30 calendar days of such change. An administrative fine was issued.

In response, the administrative fine was paid, and proof of abatement provided to the board for the citation. The payment and documentation were received and accepted as satisfactorily resolving the matter.

Please do not hesitate to contact us if there are any additional questions.

Sincerely,

Bozie Madison
Directory of Quality and Compliance
Mobile: 713.494.0127
Email: bmadison@lslog.com
Website: www.lslog.com

CONFIDENTIAL
Page 1 of 1



COLORADO

Department of
Regulatory Agencies

Division of Professions and Occupations

Healthcare Branch
State Board of Pharmacy

July 21, 2016

Lifescience Logistics
Attn: Henry Tillman
1105 E. Northfield Dr. Ste 300-400
Brownsburg, IN 46112-2529

RE: Case 2016-3687 concerning LifeScience Logistics, WHO 7828

Dear Mr. Tillman:

The Colorado State Board of Pharmacy ("Board") has received the attached complaint regarding the conduct of the Board-registered out-of-state prescription drug wholesaler detailed above. The Board is investigating this complaint. It is being sent to you as the designated representative of the above listed out-of-state prescription drug wholesaler. The first step in the process is to obtain your response to the allegations raised in the complaint. At this point, no assumption has been made about the truth or validity of any information provided to the Board.

Please send a written response within thirty (30) days of the date of this letter as indicated above. An earlier response may expedite the Board's review of this matter. To facilitate an efficient and timely review, please type your response. If this is not possible, please legibly print your response.

We encourage you to respond electronically. If you do, please submit the response to jean.rowcliffe@state.co.us. Please scan and attach any relevant documents. Address all correspondence to the Board.

Also, please be sure that any copies submitted with your response are legible. Be sure to include the case number listed above on all correspondences and address your response to my attention.

It is the policy of the Division of Professions and Occupations to copy your attorney (if you are represented) on all correspondences in order to assure that your attorney is aware of the developments in your case. If you are represented by an attorney in this matter, please provide the Board in writing with your attorney's contact information. If the Board already has your attorney's contact information, your attorney name should be identified below as a carbon copy of "cc," indicating that a copy of this



letter was sent to that attorney. If at any time it appears that the Board does not have the correct information regarding your legal representation, please update the Board and provide your attorney with a copy of all correspondences from the Board.

We strongly encourage you to begin preparing your response to the complaint as soon as possible, as extensions to the thirty day response time will not be granted except in very limited circumstances. Additionally, if you choose to be represented by an attorney, please contact him or her immediately. A delay in doing so will not be grounds for an extension.

Following receipt of your response, the Board will review the complaint and your response thereto. The Board will then determine what further action, if any, is warranted. Please note you will be advised in writing of the Board's disposition of this complaint.

Thank you for your cooperation and prompt attention to this matter. If you have any questions, please contact me at jean.rowcliffe@state.co.us or (303) 894-7897.

Sincerely,

FOR THE COLORADO STATE BOARD OF PHARMACY


Jean Rowcliffe
Complaint Analyst

Enclosures: Q&A Brochure
Complaint





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,

NAME

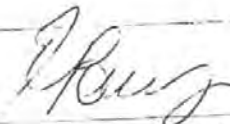
LIFESCIENCE LOGISTICS LLC
ATTN: MAX KAMHI, MEM
4475 SOUTH FULTON PKWY BLDG 5 STE C
ATLANTA, GA 30349

CERTIFIED MAIL NO

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 cursive script, reading "Virginia Herold".

Virginia Herold
Executive Officer
Board of Pharmacy

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



AL ADMIN FINE 2018

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.

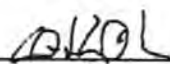
ORDER

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
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 **Name, License No**
CI 2021 95502 **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

Maria Herrera

From: Christine Cannon <christine.cannon@slslicensing.com>
Sent: Wednesday, August 13, 2025 9:34 AM
To: Maria Herrera
Subject: Re: [#267694] Nevada Out-of-State Wholesaler Application-LifeScience Logistics, LLC, Durham, NC
Attachments: ndc_nhrlic_labeler_codes_08_11_2025 (1).xls

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.

From: State License Servicing, Inc.

Subject: Nevada Out-of-State Wholesaler Application-LifeScience Logistics, LLC, Durham, NC

Ticket Number 267694

Hi Dear Maria,

I hope this email finds you well.

Our client is trying to locate the FDA labeler approval letter. In the meantime, please find attached FDA spreadsheet with their code located in line 9506.

Please confirm receipt and if it suffices for now.

Thanks in advance for your time and assistance.

Kind Regards,

Ramon Rivera

Information Systems

Pharmaregs, Inc.

State License Servicing, Inc

CIM 90, Carr. 165, Suite C-102

A handwritten signature in blue ink, appearing to read 'Ramon Rivera', with a date '10/17/25' written vertically to the left.

NDC/NHRC Labeler		Firm Name
1	Code	Firm Name
490	64678	Emergent Biodefense Operations Lansing Inc
491	86169	Triviumvet DAC
492	76838	SWEET SEASONS LLC
493	73179	Reata Pharmaceuticals, Inc.
494	11789	LLOYD, Inc. of Iowa
495	10927	Purity Cylinder Gases, Inc.
496	71680	LaShe Naturals, LLC
497	50703	P A. Benjamin Manufacturing Co., Ltd.
498	81238	Western First Aid Safety
499	68155	Bracco Suisse SA
500	57889	Sun Enterprise
501	68514	Strand Cosmetics Europe
502	69197	Command Brands, LLC
503	82392	Oystershell Consumer Health Inc
504	23667	Formulated Solutions, LLC
505	80513	Advanced Rx LLC
506	42067	Life Science Logistics, LLC
507	80273	Tiger Source LLC
508	72735	Peace of Mind Pharmaceuticals LLC
509	68546	Teva Neuroscience, Inc.
510	10671	Air Liquide America LP
511	82240	DERMAKA SKIN PRODUCTS
512	86018	CLSolution, LLC
513	76893	NE Finest LLC
514	62598	Millennium Medical Supply
515	52665	Beiersdorf Manufacturing Hamburg
516	75864	VISPAK INC.
517	83173	Medical Group Care LLC
518	60982	Stearns Packaging Corporation

LifeScience Logistics, LLC



Corporate Address: 3100 Olympus Blvd., Suite 100, Dallas, TX 75019 USA
 FEIN: 20-4870652
www.lslg.com

Drug Labeler Code: 42067
 Incorporation State: FL
 Incorporation Date: 05/12/2006

FACILITY INFORMATION

Code	Address	FDA	DEA	DUNS	VAWD	Phone	Fax
N3C	3530 Brightleaf Lane Apex, NC 27523 County: Wake	N/A	N/A - No CS	119516732	No	(469) 844-3699	N/A

FACILITY DESIGNATED REPRESENTATIVES

Name	Address	Title	Prescribing Authority
Robert Francis Stenberg	[REDACTED]	Operations Manager	

OWNERSHIP

Name	Address	Title	Percent of Ownership	Prescribing Authority
LifeScience Logistics, LP	3100 Olympus Blvd. Suite 100 Dallas, TX 75019		94	
LSL HoldCo, LLC	3100 Olympus Blvd Dallas, TX 75019		6	

LIST OF OFFICERS

Name	Address	Title	Prescribing Authority
David Christopher Cheetham	[REDACTED]	Chief Executive Officer	
Corinna Ulrich	[REDACTED]	General Counsel and Corporate Secretary	

REGISTERED AGENT IN ALL APPLICABLE STATES

Name
InCorp Services, Inc.
CT Corporation System

Disciplinary History: CO 2017, CA 2023



June 27, 2024

List of Officers

As of today, the current list of corporate officers of Life Science Logistics, LLC are as follows:

Corinna Ulrich – General Counsel and Corporate Secretary
David Christopher Cheetham – Chief Executive Officer

State of Florida

Department of State

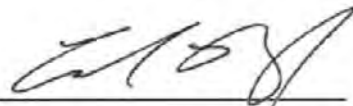
I certify from the records of this office that LIFE SCIENCE LOGISTICS, LLC is a limited liability company organized under the laws of the State of Florida, filed on May 12, 2006.

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, 2025, that its most recent annual report was filed on February 11, 2025, 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 Third day of June, 2025*




Secretary of State

Tracking Number: 4926840346CU

To authenticate this certificate, visit the following site, enter this number, and then follow the instructions displayed.

<https://services.sunbiz.org/Filings/CertificateOfStatus/CertificateAuthentication>



**North Carolina Department of
Agriculture & Consumer Services**

Food and Drug - Prescription Drug

License Details for LIFESCIENCE LOGISTICS,
LLC

Steve Troxler
Commissioner

Christina L. Waggett
Assistant Commissioner
for Consumer Protection

Anita McMullen
Division Director

Licensee Details	
Firm Name: LIFESCIENCE LOGISTICS, LLC	License Type: Third Party Logistic Provider
Address: 225 DOLSON AVE 4TH FLOOR , MIDDLETOWN, NY 10940	License Number: 1759
License Status: Active – In good standing	Discipline: No
Current Issue Date: 1/1/0001	License Expiration: 12/31/2025
Original Issue Date: 5/30/2025	
Search URL: https://apps.ncagr.gov/AgRSysPortalV2/licensesearch/fdpd/449374	
Firm Name: LIFESCIENCE LOGISTICS, LLC	License Type: Third Party Logistic Provider
Address: 3530 BRIGHTLEAF LANE, APEX, NC 27523	License Number: 1759
License Status: Active – In good standing	Discipline: No
Current Issue Date: 1/1/0001	License Expiration: 12/31/2025
Original Issue Date: 5/30/2025	
Search URL: https://apps.ncagr.gov/AgRSysPortalV2/licensesearch/fdpd/449374	



ORGANIZATIONAL CHART

Contact:
Address: 345 Park Avenue,
New York, NY 10154
Phone: (646) 482-3887
Email:

Paradigm Buyer, LLC
FEIN: Pending

100%

Contact: David Cheetham
Address: 3100 Olympus Blvd.,
Dallas, TX 75019
Phone: (502) 500-9459
Email: dcheetham@lslog.com

LSL HoldCo, LLC
FEIN: 87-3230980

100%

Contact: David Cheetham
Address: 3100 Olympus Blvd.,
Suite 100,
Dallas, TX 75019
Phone: (469) 844-3700
Email: dcheetham@lslog.com

LifeScience Logistics, LP
FEIN: 45-1073213

6%

94%

LifeScience Logistics, LLC
FEIN: 20-4870652



CERTIFICATE OF LIABILITY INSURANCE

7/1/2026

DATE (MM/DD/YYYY)

6/30/2025

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, LLC 444 W. 47th St., Ste. 900 Kansas City MO 64112-1906 (816) 960-9000 keasu@lockton.com		CONTACT NAME: PHONE FAX E-MAIL ADDRESS:	
INSURED 1523533 LIFE SCIENCE LOGISTICS, LLC 3100 OLYMPUS BLVD. SUITE 100 DALLAS TX 75019		INSURER(S) AFFORDING COVERAGE	
		INSURER A: Federal Insurance Company	
		INSURER B: Great Northern Insurance Company	
		INSURER C: Chubb Indemnity Insurance Company	
		INSURER D:	
		INSURER E:	
		INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** 19474248 **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 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:	Y	N	99510817	7/1/2025	7/1/2026
						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
						\$
B	☐ AUTOMOBILE LIABILITY ☐ ANY AUTO ☐ OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☒ HIRED AUTOS ONLY ☒ NON-OWNED AUTOS ONLY	N	N	73635009	7/1/2025	7/1/2026
						COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
						BODILY INJURY (Per person) \$ XXXXXXXX
						BODILY INJURY (Per accident) \$ XXXXXXXX
						PROPERTY DAMAGE (Per accident) \$ XXXXXXXX
						\$ XXXXXXXX
A	☒ UMBRELLA LIAB ☒ OCCUR ☐ EXCESS LIAB ☐ CLAIMS-MADE ☐ DED ☐ RETENTION\$	N	N	78199755	7/1/2025	7/1/2026
						EACH OCCURRENCE \$ 20,000,000
						AGGREGATE \$ 20,000,000
						\$ XXXXXXXX
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/A	71839067	7/1/2025	7/1/2026
						☒ 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	7/1/2025	7/1/2026
						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)
UMBRELLA LIABILITY POLICY IS EXCESS OVER THE COMMERCIAL GENERAL LIABILITY, HIRED AND NON-OWNED AUTOMOBILE LIABILITY, AND EMPLOYERS LIABILITY COVERAGE'S ONLY. CERTIFICATE IS ISSUED AS PROOF OF INSURANCE. GENERAL LIABILITY POLICY INCLUDES ADDITIONAL INSURED STATUS, AS REQUIRED BY WRITTEN CONTRACT AND SUBJECT TO THE TERMS AND CONDITIONS OF THE POLICY.

COVERAGE APPLIES TO: 3530 Brightleaf Lane
Apex NC 27523

CERTIFICATE HOLDER

19474248 PROOF OF INSURANCE	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

CANCELLATION

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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 Flr
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:

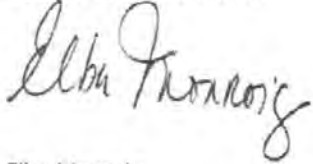
"I (STATE NAME AND TITLE) HEREBY CERTIFY THAT I AM A REPRESENTATIVE OF NEVADA STATE BOARD OF PHARMACY AUTHORIZED TO EXECUTE THIS STATEMENT AND HEREBY DEMAND PAYMENT IN THE AMOUNT OF USD (INSERT AMOUNT) UNDER UBS AG, STAMFORD BRANCH LETTER OF CREDIT NO. WAGA-A09273-1830 WHICH REPRESENTS FUNDS DUE US AS 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

**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 3530 Brightleaf Lane
City Apex State NC Zip 27523
Mailing Address (if different from physical address) c/o State License Servicing, Inc. 225 Dolson Avenue, 4th Floor
City Middletown State NY Zip 10940
Telephone (845) 544-2482 Website www.lsllog.com
Licensing Company Email LSLN3C@slsny.com

Section 2: Personal Information

First Robert Middle Francis Last Sternberg
Alias(es, nicknames, name changes, etc.) N/A
Date of Birth [REDACTED] SSN or ITIN [REDACTED] Sex ☒ M ☐ F ☐ X
Mailing Address [REDACTED]
City Apex State NC Zip [REDACTED]
Telephone [REDACTED] Email rssternberg@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.) | | X |
| 2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | X |
| 3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | X |

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)

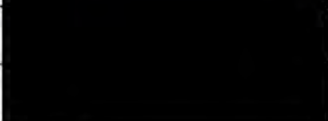
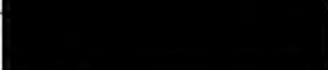
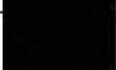
- | | Yes | No |
|--|-----|----|
| 1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.) | | ✓ |
| 2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount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

① EE RFS 09 Jul 2025

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 Indiana		From - To (MM/YY - MM/YY) 08/88 - 08/95	
Address 8600 University Boulevard	City Evansville	State IN	Zip 47712
Diploma/Degree obtained, if any Bachelor of Science in Business Administration			
School Name Jasper High School		From - To (MM/YY - MM/YY) 08/84 - 05/88	
Address 1600 Saint Charles Charles Street	City Jasper	State IN	Zip 47546
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) 08/2022 - Present	Address 	City Apex	State NC	Zip 
From - To (MM/YY - MM/YY) 12/2019 - 08/2022		City Apex	State NC	
From - To (MM/YY - MM/YY) 12/2014 - 12/2019		City Jasper	State IN	
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip

① BE RFS 09 Jul 2025

② EE RFS 09 Jul 2025

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) 12/2024 - Present	
Business Address 3530 Brightleaf Lane	City Apex	State NC	Zip 27523
Phone (812) 639-3645	Title Operations Manager	Number of Employed Hours ~ 1,038 hours	
Description of Duties Direct, mentor, train, and coach direct reports. Prepare and maintain departmental budget. Lead and/or assist with planning, design, implementation, communication, and delivery of company initiatives. Track and account for warehouse accuracy and productivity. Create and implement measures to improve productivity. Create and implement measures to improve and maintain employee morale. Frequently interact with CEO, VPs, Directors, Clients, and Managers to meet company initiatives. Implement special projects as assigned by Senior Management.			

Business Name MD Logistics		From - To (MM/YY - MM/YY) 06/2022 - 06/2024	
Business Address 200 Garner Business Park Drive	City Garner	State NC	Zip 27529
Phone (919) 862-4952	Title Associate Director of Pharmaceutical Operations	Number of Employed Hours ~ 4,160 hours	
Description of Duties Responsible to onboard, manage, and lead a shared warehouse for 2 large pharmaceutical companies. Full qualification and management of a 240,000 sq ft GMP pharmaceutical warehouse with a 40,000 sq ft 2-8 C cooler and 200,000 sq ft 15-25 C ambient storage area with over 23,000 pallet locations. Manage client KPI performance to track the effectiveness and efficiency of our processes and continuous improvement initiatives in order to exceed customer expectations. Managed budgets and controlled expenses effectively. Full Profit and Loss responsibility. Coached and directed the Operations Managers and Supervisors to ensure orders were picked and shipped in a timely manner.			

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

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

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

Continue on next page if additional space is needed.

N/A

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

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

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

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

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

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 - No Discipline to disclose

N/A

Original Signature (electronic, copies or stamps not accepted)

N/A

Date

I, Robert Francis Sternberg, certify that as the MDEG Administrator for
LifeScience Logistics, LLC

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

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

Robert Francis Sternberg

Print Name (First, Last)

Robert Francis Sternberg

Original Signature (electronic, copies or stamps not accepted)

11 Jun 2025

Date

Board Use Only

Date Received: 9/29/25

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 LifeScience Logistics, LLC
Pharmacy/Wholesaler License # (if applicable) _____
Physical Address 3530 Brightleaf Lane
City Apex State NC Zip 27523
Mailing Address (if different from physical address) c/o State License Servicing, 225 Dolson Avenue, 4th Floor
City Middletown State NY Zip 10940
Telephone (845) 544-2482 Website www.lslog.com
Licensing Company Email LSLN3C@slny.com

Section 2: Personal Information

First Robert Middle Francis Last Sternberg
Alias(es, nicknames, name changes, etc.) N/A
Date of Birth [REDACTED] SSN or ITIN [REDACTED] Sex ☒ M ☐ F ☐ X
Mailing Address [REDACTED]
City Apex State NC Zip [REDACTED]
Telephone [REDACTED] Email rssternberg@lslog.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 Southern Indiana		From - To (MM/YY - MM/YY) 08/88 - 08/95	
Address 8600 University Boulevard	City Evansville	State IN	Zip 47712
Diploma/Degree obtained, if any Bachelor of Science in Business Administration			
School Name Jasper High School		From - To (MM/YY - MM/YY) 08/84 - 05/88	
Address 1600 Saint Charles Street	City Jasper	State IN	Zip 47546
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) 08/2022 - Present	Address [REDACTED]	City Apex	State NC	Zip [REDACTED]
From - To (MM/YY - MM/YY) 12/2019 - 08/2022	Address [REDACTED]	City Apex	State NC	Zip [REDACTED]
From - To (MM/YY - MM/YY) 12/2014 - 12/2019	Address [REDACTED]	City Jasper	State IN	Zip [REDACTED]
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip

① EE RFS 09 JUL 2025

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) 12/2024 - Present	
Business Address 3530 Brightleaf Lane	City Apex	State NC	Zip 27523
Phone (469) 844-3699	Title Operations Manager	Number of Employed Hours ~ 1,038 hours	
Description of Duties Direct, mentor, train, and coach direct reports. Prepare and maintain departmental budget. Lead and/or assist with planning, design, implementation, communication, and delivery of company initiatives. Track and account for warehouse accuracy and productivity. Create and implement measures to improve productivity. Create and implement measures to improve and maintain employee morale. Frequently interact with CEO, VPs, Directors, Clients, and Managers to meet company initiatives. Implement special projects as assigned by Senior Management.			

Business Name MD Logistics		From - To (MM/YY – MM/YY) 06/2022 - 06/2024	
Business Address 200 Garner Business Park Drive	City Garner	State NC	Zip 27529
Phone (919) 862-4952	Title Associate Director of Pharmaceutical Operations	Number of Employed Hours ~ 4,160 hours	
Description of Duties Responsible to onboard, manage, and lead a shared warehouse for 2 large pharmaceutical companies. Full qualification and management of a 240,000 sq ft GMP pharmaceutical warehouse with a 40,000 sq ft 2-8 C cooler and 200,000 sq ft 15-25 C ambient storage area with over 23,000 pallet locations. Manage client KPI performance to track the effectiveness and efficiency of our processes and continuous improvement initiatives in order to exceed customer expectations. Managed budgets and controlled expenses effectively. Full Profit and Loss responsibility. Coached and directed the Operations Managers and Supervisors to ensure orders were picked and shipped in a timely manner.			

Business Name GKN Automotive		From - To (MM/YY – MM/YY) 11/2020 - 05/2022	
Business Address 1067 Trollingwood Hawfields Rd	City Mebane	State NC	Zip 27302
Phone (919) 304-7200	Title Value Stream Leader	Number of Employed Hours ~ 3,118 hours	
Description of Duties Responsible for safety, quality, delivery, and productivity of their assigned teams. Function as primary facilitator for designated cell(s) and have responsibility for performance across all shifts. 5S responsibility for assigned cells and shop floor in general. Responsible for KRONOS Time and Attendance tracking, cross charging hours, enforcing attendance policy, and reconciling payroll adjustments and corrections. Maintain staffing to budgeted levels. Process ECR's and make requests for temporary labor. Coach, train and develop teams/individuals to peak performance. Counsel and discipline teams/individuals as necessary.			

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

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

Continue on next page if additional space is needed.

N/A

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

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

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

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

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

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 # 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 - No Discipline to disclose

N/A
Original Signature (electronic, copies or stamps not accepted)

N/A
Date

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

Robert Francis Sternberg

Print Name (First, Last)

Robert Francis Sternberg

Original Signature (electronic, copies or stamps not accepted)

11 Jul 2025

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 Francis Sternberg

Print Name (First, Last)

Robert Francis Sternberg
Original Signature (electronic, copies or stamps not accepted)

11 Jul 2025
Date

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

State of NC, ss. County of Wake

I, Robert Francis Sternberg, 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 Francis Sternberg
Original Signature Robert Francis Sternberg

11 Jul 2025
Date

Subscribed and Sworn to before me this 11th day of July 2025

Dyuti Bhargava
Notary Public Signature



(Seal)



List of Employees at 3530 Brightleaf Lane, Apex, NC 27523

Robert Sternberg
Antonio Greenlee
Eileen Gu

4AA

NEVADA STATE BOARD OF PHARMACY

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

Wholesaler Application
Non-Refundable \$1,000 Fee
 Rev (08/17/2022)

Where is the facility located?		☐ Nevada ☒ Out-of-State
Type of Application (check applicable box)		Wholesaler Business Type (check applicable box)
☒ New Wholesaler ☐ Ownership Change* ☐ Name Change* ☐ Location Change* (in-state only)	* If making a change, provide current license number: WH _____	☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ☒ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)
Section 1: General Information		
Facility Name: <u>LifeScience Logistics, LLC</u>		
Physical Address: <u>2360 Ferrell Road</u>		
City: <u>Durham</u> State: <u>NC</u> Zip: <u>27704</u>		
Mailing Address (if different from physical address): <u>c/o State License Servicing, Inc., 225 Dolson Avenue, 4th Floor</u>		
City: <u>Middletown</u> State: <u>NY</u> Zip: <u>10940</u>		
Telephone: <u>(845) 544-2482</u> Website: <u>www.lslog.com</u>		
Name of Designated Representative (DR): <u>Allison Faith Wieder</u>		
Licensing Company Email: <u>christine.cannon@slslicensing.com</u> DR Email: <u>awieder@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>US Government</u>	☒ Dangerous Drugs ☐ Controlled Substances ☒ *Medical devices, equipment, supplies, gases ☒ Others: <u>Drugs (Human OTC, Vet Rx, Vet OTC)</u>	☐ 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)?		☒

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: bioMérieux
 Address: 100 Rodolphe Street City: Durham State: NC Zip: 27712
 Name: Nova Nordisk Pharmaceuticals
 Address: 3612 Powhatan Road City: Clayton State: NC Zip: 27527
 Name: CSL Seqirus
 Address: 475 Green Oaks Pkwy City: Holly Springs State: NC Zip: 27540
 Name: Biogen
 Address: 5000 Davis Drive City: Durham State: NC Zip: 27709

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: 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, Inc. 225 Dolson Avenue, 4th Floor
 City: Middletown State: NY Zip: 10940
 Telephone: (845) 544-2482 Email: christine.cannon@slslicensing.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	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)	✓	✓	✓	✓
• ^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/ .		✓	✓	✓

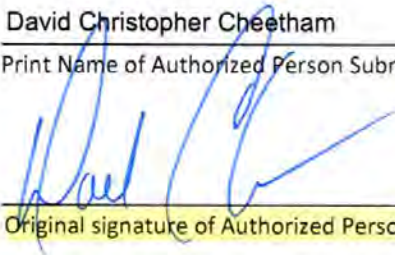
I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application 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)

27 MAY 2025

Date

Board Use Only

Date Received: 7/14/25

Amount: \$1000-LH 9177

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 03/06/2017	Disposition Date	State CO	City	County
Case # 2016-3687	Governing, licensing, Arresting Presiding Body/Agency/Court Colorado State Board of Pharmacy			
Reason/Charge Administrative Fine - Violation of Board Rule 15.01.14(c)				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity LifeScience Logistics, LLC				

Provide explanation below:

Please see attached documentation.

David Christopher Cheetham

Original Signature (electronic, copies or stamps not accepted)

21 MAY 2025

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 04/30/2018	Disposition Date	State CA	City Sacramento	County
Case # CI 2017 78097	Governing, licensing, Arresting Presiding Body/Agency/Court Board of Pharmacy, Department of Consumer Affairs State of California			
Reason/Charge Citation and Fine				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity LifeScience Logistics, LLC				

Provide explanation below:

See attached documentation.

David Christopher Cheatham

Original Signature (electronic, copies or stamps not accepted)

27 MAY 2025

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 10/26/18	Disposition Date	State AL	City Birmingham	County
Case # 18-L-0075	Governing, licensing, Arresting Presiding Body/Agency/Court Alabama Board of Pharmacy			
Reason/Charge Fine				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity LifeScience Logistics, LLC				

Provide explanation below:

See attached documentation.

David Christopher Cheetham

Original Signature (electronic, copies or stamps not accepted)

27 MAY 2025

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 5/23/2023	Disposition Date	State CA	City Sacramento	County
Case # CI 2021 95502		Governing, licensing, Arresting Presiding Body/Agency/Court California State Board of Pharmacy		
Reason/Charge Discipline				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity LifeScience Logistics, LLC				

Provide explanation below:

See attached documentation.



David Christopher Cheetham

Original Signature (electronic, copies or stamps not accepted)

27 MAY 2025

Date



3100 Olympus Blvd, Suite 100 Dallas, TX 75019

27 February 2025

RE: LSL Explanation for Colorado Citation from 2017

To Whom It May Concern:

This memo provides an explanation of the Colorado State Board of Pharmacy's citation and fine of Life Science Logistics in March 2017.

On April 27th, 2016, the Board received an Application for Change of Designated Representative (DR) from LifeScience Logistics, LLC. The form indicated the prior DR, Thomas Kennedy, disassociated November 16th, 2015, and that Henry Tillman took over as the new DR the same day. However, the resume for the Designated Representative was received July 18th, 2016. Therefore, approximately 180 days had transpired from the time the previous Designated Representative left the position until the time the application was received; and approximately 240 days had transpired from the time the previous Designated Representative left the position, and the new Designated Representative's resume was received.

This finding was determined to be a violation of Board Rule 15.01.14(c) states that any change in the designated representative of a wholesaler shall be reported to the Board on a form supplied by the Board within 30 calendar days of such change. An administrative fine was issued.

In response, the administrative fine was paid, and proof of abatement provided to the board for the citation. The payment and documentation were received and accepted as satisfactorily resolving the matter.

Please do not hesitate to contact us if there are any additional questions.

Sincerely,

Bozie Madison
Directory of Quality and Compliance
Mobile: [REDACTED]
Email: bmadison@lslog.com
Website: www.lslog.com

CONFIDENTIAL
Page 1 of 1

Alabama Board of Pharmacy
111 Village Street
Birmingham AL 35242

Discipline - AL / Case #: 18-L-0075

US POSTAGE AND FEES PAID
FIRST-CLASS
Oct 29 2018
Mailed from ZIP 35242
1 oz First-Class Mail Letter



071S00777793

USPS CERTIFIED MAIL



9414 8108 9876 5020 7252 37

LIFE SCIENCE LOGISTICS
1105 EAST NORTHFIELD DRIVE
BROWNSBURG IN 46112



FO - 18-L-0075 193417 AND 195184

FOLD ALONG THIS LINE

**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.

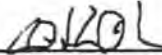
ORDER

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.

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

A handwritten signature in cursive script, appearing to read "Virginia Herold".

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
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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

1 **REQUEST FOR APPEAL**
2 **BEFORE THE**
3 **BOARD OF PHARMACY**
4 **DEPARTMENT OF CONSUMER AFFAIRS**
5 **STATE OF CALIFORNIA**

6 Check ☐ I contest the Citation and request an administrative hearing before an
7 Administrative Law Judge.

8 In the Matter of the Citation Against:
9 **LIFESCIENCE LOGISTICS LLC**
10 **OSD 6246**

Respondent

Citation Case No : CI 2017 78097
NOTICE OF APPEAL
(Pursuant to sections 11505, and 11506
Government Code)

11 I, the undersigned, the respondent named in the above-entitled proceeding, hereby acknowledge receipt of a
12 copy of the Citation.

13 I hereby request a hearing in said proceeding to permit me to present my defense to charges contained herein in
14 said Citation.

15 DATED _____

(Respondent)

16 Mailing Address of Respondent:

17 _____
18 (Street Address)

19 _____
20 (City) (State) (Zip)

(Telephone)

21 Please indicate whether or not you intend to be represented by counsel. If you intend to have counsel, please
22 complete the following:

23 Mailing Address of Attorney

24 _____
25 (Attorney's Name)

26 _____
27 (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,

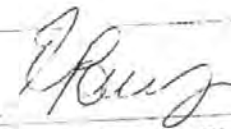
CERTIFIED MAIL NO

NAME

7016 1970 0001 0142 6645

LIFESCIENCE LOGISTICS LLC
ATTN: MAX KAMHI, MEM
4475 SOUTH FULTON PKWY BLDG 5 STE C
ATLANTA, GA 30349

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

Virginia Herold
Executive Officer
Board of Pharmacy

Maria Herrera

From: Christine Cannon <christine.cannon@slslicensing.com>
Sent: Wednesday, August 13, 2025 9:34 AM
To: Maria Herrera
Subject: Re: [#267694] Nevada Out-of-State Wholesaler Application-LifeScience Logistics, LLC, Durham, NC
Attachments: ndc_nhric_labeler_codes_08_11_2025 (1).xls

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.

From: State License Servicing, Inc.

Subject: Nevada Out-of-State Wholesaler Application-LifeScience Logistics, LLC, Durham, NC

Ticket Number 267694

Hi Dear Maria,

I hope this email finds you well.

Our client is trying to locate the FDA labeler approval letter. In the meantime, please find attached FDA spreadsheet with their code located in line 9506.

Please confirm receipt and if it suffices for now.

Thanks in advance for your time and assistance.

Kind Regards,

Ramon Rivera

Information Systems

Pharmaregs, Inc.

State License Servicing, Inc

CIM 90, Carr. 165, Suite C-102

*Verified
8/23/25*

NDC/NHRI Labeler		
1	Code	Firm Name
490	64678	Emergent Biodefense Operations Lansing Inc
491	86169	Triviumvet DAC
492	76838	SWEET SEASONS LLC
493	73179	Reata Pharmaceuticals, Inc.
494	11789	LLOYD, Inc. of Iowa
495	10927	Purity Cylinder Gases, Inc.
496	71680	LaShe Naturals, LLC
497	50703	P.A. Benjamin Manufacturing Co., Ltd.
498	81238	Western First Aid Safety
499	68155	Bracco Suisse SA
500	57889	Sun Enterprise
501	68514	Strand Cosmetics Europe
502	69197	Command Brands, LLC
503	82392	Oystershell Consumer Health Inc
504	23667	Formulated Solutions, LLC
505	80513	Advanced Rx LLC
506	42067	Life Science Logistics, LLC
507	80273	Tiger Source LLC
508	72735	Peace of Mind Pharmaceuticals LLC
509	68546	Teva Neuroscience, Inc.
510	10671	Air Liquide America LP
511	82240	DERMAKA SKIN PRODUCTS
512	86018	CLSolutio, LLC
513	76893	NE Finest LLC
514	62598	Millennium Medical Supply
515	52665	Beiersdorf Manufacturing Hamburg
516	75864	VISPAK INC.
517	83173	Medical Group Care LLC
518	60282	Stearns Packaging Corporation

LifeScience Logistics, LLC



Corporate Address: 3100 Olympus Blvd., Suite 100, Dallas, TX 75019 USA
FEIN: 20-4870652
www.lsiog.com

Drug Labeler Code: 42067
Incorporation State: FL
Incorporation Date: 05/12/2006

FACILITY INFORMATION

Code	Address	FDA	DEA	DUNS	VAWD	Phone	Fax
NC2	2360 Ferrell Road Durham, NC 27704 County: Durham	N/A	N/A - No CS	119050675	No	(469) 844-3700	N/A

FACILITY DESIGNATED REPRESENTATIVES

Name	Address	Title	Prescribing Authority
Allison Faith Wieder	[REDACTED]	Operations Supervisor	

OWNERSHIP

Name	Address	Title	Percent of Ownership	Prescribing Authority
LifeScience Logistics, LP	3100 Olympus Blvd. Suite 100 Dallas, TX 75019		94	
LSL HoldCo, LLC	3100 Olympus Blvd Dallas, TX 75019		6	

LIST OF OFFICERS

Name	Address	Title	Prescribing Authority
David Christopher Cheetham	[REDACTED]	Chief Executive Officer	
Corinna Ulrich	[REDACTED]	General Counsel and Corporate Secretary	

REGISTERED AGENT IN ALL APPLICABLE STATES

InCorp Services, Inc.
 CT Corporation System

Disciplinary History: CO 2017, CA 2023

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, 2025, that its most recent annual report was filed on February 11, 2025, 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 Thirty-first day of March, 2025*




Secretary of State

Tracking Number: 6732998427CU

To authenticate this certificate, visit the following site, enter this number, and then follow the instructions displayed.

<https://services.sunbiz.org/Filings/CertificateOfStatus/CertificateAuthentication>



June 27, 2024

List of Officers

As of today, the current list of corporate officers of Life Science Logistics, LLC are as follows:

Corinna Ulrich – General Counsel and Corporate Secretary
David Christopher Cheetham – Chief Executive Officer

ORGANIZATIONAL CHART

Contact:
Address: 345 Park Avenue,
New York, NY 10154
Phone: (646) 482-3887
Email:

Paradigm Buyer, LLC
FEIN: Pending

100%

Contact: David Cheetham
Address: 3100 Olympus Blvd.,
Dallas, TX 75019
Phone: (502) 500-9459
Email: dcheetham@lslog.com

LSL HoldCo, LLC
FEIN: 87-3230980

100%

Contact: David Cheetham
Address: 3100 Olympus Blvd.,
Suite 100,
Dallas, TX 75019
Phone: (469) 844-3700
Email: dcheetham@lslog.com

LifeScience Logistics, LP
FEIN: 45-1073213

6%

94%

LifeScience Logistics, L
FEIN: 20-4870652



**North Carolina Department of
Agriculture & Consumer Services**

Food and Drug - Prescription Drug

License Details for LIFESCIENCE LOGISTICS
LLC

Steve Troxler
Commissioner

Christina L. Waggett
Assistant Commissioner
for Consumer Protection

Anita McMullen
Division Director

Licensee Details	
Firm Name: LIFESCIENCE LOGISTICS LLC	License Type: Third Party Logistic Provider
Address: 2360 Ferrell Road, DURHAM, NC 27704	License Number: 1720
License Status: Active – In good standing	Discipline: No
Current Issue Date: 11/7/2024	License Expiration: 12/31/2025
Original Issue Date: 1/5/2024	
Search URL: https://apps.ncagr.gov/AgRSysPortalV2/licensesearch/fdpd/434800	

 **Smason** replied

4 months ago (Wed, 20 May 2020 at 12:19 PM)



 To: "SLSNYSupport.com" <help@slsnysupport.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.



No Official VOL letter

2025

NOT TRANSFERABLE
STATUTE GS 81.106.119

LICENSE/CERTIFICATE: Third Party Logistic

TYPE

Expiration Date 12/31/2025

LICENSEE
OR
CERTIFICATOR

LIFESCIENCE LOGISTICS LLC
2360 Ferrell Road
DURHAM

NC 27704

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

LICENSE/CERTIFICATE NO.
1720



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

Steve W. Troxler
STEVE TROXLER, COMMISSIONER



**North Carolina Department of
Agriculture & Consumer Services**

Food and Drug - Prescription Drug

**License Details for LIFESCIENCE LOGISTICS
LLC**

Steve Troxler
Commissioner

Christina L. Waggett
Assistant Commissioner
for Consumer Protection

Anita McMullen
Division Director

Licensee Details	
Firm Name: LIFESCIENCE LOGISTICS LLC	License Type: Distributor
Address: 2360 Ferrell Road, DURHAM, NC 27704	License Number: 585
License Status: Active – In good standing	Discipline: No
Current Issue Date: 11/7/2024	License Expiration: 12/31/2025
Original Issue Date: 1/5/2024	
Search URL: https://apps.ncagr.gov/AgRSysPortalV2/licensesearch/fdprd/434802	

2025

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

LICENSE/CERTIFICATE NO.
585

NOT TRANSFERABLE
STATUTE GS 81.106.119

LICENSE/CERTIFICATE: **Distributor**
TYPE **PRESCRIPTION DRUG LICENSE**
Expiration Date **12/31/2025**

LICENSEE
OR
CERTIFICATOR

LIFESCIENCE LOGISTICS LLC
2360 Ferrell Road
DURHAM

NC 27704



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

Steve W. Troxler
STEVE TROXLER, COMMISSIONER



CERTIFICATE OF LIABILITY INSURANCE

7/1/2026

DATE (MM/DD/YYYY)

6/30/2025

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, LLC 444 W. 47th St., Ste. 900 Kansas City MO 64112-1906 (816) 960-9000 kcasu@lockton.com	CONTACT NAME:	
	PHONE (A/C, No. Ext.):	
INSURED 1523533 LIFE SCIENCE LOGISTICS, LLC 3100 OLYMPUS BLVD. SUITE 100 DALLAS TX 75019	FAX (A/C, No.):	
	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A: Federal Insurance Company	NAIC # 20281
	INSURER B: Great Northern Insurance Company	20303
	INSURER C: Chubb Indemnity Insurance Company	12777
INSURER D:		
INSURER E:		
INSURER F:		

COVERAGES**CERTIFICATE NUMBER:** 19474248**REVISION NUMBER:** XXXXXXX

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☐ PROJECT ☒ LOC ☐ OTHER:	Y	N	99510817	7/1/2025	7/1/2026	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 - COM/PROP AGG \$ Excluded \$
B	☐ AUTOMOBILE LIABILITY ☐ ANY AUTO ☐ OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☒ HIRED AUTOS ONLY ☒ NON-OWNED AUTOS ONLY	N	N	73635009	7/1/2025	7/1/2026	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ XXXXXXX BODILY INJURY (Per accident) \$ XXXXXXX PROPERTY DAMAGE (Per accident) \$ XXXXXXX \$ XXXXXXX
A	☒ UMBRELLA LIAB ☒ OCCUR ☐ EXCESS LIAB ☐ CLAIMS-MADE DED ☐ RETENTION \$	N	N	78199755	7/1/2025	7/1/2026	EACH OCCURRENCE \$ 20,000,000 AGGREGATE \$ 20,000,000 \$ XXXXXXX
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/A	71839067	7/1/2025	7/1/2026	☒ 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	7/1/2025	7/1/2026	AGG LMT - \$5,000,000 EA OCC LMT - \$5,000,00 DED AGG - \$50,000

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

UMBRELLA LIABILITY POLICY IS EXCESS OVER THE COMMERCIAL GENERAL LIABILITY, HIRED AND NON-OWNED AUTOMOBILE LIABILITY, AND EMPLOYERS LIABILITY COVERAGE'S ONLY. CERTIFICATE IS ISSUED AS PROOF OF INSURANCE. GENERAL LIABILITY POLICY INCLUDES ADDITIONAL INSURED STATUS, AS REQUIRED BY WRITTEN CONTRACT AND SUBJECT TO THE TERMS AND CONDITIONS OF THE POLICY.

COVERAGE APPLIES TO: 2360 FERRELL ROAD, DURHAM NC 27704

CERTIFICATE HOLDER**CANCELLATION**

19474248
PROOF OF INSURANCE

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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**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)



NEVADA STATE BOARD OF PHARMACY
985 DAMONTE RANCH PARKWAY
STE 206
RENO, NEVADA 89521

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 Flr
New York, NY 10019

www.ubs.com/tef

**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:

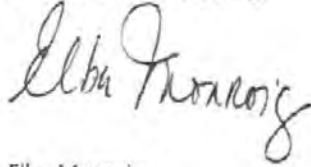
"I (STATE NAME AND TITLE) HEREBY CERTIFY THAT I AM A REPRESENTATIVE OF NEVADA STATE BOARD OF PHARMACY AUTHORIZED TO EXECUTE THIS STATEMENT AND HEREBY DEMAND PAYMENT IN THE AMOUNT OF USD (INSERT AMOUNT) UNDER UBS AG, STAMFORD BRANCH LETTER OF CREDIT NO. WAGA-A09273-1830 WHICH REPRESENTS FUNDS DUE US AS 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

UBS AG
Stamford, 06901 CT
Phone + 1 212 821 30 00
SWIFT UBSWUS33XXX

Letter of Credit Services

Elba Monroig
UBS AG ZCVF-MOE
1285 Ave. of the Americas, 8th Flr
New York, NY 10019
Phone +1 212 821 6752
Fax +1 212 821 6707

www.ubs.com/tef

NEVADA STATE BOARD OF PHARMACY
985 DAMONTE RANCH PARKWAY
STE 206
RENO, NEVADA 89521

19. February 2025

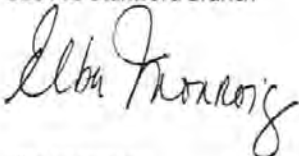
**Amendment to Irrevocable standby-L/C No. WAGA-A09273-1830
dated 16. June 2023
for USD 25,000.00 (United States Dollar twenty-five thousand)
Debtor in the underlying transaction: LIFE SCIENCE LOGISTICS LLC, 3100 OLYMPUS BLVD., SUITE 100,
COPPELL, TX 75019**

Our above-mentioned undertaking is amended as follows:

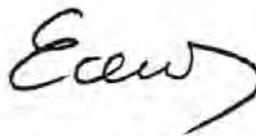
THE FOLLOWING ADDRESS IS ADDED TO THE LIST OF WAREHOUSES IN THE
FIRST PARAGRAPH OF THE LETTER OF CREDIT:
2360 FERRELL ROAD, DURHAM, NC 27704

All other terms and conditions remain unchanged.

UBS AG Stamford Branch



Elba Monroig
Associate Director



Ainur Baigamyt
Associate 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 LifeScience Logistics, LLC
 Pharmacy/Wholesaler License # (if applicable) N/A
 Physical Address 2360 Ferrell Road
 City Durham State NC Zip 27704
 Mailing Address (if different from physical address) c/o State License Servicing, 225 Dolson Avenue, 4th Floor
 City Middletown State NY Zip 10940
 Telephone (845) 544-2482 Website www.lslog.com
 Licensing Company Email LSL@slsny.com

Section 2: Personal Information

First Allison Middle Faith Last Wieder
 Alias(es, nicknames, name changes, etc.) N/A
 Date of Birth [REDACTED] SSN or ITIN [REDACTED] Sex ☐ M ☒ F ☐ X
 Mailing Address [REDACTED]
 City Morrisville State NC Zip [REDACTED]
 Telephone [REDACTED] Email awieder@lslog.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 The Art Institute of Indianapolis		From - To (MM/YY - MM/YY) 10/08 - 05/13	
Address 3500 Depauw Blvd Suite 1010	City Indianapolis	State IN	Zip 46268
Diploma/Degree obtained, if any BA in Graphic Design			
School Name Brownsburg High School		From - To (MM/YY - MM/YY) 08/04 - 05/06	
Address 1000 South Odell Street	City Brownsburg	State IN	Zip 46112
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) 11/2023 - Present	Address [REDACTED]	City Morrisville	State NC	Zip [REDACTED]
From - To (MM/YY - MM/YY) 08/22 - 11/23	[REDACTED]	City Lizton	State IN	[REDACTED]
From - To (MM/YY - MM/YY) 2/20 - 08/22	[REDACTED]	City Lizton	State IN	[REDACTED]
From - To (MM/YY - MM/YY) 08/04 - 02/20	[REDACTED]	City Brownsburg	State IN	[REDACTED]
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	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 LifeScience Logistics, LLC		From - To (MM/YY - MM/YY) 09/2023 - Present	
Business Address 2360 Ferrell Road		City Durham	State NC
Phone (469) 844-3700		Title Operations Supervisor	Zip 27704
Description of Duties Coordinate warehouse personnel, organize day-to-day picking and loading, ensure the building is secure during work hours, perform special projects, collaborate internally and externally, coordinate new and current employee training for safety and procedures.		Number of Employed Hours ~ 3,480 hours	
Business Name LifeScience Logistics, LLC		From - To (MM/YY - MM/YY) 02/2018 - 09/2023	
Business Address 1105 E. Northfield Drive		City Brownsburg	State IN
Phone (317) 456-0254		Title Operations Supervisor (11/22-09/23), Account Manager (08/19-11/22), Cold Chain Team Lead (11/18-08/19), Warehouse Associate (02/18-11/18)	Zip 46112
Description of Duties Manage day to day communication and escalations between my assigned clients, Serve as the filter between all things externally to all things internal, Manage relationship between client and operations. Responsible for filtering all client communication to the proper internal team, Responsible for managing inventory reporting for client. Led a team of 5-10 member, specializing in picking and packing 15+ cold chain and specialty clients with over 50 unique pack-out instructions. Pick, pack and ship on the parcel side of operations		Number of Employed Hours ~ 11,611 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	
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			
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?		✓

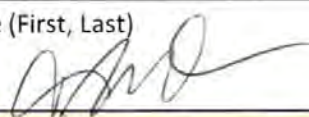
I, Allison Faith Wieder, certify that as the designated representative for
LifeScience Logistics, LLC,

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

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

Allison Faith Wieder

Print Name (First, Last)


 Original Signature (electronic, copies or stamps not accepted)

05JUN2025
 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.

Allison Faith Wieder

Print Name (First, Last)

[Signature]
Original Signature (electronic, copies or stamps not accepted)

18 JUN 2025
Date

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

State of NC, ss. County of Durham

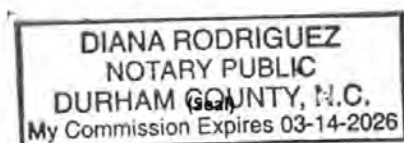
Allison Faith Wieder, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that 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 Allison Faith Wieder

18 JUN 2025
Date

Subscribed and Sworn to before me this 18th day of June.

[Signature]
Notary Public Signature



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:

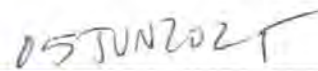
Date of Event/Arrest	Disposition Date 04/11/2021	State IN	City	County Boone
Case # 06D02-2104-CM-000818	Governing, licensing, Arresting Presiding Body/Agency/Court State of Indiana			
Reason/Charge Count 1 OWI, Class A Misdemeanor				
Plaintiff/Defendant/Claimant/Respondent Allison Wieder			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Please see attached documentation.



Original Signature (electronic, copies or stamps not accepted)



Date

05Jun2025

To Whom It May Concern,

On April 19, 2021, I was charged with Operating a Vehicle While Intoxicated. The outcome was 12 months of probation, which I was released from 6 months early.

There have been no incidents since this date.

Thank you,

A handwritten signature in black ink, appearing to read 'Allison Wieder', with a long horizontal flourish extending to the right.

Allison Wieder

STATE OF INDIANA)
) SS:
COUNTY OF BOONE)

IN THE BOONE SUPERIOR COURT II
CAUSE NUMBER. 06D02-2104-CM-000818

STATE OF INDIANA)
)
VS)
)
ALLISON F WIEDER)
TCN: 0610041183

FILED

AUG 11 2021

Jessica J. Fouts
CLERK BOONE SUPERIOR COURT II

PLEA AGREEMENT

Comes now the State of Indiana, by Kelsey Lenox, Deputy Prosecuting Attorney for the 20th Judicial Circuit, Boone County, Indiana, and the Defendant, Allison F Wieder, and her counsel, Annie Fierek, and enter into the following plea agreement ("PLEA AGREEMENT"):

WHEREAS, the Defendant is charged with the following offense(s):

06D02-2104-CM-000818

Count I: Operating a Vehicle While Intoxicated Endangering a Person, a Class A Misdemeanor
Count II: Operating a Vehicle with an ACE of .15 or More, a Class A Misdemeanor
Count III: Operating a Vehicle While Intoxicated, a Class C Misdemeanor
Count IV: Public Intoxication, a Class B Misdemeanor
Count V: Improper or No Turn Signals, a Class C Infraction

NOW THEREFORE, should the Defendant enter a plea of guilty to the following offense(s):

06D02-2104-CM-000818

Count I: Operating a Vehicle While Intoxicated Endangering a Person, a Class A Misdemeanor

THEN, IN CONSIDERATION THEREOF, the State of Indiana would make the following recommendations; which, if accepted by the Court, shall become binding:

- A. The Court shall sentence the Defendant as follows: **365 days at the Boone County Jail/Department of Corrections, suspended but for 2 days (1 actual) already served. Defendant shall be on supervised probation for the balance of the suspended sentence.**

Probation terms shall include, but not be limited to, the following:

- 1. Defendant shall not use, possess, and consume any drugs and/or alcohol while on probation, unless prescribed by a licensed physician;**
- 2. Defendant shall not operate a vehicle without a valid license;**

3. Defendant shall sign a 4th Amendment waiver for purposes of drug and/or alcohol testing and/or screening;

4. Defendant shall attend and successfully complete a drug and/or alcohol counseling and/or treatment program as recommended by the probation department; *in treatment*

5. Defendant shall pay all Court ordered monetary obligations;

6. Defendant shall pay restitution to the State of Indiana in the amount of \$105.00, to be taken from bond at the time of sentencing.

All other terms of probation, as well as all fines, fees, and court costs, shall be left to the Court's discretion.

After successfully completing any recommended drug and alcohol treatment and at least six (6) months of probation, where "successful" means there have not been any violations of probation, all special terms of probation have been satisfied, and all monetary obligations are paid in full, the Defendant may petition for early termination of probation. State reserves the right to argue.

B. Defendant's drivers license shall be suspended for 30 days relating back to 5/4/21.

C. The State will dismiss the remaining charges; and

D. The State will not file any additional charges arising out of the fact situation on which these charges are based.

DEFENDANT'S ACKNOWLEDGEMENT

1. The Defendant hereby acknowledges that by pleading guilty she is giving up the following rights:
 - A. The right to a public and speedy trial by jury;
 - B. The right to face and question all witnesses against her;
 - C. The right to require witnesses, by compulsory process, to be present and to testify on her behalf;
 - D. The right to require the State to prove her guilt beyond a reasonable doubt, at a trial in which she may not be forced to testify against herself; and
 - E. The right to appeal a finding of guilt if she had gone to trial.
2. The Defendant hereby acknowledges that she understands the following:
 - A. This agreement, signed by the Defendant and Prosecuting Attorney assigned to the case, shall be introduced into evidence by stipulation of all the parties at the time of the guilty plea;
 - B. The Defendant enters into the agreement knowing that the Court has the authority to accept or reject the agreement; however, if the Court accepts the agreement, it is bound by the terms expressed herein;
 - C. The minimum and maximum sentence for each crime charged, and each crime to which she is pleading guilty;
 - D. The Defendant understands that the Court may take the defendant's criminal record into account when determining whether to accept or reject this plea agreement;
 - E. That her prior felony or misdemeanor convictions or juvenile delinquency adjudications, if any, may increase the possible sentence;
 - F. That her prior felony or misdemeanor convictions, if any, may prevent the Court from suspending all or a part of the sentence;
 - G. The Defendant acknowledges that the State's recommendation or agreement to make no recommendation is based upon the Defendant's criminal history known to the Prosecuting Attorney's Office at the time of making this agreement. In the event that such information is incomplete and that a more accurate criminal history is discovered prior to the entry of judgment, or if the Defendant is charged with the commission of another offense prior to the sentencing on this matter, the State reserves the right to unilaterally withdraw from this agreement;
 - H. The possibility that the Court may impose consecutive sentences if she pleads guilty to more than one (1) charge;
 - I. That if she was on bond, probation or parole at the time she committed the crime(s) to which she is pleading guilty, then this sentence must be served consecutively to the sentence for the crime(s) for which he was on bond, probation or parole;
 - J. That if she has committed a crime or crimes while on bond for the crime(s) to which she is pleading guilty, then the sentences for that or those crime(s) must be served consecutively to the sentence imposed in this case;
 - K. The Defendant acknowledges that entry into a plea of guilty pursuant to this agreement constitutes an admission to the truth of all the facts alleged in the counts to which the Defendant pleads guilty, and that this guilty plea will result in a conviction on those charges or counts;
 - L. At the time of the taking of the guilty plea and again at the time of sentencing, the State reserves the right to question witnesses and comment on any evidence presented upon which the Court may rely to determine the sentence to be imposed. The State may also present testimony or statements from the victim(s) or the victim(s) representatives;
 - M. That if she is pleading guilty to any traffic offense, the record of that conviction will be sent to

the Bureau of Motor Vehicles to be made a part of her permanent driving record, and that the conviction may later affect the imposition of a habitual traffic offender suspension against her;

- N. If pleading guilty to a sex offense, the Defendant understands and will abide by the requirements for registering as a Sex Offender under Indiana Law. The Defendant is aware that failure to abide by the registration requirements is itself a crime under Indiana Law;
- O. That if she is pleading guilty to the crime of Domestic Violence, upon conviction she may lose the right to possess a firearm, and possession of a firearm or ammunition may constitute a separate crime. In addition, her parenting time with minor children may be restricted;
- P. If Defendant is pleading guilty to a D Felony or Level 6 Felony and the plea does not specifically call for misdemeanor sentencing to be entered at the time of sentencing, then the Defendant may petition for Alternative Misdemeanor Sentencing pursuant to I.C. 35-50-2-7(d). The State reserves the right to argue against the Defendant's petition for AMS.
- Q. The Defendant understands that the sentence may be an aggravated sentence, which imposes a term above the statutory presumptive sentence, and hereby waives her constitutional right, as outlined in the case of Blakely v. Washington, 124 S. Ct. 2531(2004), to have a jury determine beyond a reasonable doubt the existence of the aggravating factors used to support this sentence, and requests that the Judge make the determination of the existence of any aggravating factors after consideration of the Pre-sentence Investigation report and the arguments and evidence presented at the sentencing hearing;
- R. The Defendant understands that she has the right to pursue post-conviction relief if there is a legal and factual basis for doing so, and that entering this guilty plea does not waive that right;
- S. The Defendant acknowledges satisfaction with defense counsel's representation and competency in this matter, and the Defendant believes that this agreement is in her best interests; and
- T. The Defendant hereby represents that by virtue of entering into this plea agreement he waives extradition from any other State in which he may be located or residing in the event he should fail to appear for any further proceedings in connection with the above captioned cause. Defendant further represents that this Waiver is being executed with full knowledge of the privileges which she is giving up by reason of such Waiver; and
- U. The Defendant agrees that this agreement embodies the entire agreement between the parties and no promises or threats have been made to induce the Defendant to plead guilty in this case and
- V. The Defendant hereby waives the right to appeal or challenge the sentence imposed by the Court, under any standard of review, including but not limited to, an abuse of discretion standard and the appropriateness of the sentence under Indiana Appellate Rule 7(B), so long as the Court sentences the Defendant within the terms of the plea agreement; and
- W. The Defendant understands that as a result of her criminal conviction pursuant to this plea agreement, she may suffer additional legal consequences beyond prison, jail, community corrections, probation, and fines. These consequences may include:
- Being unable to get or keep some licenses, permits, or jobs;
 - Being unable to get or keep benefits such as public housing or education;
 - Receiving a harsher sentence if he/she is convicted of another offense in the future;
 - Having the government take his/her property;
 - Being unable to vote or possess a firearm; and
 - If the Defendant is not a United States Citizen, deportation, exclusion from the admission to the United States, or denial of citizenship, pursuant to the laws of the United States.

3. All the provisions of this PLEA AGREEMENT are acknowledged as having been read, understood, and approved by the Defendant, Allison F Wieder, on the 11 day of August, 2021.

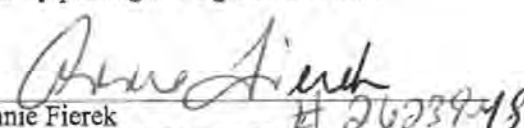
4. Defendant hereby agrees with and signs this PLEA AGREEMENT and further acknowledges that all of

this is done intelligently, knowingly and voluntarily upon and after consultation with her attorney.



Allison F Wieder
DEFENDANT

This PLEA AGREEMENT has been read and approved by the Attorney for the Defendant, Annie Fierek. By his/her signature, defense counsel acknowledges that he/she has discussed the foregoing provisions with the Defendant and that the Defendant has indicated approval by placing her signature hereto.



Annie Fierek
ATTORNEY FOR THE DEFENDANT

STATE'S CERTIFICATION

In order for the Court to consider the State's sentencing recommendation set forth herein, if any, the State, Pursuant to I.C. § 35-35-3 certifies to the Court as follows:

1. The State has informed the victim(s) in this case, if any, that the State has entered into discussions with defense counsel or the Court concerning a sentencing recommendation for the defendant;
2. The State informed the victim(s) in this case, if any, of the contents of the sentencing recommendation before it was filed with the Court;
3. The State has notified the victim(s) in this case, if any, that they have an opportunity to present their opinion of the recommendation to the prosecuting attorney and the Court and that they are entitled to be present and may address the Court (in person or in writing) when the Court considers the recommendation;
4. If a victim in this case is deceased or is under the age of eighteen (18) years, the State completed the procedure required by I.C. § 35-35-3-5 with at least one (1) of the next of kin or the parent, guardian, or custodian of the victim. If the victim is a corporation, limited liability company, association, or governmental entity, the State completed the procedure required by I.C. § 35-35-3-5 with a responsible officer or agent of the entity. If the victim is a partnership, the State completed the procedure required by I.C. § 35-35-3-5 with at least one (1) partner; and
5. If there were more than three (3) victims in this case, the State completed the procedure required by I.C. § 35-35-3-5 with the three (3) victims the State believed suffered the most.

All of the provisions of this PLEA AGREEMENT, including the State's Certification, are certified to and approved by Kelsey Lenox, Deputy Prosecuting Attorney for the 20th Judicial Circuit, Boone County, Indiana, this 11 day of August, 2021.

STATE OF INDIANA
OFFICE OF THE PROSECUTING ATTORNEY
20TH JUDICIAL CIRCUIT

By Kelsey Lenox S, CPP
Kelsey Lenox, 28655-49
DEPUTY PROSECUTING ATTORNEY

OFFICE OF THE PROSECUTING ATTORNEY
20TH JUDICIAL CIRCUIT
BOONE COUNTY, INDIANA
220 West Washington Street
Lebanon, Indiana 46052
Telephone: (765) 482-6860
Facsimile: (765) 483-4491
E-mail: bcpo@co.boone.in.us

STATE OF INDIANA

VS.

ALLISON F. WIEDER
dob: 12/31/1989

IN THE BOONE SUPERIOR COURT II
CAUSE NO. 06D02-2104-CM-000818

FILED

August 11, 2021

BOONE COUNTY COURTS

HJ

SENTENCING ORDER

State of Indiana appears by Deputy Prosecutor Christina Pace, and Defendant appears in person, and by counsel, Annie Fierek, for Plea Hearing.

- (X) Defendant is advised and understands the rights (s)he waives by pleading guilty and understands the charge and possible penalties.
- (X) Defendant enters a plea of guilty and a sufficient factual basis is established to accept Defendant's guilty plea.
- (X) Court enters finding of guilty against Defendant of the offense of:

Operating a Vehicle While Intoxicated Endangering a Person
- Class A Misdemeanor

- (X) Court accepts the Defendant's plea of guilty and the Plea Agreement filed in this cause.
- (X) Judgment of conviction entered.

COURT NOW SENTENCES DEFENDANT AS FOLLOWS:

- (X) For Operating a Vehicle While Intoxicated Endangering a
Person - Class A Misdemeanor
-
- (X) Defendant is sentenced to a period of:
365 days, suspended
except 2 days (1 actual day) time served.
- (X) Defendant shall be on Supervised Probation for a period of
363 days
-
- (X) Defendant ordered to pay \$385.50 court costs plus
\$14.50 fine. \$50.00 Administrative Fee (Re: Probation)
\$50.00 Boone County Courts Intervention Services Fund Fee

BOONE SUPERIOR COURT II FINES AND COSTS SHEET

DATE 8/11/2021 CAUSE NO. 06D02-2104-CM-000818 St. v ALLISON WIEDER

COURT COSTS:

State Docket Fee	84.00
County Docket Fee	36.00
Law Enforcement Fee	4.00
Jury Fee	2.00
Document Storage Fee	5.00
State Automated Recordkeeping Fee	20.00
Public Defense Administration Fee	5.00
Judicial Insurance Adjustment Fee	1.00
Judicial Salaries Fee	20.00
DNA Sample Processing Fee	3.00
Court Administration Fee	5.00
A/D Countermeasures Fee (OWI court cost)	200.00
D/A Interdiction Fund Fee (I.C. 33-37-5-9)	0.00
Highway Work Zone Fee	.50

FINE \$ 14.50

SUBTOTAL OF FINE/COSTS: \$ 400.00

\$50.00 ADMINISTRATIVE FEE (RE: PROBATION) + \$ 50.00

B.C. Courts Intervention Services (A/D Program Fund) + \$ 50.00

TOTAL \$ 500.00

BOND POSTED XXX Cash \$ 450.00 Amount

XXX Cash Bond ordered released and applied to \$105 restitution per
Order of Restitution, BCC Inter. Serv. Fee, \$50 to Probation
Dept. for PUF, Admin. fee, and \$195 to f/cc

DEFENDANT IS GIVEN 363 DAYS TO PAY BALANCE TO:

Boone County Clerk
212 Courthouse Sq.
Lebanon IN 46052



1100 Olympus Blvd, Suite 200 Dallas, TX 75019

31 January 2025

RE: LSL Explanation for California Citation from 2023

To Whom It May Concern:

This memo provides an explanation of the California State Board of Pharmacy's citation and fine of Life Science Logistics in March 2023.

On December 23, 2021, the Board received an Application for Change of Designated Representative-In-Charge (DRIC) from LifeScience Logistics, LLC. The form indicated the prior 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 inadvertently without a licensed DRIC from September 24, 2021 to April 8, 2022, 196 days.

This finding was determined to be a violation of Bus. & Prof. Code 4161 (j). A nonresident wholesaler or nonresident 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. An administrative fine was issued.

In response, the administrative fine was paid, and proof of abatement provided to the board for the citation. The payment and documentation were received and accepted as satisfactorily resolving the matter.

Please do not hesitate to contact us if there are any additional questions.

Sincerely,

Bozie Madison
Directory of Quality and Compliance
Mobile: [REDACTED]
Email: bmadison@lslog.com
Website: www.lslog.com

CONFIDENTIAL
Page 1 of 1

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 2360 Ferrell Road
 City Durham State NC Zip 27704
 Mailing Address (if different from physical address) c/o State License Servicing, Inc. 225 Dolson Avenue, 4th floor
 City Middletown State NY Zip 10940
 Telephone (845) 544-2482 Website www.lsllog.com
 Licensing Company Email LSL@slny.com

Section 2: Personal Information

First Allison Middle Faith Last Wieder
 Alias(es, nicknames, name changes, etc.) N/A
 Date of Birth [REDACTED] SSN or ITIN [REDACTED] Sex ☐ M ☒ F ☐ X
 Mailing Address [REDACTED]
 City Morrisville State NC Zip [REDACTED]
 Telephone [REDACTED] Email awieder@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.)		X
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)

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

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

School Name The Art Institute of Indianapolis		From - To (MM/YY - MM/YY) 10/08 - 05/13	
Address 3500 Depauw Blvd Suite 1010	City Indianapolis	State IN	Zip 46268
Diploma/Degree obtained, if any BA in Graphic Design			
School Name Brownsburg High School		From - To (MM/YY - MM/YY) 08/04 - 05/08	
Address 1000 South Odell Street	City Brownsburg	State IN	Zip 46112
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) 11/2023 - Present	Address [REDACTED]	City Morrisville	State NC	Zip [REDACTED]
From - To (MM/YY - MM/YY) 08/22 - 11/23	[REDACTED]	City Linton	State IN	[REDACTED]
From - To (MM/YY - MM/YY) 02/20 - 08-22	[REDACTED]	City Linton	State IN	[REDACTED]
From - To (MM/YY - MM/YY) 08-04 - 02/20	[REDACTED]	City Brownsburg	State IN	[REDACTED]
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	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) 09/2023 - Present	
Business Address 2360 Ferrell Road		City Durham	State NC	Zip 27704
Phone (317) 435-3108	Title Operations Supervisor		Number of Employed Hours ~ 3,480	
Description of Duties Coordinate warehouse personnel, Organize day-to-day picking and loading, Ensure the building is secure during work hours, perform special projects, Collaborate internally and externally, Coordinate new and current employee training for safety and procedures.				
Business Name LifeScience Logistics LLC			From - To (MM/YY - MM/YY) 2/18-9/23	
Business Address 1105 E Northfield Drive		City Brambling	State IN	Zip 46112
Phone 317-456-0254	Title		Number of Employed Hours 11,611	
Description of Duties				
Business Name			From - To (MM/YY - MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				
Business Name			From - To (MM/YY - MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description 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 # 2. Provide all the following where applicable:

Date of Event/Arrest	Disposition Date	State	City	County
	04/11/2021	IN		Boone
Case #	Governing, licensing, Arresting Presiding Body/Agency/Court			
06D02-2104-CM-000818	State of Indiana			
Reason/Charge				
Count 1 OWI, Class A Misdemeanor				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Allison Wieder				
Name of Business/Industry/Entity				

Provide explanation below:

Please see attached documentation.



Original Signature (electronic, copies or stamps not accepted)

05 JUN 2021

Date

I, Allison Faith Wieder, certify that as the MDEG Administrator for
LifeScience Logistics, LLC

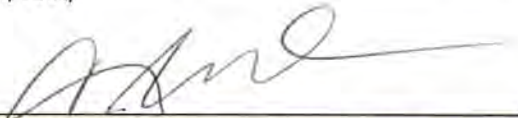
that I (initial that you have read and meet the following requirements):

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

Allison Faith Wieder

Print Name (First, Last)



Original Signature (electronic, copies or stamps not accepted)

05 JUN 2025

Date

Board Use Only

Date Received: 7/14/25

05Jun2025

To Whom It May Concern,

On April 19, 2021, I was charged with Operating a Vehicle While Intoxicated. The outcome was 12 months of probation, which I was released from 6 months early.

There have been no incidents since this date.

Thank you,

A handwritten signature in black ink, appearing to read 'Allison Wieder', with a stylized, cursive script.

Allison Wieder



List of Employees at 2324 Ferrell Road, Building 3, Durham, NC

Operations Manager – James Cinquemani

Operations Supervisor - Allison Wieder

Facilities Coordinator – Omar Deleston

Quality Assurance Specialist – Maliha Hollis

Human Resources Coordinator – Victoria Boggs

4BB

NEVADA STATE BOARD OF PHARMACY

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

Wholesaler Application Non-Refundable \$1,000 Fee Rev (05/12/2022)

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: NEOS THERAPEUTICS BRANDS LLC
 Physical Address: 7900 E UNION AVE., STE 920, ROOM 15
 City: DENVER State: CO Zip: 80237
 Mailing Address (if different from physical address): SAME AS ABOVE
 City: _____ State: _____ Zip: _____
 Telephone: 972-408-1316 Website: https://aytubio.com/
 Name of Designated Representative (DR): JOSHUA DISBROW
 Licensing Company Email: LICENSING@AYTUBIO.COM DR Email: LICENSING@AYTUBIO.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:	☒ 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)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		✓
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

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

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

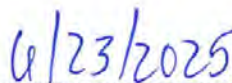
Date of Event/Arrest N/A	Disposition Date	State	City	County
Case #	Governing, licensing, Arresting Presiding Body/Agency/Court			
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

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: Halo Pharmaceutical (CMO)

Address: 30 N Jefferson Rd City: Whippany State: NJ Zip: 07981

Name: Aphena - TN (CPO)

Address: 1920 Fisk Rd City: Cookeville State: TN Zip: 38506

Name: Cardinal Helath, dba Specialty Pharmaceutical Services

Address: 15 Ingram Rd City: LaVergne State: TN Zip: 37086

Name: NA

Address: City: State: Zip:

Section 4: 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:

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Delaware

Parent Company (if any): Neos Therapeutics Inc (Delaware)

Corporation/Organization Name: Neos Therapeutics Brands LLC

Mailing Address: 7900 E Union Ave., Suite 920, Room 15

City: Denver State: CO Zip: 80237

Telephone: 972-40-1316 Email: licensing@aytubio.com

Contact Person Name: Dawn Cottar

Section 6: Partnership

Partnership Name: N/A

Mailing Address:

City: State: Zip:

Telephone: Email:

Contact Person Name:

Section 7: Sole Owner

Owner's Name: N/A

Business Name:

Business Address:

City: State: Zip:

Telephone: Email:

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

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• List of <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)	✓	✓	✓	✓
• *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.

NEOS THERAPEUTICS BRANDS LLC

Facility Name

DAWN COTTAR

Print Name of Authorized Person Submitting Application



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

6/23/2025

Date

Board Use Only

Date Received: 7/28/25

Amount: \$1000 - CH 57068

**Limited Power of Attorney for Signature Delegation
for Facility Licensing and Business Applications and Authorizations**

I, Joshua Disbrow, Chief Executive Officer, the "Responsible Person" of the below-mentioned entities, all with offices located at 7900 E. Union Avenue, Suite 920, Denver, CO 80237 (the "Entities"), hereby appoint Dawn Cottar, as the Responsible Person's Attorney-in-Fact to act for the Responsible Person in any lawful way with respect to authorization for signing and approving state and federal licensing applications for the Entities.

1. Aytu Therapeutics LLC
2. Neos Therapeutics, Inc.
3. Neos Therapeutics, LP
4. Neos Therapeutics Brands, LLC

Signed this 10th day of December, 2024

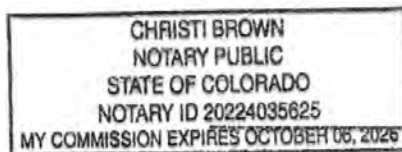
By: [Signature]
Signature of Person Granting Power

Joshua Disbrow
Printed Name/Title of Responsible Person

STATE OF Colorado

COUNTY OF Denver

Sworn to and subscribed in my presence this 10th day of December, 2024.



[Signature]
NOTARY PUBLIC

I, Dawn Cottar, hereby affirm that I am the person named herein as attorney-in-fact and that the signature affixed hereto is my signature.

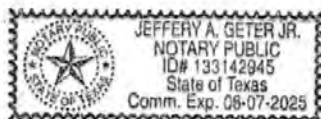
By: [Signature]
Signature of Attorney-in-Fact

Dawn Cottar
Printed Name/Title of Attorney-in-Fact

STATE OF Texas

COUNTY OF Tarrant

Sworn to and subscribed in my presence this 16 day of December, 2024.



[Signature]
NOTARY PUBLIC

Current through September 10, 2025

You have searched **Finished drug products**

Search Results: '70165'

[Back to Search Page](#)

Keyword Search 70165										
Showing 1 to 9 of 9 entries Show entries										
Product Name	NDC Package Code	Strength	Dosage Unit	Route	Application Number	Manufacturer	Product Code	Drug Name	Brand Name	Product Type
Adzenys XR-ODT	70165-005-30	3.1mg/1	TABLET, ORALLY DISINTEGRATING	ORAL	NDA204326	Neos Therapeutics Brands, LLC	70165-005	Amphetamine	AMPHETAMINE	HUMAN PRESCRIPTION DRUG
Adzenys XR-ODT	70165-010-30	6.3mg/1	TABLET, ORALLY DISINTEGRATING	ORAL	NDA204326	Neos Therapeutics Brands, LLC	70165-010	Amphetamine	AMPHETAMINE	HUMAN PRESCRIPTION DRUG
Adzenys XR-ODT	70165-015-30	9.4mg/1	TABLET, ORALLY DISINTEGRATING	ORAL	NDA204326	Neos Therapeutics Brands, LLC	70165-015	Amphetamine	AMPHETAMINE	HUMAN PRESCRIPTION DRUG
Adzenys XR-ODT	70165-020-30	12.5mg/1	TABLET, ORALLY DISINTEGRATING	ORAL	NDA204326	Neos Therapeutics Brands, LLC	70165-020	Amphetamine	AMPHETAMINE	HUMAN PRESCRIPTION DRUG
Adzenys XR-ODT	70165-025-30	15.7mg/1	TABLET, ORALLY DISINTEGRATING	ORAL	NDA204326	Neos Therapeutics Brands, LLC	70165-025	Amphetamine	AMPHETAMINE	HUMAN PRESCRIPTION DRUG
Adzenys XR-ODT	70165-030-30	18.8mg/1	TABLET, ORALLY DISINTEGRATING	ORAL	NDA204326	Neos Therapeutics Brands, LLC	70165-030	Amphetamine	AMPHETAMINE	HUMAN PRESCRIPTION DRUG
Cotempla XR-ODT	70165-100-30	8.6mg/1	TABLET, ORALLY DISINTEGRATING	ORAL	NDA205489	Neos Therapeutics Brands, LLC	70165-100	Methylphenidate	METHYLPHENIDATE	HUMAN PRESCRIPTION DRUG
Cotempla XR-ODT	70165-200-30	17.3mg/1	TABLET, ORALLY DISINTEGRATING	ORAL	NDA205489	Neos Therapeutics Brands, LLC	70165-200	Methylphenidate	METHYLPHENIDATE	HUMAN PRESCRIPTION DRUG
Cotempla XR-ODT	70165-300-30	25.9mg/1	TABLET, ORALLY DISINTEGRATING	ORAL	NDA205489	Neos Therapeutics Brands, LLC	70165-300	Methylphenidate	METHYLPHENIDATE	HUMAN PRESCRIPTION DRUG



Neos Therapeutics Brands LLC

Corporate Officers

Joshua Disbrow
Chief Executive Officer
7900 E Union Avenue, Suite 920
Denver, CO 80237
(972) 408-1316
DOB: [REDACTED]

Ryan Selhorn
Chief Financial Officer
7900 E Union Avenue, Suite 920
Denver, CO 80237
(972) 408-1316
DOB: [REDACTED]



Neos Therapeutics Brands LLC

Stock and Ownership Information

Type of Stock (Common or Preferred):	Membership Interest
Authorized:	100%
Issued:	100%
Par Value:	N/A

Neos Therapeutics Brands LLC is owned by:

- 100% - Neos Therapeutics Inc

Corporate Officers of Neos Therapeutics Inc:

- Joshua Disbrow
Chief Executive Officer
7900 E Union Avenue, Suite 920
Denver, CO 80237
(972) 408-1316
DOB: [REDACTED]
- Ryan Selhorn
Chief Financial Officer
7900 E Union Avenue, Suite 920
Denver, CO 80237
(972) 408-1316
DOB: [REDACTED]

Delaware

The First State

Page 1

I, CHARUNI PATIBANDA-SANCHEZ, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "AYTU THERAPEUTICS 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 TWELFTH DAY OF SEPTEMBER, A.D. 2025.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "AYTU THERAPEUTICS LLC" WAS FORMED ON THE SEVENTH DAY OF OCTOBER, A.D. 2019.

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



7645638 8300

SR# 20253959493

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

A handwritten signature in cursive script, reading "C. P. Sanchez".

Charuni Patibanda-Sanchez, Secretary of State

Authentication: 204736484

Date: 09-12-25

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,

Neos Therapeutics Brands, LLC

is an entity formed or registered under the law of Delaware, 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 20241506968.

This certificate reflects facts established or disclosed by documents delivered to this office on
paper through 03/12/2025 that have been posted, and by documents delivered to this office
electronically through 03/13/2025 @ 10:50:25.

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 03/13/2025 @ 10:50:25 in accordance with applicable law.
This certificate is assigned Confirmation Number 17092766.



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."



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 dpo_licensing@state.co.us.

Colorado Department of Regulatory Agencies Division of Professions and Occupations	
State Board of Pharmacy Neos Therapeutics Brands LLC	
Wholesaler In-State	
WHI.0006137 Number	07/23/2024 Issue Date
Active Credential Status	10/31/2026 Expire Date
Verify this credential at: dpo.colorado.gov	
Division Director: Sam Delp	Credential Holder Signature

Colorado Department of Regulatory Agencies Division of Professions and Occupations	
State Board of Pharmacy Neos Therapeutics Brands LLC	
Wholesaler In-State	
WHI.0006137 Number	07/23/2024 Issue Date
Active Credential Status	10/31/2026 Expire Date
Verify this credential at: dpo.colorado.gov	
Division Director: Sam Delp	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
Neos Therapeutics Brands LLC		Denver Corporate Center III 7900 E Union Ave., Ste. 920, Room 15 Denver, CO 80237

Credential Information

License Number	License Method	License Type	License Status	Original Issue Date	Effective Date	Expiration Date
WHI.0006137	Original	Wholesaler In-State	Active	07/23/2024	07/23/2024	10/31/2026

Board/Program Actions

Discipline
There is no Discipline or Board Actions on file for this credential.

Generated on: 12/10/2024 1:59:03 PM

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
RP0355847	06-30-2026	\$3699
SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	MANUFACTURER	06-13-2025
APHENA PHARMA SOLUTIONS-TN 1920 FISK RD COOKEVILLE, TN 385065010		

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
RP0355847	06-30-2026	\$3699
SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	MANUFACTURER	06-13-2025

APHENA PHARMA SOLUTIONS-TN
 1920 FISK RD
 COOKEVILLE, TN 385065010

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<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">DEA REGISTRATION NUMBER</th> <th style="text-align: left;">THIS REGISTRATION EXPIRES</th> <th style="text-align: left;">FEE PAID</th> </tr> <tr> <td>RP0355847</td> <td>06-30-2026</td> <td>\$3699</td> </tr> </table>	DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID	RP0355847	06-30-2026	\$3699	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.	
DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID						
RP0355847	06-30-2026	\$3699						
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">SCHEDULES</th> <th style="text-align: left;">BUSINESS ACTIVITY</th> <th style="text-align: left;">ISSUE DATE</th> </tr> <tr> <td>2,2N,3, 3N,4,5</td> <td>MANUFACTURER</td> <td>06-13-2025</td> </tr> </table>	SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE	2,2N,3, 3N,4,5	MANUFACTURER	06-13-2025	APHENA PHARMA SOLUTIONS-TN 1920 FISK RD COOKEVILLE, TN 385065010	
SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE						
2,2N,3, 3N,4,5	MANUFACTURER	06-13-2025						

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

Drug Codes
9050 9801 9300 9150 1724 9143 2100 9250 1620 1615 2165 9193 9230 1100

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
RH0379215	10-31-2025	\$3699
SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
1,2,2N, 3,3N,4,5	MANUFACTURER	09-10-2024
HALO PHARMACEUTICAL INC 30 N JEFFERSON RD WHIPPANY, NJ 079811030		

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
RH0379215	10-31-2025	\$3699
SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
1,2,2N, 3,3N,4,5	MANUFACTURER	09-10-2024
HALO PHARMACEUTICAL INC 30 N JEFFERSON RD WHIPPANY, NJ 079811030		

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.

<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">DEA REGISTRATION NUMBER</th> <th style="text-align: left;">THIS REGISTRATION EXPIRES</th> <th style="text-align: left;">FEE PAID</th> </tr> <tr> <td>RH0379215</td> <td>10-31-2025</td> <td>\$3699</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">SCHEDULES</th> <th style="text-align: left;">BUSINESS ACTIVITY</th> <th style="text-align: left;">ISSUE DATE</th> </tr> <tr> <td>1,2,2N, 3,3N,4,5</td> <td>MANUFACTURER</td> <td>09-10-2024</td> </tr> </table> HALO PHARMACEUTICAL INC 30 N JEFFERSON RD WHIPPANY, NJ 079811030	DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID	RH0379215	10-31-2025	\$3699	SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE	1,2,2N, 3,3N,4,5	MANUFACTURER	09-10-2024	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.
DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID											
RH0379215	10-31-2025	\$3699											
SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE											
1,2,2N, 3,3N,4,5	MANUFACTURER	09-10-2024											

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

Drug Codes
1724 9193 9300 9050 2100 9143 1100 9630 9333 9652 9780 9220 7285 9150 1205 7405 2285 9250 2010 7437

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. PB00494150111

Application/License No. _____

Neos Therapeutics Brands, LLC, doing or intending to do business as a
Applicant/Principal

pharmaceutical wholesaler, whose address for purposes of service is
7900 E Union Ave., Suite 920, Room 15, Denver, CO 80237, as
Address of Applicant/Principal

PRINCIPAL, and Philadelphia Indemnity Insurance Company, a
Surety Company

corporation organized under the laws of the state of PA
State of Incorporation

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

Nevada, whose address for purposes of service is

One Bala Plaza, Suite 100, Bala Cynwyd, PA 19004-0950 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 June 12, 2025.
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.

Posted February 20, 2020

THIS BOND is subject to the following conditions:

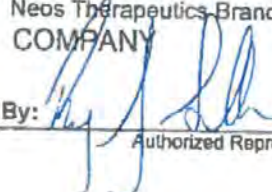
- (1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
- (2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and 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
12th day of June, 2025.

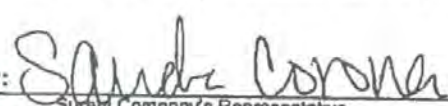
APPLICANT/PRINCIPAL

Neos Therapeutics Brands, LLC
COMPANY

By: 
Authorized Representative

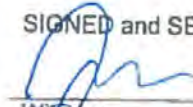
SURETY

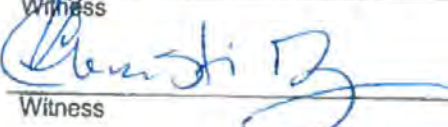
Philadelphia Indemnity Insurance Company

By: 
Surety Company's Representative

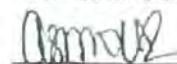
Sandra Corona, Attorney-in-fact
print name

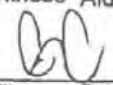
SIGNED and SEALED in the presence of:


Witness


Witness

SIGNED and SEALED in the presence of:


Witness Aidan Smock


Witness Guillermo Corona

Countersigned by:

N/A

Nevada Resident Agent

Posted February 20, 2020

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 Los Angeles)

On 6-12-2025 before me, Chase Austin Seyforth, Notary Public

Date

Here Insert Name and Title of the Officer

Personally appeared Sandra Corona

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 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 _____

Capacity(ies) Claimed by Signer(s)

Signer's Name _____

- ☐ Corporate Officer—Title(s) _____
☐ Partner ☐ Limited ☐ General
☐ Individual ☐ Attorney in Fact
☐ Trustee ☐ Guardian or Conservator
☐ Other _____

Signer Is Representing _____

Signer's Name _____

- ☐ Corporate Officer—Title(s) _____
☐ Partner ☐ Limited ☐ General
☐ Individual ☐ Attorney in Fact
☐ Trustee ☐ Guardian or Conservator
☐ Other _____

Signer Is Representing _____

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 Jennifer Ochs, Charles R. Teter III, B. Aleman, Erin Brown, D. Garcia, Simone Gerbard, Edward C. Spector, Ethan Spector, Marina Tapia, KD Wapato, Sarah Campbell, Aidan Smock, Sandra Corous, MB Neely and Chase Seyforth of Lockton Companies 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 OCTOBER 2024.

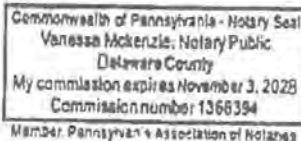
(Seal)

John Glomb, President & CEO
Philadelphia Indemnity Insurance Company

On this 5th day of October, 2024 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:

Linwood, PA

My commission expires

November 3, 2028

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 October 2024 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 12 day of June, 2025

Edward Sayago, Corporate Secretary
PHILADELPHIA INDEMNITY INSURANCE COMPANY

NEVADA STATE BOARD OF PHARMACY
985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application
Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler NEOS THERAPEUTICS BRANDS LLC
Pharmacy/Wholesaler License # (if applicable) TBD
Physical Address 7900 E UNION AVE, STE 920, ROOM 15
City DENVER State CO Zip 80237
Mailing Address (if different from physical address) SAME AS ABOVE
City _____ State _____ Zip _____
Telephone 972-408-1316 Website https://aytubio.com/
Licensing Company Email LICENSING@AYTUBIO.COM

Section 2: Personal Information

First SUZANE Middle LYNN Last KENNEDY
Alias(es, nicknames, name changes, etc.) N/A
Date of Birth [REDACTED] SSN or ITIN [REDACTED] Sex ☐ M ☒ F ☐ X
Mailing Address 7900 E UNION AVE, STE 920
City DENVER State CO Zip 80237
Telephone 972-408-1316 Email LICENSING@AYTUBIO.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.)		✓

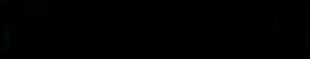
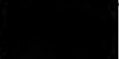
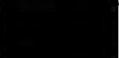
Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)

	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 Metro State University		From - To (MM/YY - MM/YY) 08/1996 - 05/2000	
Address 890 Auraria Pkwy	City Denver	State CO	Zip 80204
Diploma/Degree obtained, if any Bachelors in Chemistry			
School Name Estero High School		From - To (MM/YY - MM/YY) 08/1987 - 05/1989	
Address 21900 River Ranch Road	City Estero	State FL	Zip 33928
Diploma/Degree obtained, if any High School Diploma			
School Name Cypress Lake High School		From - To (MM/YY - MM/YY) 08/1985 - 06/1987	
Address 6750 Panther Lane	City Fort Myers	State FL	Zip 33919
Diploma/Degree obtained, if any			
School Name N/A		From - To (MM/YY - MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name N/A		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) 02/2019 - Current	Address 	City PARKER	State CO	Zip 
From - To (MM/YY - MM/YY) 02/2018 to 02/2019		City PARKER	State CO	
From - To (MM/YY - MM/YY) 08/2015 - 02/2018		City PARKER	State CO	
From - To (MM/YY - MM/YY) N/A	Address	City	State	Zip
From - To (MM/YY - MM/YY) N/A	Address	City	State	Zip
From - To (MM/YY - MM/YY) N/A	Address	City	State	Zip
From - To (MM/YY - MM/YY) N/A	Address	City	State	Zip
From - To (MM/YY - MM/YY) N/A	Address	City	State	Zip
From - To (MM/YY - MM/YY) N/A	Address	City	State	Zip
From - To (MM/YY - MM/YY) N/A	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 Neos Therapeutics Brands LLC		From - To (MM/YY - MM/YY) 06/2018 - Current	
Business Address 7900 E UNION AVE, STE 920		City DENVER	State CO
Phone 972-408-1316	Title Vice President of Regulatory Affairs and Quality Assurance		Zip 80237
Description of Duties Serve as VP of Regulatory Affairs and Quality Assurance, overseeing all facets of the company's Regulatory and Quality Assurance operations from a strategic and executive level.			
Business Name N/A		From - To (MM/YY - MM/YY)	
Business Address		City	State
Phone	Title		Zip
Number of Employed Hours			
Description of Duties			
Business Name NA		From - To (MM/YY - MM/YY)	
Business Address		City	State
Phone	Title		Zip
Number of Employed Hours			
Description of Duties			
Business Name NA		From - To (MM/YY - MM/YY)	
Business Address		City	State
Phone	Title		Zip
Number of Employed Hours			
Description of Duties			
Business Name NA		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 NA		From - To (MM/YY – MM/YY)	
Business Address		City	State Zip
Phone	Title		Number of Employed Hours
Description of Duties			

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

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

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

Business Name NA		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 # 6. Provide all the following where applicable:

Date of Event/Arrest 2019	Disposition Date 3/13/2024	State OR	City Portland	County Multnomah
Case # 2023-1064		Governing, licensing, Arresting Presiding Body/Agency/Court Oregon Board of Pharmacy		
Reason/Charge Failure to disclose 12/21/2018 CO BOP Stipulation and Final Agency Order on OR BOP 8/7/2019 renewal application				
Plaintiff/Defendant/Claimant/Respondent Oregon Board of Pharmacy / Aytu BioPharma Inc			Lawsuit/Arbitration/Bankruptcy Stipulation	
Name of Business/Industry/Entity Aytu BioPharma Inc / Pharmaceutical Manufacturing				

Provide explanation below:

In December 2023, the Oregon Board of Pharmacy notified Aytu BioPharma Inc of an incorrect response within the OR BOP 2019 renewal application. Specifically, in 2018, the State of Colorado Board of Pharmacy issued Aytu BioPharma Inc a Stipulation for a non-current Designated Representative, and this stipulation was not disclosed on the 2019 OR renewal application. The error in submission was an oversight and in no way an attempt to mislead the OR BOP. Aytu took full accountability for the inaccuracy and paid a fine. The case was finalized with the OR BOP on 3/13/2024.

L. Kennedy
Original Signature (electronic, copies or stamps not accepted)

7/9/2025
Date



Denver Corporate Center III
7900 E. Union Avenue, Suite 920
Denver, CO 80237
www.aytubio.com
1(855) 298-8246

AYTU BIOPHARMA INC.

Explanation of disciplinary action.

In December 2023, Aytu BioPharma Inc was informed that an error had been made on its 2019 renewal application with the State of Oregon. The issue stemmed from a 2018 stipulation from the State of Colorado, which resulted from outdated Designated Representative information. This oversight was unintentional, and there was no attempt to withhold information from the Board.

Aytu BioPharma Inc took full responsibility for the mistake, promptly addressed the issue, and paid the associated fine. The matter was officially finalized with Oregon on March 13, 2024.

Under the authority granted pursuant to ORS 689.135, 689.145, 689.335, 689.405 and 689.445, the Oregon Board of Pharmacy (Board) proposes to take disciplinary action against your Certificate of Registration No. M-0002804 because Aytu Biopharma Inc (Registrant) violated the Oregon Pharmacy Act and the Board of Pharmacy rules as set forth below:

On or about 8/7/2019, Registrant submitted their Manufacturer drug outlet registration renewal application. The renewal application asked, "Since the date of your last renewal, has disciplinary action been taken, or is any such action currently pending or proposed, against any of the persons or establishments listed on the application, by any State or Federal Authority in connection with a violation of any federal or state drug law or regulation?" to which the Registrant answered "No."

Registrant failed to disclose their 12/21/2018 Colorado Board of Pharmacy Stipulation and Final Agency Order (2018 CO Order) on the 8/7/2019 renewal application.

By answering "No" to the question regarding disciplinary action on an application, you failed to answer all questions fully and truthfully on the application for licensure, which is a failure to cooperate under OAR 855-001-0035(1). By not providing information regarding the 2018 CO Order, you failed to provide accurate, honest, and complete information in response to a Board request, which is a failure to cooperate under OAR 855-001-0035(1). Failure to cooperate is unprofessional conduct under OAR 855-006-0020(k), which is grounds for discipline under ORS 689.405(1)(a) and (i), ORS 689.445(1)(d)(B), and 689.832(1).

Based on these alleged violations, the Board proposes to impose a civil penalty in the amount of \$2,000 for 1 violation.



Oregon

Tina Kotek, Governor

Oregon Board of Pharmacy

800 NE Oregon St., Suite 150

Portland, OR, 97232

Phone: 971-673-0001

Fax: 971-673-0002

pharmacy.compliance@bop.oregon.gov

www.oregon.gov/pharmacy

March 13, 2024

AYTU BIOPHARMA INC
DENVER CORPORATE CENTER III
7900 E UNION AVE STE 920
Denver CO 80237

RE: Case Number 2023-1064

Enclosed is a copy of the completed consent order for case number 2023-1064 which has been finalized as of 3/13/2024. Please retain this copy with your records.

Please note that the required items have been received.

Sincerely,
Kim Oster
Compliance Coordinator

The Oregon Board of Pharmacy serves to promote and protect public health, safety, and welfare by ensuring high standards in the practice of pharmacy and through effective regulation of the manufacture and distribution of drugs.

BEFORE THE BOARD OF PHARMACY
OF THE STATE OF OREGON

In the Matter of the) Case No. 2023-1064
Manufacturer Registration of)
AYTU BIOPHARMA INC) CONSENT ORDER
Registrant)

WHEREAS, the Board of Pharmacy of the State of Oregon has filed a Notice of Proposed Civil Penalty ("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 legal cause exists pursuant to ORS 689.405 and ORS 689.445 for disciplinary action and imposition of a civil penalty 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 Registrant shall pay a civil penalty to the Board in the amount of \$2,000 with \$1,000 stayed pending no similar violations for three years. If Licensee violates any term or condition of this Consent Order, within three years of the effective date of this Consent Order, the Board may take action to lift the stayed portion of the civil penalty. Payment of the \$1,000 portion of the civil penalty not stayed to be made within ten days from the date this Consent Order becomes final.

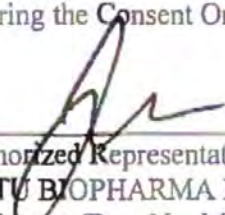
2. Failure of the Registrant to pay the civil penalty as required under this Consent Order may, after notice and hearing, result in further disciplinary action.

3. This Consent Order is effective when signed by the Board.

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CONSENT

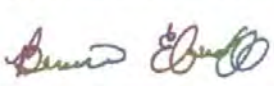
I hereby acknowledge that I am the authorized representative of Registrant. On behalf of the Registrant, I hereby acknowledge that I have read and understand the above-noted Notice and the terms of the Consent Order. I hereby acknowledge that I understand that the Consent Order with incorporated Notice 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
AYTU BIOPHARMA INC
Registrant (Reg. No. M-0002804)

2/28/24
Date

IT IS SO ORDERED.

BOARD OF PHARMACY
FOR THE STATE OF OREGON


Brianne Efremoff, Pharm.D, R.Ph.,
Compliance Director

3/13/2024
Date

BEFORE THE BOARD OF PHARMACY
OF THE STATE OF OREGON

In the Matter of the) Case No. 2023-1064
Manufacturer Registration)
AYTU BIOPHARMA INC) NOTICE OF PROPOSED
CIVIL PENALTY
Registrant)

Under the authority granted pursuant to ORS 689.135, 689.145, 689.335, 689.405 and 689.445, the Oregon Board of Pharmacy (Board) proposes to take disciplinary action against your Certificate of Registration No. M-0002804 because Aytu Biopharma Inc (Registrant) violated the Oregon Pharmacy Act and the Board of Pharmacy rules as set forth below:

On or about 8/7/2019, Registrant submitted their Manufacturer drug outlet registration renewal application. The renewal application asked, "Since the date of your last renewal, has disciplinary action been taken, or is any such action currently pending or proposed, against any of the persons or establishments listed on the application, by any State or Federal Authority in connection with a violation of any federal or state drug law or regulation?" to which the Registrant answered "No."

Registrant failed to disclose their 12/21/2018 Colorado Board of Pharmacy Stipulation and Final Agency Order (2018 CO Order) on the 8/7/2019 renewal application.

By answering "No" to the question regarding disciplinary action on an application, you failed to answer all questions fully and truthfully on the application for licensure, which is a failure to cooperate under OAR 855-001-0035(1). By not providing information regarding the 2018 CO Order, you failed to provide accurate, honest, and complete information in response to a Board request, which is a failure to cooperate under OAR 855-001-0035(1). Failure to cooperate is unprofessional conduct under OAR 855-006-0020(k), which is grounds for discipline under ORS 689.405(1)(a) and (i), ORS 689.445(1)(d)(B), and 689.832(1).

Based on these alleged violations, the Board proposes to impose a civil penalty in the amount of \$2,000 for 1 violation.

HEARING RIGHTS

The corporation is entitled to a hearing as provided by the Administrative Procedures Act (ORS chapter 183). An attorney must represent the corporation. If the corporation wishes to have a hearing, the corporation must file a written request for hearing with the Board within 21 days from the date this notice was mailed, and if the hearing request is not filed by the corporation's attorney, it must be ratified by the corporation's attorney within 28 days of Board's receipt of the hearing request. The corporation's attorney may send or deliver a request for hearing to:

Oregon Board of Pharmacy
800 NE Oregon Street, Suite 150

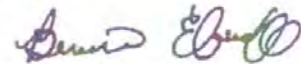
Portland, OR 97232
Fax: (971) 673-0002

If a request for hearing is not received within this 21-day period, the corporation's right to a hearing shall be considered waived.

If the corporation requests a hearing, the corporation's attorney will be notified of the time and place of the hearing. Before the commencement of the hearing, the corporation will be given information on the procedures, right of representation and other rights of parties relating to the conduct of the hearing.

If the corporation does not request a hearing within 21 days, or if it withdraws a hearing request, notifies the Board or Administrative Law Judge that it will not appear, or fails to appear at a scheduled hearing, the Board may issue a final order by default imposing discipline. If the Board issues a final order by default, it designates its file on this matter as the record.

BOARD OF PHARMACY
FOR THE STATE OF OREGON



Brianne Efremoff, Pharm.D, R.Ph.,
Compliance Director

2/22/2024

Date

DATE OF MAILING 2/22/2024

BEFORE THE STATE BOARD OF PHARMACY

STATE OF COLORADO

Case No. 2018-7371

STIPULATION AND FINAL AGENCY ORDER

IN THE MATTER OF DISCIPLINARY PROCEEDINGS REGARDING THE IN-STATE WHOLESALER REGISTRATION IN THE STATE OF COLORADO OF AYTU BIOSCIENCE INC, REGISTRATION NO. WHI 6109,

Respondent Outlet.

IT IS HEREBY STIPULATED AND AGREED by and between the Colorado State Board of Pharmacy ("Board") and Aytu Bioscience Inc ("Respondent Outlet") to resolve all matters pertaining to Board Case Number 2018-7371, as follows:

FINDINGS AND CONCLUSIONS

1. The Board has jurisdiction over Respondent Outlet, its registration as an in-state 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. (2018).
2. Respondent Outlet was originally registered in the State of Colorado on or about April 3, 2017, being issued registration number WHI 6109, 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 373 Inverness Pkwy., Ste., 206, Englewood, CO 80112-5898.
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 submit an application on two (2) occasions to the Board detailing a change in designated representative and fee. On December 20, 2017, an inspection of Respondent Outlet listed a new designated representative for the wholesaler. The previous designated representative had been in the position for more than 30 days. On September 4, 2018, an inspection of Respondent Outlet discovered the new designated representative left the position on January 5, 2018. The Board did not receive an application for a change of designated representative and fee in either occurrence.

6. On or about September 27, 2018, the Board initiated a complaint against Respondent Outlet because of the failure to submit an application for change in designated representative and fee on two (2) occasions.
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 (30) calendar days of such change. The incoming designated representative must undergo the required background check.

TERMS OF DISCIPLINE

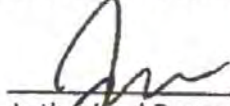
8. **Fine with Surcharge.** Pursuant to section 12-42.5-124(5)(a)(I), C.R.S., Respondent Outlet shall pay a fine of One Thousand Dollars and No Cents (\$1,000.00). Respondent Outlet understands and acknowledges that, pursuant to section 24-34-108, C.R.S., the Executive Director of the Department of Regulatory Agencies 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 6039) and the case number (2018-6336) on the check.
9. **Compliance.** Respondent Outlet shall report 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 change in designated representative.
10. **Other Requirements.** Respondent Outlet acknowledges and agrees that, as a condition of this Final Agency Order, Respondent Outlet shall:
 - a. promptly pay all Respondent Outlet's own fees and costs associated with this Final Agency Order;
 - b. comply fully with this Final Agency Order; and
 - c. comply fully with the Pharmacists, Pharmacy Businesses and Pharmaceuticals Act, all Board rules and regulations, and any other state and federal laws and regulations related to pharmacists and pharmaceuticals in the State of Colorado.
11. **Advisements and Waivers.** Through its undersigned Authorized Representative, Respondent Outlet enters into this Final Agency Order freely and voluntarily, after having the opportunity to consult with legal counsel and/or choosing not to do so. Respondent Outlet acknowledges its understanding that it has the following rights:
 - a. to have formal notice of hearing and charges served upon it;
 - b. to respond to said formal notice of charges;
 - c. to have a formal disciplinary hearing pursuant to sections 12-42.5-123 and 12-42.5-124, C.R.S.; and
 - d. to appeal this Final Agency Order.

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

12. **Acknowledgments.** The undersigned Authorized Representative of Respondent Outlet has read this Final Agency Order in its entirety and acknowledges, after having the opportunity to consult with legal counsel and/or choosing not to do so, that Respondent Outlet understands the legal consequences and agrees that none of the terms or conditions herein is unconscionable. Respondent Outlet is not relying on any statements, promises or representations from the Board other than as may be contained in this Final Agency Order. Respondent Outlet further acknowledges that it is not entering into this Final Agency Order under any duress.
13. **Violations.** Time is of the essence in this Final Agency Order. It is the responsibility of Respondent Outlet to take all appropriate steps to comply fully with this Final Agency Order. Respondent Outlet acknowledges and agrees that any violation of this Final Agency Order shall constitute a willful violation of a lawful Board order, may be sanctioned as provided under section 12-42.5-124(4), C.R.S., and may be sufficient grounds for additional discipline, including but not limited to revocation of Respondent Outlet's registration. The pendency of any suspension or disciplinary action arising out of an alleged violation of this Final Agency Order shall not affect the obligation of Respondent Outlet to comply with all terms and conditions of this Final Agency Order.
14. **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

Joshua Disbaron / CEO

Name / Title

Dated: December 13, 2018

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 21 day of December, 2018.

State Board of Pharmacy

BY: _____

☒ ~~Joseph Liber~~ Dmitry Kunin

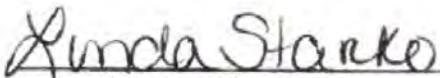
☒ ~~Interim~~ Program Director

CERTIFICATE OF SERVICE

This is to certify that I have duly served the within fully executed **STIPULATION AND FINAL AGENCY ORDER** upon all parties herein by electronic means or by depositing copies of same in the United States mail, first class postage prepaid, at Denver, Colorado, this 21st day of December 2018, addressed as follows:

By electronic mail to Respondent:

Aytu BioScience Inc.
Attn: Outlet Manager
373 Inverness Pkwy Ste 206
Englewood, CO 80112-5898
Email: ahalte@aytubio.com


Agent of the Board

12/13/2018

Ref Nbr	Invoice Nbr	Inv Date	Invoice Amount	Amount Paid	Disc Taken	Net Check Amt
005805	2018-7371	12-07-18	1,150.00	1,120.00		1,150.00

05268

Wells Fargo Bank, N.A.
Colorado

23-7/1020

CHECK # 052689

DATE 12/13/2018

Aytu BioScience, Inc.
373 Inverness Parkway
Suite 206
Englewood, CO 80112

*****\$1,150.00

PAY One Thousand One Hundred Fifty and 00/100----- US Dollars

PAY TO THE ORDER OF Colorado State Board of Pharmacy
1560 Broadway
Suite 1350
Denver, CO 80202

John

Authorized Signature

№ 0 5 2 6 8 9 №

1165

I, SUZANE KENNEDY, certify that as the designated representative for
NEOS THERAPEUTICS BRANDS LLC

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

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

SUZANE KENNEDY

Print Name (First, Last)

S. Kennedy
Original Signature (electronic, copies or stamps not accepted)

7/9/2025
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.

SUZANE KENNEDY

Print Name (First, Last)

S. Kennedy
Original Signature (electronic, copies or stamps not accepted)

7/9/2025
Date

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

State of Colorado, ss. County of Denver

I, Suzane Kennedy, 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. Kennedy
Original Signature

7/9/2025
Date

Subscribed and Sworn to before me this 9th day of July 2025

Christi Brown
Notary Public Signature

CHRISTI BROWN
NOTARY PUBLIC
STATE OF COLORADO (Seal)
NOTARY ID 20224035625
MY COMMISSION EXPIRES OCTOBER 06, 2026



Neos Therapeutics Brands LLC – Employee Roster

NAME	JOB TITLE
Bailey, Jeffrey	DQO-Director of Quality Operations
Baker, Bryson M	SS-Sales Specialist
Ball, Charlotte L	PYM-Payroll Manager
Brandon, Anita Zoe Ann	DIRMO-Director, Marketing Operations
Brown, Christi L.	EXA-Executive Assistant
Burke, Lori Elaine	SS-Sales Specialist
Cabano, Margaret N	VPOP-VP, Operations
Capone-Truxillo, Kimberly C	STS-Sr. Sales Specialist
Cecutti, Anna MARIA	SS-Sales Specialist
Clark, John	SDTO-Sr. Director, Technical Operations
Conner, Brandon C	KASPEDS-Key Account Specialist, Pediatrics
Cornely, Sean M.	AM-Accounting Manager
Cottar, Dawn Brady	SRMC-Sr. Manager, Compliance
Csaba, Steve George	MANTCO-Manager, Trade & Channel Operations
Curtis, Joseph D	SSS-Sr Sales Specialist
D'Angelo, Nicholas John	SS-Sales Specialist
Devine, Matthew T	RSM-Regional Sales Manager
Dew, Benjamin H	RSM-Regional Sales Manager
Dilley, Nancy E	JUNIOR-Junior Accountant
Disbrow, Jarrett T.	317395-Chief Business Officer
Disbrow, Joshua R	CEO-Chief Executive Officer
Dronet, Caleb A	SS-Sales Specialist
Erviti, Ana Maria	SS-Sales Specialist
Evans, Elizabeth	317396-National Account Manager
Ewart, Arlen	DA-Director of Accounting
Fitch, Crystal Ann	RSM-Regional Sales Manager
Flack, Jason Jeffrey	SS-Sales Specialist
Fustokjian, Jack Habib	SS-Sales Specialist
Gao, Fei	SRDIRFA-Sr. Director, Finance & Accounting
Giacomozzi, Heather	STAFF A-Staff Accountant
Goldberg, Jack	SMIT-Sr. Manager, Information Technology
Hamilton, Thomas Michael	DCISO-Sr Director, Commercial Insights and Sales Op
Harrelson, Taylor Nicole	HRCOORD-HR Coordinator, People & Culture
Harrington, Tyler	VPMPs-VP, Marketing & Portfolio Strategy
Hernandez, Bianca	SA I-Sr. Accountant I
Hille, Nicole L	SEN QUA-Sr. Quality Manager
Howard, Victoria Grace	SS-Sales Specialist
Johnson, Tyler	STS-Sr. Sales Specialist



NAME	JOB TITLE
Kelly, Taylor	SS-Sales Specialist
Kennedy, Suzane L	VP REG-VP, Regulatory Affairs/Quality
Krimm, Brooklyn L	SS-Sales Specialist
Lassiter, Jacob Patrick	SS-Sales Specialist
Lawton, Mary Margaret	SS-Sales Specialist
Malone, Cheryl Ann	QUALITY-Quality Specialist
Martinez, Lisa Ann	CSS-Customer Service Specialist
McNesby, Laurie Anne	OFFADMI-Office Administrator / Commercial Support
Mobley, Samuel Bernard	RSM-Regional Sales Manager
Mrzena, Jaxson	SS-Sales Specialist
Mullins, Gillian	SSPEDS-Sales Specialist Pediatrics
O'Bryant, Casey R	SDFPA-Sr. Director, Financial Planning & Analysis
Padilla, Dana Julia	HR GEN-HR Generalist, People & Culture
Powers, Joshua F.	SSPEDS-Sales Specialist Pediatrics
Pyszcymuka, Greg G	CCO-Chief Commercial Officer
Rask, Rylee Shae	SS-Sales Specialist
Riley, Toja	NSDIR-National Sales Director
Robb, Karen S	CONTROL-Controller
Salmeri, Tara D	SS-Sales Specialist
Schafer, Robert Luke	DFRTA-Director of Financial Reporting and Tech Acct
Schivley, Alexis Catherine	SS-Sales Specialist
Selhorn, Ryan J	CFO-Chief Financial Officer
Shomshor, Crystal L	STS-Sr. Sales Specialist
Siciliano, Jake D	MLA-Manager of Legal Affairs
Skasko-Shemansik, Cheryl Renee	SRTM-Sr. Training Manager
Smith, Jason Thomas	SS-Sales Specialist
Springer, Elizabeth Marth	ESS-Executive Sales Specialist
Stager III, George Alan	SS-Sales Specialist
Stewart, Noah Charles	SS-Sales Specialist
Swearingen, Louis S.	SS-Sales Specialist
Tice, Kyle Charles	SSPEDS-Sales Specialist Pediatrics
Triche, Sophia M	SS-Sales Specialist
Van Keuren Jr, Frank Philip	STS-Sr. Sales Specialist
Vasquez, Lydia	SRMRA-Sr. Manager, Regulatory Affairs
Ventura, Jaime	DIRHR-Director, People & Culture
Wellborn, Jeffrey	DSC-Director of Supply Chain
Westfield, Gerwin H	SVPSA-Sr. VP, Scientific Affairs
Whitmore, Lauren Rae	SS-Sales Specialist
Yaros, Andrew R	CS-Compliance Specialist
Count of Employees: 77	

4CC

NEVADA STATE BOARD OF PHARMACY

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

Wholesaler Application Non-Refundable \$1,000 Fee Rev (05/12/2022)

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>NEOS THERAPEUTICS LP</u>		
Physical Address: <u>7900 E UNION AVE., STE 920, ROOM 14</u>		
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80237</u>		
Mailing Address (if different from physical address): <u>SAME AS ABOVE</u>		
City: _____ State: _____ Zip: _____		
Telephone: <u>972-408-1316</u> Website: <u>https://aytubio.com/</u>		
Name of Designated Representative (DR): <u>JAKE DEAN SICILIANO</u>		
Licensing Company Email: <u>LICENSING@AYTUBIO.COM</u> DR Email: <u>LICENSING@AYTUBIO.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: 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)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		✓
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

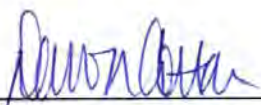
Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement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

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

Date of Event/Arrest N/A	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)

7/24/2025
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:	Tris Pharma						
Address:	2033 US Hwy 130	City:	Monmouth Junction	State:	NJ	Zip:	08852
Name:	Vita-Pros						
Address:	8687 Jefferson Highway	City:	Osseo	State:	MN	Zip:	55369
Name:	Cardinal Helath, dba Specialty Pharmaceutical Services						
Address:	15 Ingram Rd	City:	LaVergne	State:	TN	Zip:	37086
Name:	NA						
Address:		City:		State:		Zip:	

Section 4: 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:			

Section 5: Non-Publicly Traded Corporation or Company

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

Section 6: Partnership

Partnership Name:	Neos Therapeutics LP (Neos Therapeutics Inc-99%; PharmaFab-1%)				
Mailing Address:	7900 E Union Ave., Ste 920				
City:	Denver	State:	CO	Zip:	80237
Telephone:	972-408-1316	Email:	licensing@aytubio.com		
Contact Person Name:	Dawn Cottar				

Section 7: Sole Owner

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

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

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• List of <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/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.

NEOS THERAPEUTICS LP

Facility Name

DAWN COTTAR

Print Name of Authorized Person Submitting Application



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

7/24/2025

Date

Board Use Only

Date Received: 7/28/25

Amount: \$1000.00 57067

Limited Power of Attorney for Signature Delegation
for Facility Licensing and Business Applications and Authorizations

I, Joshua Disbrow, Chief Executive Officer, the "Responsible Person" of the below-mentioned entities, all with offices located at 7900 E. Union Avenue, Suite 920, Denver, CO 80237 (the "Entities"), hereby appoint Dawn Cottar, as the Responsible Person's Attorney-in-Fact to act for the Responsible Person in any lawful way with respect to authorization for signing and approving state and federal licensing applications for the Entities.

1. Aytu Therapeutics LLC
2. Neos Therapeutics, Inc.
3. Neos Therapeutics, LP
4. Neos Therapeutics Brands, LLC

Signed this 10th day of December, 2024

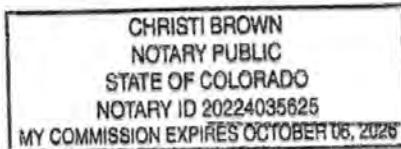
By: [Signature]
Signature of Person Granting Power

Joshua Disbrow
Printed Name/Title of Responsible Person

STATE OF Colorado

COUNTY OF Denver

Sworn to and subscribed in my presence this 10th day of December, 2024.



[Signature]
NOTARY PUBLIC

I, Dawn Cottar, hereby affirm that I am the person named herein as attorney-in-fact and that the signature affixed hereto is my signature.

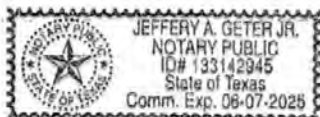
By: [Signature]
Signature of Attorney-in-Fact

Dawn Cottar
Printed Name/Title of Attorney-in-Fact

STATE OF Texas

COUNTY OF Tarrant

Sworn to and subscribed in my presence this 16 day of December, 2024.



[Signature]
NOTARY PUBLIC

[Home](#) ▶ [Drug Databases](#) ▶ [NDC](#) ▶ Search Result

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Current through September 10, 2025

You have searched Finished drug products

Search Results: '62542'

[Back to Search Page](#)

Keyword Search					Showing 1 to 7 of 7 entries					
Proprietary Name	NDC Package Code	Strength	Dosage Form	Route	Application Number / Monograph ID	Labeler Name	Product NDC	Non-Proprietary Name	Substance Name	Product Type Name
 Amphetamine Extended-Release	62542-005-30	3.1mg/1	TABLET, ORALLY DISINTEGRATING	ORAL	NDA204326	Neos Therapeutics, LP	62542-005	Amphetamine Extended-Release	AMPHETAMINE	HUMAN PRESCRIPTION DRUG
 Amphetamine Extended-Release	62542-010-30	6.3mg/1	TABLET, ORALLY DISINTEGRATING	ORAL	NDA204326	Neos Therapeutics, LP	62542-010	Amphetamine Extended-Release	AMPHETAMINE	HUMAN PRESCRIPTION DRUG
 Amphetamine Extended-Release	62542-015-30	9.4mg/1	TABLET, ORALLY DISINTEGRATING	ORAL	NDA204326	Neos Therapeutics, LP	62542-015	Amphetamine Extended-Release	AMPHETAMINE	HUMAN PRESCRIPTION DRUG
 Amphetamine Extended-Release	62542-020-30	12.5mg/1	TABLET, ORALLY DISINTEGRATING	ORAL	NDA204326	Neos Therapeutics, LP	62542-020	Amphetamine Extended-Release	AMPHETAMINE	HUMAN PRESCRIPTION DRUG
 Amphetamine Extended-Release	62542-025-30	15.7mg/1	TABLET, ORALLY DISINTEGRATING	ORAL	NDA204326	Neos Therapeutics, LP	62542-025	Amphetamine Extended-Release	AMPHETAMINE	HUMAN PRESCRIPTION DRUG
 Amphetamine Extended-Release	62542-030-30	18.8mg/1	TABLET, ORALLY DISINTEGRATING	ORAL	NDA204326	Neos Therapeutics, LP	62542-030	Amphetamine Extended-Release	AMPHETAMINE	HUMAN PRESCRIPTION DRUG
 Carbinoxamine Maleate Extended-Release Oral Suspension	62542-101-05	4mg/5mL	SUSPENSION, EXTENDED RELEASE	ORAL	NDA022556	Neos Therapeutics, LP	62542-101	Carbinoxamine Maleate	CARBINOXAMINE MALEATE	HUMAN PRESCRIPTION DRUG



Neos Therapeutics LP

Corporate Officers

Joshua Disbrow
Chief Executive Officer
7900 E Union Avenue, Suite 920
Denver, CO 80237

Ryan Selhorn
Chief Financial Officer
7900 E Union Avenue, Suite 920
Denver, CO 80237



Neos Therapeutics LP

Stock and Ownership Information

Type of Stock (Common or Preferred):	None
Authorized:	None
Issued:	None
Par Value:	None

Neos Therapeutics LP is owned by:

- 99% - Neos Therapeutics Inc
- 1% - PharmaFab

Corporate Officers of Neos Therapeutics Inc., PharmaFab AND Neos Therapeutics LP:

- Joshua Disbrow
Chief Executive Officer
7900 E Union Avenue, Suite 920
Denver, CO 80237
(972) 408-1316
DOB: [REDACTED]
- Ryan Selhorn
Chief Financial Officer
7900 E Union Avenue, Suite 920
Denver, CO 80237
(972) 408-1316
DOB: [REDACTED]



Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate Of Limited Partnership for Neos Therapeutics, LP (file number 12158510), a Domestic Limited Partnership (LP), was filed in this office on June 16, 1999.

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

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on June 18, 2025.



A handwritten signature in black ink that reads "Jane Nelson".

Jane Nelson
Secretary of State

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



Roger Williams
Secretary of State

Office of the Secretary of State

CERTIFICATE OF FILING OF

Neos Therapeutics, LP

File Number: 12158510

[formerly: PFAB LP.]

The undersigned, as Secretary of State of Texas, hereby certifies that an amendment to the certificate of limited partnership or the application for registration as a foreign limited partnership for the above named limited partnership has been received in this office and filed as provided by law on the date shown below.

Accordingly, the undersigned, as Secretary of State hereby issues this Certificate evidencing the filing in this office.

Dated: 06/22/2007
Effective: 06/22/2007



A handwritten signature of Roger Williams in dark ink.

Roger Williams
Secretary of State

JUN 22 2007

CERTIFICATE OF AMENDMENT Corporations Section

This Certificate of Amendment amends the Certificate of Limited Partnership of Neos Therapeutics, LP f/k/a Pfab LP, file number 12158510 (the "Partnership") as follows:

1. The name of the Partnership is Neos Therapeutics, LP.
2. The address of the registered office of the Limited Partnership is 2940 North Highway 360, Grand Prairie, Texas 75050 and the Limited Partnership's registered agent for service of process at that address is Zachary M. Garsek.
3. The address of the principal office of the Limited Partnership where records are to be kept or made available is 2940 North Highway 360, Grand Prairie, Texas 75050.
4. The name of the sole General Partner of the Partnership is PharmaFab Texas, LLC, and its mailing address and business address is 2940 North Highway 360, Grand Prairie, Texas 75050.

I hereby execute this Certificate of Amendment effective June 20, 2007, as manager of PharmaFab Texas, LLC, in its capacity as the sole General Partner of Neos Therapeutics, LP.

GENERAL PARTNER:

PharmaFab Texas, LLC

By:


Mark Tengler, Manager

JUN 16 1999

CERTIFICATE OF LIMITED PARTNERSHIP

Corporations Section

I, the undersigned, desiring to form a limited partnership pursuant to the Texas Revised Limited Partnership Act, Article 6132a-1 of the Revised Civil Statutes of the State of Texas, certify as follows:

1. The name of the Limited Partnership is PFab LP. The address of the registered office of the Limited Partnership is 3815 Lisbon Street, Fort Worth Texas 76107. The name and address of the registered agent at such address is Stephen X. Westermann.
2. The address of the principal office of the Limited Partnership in the United States where records are to be kept or made available is 7417 Pebble Drive, Fort Worth 76118
3. The name, the mailing address, and the street address of the business of the General Partner are:

Name

Business Address

PharmaFab Texas, LLC

7417 Pebble Drive
Fort Worth, Texas 76118

IN WITNESS WHEREOF, I have hereunto set my hand effective the 14th day of June 1999.

GENERAL PARTNER:

PharmaFab Texas, LLC

By:


Bruce K. Montgomery, Manager

F:\USERS\Charyse\PAR\THESUBMIT\Conf\StateOfTexas\Partnership.rpt



Office of the Secretary of State

The undersigned, as Secretary of State of Texas, does hereby certify that the attached is a true and correct copy of each document on file in this office as described below:

Neos Therapeutics, LP
Filing Number: 12158510

Certificate Of Limited Partnership

June 16, 1999

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on May 21, 2025.



A handwritten signature in cursive script that reads "Jane Nelson".

Jane Nelson
Secretary of State



COLORADO

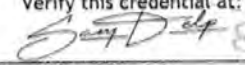
Department of
Regulatory Agencies

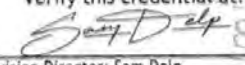
Division of Professions and Occupations

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	
State Board of Pharmacy Neos Therapeutics, LP Wholesaler In-State	
WHI.0006138 Number	07/23/2024 Issue Date
Active Credential Status	10/31/2026 Expire Date
Verify this credential at: dpo.colorado.gov	
	
Division Director: Sam Delp	Credential Holder Signature

Colorado Department of Regulatory Agencies Division of Professions and Occupations	
State Board of Pharmacy Neos Therapeutics, LP Wholesaler In-State	
WHI.0006138 Number	07/23/2024 Issue Date
Active Credential Status	10/31/2026 Expire Date
Verify this credential at: dpo.colorado.gov	
	
Division Director: Sam Delp	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
Neos Therapeutics, LP		Denver Corporate Center III 7900 E Union Ave., Ste. 920, Room 14 Denver, CO 80237

Credential Information

License Number	License Method	License Type	License Status	Original Issue Date	Effective Date	Expiration Date
WHI.0006138	Original	Wholesaler In-State	Active	07/23/2024	07/23/2024	10/31/2026

Board/Program Actions

Discipline
There is no Discipline or Board Actions on file for this credential.

Generated on: 12/10/2024 2:00:11 PM

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. PB00494150112

Application/License No. _____

Neos Therapeutics, LP, doing or intending to do business as a

Applicant/Principal

pharmaceutical wholesaler, whose address for purposes of service is

7900 E Union Ave, Ste. 920, Room 14, Denver, CO 80237, as

Address of Applicant/Principal

PRINCIPAL, and Philadelphia Indemnity Insurance Company, a

Surety Company

corporation organized under the laws of the state of PA

State of Incorporation

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

Nevada, whose address for purposes of service is

One Bala Plaza, Suite 100, Bala Cynwyd, PA 19004-0950 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 June 12, 2025

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.

Posted February 20, 2020

THIS BOND is subject to the following conditions:

- (1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
- (2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and 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
12th day of June, 2025.

APPLICANT/PRINCIPAL

Neos Therapeutics, LP
COMPANY

By:

Authorized Representative

SURETY

Philadelphia Indemnity Insurance Company

By:

Surety Company's Representative

Sandra Corona

print name

, Attorney-in-fact

SIGNED and SEALED in the presence of:

Witness

Witness

SIGNED and SEALED in the presence of:

Witness Aidan Smock

Witness Guillermo Corona

Countersigned by:

N/A

Nevada Resident Agent

Posted February 20, 2020

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 Los Angeles)
 On 6-12-2025 before me, Chase Austin Seyforth, Notary Public
Date Here Insert Name and Title of the Officer
 Personally appeared Sandra Corona
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 _____

Capacity(ies) Claimed by Signer(s)

Signer's Name _____
☐ Corporate Officer — Title(s) _____
☐ Partner ☐ Limited ☐ General
☐ Individual ☐ Attorney in Fact
☐ Trustee ☐ Guardian or Conservator
☐ Other _____

Signer's Name _____
☐ Corporate Officer — Title(s) _____
☐ Partner ☐ Limited ☐ General
☐ Individual ☐ Attorney in Fact
☐ Trustee ☐ Guardian or Conservator
☐ Other _____

Signer Is Representing _____ Signer Is Representing _____

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 Jennifer Ochs, Charles R. Teter III, B. Aleman, Eric Brown, D. Garcia, Simone Gerhard, Edward C. Spector, Ethan Spector, Marina Tapia, KD Wapato, Sarah Campbell, Aidan Smock, Sandra Corona, MB Neely and Chase Seyforth of Lockton Companies 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 OCTOBER 2024

(Seal)

John Glomb

John Glomb, President & CEO
Philadelphia Indemnity Insurance Company

On this 5th day of October, 2024 before me came the individual who executed the preceding instrument, to me personally known, and being by me duly sworn said that he is the therein described and authorized officer of the PHILADELPHIA INDEMNITY INSURANCE COMPANY, that the seal affixed to said instrument is the Corporate seal of said Company, that the said Corporate Seal and his signature were duly affixed

Notary Public

Vanessa McKenzie

Commonwealth of Pennsylvania - Notary Seal
Vanessa McKenzie, Notary Public
Delaware County
My commission expires November 3, 2028
Commission number 1366394

Member, Pennsylvania Association of Notaries

residing at

Linwood, PA

My commission expires

November 3, 2028

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 October 2024 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 12 day of June, 2025

Edward Sayago

Edward Sayago, Corporate Secretary
PHILADELPHIA INDEMNITY INSURANCE COMPANY

NEVADA STATE BOARD OF PHARMACY

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

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler NEOS THERAPEUTICS LP
Pharmacy/Wholesaler License # (if applicable) TBD
Physical Address 7900 E UNION AVE, STE 920, ROOM 14
City DENVER State CO Zip 80237
Mailing Address (if different from physical address) SAME AS ABOVE
City _____ State _____ Zip _____
Telephone 972-408-1316 Website https://aytubio.com/
Licensing Company Email LICENSING@AYTUBIO.COM

Section 2: Personal Information

First Jake Middle Dean Last Siciliano
Alias(es, nicknames, name changes, etc.) N/A
Date of Birth [REDACTED] SSN or ITIN [REDACTED] Sex ☒ M ☐ F ☐ X
Mailing Address 7900 E UNION AVE, STE 920
City DENVER State CO Zip 80237
Telephone 972-408-1316 Email LICENSING@AYTUBIO.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 Thomas Jefferson School of Law		From - To (MM/YY - MM/YY) 09/16-12/18	
Address 701 B Street, Suite 110	City San Diego	State CA	Zip 92101
Diploma/Degree obtained, if any Juris Doctorate			
School Name California Lutheran University		From - To (MM/YY - MM/YY) 09/14-06/16	
Address 60 W Olsen Rd	City Thousand Oaks	State CA	Zip 91360
Diploma/Degree obtained, if any BA in Sociology			
School Name University of North Carolina Asheville		From - To (MM/YY - MM/YY) 01/14-09/14	
Address 1 University Heights	City Asheville	State NC	Zip 28804
Diploma/Degree obtained, if any			
School Name Moorpark College		From - To (MM/YY - MM/YY) 09/11-12/13	
Address 7075 Campus Rd	City Moorpark	State CA	Zip 93021
Diploma/Degree obtained, if any AA - Social Sciences			
School Name Simi Valley High School		From - To (MM/YY - MM/YY) 08/07/06/11	
Address 5400 Cochran St	City Simi Valley	State CA	Zip 93063
Diploma/Degree obtained, if any High School Diploma			

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

From - To (MM/YY - MM/YY) 10/21-06/25	Address 	City Highlands Ranch	State CO	Zip 
From - To (MM/YY - MM/YY) 10/20-10/21		City Littleton	State CO	
From - To (MM/YY - MM/YY) 04/20-10/20		City San Diego	State CA	
From - To (MM/YY - MM/YY) 01/19-04/20		City San Diego	State CA	
From - To (MM/YY - MM/YY) 01/05-01/19		City Simi Valley	State CA	
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	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 AYTU BIOPHARMA INC		From - To (MM/YY – MM/YY) 06/18-06/25	
Business Address 7900 E UNION AVE, STE 920		City DENVER	State CO
Phone 972-408-1316	Title Manager of Legal Affairs	Number of Employed Hours 14,000	

Description of Duties
Serve as Legal Affairs representative, overseeing all facets of the company's legal operations from a strategic and executive level.

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

Description of Duties

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

Description of Duties

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

Description of Duties

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

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

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

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

Business Name NA		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?		✓

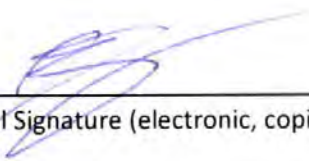
Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement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

This is in response to Question # 6. Provide all the following *where applicable*:

Date of Event/Arrest 2019	Disposition Date 3/13/2024	State OR	City Portland	County Multnomah
Case # 2023-1064		Governing, licensing, Arresting Presiding Body/Agency/Court Oregon Board of Pharmacy		
Reason/Charge Failure to disclose 12/21/2018 CO BOP Stipulation and Final Agency Order on OR BOP 8/7/2019 renewal application				
Plaintiff/Defendant/Claimant/Respondent Oregon Board of Pharmacy / Aytu BioPharma Inc			Lawsuit/Arbitration/Bankruptcy Stipulation	
Name of Business/Industry/Entity Aytu BioPharma Inc / Pharmaceutical Manufacturing				

Provide explanation below:

In December 2023, the Oregon Board of Pharmacy notified Aytu BioPharma Inc of an incorrect response within the OR BOP 2019 renewal application. Specifically, in 2018, the State of Colorado Board of Pharmacy issued Aytu BioPharma Inc a Stipulation for a non-current Designated Representative, and this stipulation was not disclosed on the 2019 OR renewal application. The error in submission was an oversight and in no way an attempt to mislead the OR BOP. Aytu took full accountability for the inaccuracy and paid a fine. The case was finalized with the OR BOP on 3/13/2024.


Original Signature (electronic, copies or stamps not accepted)

06/26/2025
Date



Aytu
BIOPHARMA

Denver Corporate Center III
7900 E. Union Avenue, Suite 920
Denver, CO 80237
www.aytubio.com
1(855) 298-8246

AYTU BIOPHARMA INC.

Explanation of disciplinary action.

In December 2023, Aytu BioPharma Inc was informed that an error had been made on its 2019 renewal application with the State of Oregon. The issue stemmed from a 2018 stipulation from the State of Colorado, which resulted from outdated Designated Representative information. This oversight was unintentional, and there was no attempt to withhold information from the Board.

Aytu BioPharma Inc took full responsibility for the mistake, promptly addressed the issue, and paid the associated fine. The matter was officially finalized with Oregon on March 13, 2024.

Under the authority granted pursuant to ORS 689.135, 689.145, 689.335, 689.405 and 689.445, the Oregon Board of Pharmacy (Board) proposes to take disciplinary action against your Certificate of Registration No. M-0002804 because Aytu Biopharma Inc (Registrant) violated the Oregon Pharmacy Act and the Board of Pharmacy rules as set forth below:

On or about 8/7/2019, Registrant submitted their Manufacturer drug outlet registration renewal application. The renewal application asked, "Since the date of your last renewal, has disciplinary action been taken, or is any such action currently pending or proposed, against any of the persons or establishments listed on the application, by any State or Federal Authority in connection with a violation of any federal or state drug law or regulation?" to which the Registrant answered "No."

Registrant failed to disclose their 12/21/2018 Colorado Board of Pharmacy Stipulation and Final Agency Order (2018 CO Order) on the 8/7/2019 renewal application.

By answering "No" to the question regarding disciplinary action on an application, you failed to answer all questions fully and truthfully on the application for licensure, which is a failure to cooperate under OAR 855-001-0035(1). By not providing information regarding the 2018 CO Order, you failed to provide accurate, honest, and complete information in response to a Board request, which is a failure to cooperate under OAR 855-001-0035(1). Failure to cooperate is unprofessional conduct under OAR 855-006-0020(k), which is grounds for discipline under ORS 689.405(1)(a) and (i), ORS 689.445(1)(d)(B), and 689.832(1).

Based on these alleged violations, the Board proposes to impose a civil penalty in the amount of \$2,000 for 1 violation.



Oregon

Tina Kotek, Governor

Oregon Board of Pharmacy

800 NE Oregon St., Suite 150

Portland, OR, 97232

Phone: 971-673-0001

Fax: 971-673-0002

pharmacy.compliance@bop.oregon.gov

www.oregon.gov/pharmacy

March 13, 2024

AYTU BIOPHARMA INC
DENVER CORPORATE CENTER III
7900 E UNION AVE STE 920
Denver CO 80237

RE: Case Number 2023-1064

Enclosed is a copy of the completed consent order for case number 2023-1064 which has been finalized as of 3/13/2024. Please retain this copy with your records.

Please note that the required items have been received.

Sincerely,
Kim Oster
Compliance Coordinator

The Oregon Board of Pharmacy serves to promote and protect public health, safety, and welfare by ensuring high standards in the practice of pharmacy and through effective regulation of the manufacture and distribution of drugs.

BEFORE THE BOARD OF PHARMACY
OF THE STATE OF OREGON

In the Matter of the) Case No. 2023-1064
Manufacturer Registration of)
AYTU BIOPHARMA INC) CONSENT ORDER
Registrant)

WHEREAS, the Board of Pharmacy of the State of Oregon has filed a Notice of Proposed Civil Penalty ("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 legal cause exists pursuant to ORS 689.405 and ORS 689.445 for disciplinary action and imposition of a civil penalty 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 Registrant shall pay a civil penalty to the Board in the amount of \$2,000 with \$1,000 stayed pending no similar violations for three years. If Licensee violates any term or condition of this Consent Order, within three years of the effective date of this Consent Order, the Board may take action to lift the stayed portion of the civil penalty. Payment of the \$1,000 portion of the civil penalty not stayed to be made within ten days from the date this Consent Order becomes final.

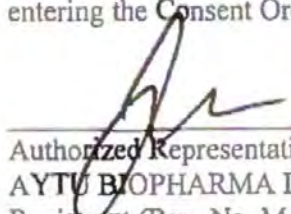
2. Failure of the Registrant to pay the civil penalty as required under this Consent Order may, after notice and hearing, result in further disciplinary action.

3. This Consent Order is effective when signed by the Board.

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CONSENT

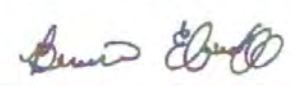
I hereby acknowledge that I am the authorized representative of Registrant. On behalf of the Registrant, I hereby acknowledge that I have read and understand the above-noted Notice and the terms of the Consent Order. I hereby acknowledge that I understand that the Consent Order with incorporated Notice 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
AYTU BIOPHARMA INC
Registrant (Reg. No. M-0002804)

2/28/24
Date

IT IS SO ORDERED.

BOARD OF PHARMACY
FOR THE STATE OF OREGON


Brianne Efremoff, Pharm.D, R.Ph.,
Compliance Director

3/13/2024
Date

BEFORE THE BOARD OF PHARMACY
OF THE STATE OF OREGON

In the Matter of the) Case No. 2023-1064
Manufacturer Registration)
AYTU BIOPHARMA INC) NOTICE OF PROPOSED
CIVIL PENALTY
Registrant)

Under the authority granted pursuant to ORS 689.135, 689.145, 689.335, 689.405 and 689.445, the Oregon Board of Pharmacy (Board) proposes to take disciplinary action against your Certificate of Registration No. M-0002804 because Aytu Biopharma Inc (Registrant) violated the Oregon Pharmacy Act and the Board of Pharmacy rules as set forth below:

On or about 8/7/2019, Registrant submitted their Manufacturer drug outlet registration renewal application. The renewal application asked, "Since the date of your last renewal, has disciplinary action been taken, or is any such action currently pending or proposed, against any of the persons or establishments listed on the application, by any State or Federal Authority in connection with a violation of any federal or state drug law or regulation?" to which the Registrant answered "No."

Registrant failed to disclose their 12/21/2018 Colorado Board of Pharmacy Stipulation and Final Agency Order (2018 CO Order) on the 8/7/2019 renewal application.

By answering "No" to the question regarding disciplinary action on an application, you failed to answer all questions fully and truthfully on the application for licensure, which is a failure to cooperate under OAR 855-001-0035(1). By not providing information regarding the 2018 CO Order, you failed to provide accurate, honest, and complete information in response to a Board request, which is a failure to cooperate under OAR 855-001-0035(1). Failure to cooperate is unprofessional conduct under OAR 855-006-0020(k), which is grounds for discipline under ORS 689.405(1)(a) and (i), ORS 689.445(1)(d)(B), and 689.832(1).

Based on these alleged violations, the Board proposes to impose a civil penalty in the amount of \$2,000 for 1 violation.

HEARING RIGHTS

The corporation is entitled to a hearing as provided by the Administrative Procedures Act (ORS chapter 183). An attorney must represent the corporation. If the corporation wishes to have a hearing, the corporation must file a written request for hearing with the Board within 21 days from the date this notice was mailed, and if the hearing request is not filed by the corporation's attorney, it must be ratified by the corporation's attorney within 28 days of Board's receipt of the hearing request. The corporation's attorney may send or deliver a request for hearing to:

Oregon Board of Pharmacy
800 NE Oregon Street, Suite 150

Portland, OR 97232
Fax: (971) 673-0002

If a request for hearing is not received within this 21-day period, the corporation's right to a hearing shall be considered waived.

If the corporation requests a hearing, the corporation's attorney will be notified of the time and place of the hearing. Before the commencement of the hearing, the corporation will be given information on the procedures, right of representation and other rights of parties relating to the conduct of the hearing.

If the corporation does not request a hearing within 21 days, or if it withdraws a hearing request, notifies the Board or Administrative Law Judge that it will not appear, or fails to appear at a scheduled hearing, the Board may issue a final order by default imposing discipline. If the Board issues a final order by default, it designates its file on this matter as the record.

BOARD OF PHARMACY
FOR THE STATE OF OREGON



Brianne Efremoff, Pharm.D, R.Ph.,
Compliance Director

2/22/2024
Date

DATE OF MAILING 2/22/2024

BEFORE THE STATE BOARD OF PHARMACY

STATE OF COLORADO

Case No. 2018-7371

STIPULATION AND FINAL AGENCY ORDER

IN THE MATTER OF DISCIPLINARY PROCEEDINGS REGARDING THE IN-STATE WHOLESALER REGISTRATION IN THE STATE OF COLORADO OF AYTU BIOSCIENCE INC, REGISTRATION NO. WHI 6109,

Respondent Outlet.

IT IS HEREBY STIPULATED AND AGREED by and between the Colorado State Board of Pharmacy ("Board") and Aytu Bioscience Inc ("Respondent Outlet") to resolve all matters pertaining to Board Case Number 2018-7371, as follows:

FINDINGS AND CONCLUSIONS

1. The Board has jurisdiction over Respondent Outlet, its registration as an in-state 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. (2018).
2. Respondent Outlet was originally registered in the State of Colorado on or about April 3, 2017, being issued registration number WHI 6109, 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 373 Inverness Pkwy., Ste., 206, Englewood, CO 80112-5898.
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 submit an application on two (2) occasions to the Board detailing a change in designated representative and fee. On December 20, 2017, an inspection of Respondent Outlet listed a new designated representative for the wholesaler. The previous designated representative had been in the position for more than 30 days. On September 4, 2018, an inspection of Respondent Outlet discovered the new designated representative left the position on January 5, 2018. The Board did not receive an application for a change of designated representative and fee in either occurrence.

6. On or about September 27, 2018, the Board initiated a complaint against Respondent Outlet because of the failure to submit an application for change in designated representative and fee on two (2) occasions.
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 (30) calendar days of such change. The incoming designated representative must undergo the required background check.

TERMS OF DISCIPLINE

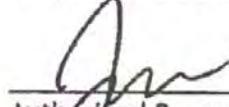
8. **Fine with Surcharge.** Pursuant to section 12-42.5-124(5)(a)(I), C.R.S., Respondent Outlet shall pay a fine of One Thousand Dollars and No Cents (\$1,000.00). Respondent Outlet understands and acknowledges that, pursuant to section 24-34-108, C.R.S., the Executive Director of the Department of Regulatory Agencies 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 6039) and the case number (2018-6336) on the check.
9. **Compliance.** Respondent Outlet shall report 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 change in designated representative.
10. **Other Requirements.** Respondent Outlet acknowledges and agrees that, as a condition of this Final Agency Order, Respondent Outlet shall:
 - a. promptly pay all Respondent Outlet's own fees and costs associated with this Final Agency Order;
 - b. comply fully with this Final Agency Order; and
 - c. comply fully with the Pharmacists, Pharmacy Businesses and Pharmaceuticals Act, all Board rules and regulations, and any other state and federal laws and regulations related to pharmacists and pharmaceuticals in the State of Colorado.
11. **Advisements and Waivers.** Through its undersigned Authorized Representative, Respondent Outlet enters into this Final Agency Order freely and voluntarily, after having the opportunity to consult with legal counsel and/or choosing not to do so. Respondent Outlet acknowledges its understanding that it has the following rights:
 - a. to have formal notice of hearing and charges served upon it;
 - b. to respond to said formal notice of charges;
 - c. to have a formal disciplinary hearing pursuant to sections 12-42.5-123 and 12-42.5-124, C.R.S.; and
 - d. to appeal this Final Agency Order.

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

12. **Acknowledgments.** The undersigned Authorized Representative of Respondent Outlet has read this Final Agency Order in its entirety and acknowledges, after having the opportunity to consult with legal counsel and/or choosing not to do so, that Respondent Outlet understands the legal consequences and agrees that none of the terms or conditions herein is unconscionable. Respondent Outlet is not relying on any statements, promises or representations from the Board other than as may be contained in this Final Agency Order. Respondent Outlet further acknowledges that it is not entering into this Final Agency Order under any duress.
13. **Violations.** Time is of the essence in this Final Agency Order. It is the responsibility of Respondent Outlet to take all appropriate steps to comply fully with this Final Agency Order. Respondent Outlet acknowledges and agrees that any violation of this Final Agency Order shall constitute a willful violation of a lawful Board order, may be sanctioned as provided under section 12-42.5-124(4), C.R.S., and may be sufficient grounds for additional discipline, including but not limited to revocation of Respondent Outlet's registration. The pendency of any suspension or disciplinary action arising out of an alleged violation of this Final Agency Order shall not affect the obligation of Respondent Outlet to comply with all terms and conditions of this Final Agency Order.
14. **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

Joshua Disparow / CEO

Name / Title

Dated: December 13, 2018

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 21 day of December, 2018.

State Board of Pharmacy

BY: _____

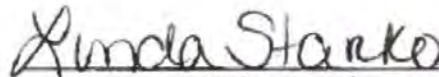
 ~~Joseph Liber~~ Dmitry Kunin
~~Interim~~ Program Director

CERTIFICATE OF SERVICE

This is to certify that I have duly served the within fully executed **STIPULATION AND FINAL AGENCY ORDER** upon all parties herein by electronic means or by depositing copies of same in the United States mail, first class postage prepaid, at Denver, Colorado, this 21st day of December 2018, addressed as follows:

By electronic mail to Respondent:

Aytu BioScience Inc.
Attn: Outlet Manager
373 Inverness Pkwy Ste 206
Englewood, CO 80112-5898
Email: ahalte@aytubio.com



Agent of the Board

COSTATEBOA Colorado State Board of Pharmacy

Aytu BioScience, Inc.

12/13/2018

Ref Nbr	Invoice Nbr	Inv Date	Invoice Amount	Amount Paid	Disc Taken	Net Check Amt
052689	2018-1311	12/13/18	1,150.00	1,150.00		1,150.00

052689

Wells Fargo Bank, N.A.
Colorado

23-7/1020

CHECK # 052689

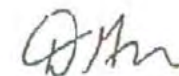
DATE 12/13/2018

Aytu BioScience, Inc.
373 Inverness Parkway
Suite 206
Englewood, CO 80112

*****\$1,150.00

PAY One Thousand One Hundred Fifty and 00/100----- US Dollars

PAY TO THE ORDER OF Colorado State Board of Pharmacy
1560 Broadway
Suite 1350
Denver, CO 80202



Authorized Signature

⑈052689⑈

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I, Jake D Siciliano, certify that as the designated representative for

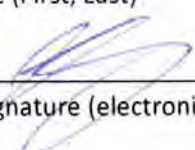
NEOS THERAPEUTICS LP

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

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

Jake Siciliano

Print Name (First, Last)


Original Signature (electronic, copies or stamps not accepted)

06/26/2025
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.

Jake Siciliano

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

Date

06/26/2025

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

State of Colorado, ss. County of Denver

I, Jake Dan Siciliano, 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

06/26/2025

Subscribed and Sworn to before me this 26th day of June, 2025.

Notary Public Signature

CHRISTI BROWN
NOTARY PUBLIC
STATE OF ~~COLORADO~~
NOTARY ID 20224035625
MY COMMISSION EXPIRES OCTOBER 06, 2026



Neos Therapeutics LP – Employee Roster

NAME	JOB TITLE
Bailey, Jeffrey	DQO-Director of Quality Operations
Baker, Bryson M	SS-Sales Specialist
Ball, Charlotte L	PYM-Payroll Manager
Brandon, Anita Zoe Ann	DIRMO-Director, Marketing Operations
Brown, Christi L.	EXA-Executive Assistant
Burke, Lori Elaine	SS-Sales Specialist
Cabano, Margaret N	VPOP-VP, Operations
Capone-Truxillo, Kimberly C	STS-Sr. Sales Specialist
Cecutti, Anna MARIA	SS-Sales Specialist
Clark, John	SDTO-Sr. Director, Technical Operations
Conner, Brandon C	KASPEDS-Key Account Specialist, Pediatrics
Cornely, Sean M.	AM-Accounting Manager
Cottar, Dawn Brady	SRMC-Sr. Manager, Compliance
Csaba, Steve George	MANTCO-Manager, Trade & Channel Operations
Curtis, Joseph D	SSS-Sr Sales Specialist
D'Angelo, Nicholas John	SS-Sales Specialist
Devine, Matthew T	RSM-Regional Sales Manager
Dew, Benjamin H	RSM-Regional Sales Manager
Dilley, Nancy E	JUNIOR-Junior Accountant
Disbrow, Jarrett T.	317395-Chief Business Officer
Disbrow, Joshua R.	CEO-Chief Executive Officer
Dronet, Caleb A	SS-Sales Specialist
Erviti, Ana Maria	SS-Sales Specialist
Evans, Elizabeth	317396-National Account Manager
Ewart, Arlen	DA-Director of Accounting
Fitch, Crystal Ann	RSM-Regional Sales Manager
Flack, Jason Jeffrey	SS-Sales Specialist
Fustokjian, Jack Habib	SS-Sales Specialist
Gao, Fei	SRDIRFA-Sr. Director, Finance & Accounting
Giacomozzi, Heather	STAFF A-Staff Accountant
Goldberg, Jack	SMIT-Sr. Manager, Information Technology
Hamilton, Thomas Michael	DCISO-Sr Director, Commercial Insights and Sales Op
Harrelson, Taylor Nicole	HRCOORD-HR Coordinator, People & Culture
Harrington, Tyler	VPMPs-VP, Marketing & Portfolio Strategy
Hernandez, Bianca	SA I-Sr. Accountant I
Hille, Nicole L	SEN QUA-Sr. Quality Manager
Howard, Victoria Grace	SS-Sales Specialist
Johnson, Tyler	STS-Sr. Sales Specialist



NAME	JOB TITLE
Kelly, Taylor	SS-Sales Specialist
Kennedy, Suzane L	VP REG-VP, Regulatory Affairs/Quality
Krimm, Brooklyn L	SS-Sales Specialist
Lassiter, Jacob Patrick	SS-Sales Specialist
Lawton, Mary Margaret	SS-Sales Specialist
Malone, Cheryl Ann	QUALITY-Quality Specialist
Martinez, Lisa Ann	CSS-Customer Service Specialist
McNesby, Laurie Anne	OFFADMI-Office Administrator / Commercial Support
Mobley, Samuel Bernard	RSM-Regional Sales Manager
Mrzena, Jaxson	SS-Sales Specialist
Mullins, Gillian	SSPEDS-Sales Specialist Pediatrics
O'Bryant, Casey R	SDFPA-Sr. Director, Financial Planning & Analysis
Padilla, Dana Julia	HR GEN-HR Generalist, People & Culture
Powers, Joshua F.	SSPEDS-Sales Specialist Pediatrics
Pyszcymuka, Greg G	CCO-Chief Commercial Officer
Rask, Rylee Shae	SS-Sales Specialist
Riley, Toja	NSDIR-National Sales Director
Robb, Karen S	CONTROL-Controller
Salmeri, Tara D	SS-Sales Specialist
Schafer, Robert Luke	DFRTA-Director of Financial Reporting and Tech Acct
Schivley, Alexis Catherine	SS-Sales Specialist
Selhorn, Ryan J	CFO-Chief Financial Officer
Shomshor, Crystal L	STS-Sr. Sales Specialist
Siciliano, Jake D	MLA-Manager of Legal Affairs
Skasko-Shemansik, Cheryl Renee	SRTM-Sr. Training Manager
Smith, Jason Thomas	SS-Sales Specialist
Springer, Elizabeth Marth	ESS-Executive Sales Specialist
Stager III, George Alan	SS-Sales Specialist
Stewart, Noah Charles	SS-Sales Specialist
Swearingen, Louis S.	SS-Sales Specialist
Tice, Kyle Charles	SSPEDS-Sales Specialist Pediatrics
Triche, Sophia M	SS-Sales Specialist
Van Keuren Jr, Frank Philip	STS-Sr. Sales Specialist
Vasquez, Lydia	SRMRA-Sr. Manager, Regulatory Affairs
Ventura, Jaime	DIRHR-Director, People & Culture
Wellborn, Jeffrey	DSC-Director of Supply Chain
Westfield, Gerwin H	SVPSA-Sr. VP, Scientific Affairs
Whitmore, Lauren Rae	SS-Sales Specialist
Yaros, Andrew R	CS-Compliance Specialist
Count of Employees: 77	

4DD

NEVADA STATE BOARD OF PHARMACY

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

Wholesaler Application
Non-Refundable \$1,000 Fee

Rev (08/17/2022)

Where is the facility located?		☐ Nevada ☒ Out-of-State
Type of Application (check applicable box)		Wholesaler Business Type (check applicable box)
☒ New Wholesaler ☐ Ownership Change* ☐ Name Change* ☐ Location Change* (in-state only)	* If making a change, provide current license number: WH _____	☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ☒ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)
Section 1: General Information		
Facility Name: <u>OsteoMed LLC</u>		
Physical Address: <u>3885 Arapaho Rd</u>		
City: <u>Addison</u> State: <u>TX</u> Zip: <u>75001</u>		
Mailing Address (if different from physical address): _____		
City: _____ State: _____ Zip: _____		
Telephone: <u>(972) 677-4600</u> Website: <u>www.acumed.net</u>		
Name of Designated Representative (DR): <u>Bejoy Mathai</u>		
Licensing Company Email: <u>licensingdepartment@acumed.net</u> DR Email: <u>bejoy.mathai@acumed.net</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)?		✓

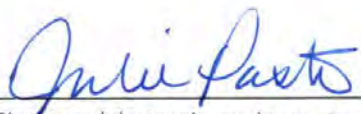
Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement 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 08/31/2023	Disposition Date N/A	State N/A	City N/A	County N/A
Case # 23-276-0		Governing, licensing, Arresting Presiding Body/Agency/Court Nevada State Board of Pharmacy		
Reason/Charge Unlicensed furnishing of prescription medical devices				
Plaintiff/Defendant/Claimant/Respondent N/A			Lawsuit/Arbitration/Bankruptcy N/A	
Name of Business/Industry/Entity Acumed LLC				

Provide explanation below:

Acumed LLC received a cease and desist letter on 08/31/2023 for unlicensed furnishing of prescription medical devices to certain wholesalers in Nevada. Acumed LLC was previously unaware of the licensing requirements. Upon receiving the letter Acumed LLC ceased distributing devices into Nevada and paid the fine in full. Acumed LLC received a temporary wholesaler license (WH03512) that expired on 12/11/2023. Acumed LLC is seeking to be in compliance with this new application for 2025 and will continue renewals as required. This was previously reported in our 2024 application.



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: Velocity Medtech (AMT)
Address: 14298 168th Drive SE City: Monroe State: WA Zip: 98272
Name: Micropulse
Address: 5865 East State Road 14 City: Columbia City State: IN Zip: 46275
Name: Apex
Address: 25# Yonghua Road, Yonghe 511356 City: N/A State: N/A Zip: N/A
Name: Precision Edge
Address: 415 W. 12th Ave City: Sault Sainte Marie State: MI Zip: 49783

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): Acumed LLC
Corporation/Organization Name: OsteoMed LLC
Mailing Address: 3885 Arapaho Rd
City: Addison State: TX Zip: 75001
Telephone: _____ Email: _____
Contact Person Name: _____

Section 6: Partnership

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

Section 7: Sole Owner

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

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

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• List of <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/Fingerprint%20Submission%20Instructions%20-%20Effective%2001.01.2024.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.

OsteoMed LLC

Facility Name

Julie Pasto

Print Name of Authorized Person Submitting Application

Julie Pasto

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

3/10/2025

Date

Board Use Only

Date Received:

3/17/25

Amount:

0000198594 ck. \$3000
\$1000/per

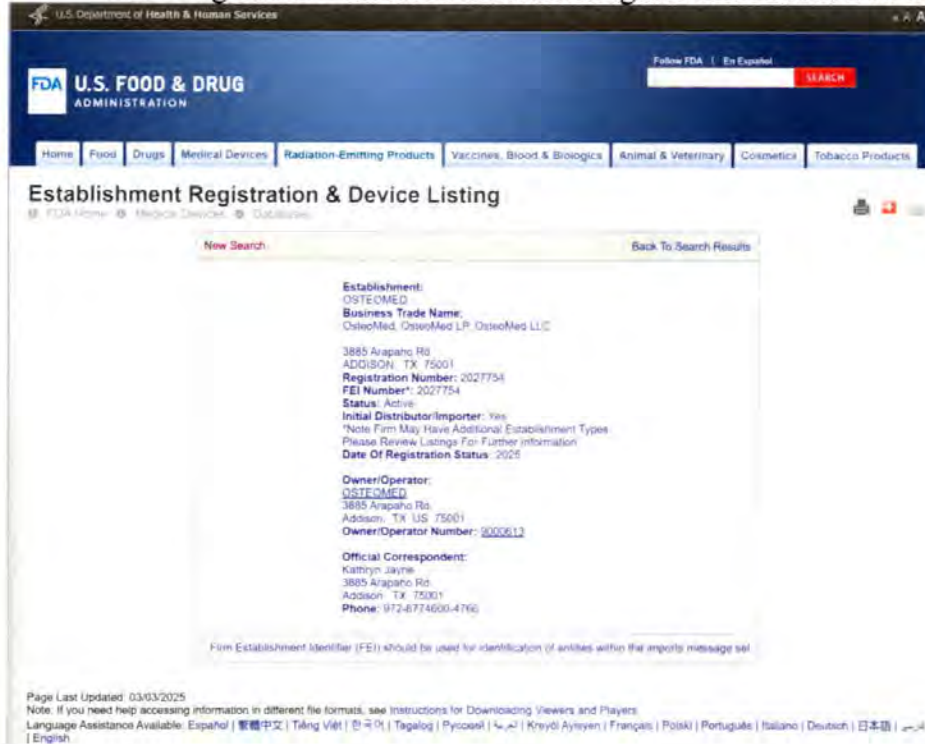
Wholesaler Application 6 of 7

2025 Nevada Wholesaler Application – OsteoMed LLC Attachments/Supplemental Documentation

Please see below for a list of all attachments and supplemental documentation that is applicable to OsteoMed LLC Addison TX location.

Section 8:

1. Copy of FDA Registration (attached below). OsteoMed LLC is a medical device manufacturer and is registered with the FDA under Registration No. 2027754.



The screenshot shows the FDA's Establishment Registration & Device Listing page. The header includes the U.S. Department of Health & Human Services and the FDA logo. The main content area displays the following information for OsteoMed LLC:

- Establishment:** OSTEOMED
- Business Trade Name:** OsteoMed, OsteoMed LP, OsteoMed LLC
- Address:** 3885 Arapaho Rd, ADDISON, TX 75001
- Registration Number:** 2027754
- FEI Number:** 2027754
- Status:** Active
- Initial Distributor/Importer:** Yes
- Date Of Registration Status:** 2025
- Owner/Operator:** OSTEOMED, 3885 Arapaho Rd, Addison, TX 75001, Owner/Operator Number: 0000613
- Official Correspondent:** Kathryn Jayne, 3885 Arapaho Rd, Addison, TX 75001, Phone: 972-677-4600-4766

At the bottom, there is a note: "Firm Establishment Identifier (FEI) should be used for identification of entities within the import message set."

2. Surety Bond of \$25,000 and Surety Bond Form (attached), includes a rider for all three locations.

Section 9:

3. List of all Officers and Directors:
 - a) Hjalmar Pompe van Meerdervoort - President
 - b) Regina Madigan - Chief Financial Officer
 - c) Scott Cameron - Secretary
4. Corporation Shareholders and their Percent Ownership:

www.acumed.net

Acumed, USA Campus
5885 NE Cornelius Pass Road
Hillsboro, OR 97124
+1.888.627.9957

OsteoMed USA Campus
3885 Arapaho Road
Addison, TX 75001
+1.800.456.7779

Acumed Iberica Campus
C. Proci3n, 1
Edificio Oficor
28023 Madrid, Spain
+34.913.51.63.57

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "OSTEOMED 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 TWELFTH DAY OF DECEMBER, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "OSTEOMED LLC" WAS FORMED ON THE THIRD DAY OF DECEMBER, A.D. 2002.

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



3597498 8300

SR# 20244476837

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: 205116932

Date: 12-12-24

License Number: 0030725		Current Date: 01/20/2025 09:45 AM	
Name:	OSTEOMED LLC		
License Type:	Dev Manufacturer		
License Status:	Current		
Expiry Date:	12/08/2026		
Effective Rank Date:	08/27/1997		
Modifier(s):	Class 2		

Addresses			
Physical Loc		Address	
			OSTEOMED LLC
			3885 ARAPAHO RD
			ADDISON , TX
			DALLAS
			75001
			US
Mailing Address		Address	
			OSTEOMED LLC
			ADDISON , TX
			DALLAS
			75001
			US

Food & Drug Owner			
Licensee's Role		Food & Drug License	
Related Party Role		Food & Drug Owner	
Related Party Name	License	Address	
	Owner #A031941	ADDISON , TX	
	Status: Current	DALLAS	
OSTEOMED LLC	Expiration Date:	75001	
		US	



CERTIFICATE OF LIABILITY INSURANCE

Page 1 of 2
DATE (MM/DD/YYYY)
01/10/2025

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 Willis Towers Watson Midwest, Inc. c/o 26 Century Blvd P.O. Box 305191 Nashville, TN 37205191 USA	CONTACT NAME: WTW Certificate Center PHONE (A/C, No, Ext): 1-877-945-7378 FAX (A/C, No): 1-888-467-2378 E-MAIL ADDRESS: certificates@wtwco.com														
INSURED Accumed LLC 3885 Arapaho Road Addison, TX 75001	<table border="1"><thead><tr><th>INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr></thead><tbody><tr><td>INSURER A: Old Republic Insurance Company</td><td>24147</td></tr><tr><td>INSURER B: Continental Casualty Company</td><td>20443</td></tr><tr><td>INSURER C: Columbia Casualty Company</td><td>31127</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></tbody></table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Old Republic Insurance Company	24147	INSURER B: Continental Casualty Company	20443	INSURER C: Columbia Casualty Company	31127	INSURER D:		INSURER E:		INSURER F:	
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INSURER D:															
INSURER E:															
INSURER F:															

COVERAGES

CERTIFICATE NUMBER: W37426422

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:		MWZY 317281 24	11/15/2024	11/15/2025	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
	☒ AUTOMOBILE LIABILITY ☒ ANY AUTO OWNED AUTOS ONLY ☐ SCHEDULED AUTOS HIRED AUTOS ONLY ☐ NON-OWNED AUTOS ONLY		MWTB 317280 24	11/15/2024	11/15/2025	COMBINED SINGLE LIMIT (Ea accident) \$ 2,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	☐ UMBRELLA LIAB ☐ OCCUR ☐ EXCESS LIAB ☐ CLAIMS-MADE ☐ DED ☐ RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$
	☒ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N ☒ No N/A		MWC 317278 24	11/15/2024	11/15/2025
B	Products Liability		ADT 4031919959	12/31/2024	11/15/2025	Each Occurrence: \$5,000,000 Aggregate: \$5,000,000

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

This Voids and Replaces Previously Issued Certificate Dated 01/03/2025 WITH ID: W37350425.

Automobile Physical Damage is Self-Insured
SEE ATTACHED

CERTIFICATE HOLDER

CANCELLATION

Evidence of Coverage	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

© 1988-2016 ACORD CORPORATION. All rights reserved.

AGENCY CUSTOMER ID: _____

LOC #: _____

**ADDITIONAL REMARKS SCHEDULE**Page 2 of 2

AGENCY Willis Towers Watson Midwest, Inc.		NAMED INSURED Acumed LLC 3885 Arapaho Road Addison, TX 75001	
POLICY NUMBER See Page 1			
CARRIER See Page 1	NAIC CODE See Page 1	EFFECTIVE DATE: See Page 1	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

Policy Territory does not exclude the Republic of Korea.

INSURER AFFORDING COVERAGE: Columbia Casualty Company

NAIC#: 31127

POLICY NUMBER: ADE 6023831192 EFF DATE: 12/31/2024 EXP DATE: 11/15/2025

TYPE OF INSURANCE:	LIMIT DESCRIPTION:	LIMIT AMOUNT:
Excess Product Liability	Each Occurrence	\$5M xs \$5M
	Aggregate:	\$5M xs \$5M

ADDITIONAL REMARKS:

Employees are included as Named Insureds for Product Liability cover

GENERAL SURETY RIDER

To be attached and form a part of

Bond No. 47-SUR-300045-01-0061
For Pharmaceutical Wholesaler Surety Bond - Multiple Service
Addresses
Dated effective 02/07/2025 (MONTH, DAY, YEAR)
Executed by Acumed LLC, as Principal, (PRINCIPAL)
And by Berkshire Hathaway Specialty Insurance Company, 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

Adding Two Additonal Locations

1. Acumed LLC, 4860 NE Brookwood Pkwy, Hillsboro, OR 97124
2. OsteoMed LLC, 3885 Arapaho Rd., Addison, TX 75001

Nothing herein contained shall vary, alter or extend any provision or condition of this bond
except as herein expressly stated.

This rider is effective

02/07/2025

(MONTH, DAY, YEAR)

Signed and Sealed

02/07/2025

(MONTH, DAY, YEAR)



BY

Kathryn L. Payne
VP/ADA
TITLE

Acumed LLC
PRINCIPAL

Berkshire Hathaway Specialty Insurance Company
SURETY

BY

Michelle Anne McMahon
Michelle Anne McMahon, ATTORNEY-IN-FACT



Berkshire Hathaway
Specialty Insurance

47-SUR-300045-01-0061

Power Of Attorney

BERKSHIRE HATHAWAY SPECIALTY INSURANCE COMPANY NATIONAL INDEMNITY COMPANY / NATIONAL LIABILITY & FIRE INSURANCE COMPANY

Know all men by these presents, that **BERKSHIRE HATHAWAY SPECIALTY INSURANCE COMPANY**, a corporation existing under and by virtue of the laws of the State of Nebraska and having an office at One Lincoln Street, 23rd Floor, Boston, Massachusetts 02111, **NATIONAL INDEMNITY COMPANY**, a corporation existing under and by virtue of the laws of the State of Nebraska and having an office at 3024 Harney Street, Omaha, Nebraska 68131 and **NATIONAL LIABILITY & FIRE INSURANCE COMPANY**, a corporation existing under and by virtue of the laws of the State of Connecticut and having an office at 100 First Stamford Place, Stamford, Connecticut 06902 (hereinafter collectively the "Companies"), pursuant to and by the authority granted as set forth herein, do hereby name, constitute and appoint: Michelle Anne McMahon, Kimberly Bragg, Susan K. Landreth, Sarah E. Green, 233 South Wacker Dr, Suite 2000 of the city of Chicago, State of Illinois, their true and lawful attorney(s)-in-fact to make, execute, seal, acknowledge, and deliver, for and on their behalf as surety and as their act and deed, any and all undertakings, bonds, or other such writings obligatory in the nature thereof, in pursuance of these presents, the execution of which shall be as binding upon the Companies as if it has been duly signed and executed by their regularly elected officers in their own proper persons. This authority for the Attorney-in-Fact shall be limited to the execution of the attached bond(s) or other such writings obligatory in the nature thereof.

In witness whereof, this Power of Attorney has been subscribed by an authorized officer of the Companies, and the corporate seals of the Companies have been affixed hereto this date of August 24, 2023. This Power of Attorney is made and executed pursuant to and by authority of the Bylaws, Resolutions of the Board of Directors, and other Authorizations of **BERKSHIRE HATHAWAY SPECIALTY INSURANCE COMPANY**, **NATIONAL INDEMNITY COMPANY** and **NATIONAL LIABILITY & FIRE INSURANCE COMPANY**, which are in full force and effect, each reading as appears on the back page of this Power of Attorney, respectively. The following seals of the Companies and signatures by an authorized officer of the Company may be affixed by facsimile or digital format, which shall be deemed the equivalent of and constitute the written signature of such officer of the Companies and original seals of the Companies for all purposes regarding this Power of Attorney, including satisfaction of any signature and seal requirements on any and all undertakings, bonds, or other such writings obligatory in the nature thereof, to which this Power of Attorney applies.

**BERKSHIRE HATHAWAY SPECIALTY
INSURANCE COMPANY,**

By:

David Fields, Executive Vice President



**NATIONAL INDEMNITY COMPANY,
NATIONAL LIABILITY & FIRE INSURANCE COMPANY,**

By:

David Fields, Vice President



NOTARY

State of Massachusetts, County of Suffolk, ss:

On this 24th day of August, 2023, before me appeared David Fields, Executive Vice President of **BERKSHIRE HATHAWAY SPECIALTY INSURANCE COMPANY** and Vice President of **NATIONAL INDEMNITY COMPANY** and **NATIONAL LIABILITY & FIRE INSURANCE COMPANY**, who being duly sworn, says that his capacity is as designated above for such Companies; that he knows the corporate seals of the Companies; that the seals affixed to the foregoing instrument are such corporate seals; that they were affixed by order of the board of directors or other governing body of said Companies pursuant to its Bylaws, Resolutions and other Authorizations, and that he signed said instrument in that capacity of said Companies.

[Notary Seal]



Notary Public

I, Ralph Tortorella, the undersigned, Officer of **BERKSHIRE HATHAWAY SPECIALTY INSURANCE COMPANY**, **NATIONAL INDEMNITY COMPANY** and **NATIONAL LIABILITY & FIRE 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 is in full force and effect and has not been revoked. IN TESTIMONY WHEREOF, see hereunto affixed the seals of said Companies this February 7, 2025.



Ralph Tortorella, Officer

To verify the authenticity of this Power of Attorney please contact us at: BHSI Surety Department, Berkshire Hathaway Specialty Insurance Company, One Lincoln Street, 23rd Floor, Boston, MA 02111 (770) 625-2516 or by email at Jennifer.Parker@bhspecialty.com. THIS POWER OF ATTORNEY IS VOID IF ALTERED. To notify us of a claim please contact us on our 24-hour toll free number at (855) 453-9625, via email at claims@bhspecialty.com, via fax to (617) 507-8259, or via mail.

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. 47-SUR-300045-01-0061

Application/License No. WH03512

Acumed LLC, doing or intending to do business as a
Applicant/Principal
pharmaceutical wholesaler, whose address for purposes of service is
5885 NE Cornelius Pass Rd., Hillsboro, OR 97124, as
Address of Applicant/Principal
PRINCIPAL, and Berkshire Hathaway Specialty Insurance Company, a
Surety Company
corporation organized under the laws of the state of NE
State of Incorporation
and authorized to transact a general surety business in the State of

Nevada, whose address for purposes of service is
1314 Douglas Street, Suite 1300 , Omaha, NE 68102-1944 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 February 7, 2025.
Effective Date

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

Posted February 20, 2020

THIS BOND is subject to the following conditions:

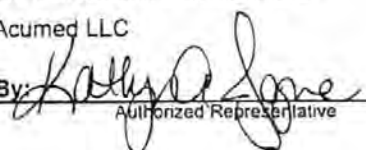
- (1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability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

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

In witness whereof, each party to this bond has caused it to be executed on this
7th day of February, 2025.

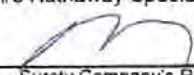
APPLICANT/PRINCIPAL

Acumed LLC

By: 
Authorized Representative

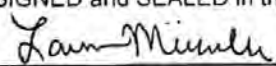
SURETY COMPANY

Berkshire Hathaway Specialty Insurance Company

By: 
Surety Company's Representative

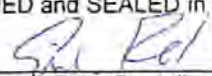
Michelle Anne McMahon, Attorney-in-fact
print name

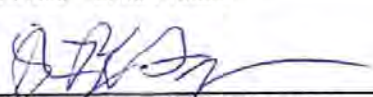
SIGNED and SEALED in the presence of:


Witness

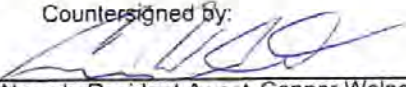

Witness

SIGNED and SEALED in the presence of:


Witness Erika Prodell


Witness Glenn Ryan C. Tapawan

Countersigned by:


Nevada Resident Agent Connor Wolpert
Non-Resident Agent License Number: 3849618

Posted February 20, 2020



Berkshire Hathaway
Specialty Insurance

47-SUR-300045-01-0061

Power Of Attorney

BERKSHIRE HATHAWAY SPECIALTY INSURANCE COMPANY NATIONAL INDEMNITY COMPANY / NATIONAL LIABILITY & FIRE INSURANCE COMPANY

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BERKSHIRE HATHAWAY SPECIALTY
INSURANCE COMPANY,

By:

David Fields, Executive Vice President



NATIONAL INDEMNITY COMPANY,
NATIONAL LIABILITY & FIRE INSURANCE COMPANY,

By:

David Fields, Vice President



NOTARY

State of Massachusetts, County of Suffolk, ss:

On this 24th day of August, 2023, before me appeared David Fields, Executive Vice President of **BERKSHIRE HATHAWAY SPECIALTY INSURANCE COMPANY** and Vice President of **NATIONAL INDEMNITY COMPANY** and **NATIONAL LIABILITY & FIRE INSURANCE COMPANY**, who being duly sworn, says that his capacity is as designated above for such Companies; that he knows the corporate seals of the Companies; that the seals affixed to the foregoing instrument are such corporate seals; that they were affixed by order of the board of directors or other governing body of said Companies pursuant to its Bylaws, Resolutions and other Authorizations, and that he signed said instrument in that capacity of said Companies.

[Notary Seal]



Notary Public

I, Ralph Tortorella, the undersigned, Officer of **BERKSHIRE HATHAWAY SPECIALTY INSURANCE COMPANY**, **NATIONAL INDEMNITY COMPANY** and **NATIONAL LIABILITY & FIRE 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 is in full force and effect and has not been revoked. IN TESTIMONY WHEREOF, see hereunto affixed the seals of said Companies this February 7, 2025.



Ralph Tortorella, Officer

BHSC, NICO & NLF POA (2023)

To verify the authenticity of this Power of Attorney please contact us at: BHSC Surety Department, Berkshire Hathaway Specialty Insurance Company, One Lincoln Street, 23rd Floor, Boston, MA 02111 | (770) 625-2516 or by email at Jennifer.Porter@bhscspecialty.com. THIS POWER OF ATTORNEY IS VOID IF ALTERED.
To notify us of a claim please contact us on our 24-hour toll free number at (855) 453-9875, via email at claim@bhscspecialty.com, via fax to (617) 507-8259, or via mail.

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 OsteoMed LLC MDEG License # (if applicable) _____
 Physical Address 3885 Arapaho Rd.
 City Addison State TX Zip 75001
 Mailing Address (if different from physical address) _____
 City _____ State _____ Zip _____
 Telephone 972-677-4600 Website www.acumed.net
 Licensing Company Email LicensingDepartment@acumed.net

Section 2: Personal Information

First Bejoy Middle Varikkamakkal Last Mathai
 Alias(es, nicknames, name changes, etc.) _____
 Date of Birth [REDACTED] SSN or ITIN [REDACTED] Sex ☒ M ☐ F ☐ X
 Mailing Address [REDACTED]
 City The Colony State TX Zip [REDACTED]
 Telephone [REDACTED] Email bejoy.mathai@acumed.net
 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 Texas at Arlington		From - To (MM/YY - MM/YY) 08/09 - 12/11	
Address 701 S. Nedderman Drive	City Arlington	State TX	Zip 76019
Diploma/Degree obtained, if any Master's in Biomedical Engineering			
School Name Sahrdya College of Engineering and Technology		From - To (MM/YY - MM/YY) 06/03 - 06/07	
Address PB NO 17, College Rd	City Kodakara	State Kerala - IN	Zip 680684
Diploma/Degree obtained, if any Bachelor's in Biomedical Engineering			
School Name St Paul's English Medium HSS		From - To (MM/YY - MM/YY) 06/97 - 06/00	
Address National Highway 17	City Kohinoor	State Kerala - IN	Zip 673636
Diploma/Degree obtained, if any High School			
School Name		From - To (MM/YY - MM/YY)	
Address	City	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) 11/17 - current	Address [REDACTED]	City The Colony	State TX	Zip [REDACTED]
From - To (MM/YY - MM/YY) 05/17 - 11/17	Address [REDACTED]	City Arlington	State TX	Zip [REDACTED]
From - To (MM/YY - MM/YY) 06/14 - 05/17	Address [REDACTED]	City Immokalee	State FL	Zip [REDACTED]
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	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 OsteoMed LLC		From - To (MM/YY - MM/YY) 05/17 - 02/25	
Business Address 3885 Arapaho Rd.	City Addison	State TX	Zip 75001
Phone 214-771-1992	Title Quality Manager	Number of Employed Hours 15840	
Description of Duties Oversee quality control and quality assurance of operations and devices manufactured at the Addison facility. Ensure product compliance to pre determined requirements. Address and disposition product non-conformances.			
Business Name		From - To (MM/YY - MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			
Business Name		From - To (MM/YY - MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			
Business Name		From - To (MM/YY - MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description 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?		✓
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, Bejoy Mathai, certify that as the MDEG Administrator for

OsteoMed LLC

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

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

Bejoy Mathai

Print Name (First, Last)



Original Signature (electronic, copies or stamps not accepted)

03/03/2025
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 InformationName of Pharmacy/Wholesaler OsteoMed LLC

Pharmacy/Wholesaler License # (if applicable) _____

Physical Address 3885 Arapaho RdCity Addison State TX Zip 75001

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 972-677-4600 Website www.acumed.netLicensing Company Email LicensingDepartment@acumed.net**Section 2: Personal Information**First Bejoy Middle Varikkamakal Last Mathai

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

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

Mailing Address [REDACTED]

City The Colony State _____ Zip [REDACTED]Telephone [REDACTED] Email bejoy.mathai@acumed.netAre 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.)

Yes ☐No ☒

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.)

Yes ☐No ☒**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?

Yes ☐No ☒

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 Texas at Arlington		From - To (MM/YY - MM/YY) 08/09 - 12/11	
Address 701 S. Nedderman Drive	City Arlington	State TX	Zip 76019
Diploma/Degree obtained, if any Master's in Biomedical Engineering			
School Name Sahrdya College of Engineering and Technology		From - To (MM/YY - MM/YY) 06/03 - 06/07	
Address PB NO 17, College Rd	City Kodakara	State Kerala - IN	Zip 680684
Diploma/Degree obtained, if any Bachelor's in Biomedical Engineering			
School Name St Paul's English Medium HSS		From - To (MM/YY - MM/YY) 06/97 - 06/00	
Address National Highway 17	City Kohinoor	State Kerala - IN	Zip 673636
Diploma/Degree obtained, if any High School			
School Name		From - To (MM/YY - MM/YY)	
Address	City	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) 11/17 - current	Address [REDACTED]	City The Colony	State TX	Zip [REDACTED]
From - To (MM/YY - MM/YY) 05/17 - 11/17	Address [REDACTED]	City Arlington	State TX	Zip [REDACTED]
From - To (MM/YY - MM/YY) 06/14 - 05/17	Address [REDACTED]	City Immokalee	State TX	Zip [REDACTED]
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	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 OsteoMed LLC		From - To (MM/YY - MM/YY) 05/17 - 07/25	
Business Address 3885 Arapaho Rd.	City Addison	State TX	Zip 75001
Phone 214-771-1992	Title Quality Manager		Number of Employed Hours 16640

Description of Duties

Oversee quality control and quality assurance of operations and devices manufactured at the Addison facility. Ensure product compliance to pre determined requirements. Address and disposition product non-conformances.

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

Description of Duties

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

Description of Duties

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

Description 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)

07/31/2025
Date

I, Bejoy Mathai, certify that as the designated representative for

OsteoMed LLC

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

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

BEJOY MATHAI

Print Name (First, Last)



Original Signature (electronic, copies or stamps not accepted)

07/31/2025

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.

Bejoy Mathai
Print Name (First, Last)


Original Signature (electronic, copies or stamps not accepted)

07/31/2025
Date

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

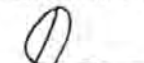
State of Texas, ss. County of Dallas

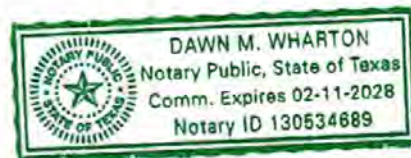
I, Bejoy Mathai, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation 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

07/31/2025
Date

Subscribed and Sworn to before me this 31 day of July.


Notary Public Signature



(Seal)

Employee ID	Legal Name	Location	Location Address - State (United States)	Location Address - City
E1030793	Kimberly Lenzi	USA_Addison_TX_3885 Arapaho Road	Texas	Addison
E1030428	Bennie Barnett	USA_Addison_TX_3885 Arapaho Road	Texas	Addison
E1030570	Rene G Sanchez Jr.	USA_Addison_TX_3885 Arapaho Road	Texas	Addison
E1030794	Martha Tabares	USA_Addison_TX_3885 Arapaho Road	Texas	Addison
E1030803	Phong Nguyen	USA_Addison_TX_3885 Arapaho Road	Texas	Addison
E1030814	Glenn Carlson	USA_Addison_TX_3885 Arapaho Road	Texas	Addison
E1030826	Christian Hernandez	USA_Addison_TX_3885 Arapaho Road	Texas	Addison
E1030827	Christina Rogers	USA_Addison_TX_3885 Arapaho Road	Texas	Addison
E1030828	Cynthia Jones	USA_Addison_TX_3885 Arapaho Road	Texas	Addison
E1030829	Daniel Barnett	USA_Addison_TX_3885 Arapaho Road	Texas	Addison
E1030830	Gerardo Ortega	USA_Addison_TX_3885 Arapaho Road	Texas	Addison
E1030831	Janay Ellis	USA_Addison_TX_3885 Arapaho Road	Texas	Addison
E1030832	John Marcus Barnett	USA_Addison_TX_3885 Arapaho Road	Texas	Addison
E1030834	Maria Hernandez	USA_Addison_TX_3885 Arapaho Road	Texas	Addison
E1030835	Michelle Ellis	USA_Addison_TX_3885 Arapaho Road	Texas	Addison
E1030837	Sergio Ortega	USA_Addison_TX_3885 Arapaho Road	Texas	Addison
E1030838	Vernardo Ortega	USA_Addison_TX_3885 Arapaho Road	Texas	Addison
E1030840	Richard Aguilar	USA_Addison_TX_3885 Arapaho Road	Texas	Addison
E1030841	Alejandro Alvarez	USA_Addison_TX_3885 Arapaho Road	Texas	Addison
E1030842	Luciano Andrade	USA_Addison_TX_3885 Arapaho Road	Texas	Addison
E1030843	Luis R. Andrade	USA_Addison_TX_3885 Arapaho Road	Texas	Addison
E1030846	Stanley Frank Baker	USA_Addison_TX_3885 Arapaho Road	Texas	Addison
E1030852	Mani Boutsabouabane	USA_Addison_TX_3885 Arapaho Road	Texas	Addison
E1030855	Madalina Brinzan	USA_Addison_TX_3885 Arapaho Road	Texas	Addison
E1030856	Mircea Brinzan	USA_Addison_TX_3885 Arapaho Road	Texas	Addison
E1030860	Mark Bush	USA_Addison_TX_3885 Arapaho Road	Texas	Addison

E1030861	Sang Cao	USA_Addison_TX_3885 Arapaho Road	Texas	Addison
E1030862	Amanda Carnes	USA_Addison_TX_3885 Arapaho Road	Texas	Addison
E1030863	Wilbert Catalan	USA_Addison_TX_3885 Arapaho Road	Texas	Addison
E1030864	Vasilica Florin Cauga	USA_Addison_TX_3885 Arapaho Road	Texas	Addison
E1030865	Cherie Chen	USA_Addison_TX_3885 Arapaho Road	Texas	Addison
E1030867	Debra Coburn	USA_Addison_TX_3885 Arapaho Road	Texas	Addison
E1030869	Joseph Cortijo	USA_Addison_TX_3885 Arapaho Road	Texas	Addison
E1030874	Cesar De La Rosa	USA_Addison_TX_3885 Arapaho Road	Texas	Addison
E1030881	Gregg Erler	USA_Addison_TX_3885 Arapaho Road	Texas	Addison
E1030882	Carlos Escobedo	USA_Addison_TX_3885 Arapaho Road	Texas	Addison
E1030883	James Evans	USA_Addison_TX_3885 Arapaho Road	Texas	Addison
E1030887	Brennan Frailing	USA_Addison_TX_3885 Arapaho Road	Texas	Addison
E1030888	Susan Frazier	USA_Addison_TX_3885 Arapaho Road	Texas	Addison
E1030893	Lina Gibson	USA_Addison_TX_3885 Arapaho Road	Texas	Addison
E1030894	Javier Gomez	USA_Addison_TX_3885 Arapaho Road	Texas	Addison
E1030896	Timothy Gray	USA_Addison_TX_3885 Arapaho Road	Texas	Addison
E1030901	Denise Gutierrez	USA_Addison_TX_3885 Arapaho Road	Texas	Addison
E1030903	Erik Hanson	USA_Addison_TX_3885 Arapaho Road	Texas	Addison
E1030904	Tyron Hanson	USA_Addison_TX_3885 Arapaho Road	Texas	Addison
E1030906	Tanecia Heanu	USA_Addison_TX_3885 Arapaho Road	Texas	Addison
E1030909	Kenneth Holmes	USA_Addison_TX_3885 Arapaho Road	Texas	Addison
E1030912	Tiffany Lee Horn	USA_Addison_TX_3885 Arapaho Road	Texas	Addison
E1030916	Kathryn Jayne	USA_Addison_TX_3885 Arapaho Road	Texas	Addison
E1030922	Jay Kipness	USA_Addison_TX_3885 Arapaho Road	Texas	Addison
E1030930	Alan Javier Lopez	USA_Addison_TX_3885 Arapaho Road	Texas	Addison
E1030931	Cristina Maldonado	USA_Addison_TX_3885 Arapaho Road	Texas	Addison
E1030932	Tyler L. McClendon	USA_Addison_TX_3885 Arapaho Road	Texas	Addison

E1030936	Viorel Mocanu	USA_Addison_TX_3885 Arapaho Road	Texas	Addison
E1030938	Armin A. Morales-Reyes	USA_Addison_TX_3885 Arapaho Road	Texas	Addison
E1030941	Anthony Nix	USA_Addison_TX_3885 Arapaho Road	Texas	Addison
E1030944	Phoulom Ouprasith	USA_Addison_TX_3885 Arapaho Road	Texas	Addison
E1030946	Beatrice Paez	USA_Addison_TX_3885 Arapaho Road	Texas	Addison
E1030947	Thomas A. Papak	USA_Addison_TX_3885 Arapaho Road	Texas	Addison
E1030948	Laurie E. Parker	USA_Addison_TX_3885 Arapaho Road	Texas	Addison
E1030950	Modie Paullin	USA_Addison_TX_3885 Arapaho Road	Texas	Addison
E1030951	Maria Karissa Peig	USA_Addison_TX_3885 Arapaho Road	Texas	Addison
E1030953	Amy Jo Perez	USA_Addison_TX_3885 Arapaho Road	Texas	Addison
E1030955	Kenneth C. Petersen	USA_Addison_TX_3885 Arapaho Road	Texas	Addison
E1030956	Donna M. Petty	USA_Addison_TX_3885 Arapaho Road	Texas	Addison
E1030957	Kady Erin Price	USA_Addison_TX_3885 Arapaho Road	Texas	Addison
E1030959	Mirna G Rivas	USA_Addison_TX_3885 Arapaho Road	Texas	Addison
E1030961	Flor Rivera	USA_Addison_TX_3885 Arapaho Road	Texas	Addison
E1030962	Philip Roos	USA_Addison_TX_3885 Arapaho Road	Texas	Addison
E1030971	Rene Sanchez	USA_Addison_TX_3885 Arapaho Road	Texas	Addison
E1030973	Ramon Sayans	USA_Addison_TX_3885 Arapaho Road	Texas	Addison
E1030981	Latsamy	USA_Addison_TX_3885 Arapaho Road	Texas	Addison
E1030986	Siphakongviseth Joshua Soto	USA_Addison_TX_3885 Arapaho Road	Texas	Addison
E1030991	Jeffrey Steele	USA_Addison_TX_3885 Arapaho Road	Texas	Addison
E1030993	Nathaniel Stone	USA_Addison_TX_3885 Arapaho Road	Texas	Addison
E1030996	Macrina Taboada	USA_Addison_TX_3885 Arapaho Road	Texas	Addison
E1030997	Shirley Taylor	USA_Addison_TX_3885 Arapaho Road	Texas	Addison
E1030999	Serey S. Teng	USA_Addison_TX_3885 Arapaho Road	Texas	Addison
E1031001	Vickie Thompson	USA_Addison_TX_3885 Arapaho Road	Texas	Addison
E1031006	Donald Trent	USA_Addison_TX_3885 Arapaho Road	Texas	Addison

E1031011	Socorro Valles De Soto	USA_Addison_TX_3885 Arapaho Road	Texas	Addison
E1031012	Bejoy Varikkamakal	USA_Addison_TX_3885 Arapaho Road	Texas	Addison
E1031014	Myron Vaughns	USA_Addison_TX_3885 Arapaho Road	Texas	Addison
E1031015	Mayra Velazquez	USA_Addison_TX_3885 Arapaho Road	Texas	Addison
E1031017	Phansiri Ang Vilayvanh	USA_Addison_TX_3885 Arapaho Road	Texas	Addison
E1031019	Kelly M Vincent	USA_Addison_TX_3885 Arapaho Road	Texas	Addison
E1031022	Dawn Wharton	USA_Addison_TX_3885 Arapaho Road	Texas	Addison
E1031030	George Wilson	USA_Addison_TX_3885 Arapaho Road	Texas	Addison
E1031442	Ivanna Caroly Arizpe	USA_Addison_TX_3885 Arapaho Road	Texas	Addison
E1031767	Rique Ortega	USA_Addison_TX_3885 Arapaho Road	Texas	Addison
E1032561	Manosavanh	USA_Addison_TX_3885 Arapaho Road	Texas	Addison
E1035582	Siphakongviseth	USA_Addison_TX_3885 Arapaho Road	Texas	Addison
E1036436	Solon Max Benjamin	USA_Addison_TX_3885 Arapaho Road	Texas	Addison
E1036436	Miles IV	USA_Addison_TX_3885 Arapaho Road	Texas	Addison
E1036436	John Wiese	USA_Addison_TX_3885 Arapaho Road	Texas	Addison
E1036751	Tonya Ajala	USA_Addison_TX_3885 Arapaho Road	Texas	Addison
E1036755	James Hague	USA_Addison_TX_3885 Arapaho Road	Texas	Addison
E1037100	Lauren Freytag	USA_Addison_TX_3885 Arapaho Road	Texas	Addison
E1037138	Aram Tran	USA_Addison_TX_3885 Arapaho Road	Texas	Addison
E1037392	Antonio Ortega	USA_Addison_TX_3885 Arapaho Road	Texas	Addison
E1038102	Joshua Snell	USA_Addison_TX_3885 Arapaho Road	Texas	Addison
E1039638	James Braly	USA_Addison_TX_3885 Arapaho Road	Texas	Addison
E1040195	Reyes Herrera	USA_Addison_TX_3885 Arapaho Road	Texas	Addison
E1040395	Eugene Mattos	USA_Addison_TX_3885 Arapaho Road	Texas	Addison
E1040397	Kimberly Banning	USA_Addison_TX_3885 Arapaho Road	Texas	Addison
E1040767	Kenji Heanu	USA_Addison_TX_3885 Arapaho Road	Texas	Addison
E1041272	James Lenamond	USA_Addison_TX_3885 Arapaho Road	Texas	Addison
E1041559	Veronica Heanu	USA_Addison_TX_3885 Arapaho Road	Texas	Addison
E1042078	Brendan Petersen	USA_Addison_TX_3885 Arapaho Road	Texas	Addison

E1042079	Khai Pham	USA_Addison_TX_3885 Arapaho Road	Texas	Addison
E1042323	Matthew Hamm	USA_Addison_TX_3885 Arapaho Road	Texas	Addison
E1042324	Ashmita KC	USA_Addison_TX_3885 Arapaho Road	Texas	Addison
E1042767	Erica Arterberry	USA_Addison_TX_3885 Arapaho Road	Texas	Addison
E1043018	Brian Baier	USA_Addison_TX_3885 Arapaho Road	Texas	Addison
E1043314	Dalton Monteiro	USA_Addison_TX_3885 Arapaho Road	Texas	Addison
E1043504	Peter Alexander Sampe	USA_Addison_TX_3885 Arapaho Road	Texas	Addison
E1043589	Sierra Beckles	USA_Addison_TX_3885 Arapaho Road	Texas	Addison
E1044041	Simone Souza	USA_Addison_TX_3885 Arapaho Road	Texas	Addison
E1044492	Michael Sullivan	USA_Addison_TX_3885 Arapaho Road	Texas	Addison
E1044599	Mauricio Cisneros	USA_Addison_TX_3885 Arapaho Road	Texas	Addison
E1044746	Thomas Phuong	USA_Addison_TX_3885 Arapaho Road	Texas	Addison
E1045240	Manuel Reyes	USA_Addison_TX_3885 Arapaho Road	Texas	Addison
E1045537	Israel Umana	USA_Addison_TX_3885 Arapaho Road	Texas	Addison
E1046201	Hayley Lopez	USA_Addison_TX_3885 Arapaho Road	Texas	Addison
E1046242	Phoebe Khounphanya	USA_Addison_TX_3885 Arapaho Road	Texas	Addison
E1050281	Shyan Beckles	USA_Addison_TX_3885 Arapaho Road	Texas	Addison
E1050982	Maria Patricia Castro Mejia	USA_Addison_TX_3885 Arapaho Road	Texas	Addison
E1050986	Engracia Patricia Castro Castro	USA_Addison_TX_3885 Arapaho Road	Texas	Addison
E1051927	Nora Cuellar	USA_Addison_TX_3885 Arapaho Road	Texas	Addison
E1052705	Ioan Pavelean	USA_Addison_TX_3885 Arapaho Road	Texas	Addison
E1052861	Wayne Lynn	USA_Addison_TX_3885 Arapaho Road	Texas	Addison
E1052862	Sandra Hernandez	USA_Addison_TX_3885 Arapaho Road	Texas	Addison
E1052863	Christiana Ashade	USA_Addison_TX_3885 Arapaho Road	Texas	Addison
E1053833	Sara Yunus	USA_Addison_TX_3885 Arapaho Road	Texas	Addison
E1054339	Adam Nussbaum	USA_Addison_TX_3885 Arapaho Road	Texas	Addison
E1054686	Kiersti Livoti	USA_Addison_TX_3885 Arapaho Road	Texas	Addison

E1054790	Declan Holder	USA_Addison_TX_3885 Arapaho Road	Texas	Addison
E1056043	Tamarcia Heard	USA_Addison_TX_3885 Arapaho Road	Texas	Addison
E1057179	Holly Ann Butler	USA_Addison_TX_3885 Arapaho Road	Texas	Addison
E1057588	Mihir Patel	USA_Addison_TX_3885 Arapaho Road	Texas	Addison
E1057589	JUAN TRISTAN	USA_Addison_TX_3885 Arapaho Road	Texas	Addison
E1057705	Christine Szydlowski	USA_Addison_TX_3885 Arapaho Road	Texas	Addison
E1058118	Jaylen Walton	USA_Addison_TX_3885 Arapaho Road	Texas	Addison
E1058127	William Leino	USA_Addison_TX_3885 Arapaho Road	Texas	Addison
E1058545	Juliana Jordana Vidal	USA_Addison_TX_3885 Arapaho Road	Texas	Addison
E1058804	Catherine Jaraczewski	USA_Addison_TX_3885 Arapaho Road	Texas	Addison
E1063224	Md Akther Gani Jishan	USA_Addison_TX_3885 Arapaho Road	Texas	Addison
E1063396	Roketa Tanner	USA_Addison_TX_3885 Arapaho Road	Texas	Addison
E1063966	Roderick Parish	USA_Addison_TX_3885 Arapaho Road	Texas	Addison
E1065424	Milton Bernard Smith	USA_Addison_TX_3885 Arapaho Road	Texas	Addison
E1066720	Aaron Sanchez	USA_Addison_TX_3885 Arapaho Road	Texas	Addison
E1067352	Simona Mirlea	USA_Addison_TX_3885 Arapaho Road	Texas	Addison
E1067842	Caleb Achiri	USA_Addison_TX_3885 Arapaho Road	Texas	Addison
E1068150	Kevin Reina Jimenez	USA_Addison_TX_3885 Arapaho Road	Texas	Addison
E1068224	Carlos Leitao	USA_Addison_TX_3885 Arapaho Road	Texas	Addison
E1068344	Luis Cuellar	USA_Addison_TX_3885 Arapaho Road	Texas	Addison
E1068354	Eslam Ashraf Elshazly	USA_Addison_TX_3885 Arapaho Road	Texas	Addison
E1069029	Cathiedral Qualls	USA_Addison_TX_3885 Arapaho Road	Texas	Addison
E1069245	Yixuan Du	USA_Addison_TX_3885 Arapaho Road	Texas	Addison
E1072724	Cary Catching	USA_Addison_TX_3885 Arapaho Road	Texas	Addison
E1073804	Johnny Lee	USA_Addison_TX_3885 Arapaho Road	Texas	Addison
E1074062	Casey Bradford	USA_Addison_TX_3885 Arapaho Road	Texas	Addison
E1074193	Jerry Hawkins	USA_Addison_TX_3885 Arapaho Road	Texas	Addison

4EE

NEVADA STATE BOARD OF PHARMACY

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

Wholesaler Application

Non-Refundable \$1,000 Fee

Rev (08/17/2022)

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

Section 1: General Information

Facility Name: Patheon Manufacturing Services LLC

Physical Address: 1125 Pleasant View Terrace

City: Ridgefield State: NJ Zip: 07657

Mailing Address (if different from physical address): Same as physical address

City: _____ State: _____ Zip: _____

Telephone: 201-606-4225 Website: www.thermofisher.com

Name of Designated Representative (DR): Leticia Fabiano

Licensing Company Email: leticia.fabiano@thermofisher.com DR Email: leticia.fabiano@thermofisher.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: <u>Product owner</u>	☒ Dangerous Drugs ☐ Controlled Substances ☒ *Medical devices, equipment, supplies, gases ☐ Others:	☒ Manufacturer ☐ Repacker ☐ Reverse Distributor ☐ Warehouse ☐ Retail pharmacy wholesale distributor ☐ Others:

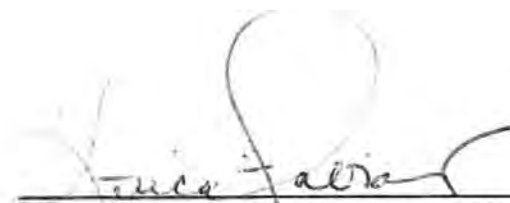
Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		☒
2. Has the corporation, 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 # 2. Provide all the following where applicable: See Attachment A

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

Provide explanation below:


Original Signature (electronic, copies or stamps not accepted)

29 Sep 2025
Date

Attachment A

Regarding the Application Denial

On September 28, 2021, the Kansas Board of Pharmacy (Board) issued a Summary Order of Denial to Patheon Manufacturing Services LLC (Patheon) in connection with the submission of an application for a wholesale distributor license. It was determined that the wrong type of application was submitted, and additional items were requested from the state. The Board issued the Denial for the wholesale distributor license, stating that Patheon had not responded to the Board's requests for outstanding information to process the application.

800 SW Jackson St., Suite 1414
Topeka, KS 66612



Phone: (785) 296-4056
Fax: (785) 296-8420
pharmacy@ks.gov
www.pharmacy.ks.gov

Alexandra Blasi, Executive Secretary

Laura Kelly, Governor

September 28, 2021

Patheon Manufacturing Services, LLC
5900 Martin Luther King Jr Hwy
Greenville NC 27834

RE: Case No. 21-191

To whom it may concern:

Enclosed you will find a Summary Order issued by the Kansas Board of Pharmacy (Board) in the above-referenced matter. Please read the order in its entirety.

If you disagree with the findings of fact, you have the right to request a hearing. Instructions for filing a written request are included under the "Notices" section of the order. Hearings are held before the full Board during their regularly scheduled quarterly meetings.

According to KSA 65-1627h, the Board is required to recoup the costs of administrative hearings when the decision is adverse to the licensee. These costs may include charges for services rendered by the Board's disciplinary counsel, an administrative law judge, and, if applicable, a court reporter.

If you have any questions, feel free to contact the Board at Pharmacy.Compliance@ks.gov.

Sincerely,

Kansas Board of Pharmacy

Enclosure

BEFORE THE KANSAS STATE BOARD OF PHARMACY

In the Matter of	)	
	)	
Patheon Manufacturing Services, LLC	)	Case No. 21-191
	)	
<u>Applicant</u>	)	

SUMMARY ORDER OF DENIAL

NOW, on this 28th day of September 2021, comes before the Kansas Board of Pharmacy (the "Board"), through its Executive Secretary, the matter of Patheon Manufacturing Services, LLC ("Applicant").

Pursuant to the authority granted to the Board by the Kansas Pharmacy Act, K.S.A. 65-1625, *et seq.*, and in accordance with the provisions of the Kansas Administrative Procedure Act, K.S.A. 77-501, *et seq.*, the Board enters this Summary Order of Denial in the above-captioned matter. After reviewing the application materials and being otherwise duly advised in the premises, the Board makes the following findings, conclusions, and order:

FINDINGS OF FACT

1. On February 15, 2021, the Board received Applicant's application for registration as a wholesale distributor in the State of Kansas ("Applicant's Application").
2. On May 12, 2021, the Board sent Applicant an email requesting several required information items that were missing from Applicant's Application.
3. On July 27, 2021, the Board sent Applicant a second email requesting required information which was still missing from Applicant's Application, specifically information concerning Applicant's status as a manufacturer and products, a copy of the current DEA registration, and detailed ownership information.

4. On August 24, 2021, the Board sent a final letter to Applicant's address of record requesting the above information and providing a response deadline of September 15, 2021.

5. To date, the Board has not received the required application documents or any further correspondence from Applicant.

CONCLUSIONS OF LAW

1. Pursuant to K.S.A. 65-1627(f)(8), the Board may deny the application of any wholesale distributor upon a finding that the wholesale distributor has failed to furnish to the Board any information legally requested by the Board.

2. Pursuant to K.S.A. 65-1645(a) application for registration or permits under K.S.A. 65-1643, and amendments thereto, shall be made on a form prescribed and furnished by the Board. Applications for registration shall contain such information as may be required by the Board in accordance with the provisions of K.S.A. 65-1655, and amendments thereto.

3. Pursuant to K.S.A. 65-1643(c), it shall be unlawful for any person to distribute at wholesale any drugs or devices without first obtaining a registration from the Board.

4. Pursuant to K.S.A. 65-1655(a), the Board shall require an applicant for registration as a wholesale distributor or an applicant for renewal of such a registration to provide the following information: (1) the name, full business address and telephone number of the applicant; (2) all trade or business names used by the applicant; (3) addresses, telephone numbers, and the names of contact persons for all facilities used by the applicant for the storage, handling and distribution of prescription drugs; (4) the type of ownership or operation of the applicant; (5) the name of the owner or operator, or both; and (6) such other information as the Board deems appropriate.

5. Pursuant to K.S.A. 65-1655(c), the Board may deny an initial application for registration or application for renewal of a registration of a wholesale distributor if the Board

determines that the granting of such registration would not be in the public interest.

6. The Board's application for registration as a wholesale distributor requires Applicant provide the most recent inspection report conducted within the past three years by the state of residence or the National Association of Boards of Pharmacy, detailed ownership information, information concerning any disciplinary history for the facility, proof of valid registration in the state of residence, information concerning any permits held in other states, and a copy of the products intended to be shipped into Kansas.

7. Applicant failed to provide the following in conjunction with Applicant's Application: Applicant's status as a manufacturer and products, a copy of the current DEA registration, and detailed ownership information.

8. Applicant's failure to provide the Board with the required application information is a basis to deny Applicant's Application pursuant to K.S.A. 65-1645(a) and 65-1655(a) and (c).

9. Applicant failed, after multiple emails and letters from the Board, to provide the lawfully requested application information.

10. Applicant's failure to supply the Board with the requested documentation is a basis to deny Applicant's Application pursuant to K.S.A. 65-1627(f)(8).

ORDER

Based upon the foregoing findings of fact and conclusions of law, Applicant's Application is hereby DENIED.

NOTICES

Respondent is hereby notified as follows:

1. Respondent may request a hearing pursuant to the Kansas Administrative Procedure

Act by filing a written request with the Kansas Board of Pharmacy, 800 SW Jackson, Suite 1414, Topeka, KS 66612-1231, within 15 days after service of this Order. If the outcome of the hearing is adverse to Respondent, costs of the proceedings shall be charged to Respondent.

2. If a hearing is not requested as described above, the Order shall become a final order of the Board, effective upon the expiration of the time to request a hearing.

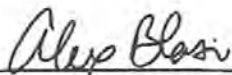
3. Within 15 days after entry of a final agency order, either party may file a petition for reconsideration pursuant to K.S.A. 77-529.

4. Within the time limits established in K.S.A. 77-613, either party may seek judicial review of a final agency order, pursuant to K.S.A. 77-613. The agency officer designated to receive service of a petition for judicial review is:

Alexandra Blasi
Executive Secretary
Kansas Board of Pharmacy
800 SW Jackson, Suite 1414
Topeka, KS 66612

IT IS SO ORDERED.

9/28/2021
Date

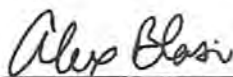


Alexandra Blasi, JD, MBA
Executive Secretary
Kansas Board of Pharmacy

CERTIFICATE OF SERVICE

I hereby certify that I did, on the 28th day of September 2021, deposit in business mail a copy of the foregoing Summary Order, which is then placed in the United States Mail, postage prepaid, properly addressed to the following:

Patheon Manufacturing Services, LLC
5900 Martin Luther King Jr Hwy
Greenville NC 27834



Kansas Board of Pharmacy Staff

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: Delaware
Parent Company (if any): DPI Newco LLC
Corporation/Organization Name: Patheon Manufacturing Services LLC
Mailing Address: 1125 Pleasant View Terrace
City: Ridgefield State: NJ Zip: 07657
Telephone: 201-606-4225 Email: leticia.fabiano@thermofisher.com
Contact Person Name: Leticia Fabiano

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: not yet - pending		X
1. Copy of FDA registration See Attachment C 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 D		

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. See Attachment E	✓	✓		
• 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 E		✓		
• 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. See Attachment F	✓	✓	✓	✓
• Designated Representative form must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/ See Attachment G		✓	✓	✓
• 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 - wholly owned by parent company.		✓	✓	✓
• Copy of DEA certificate if handling controlled substances	✓	✓	✓	✓
• Copy of current SEC 10K or 8K (First 15 pages only)	✓			
• List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant. See Attachment H	✓	✓	✓	✓
• 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 I	✓	✓	✓	✓
• Medical Devices, Equipment and Gases (MDEG) Administrator form must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/ See Attachment J	✓	✓	✓	✓
• 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). See Attachment K	✓	✓	✓	✓
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/boonv.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.

Patheon Manufacturing Services LLC

Facility Name

Leticia Fabiano

Print Name of Authorized Person Submitting Application



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

22 Sep 2025

Date

Board Use Only

Date Received: 10/7/25

Amount: 1000 - CK - 2700

Wholesaler Application 6 of 7

Attachment B

Nature of Business

Patheon Manufacturing Services LLC (Patheon)'s Ridgefield, NJ facility is a contract manufacturer of non-controlled prescription drugs and medical devices

[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 \(index.cfm\)](#)

Search Results for **Patheon manufacturing**

[CSV](#)[Excel](#)

Filter:

Firm Name	FDA Establishment Identifier	DUNS	Business Operations	Address	Expiration Date
Patheon Manufacturing Services LLC	2246315	062331516	ANALYSIS; LABEL; MANUFACTURE; PACK;	1125 Pleasantview Ter, Ridgefield, New Jersey (NJ) 07657, United States (USA)	12/31/2025

Showing 1 to 1 of 1 entries (filtered from 2 total entries)

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

Data Current through: Tuesday, Sep 30, 2025

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



[FDA Home](#)³ [Medical Devices](#)⁴ [Databases](#)⁵

Establishment Registration & Device Listing

[Back To Search Results](#)

Establishment:

Patheon Manufacturing Services LLC
1125 Pleasantview Ter
Ridgefield, NJ 07657

Registration Number: 2246315

FEI Number*: 2246315

Status: Active

Date Of Registration Status: 2025

Owner/Operator:

[Patheon Manufacturing Services LLC](#)⁶
5900 Martin Luther King Jr Hwy
Greenville, NC US 27834

Owner/Operator Number: [10093987](#)⁷

Official Correspondent:

Olga M Batista
5900 Martin Luther King Jr Hwy
Greenville, NC 27834
Phone: 252-7517822

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

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6. [/scripts/cdrh/cfdocs/cfRL/rl.cfm?
start_search=1&establishmentName=@Num=&StateName=&CountryName=&RegistrationNumber=&OwnerOperatorNumber=10093987&OwnerOperatc](/scripts/cdrh/cfdocs/cfRL/rl.cfm?start_search=1&establishmentName=@Num=&StateName=&CountryName=&RegistrationNumber=&OwnerOperatorNumber=10093987&OwnerOperatc)
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Page Last Updated: 10/06/2025

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U.S. Food and Drug Administration
10903 New Hampshire Avenue
Silver Spring, MD 20993
Ph. 1-888-INFO-FDA (1-888-463-6332)
[Contact FDA](#)



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U.S. Department of Health & Human Services

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Attachment E

LLC Information

Patheon Manufacturing Services LLC

1125 Pleasant View Terrace

Ridgefield, NJ 07657

Parent company: DPI Newco LLC (100% ownership)

111 Speen Street, Suite 550

Framingham, MA 01701

DPI is 100% owned by a chain of Netherlands limited liability companies with 100% ownership
by the ultimate parent, Patheon N.V., a Netherlands public company

Officer:

Claudia A. Harrington

Vice President & General Counsel

Delaware

The First State

Page 1

I, CHARUNI PATIBANDA-SANCHEZ, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PATHEON MANUFACTURING 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 FOURTH DAY OF APRIL, A.D. 2025.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PATHEON MANUFACTURING SERVICES LLC" WAS FORMED ON THE EIGHTH DAY OF APRIL, A.D. 2014.

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



5513556 8300

SR# 20251397434

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

C. B. Sanchez

Charuni Patibanda-Sanchez, Secretary of State

Authentication: 203357778

Date: 04-04-25

Attachment I

Regarding the Resident State License

Please note that the resident state license is currently pending with the New Jersey Department of Health Professions. Once received, a copy of the license will be provided.



CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)
08/04/2025

Holder Identifier :

Certificate No : 570114793381



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 Aon Risk Services Northeast, Inc. Boston MA Office 53 State Street Suite 2201 Boston MA 02109 USA		CONTACT NAME PHONE (A/C No. Ext): (856) 283-7122 FAX (A/C No.): (800) 363-0105 E-MAIL ADDRESS:															
INSURED Thermo Fisher Scientific Inc. 168 Third Avenue Waltham MA 02451 USA		<table><tr><th>INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr><tr><td>INSURER A: Travelers Property Cas Co of America</td><td>25674</td></tr><tr><td>INSURER B: ACE Property & Casualty Insurance Co.</td><td>20699</td></tr><tr><td>INSURER C: ACE American Insurance Company</td><td>22667</td></tr><tr><td>INSURER D: ProAssurance Specialty Insurance Company</td><td>17400</td></tr><tr><td>INSURER E:</td><td></td></tr><tr><td>INSURER F:</td><td></td></tr></table>		INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Travelers Property Cas Co of America	25674	INSURER B: ACE Property & Casualty Insurance Co.	20699	INSURER C: ACE American Insurance Company	22667	INSURER D: ProAssurance Specialty Insurance Company	17400	INSURER E:		INSURER F:	
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INSURER C: ACE American Insurance Company	22667																
INSURER D: ProAssurance Specialty Insurance Company	17400																
INSURER E:																	
INSURER F:																	

COVERAGES**CERTIFICATE NUMBER:** 570114793381**REVISION NUMBER:**

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

Limits shown are as requested

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS																				
C	☒ COMMERCIAL GENERAL LIABILITY <table><tr><td>☐ CLAIMS-MADE</td><td>☒ OCCUR</td></tr></table> <table><tr><td colspan="2">GEN'L AGGREGATE LIMIT APPLIES PER:</td></tr><tr><td>☒ POLICY</td><td>☐ PROJECT ☐ LOC</td></tr><tr><td colspan="2">OTHER:</td></tr></table>	☐ CLAIMS-MADE	☒ OCCUR	GEN'L AGGREGATE LIMIT APPLIES PER:		☒ POLICY	☐ PROJECT ☐ LOC	OTHER:				G71815067006 SIR applies per policy terms & conditions	07/01/2025	07/01/2026	<table><tr><td>EACH OCCURRENCE</td><td>\$2,000,000</td></tr><tr><td>DAMAGE TO RENTED PREMISES (Ea occurrence)</td><td>\$1,000,000</td></tr><tr><td>MED EXP (Any one person)</td><td>\$10,000</td></tr><tr><td>PERSONAL & ADV INJURY</td><td>\$2,000,000</td></tr><tr><td>GENERAL AGGREGATE</td><td>\$4,000,000</td></tr><tr><td>PRODUCTS - COMP/OPAGG</td><td>Excluded</td></tr></table>	EACH OCCURRENCE	\$2,000,000	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$1,000,000	MED EXP (Any one person)	\$10,000	PERSONAL & ADV INJURY	\$2,000,000	GENERAL AGGREGATE	\$4,000,000	PRODUCTS - COMP/OPAGG	Excluded
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COMBINED SINGLE LIMIT (Ea accident)	\$2,000,000																										
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BODILY INJURY (Per accident)																											
PROPERTY DAMAGE (Per accident)																											
B	<table><tr><td>☒ UMBRELLA LIAB</td><td>☒ OCCUR</td></tr><tr><td>☐ EXCESS LIAB</td><td>☐ CLAIMS-MADE</td></tr><tr><td colspan="2">DED: ☒ RETENTION: \$25,000</td></tr></table>	☒ UMBRELLA LIAB	☒ OCCUR	☐ EXCESS LIAB	☐ CLAIMS-MADE	DED: ☒ RETENTION: \$25,000				XEUG71815080006	07/01/2025	07/01/2026	<table><tr><td>EACH OCCURRENCE</td><td>\$10,000,000</td></tr><tr><td>AGGREGATE</td><td>\$10,000,000</td></tr></table>	EACH OCCURRENCE	\$10,000,000	AGGREGATE	\$10,000,000										
☒ UMBRELLA LIAB	☒ OCCUR																										
☐ EXCESS LIAB	☐ CLAIMS-MADE																										
DED: ☒ RETENTION: \$25,000																											
EACH OCCURRENCE	\$10,000,000																										
AGGREGATE	\$10,000,000																										
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	N/A	UB5P0275212551K	07/01/2025	07/01/2026	<table><tr><td>☒ PER STATUTE</td><td>☐ OTHER</td></tr><tr><td>E.L. EACH ACCIDENT</td><td>\$1,000,000</td></tr><tr><td>E.L. DISEASE-EA EMPLOYEE</td><td>\$1,000,000</td></tr><tr><td>E.L. DISEASE-POLICY LIMIT</td><td>\$1,000,000</td></tr></table>	☒ 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												
☒ 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																										
C	Products Liability			G72530494005 Completed Ops-Claims Made SIR applies per policy terms & conditions	07/01/2025	07/01/2026	<table><tr><td>Aggregate Limit</td><td>\$5,000,000</td></tr><tr><td>Each Claim</td><td>\$5,000,000</td></tr></table>	Aggregate Limit	\$5,000,000	Each Claim	\$5,000,000																
Aggregate Limit	\$5,000,000																										
Each Claim	\$5,000,000																										

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

Name Insured Includes: Thermo Fisher Scientific Inc., Patheon Manufacturing Services LLC, 1125 Pleasant View Terrace, Ridgefield NJ 07657. RE: Nevada State Board of Pharmacy License for the Ridgefield, New Jersey Site. The General Liability, Automobile Liability, Products Liability-Completed Operations and umbrella Liability policies have been amended to include as an Additional Insured the organization named herein, David Keen, but only to the extent required by written contract.

CERTIFICATE HOLDER**CANCELLATION**

David Keen 5900 Martin Luther King Jr. Greenville NC 27834 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 <i>Aon Risk Services Northeast Inc.</i>

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ACORD 25 (2016/03)

The ACORD name and logo are registered marks of ACORD



ADDITIONAL REMARKS SCHEDULE

Page _ of _

AGENCY Aon Risk Services Northeast, Inc.		NAMED INSURED Thermo Fisher Scientific Inc.	
POLICY NUMBER See Certificate Number: 570114793381			
CARRIER See Certificate Number: 570114793381	NAIC CODE		
		EFFECTIVE DATE:	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM.

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

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

ADDITIONAL POLICIES

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

[illegible]

Attachment D

Surety Bond or Equivalent Means of Security

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. K42097019

Application/License No. _____

PATHEON MANUFACTURING SERVICES LLC, doing or intending to do business as a
Applicant/Principal
pharmaceutical wholesaler, whose address for purposes of service is
1125 Pleasant View Terrace Ridgely, NJ 07657, as
Address of Applicant/Principal
PRINCIPAL, and FEDERAL INSURANCE COMPANY, a
Surety Company
corporation organized under the laws of the state of IN
State of Incorporation
and authorized to transact a general surety business in the State of

Nevada, whose address for purposes of service is
202B Hall's Mill Road Whitehouse Station, NJ 08889 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 6, 2025.
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

6th day of August, 2025.

APPLICANT/PRINCIPAL
PATHEON MANUFACTURING SERVICES LLC

Vito Maurizis
Authorized Representative

SURETY COMPANY
FEDERAL INSURANCE COMPANY

Francesca Kazmierczak
Surety Company's Representative

Francesca Kazmierczak, Attorney-in-fact
print name

SIGNED and SEALED in the presence of

Brian [Signature]
Witness

SIGNED and SEALED in the presence of

Sandra Diaz
Witness Sandra Diaz

David Scott [Signature]
Witness

Agne Potter
Witness Agne Potter

Countersigned by:
Francesca Kazmierczak
Nevada Resident Agent
Francesca Kazmierczak, NV Non-Resident Agent

Posted February 20, 2020

CHUBB

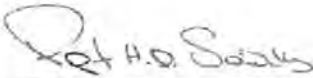
Power of Attorney

Federal Insurance Company | Vigilant Insurance Company | Pacific Indemnity Company
Westchester Fire Insurance Company | ACE American Insurance Company

Know All by These Presents, that FEDERAL INSURANCE COMPANY, an Indiana corporation, VIGILANT INSURANCE COMPANY, a New York corporation, PACIFIC INDEMNITY COMPANY, a Delaware corporation, WESTCHESTER FIRE INSURANCE COMPANY and ACE AMERICAN INSURANCE COMPANY corporations of the Commonwealth of Pennsylvania, do each hereby constitute and appoint Valorie Spates and Beverly Woolford of Garden City, New York; Debra A. Deming, Sandra Diaz, Vilma Gonzalez, Peter Healy, Pablo Garcia Horcajo, Francesca Kazmierczak, Aklima Noorhassan, Anne Potter and Frances Rodriguez of New York, New York

each as their true and lawful Attorney-in-Fact to execute under such designation in their names and to affix their corporate seals to and deliver for and on their behalf as surety thereon or otherwise, bonds and undertakings and other writings obligatory in the nature thereof (other than bail bonds) given or executed in the course of business, and any instruments amending or altering the same, and consents to the modification or alteration of any instrument referred to in said bonds or obligations.

In Witness Whereof, said FEDERAL INSURANCE COMPANY, VIGILANT INSURANCE COMPANY, PACIFIC INDEMNITY COMPANY, WESTCHESTER FIRE INSURANCE COMPANY and ACE AMERICAN INSURANCE COMPANY have each executed and attested these presents and affixed their corporate seals on this 15th day of July, 2024.



Rupert HD Swindells, Assistant Secretary





Warren Eichhorn, Vice President



STATE OF NEW JERSEY
County of Hunterdon

55

On this 15th day of July, 2024 before me, a Notary Public of New Jersey, personally came Rupert HD Swindells and Warren Eichhorn, to me known to be Assistant Secretary and Vice President, respectively, of FEDERAL INSURANCE COMPANY, VIGILANT INSURANCE COMPANY, PACIFIC INDEMNITY COMPANY, WESTCHESTER FIRE INSURANCE COMPANY and ACE AMERICAN INSURANCE COMPANY, the companies which executed the foregoing Power of Attorney, and the said Rupert HD Swindells and Warren Eichhorn, being by me duly sworn, severally and each for himself did depose and say that they are Assistant Secretary and Vice President, respectively, of FEDERAL INSURANCE COMPANY, VIGILANT INSURANCE COMPANY, PACIFIC INDEMNITY COMPANY, WESTCHESTER FIRE INSURANCE COMPANY and ACE AMERICAN INSURANCE COMPANY and know the corporate seals thereof, that the seals affixed to the foregoing Power of Attorney are such corporate seals and were thereto affixed by authority of said Companies; and that their signatures as such officers were duly affixed and subscribed by like authority.

Notarial Seal



Albert Contursi
NOTARY PUBLIC OF NEW JERSEY
No 50202369
Commission Expires August 22, 2027


Notary Public

CERTIFICATION

Resolutions adopted by the Boards of Directors of FEDERAL INSURANCE COMPANY, VIGILANT INSURANCE COMPANY, and PACIFIC INDEMNITY COMPANY on August 30, 2016; WESTCHESTER FIRE INSURANCE COMPANY on December 11, 2006; and ACE AMERICAN INSURANCE COMPANY on March 20, 2009.

"RESOLVED, that the following authorizations relate to the execution, for and on behalf of the Company, of bonds, undertakings, recognizances, contracts and other written commitments of the Company entered into in the ordinary course of business (each a "Written Commitment").

- (1) Each of the Chairman, the President and the Vice Presidents of the Company is hereby authorized to execute any Written Commitment for and on behalf of the Company, under the seal of the Company or otherwise.
- (2) Each duly appointed attorney-in-fact of the Company is hereby authorized to execute any Written Commitment for and on behalf of the Company, under the seal of the Company or otherwise, to the extent that such action is authorized by the grant of powers provided for in such person's written appointment as such attorney-in-fact.
- (3) Each of the Chairman, the President and the Vice Presidents of the Company is hereby authorized, for and on behalf of the Company, to appoint in writing any person the attorney-in-fact of the Company with full power and authority to execute, for and on behalf of the Company, under the seal of the Company or otherwise, such Written Commitments of the Company as may be specified in such written appointment, which specification may be by general type or class of Written Commitments or by specification of one or more particular Written Commitments.
- (4) Each of the Chairman, the President and the Vice Presidents of the Company is hereby authorized, for and on behalf of the Company, to delegate in writing to any other officer of the Company the authority to execute, for and on behalf of the Company, under the Company's seal or otherwise, such Written Commitments of the Company as are specified in such written delegation, which specification may be by general type or class of Written Commitments or by specification of one or more particular Written Commitments.
- (5) The signature of any officer or other person executing any Written Commitment or appointment or delegation pursuant to this Resolution, and the seal of the Company, may be affixed by facsimile on such Written Commitment or written appointment or delegation.

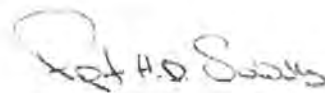
FURTHER RESOLVED, that the foregoing Resolution shall not be deemed to be an exclusive statement of the powers and authority of officers, employees and other persons to act for and on behalf of the Company, and such Resolution shall not limit or otherwise affect the exercise of any such power or authority otherwise validly granted or vested."

I, Rupert HD Swindells, Assistant Secretary of FEDERAL INSURANCE COMPANY, VIGILANT INSURANCE COMPANY, PACIFIC INDEMNITY COMPANY, WESTCHESTER FIRE INSURANCE COMPANY and ACE AMERICAN INSURANCE COMPANY (the "Companies") do hereby certify that

- (i) the foregoing Resolutions adopted by the Board of Directors of the Companies are true, correct and in full force and effect,
- (ii) the foregoing Power of Attorney is true, correct and in full force and effect.

Given under my hand and seals of said Companies at Whitehouse Station, NJ, this 6th Day of August, 2025




Rupert HD Swindells, Assistant Secretary

IN THE EVENT YOU WISH TO VERIFY THE AUTHENTICITY OF THIS BOND OR NOTIFY US OF ANY OTHER MATTER, PLEASE CONTACT US AT
Telephone (908) 903-3493 Fax (908) 403-3656 e-mail: surety@chubb.com

Attachment J

MDEG Administrator Application

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 Patheon Manufacturing Services LLC MDEG License # (if applicable) N/A
Physical Address 1125 Pleasant View Terrace
City Ridgefield State NJ Zip 07657
Mailing Address (if different from physical address) Same as physical address.
City _____ State _____ Zip _____
Telephone 201-606-4225 Website www.thermofisher.com
Licensing Company Email leticia.fabiano@thermofisher.com

Section 2: Personal Information

First Leticia Middle _____ Last Fabiano
Alias(es, nicknames, name changes, etc.) Leticia Torres (Maiden Name), Letty (Nickname)
Date of Birth _____ SSN or ITIN _____ Sex ☐ M ☒ F ☐ X
Mailing Address _____
City Nutley State NJ Zip _____
Telephone _____ Email leticia.fabiano@thermofisher.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? <u>N/A</u>		

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 Rutgers University (Newark College of Arts and Sciences)		From - To (MM/YY - MM/YY) 09/85 - 05/91	
Address 195 University Avenue	City Newark	State NJ	Zip 07102
Diploma/Degree obtained, if any Bachelor of Arts, Biology/ Bachelor of Arts Psychology			
School Name Benedictine Academy High School		From - To (MM/YY - MM/YY) 09/81 - 06/85	
Address 840 North Broad Street	City Elizabeth	State NJ	Zip 07208
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 Newark			
Address	City	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) 07/14 - Present	Address [REDACTED]	City Nutley	State NJ	Zip [REDACTED]
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	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 Biomatrix/Genzyme/Sanofi			From - To (MM/YY – MM/YY) 02/01/1999 until present	
Business Address 1125 Pleasantview Terrace		City Ridgefield	State NJ	Zip 07657
Phone 201-400-8231	Title General Manager – Site Head		Number of Employed Hours >1,500	
Description of Duties Responsible for all aspects of the site including, operations, safety, quality, etc.				
Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				
Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				
Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				
Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				
Continue on next page if additional space is needed.				

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

Date

I, Leticia Fabiano, certify that as the MDEG Administrator for
Patheon Manufacturing Services LLC,

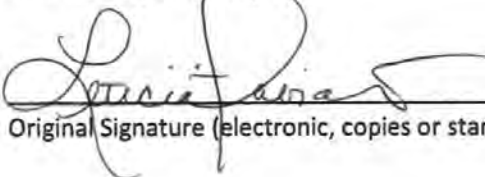
that I (initial that you have read and meet the following requirements):

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

Leticia Fabiano

Print Name (First, Last)


Original Signature (electronic, copies or stamps not accepted)

16 Sep 2025
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 Patheon Manufacturing Services LLC
Pharmacy/Wholesaler License # (if applicable) Pending
Physical Address 1125 Pleasant View Terrace
City Ridgefield State NC Zip 07657
Mailing Address (if different from physical address) Same as physical address.
City _____ State _____ Zip _____
Telephone 201-606-4225 Website www.thermofisher.com
Licensing Company Email leticia.fabiano@thermofisher.com

Section 2: Personal Information

First Leticia Middle _____ Last Fabiano
Alias(es, nicknames, name changes, etc.) Leticia Torres (Maiden Name), Letty (Nickname)
Date of Birth _____ SSN or ITIN _____ Sex ☐ M ☒ F ☐ X
Mailing Address _____
City Nutley State NJ Zip _____
Telephone _____ Email leticia.fabiano@thermofisher.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? <u>N/A</u>		

Designated Representative Application (Applicant's Initials LF) 2 of 9

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 Rutgers University (Newark College of Arts and Sciences)			From - To (MM/YY - MM/YY) 09/85 - 05/91	
Address 195 University Avenue		City Newark	State NJ	Zip 07102
Diploma/Degree obtained, if any Bachelor of Arts, Biology/ Bachelor of Arts Psychology				
School Name Benedictine Academy High School			From - To (MM/YY - MM/YY) 09/81 - 06/85	
Address 840 North Broad Street		City Elizabeth	State NJ	Zip 07208
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) 07/14 - Present	Address [REDACTED]	City Nutley	State NJ	Zip [REDACTED]
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	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 Biomatrix/Genzyme/Sanofi		From - To (MM/YY - MM/YY) 02/01/1999 until present	
Business Address 1125 Pleasantview Terrace		City Ridgefield	State NJ
Phone 201-400-8231	Title General Manager – Site Head		Zip 07657
Number of Employed Hours >6,000			
Description of Duties Responsible for all aspects of the site including, operations, safety, quality, etc.			
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.			
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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?		✓

N/A

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

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

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

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

Date

Designated Representative Application (Applicant's Initials LD) 7 of 9

I, Leticia Fabiano, certify that as the designated representative for
Patheon Manufacturing Services LLC

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

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

Leticia Fabiano

Print Name (First, Last)

Leticia Fabiano

Original Signature (electronic, copies or stamps not accepted)

16 Sep 2025
Date

Designated Representative Application (Applicant's Initials LF) 8 of 9

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

Leticia Fabiano

Print Name (First, Last)

Leticia Fabiano
Original Signature (electronic, copies or stamps not accepted)

Date

16 Sep 2025

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

State of New Jersey, ss. County of Bergen

I, Kathy Algozzini, 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.

Leticia Fabiano
Original Signature

Date

16 Sep 2025

Subscribed and Sworn to before me this 16 day of Sep 2025.

Kathy Algozzini
Notary Public Signature

KATHY ALGOZZINI
Notary Public, State of New Jersey
My Commission Expires Apr 4, 2027

(Seal)

Designated Representative Application (Applicant's Initials)

LF

9 of 9

Last Name	First Name	Business Title
ACCO-VERSAILLES	GISELLE	Supervisor Manufacturing
Ackerly	Daniel	Inspection and Packaging Operator Senior (Lead)
Algozzini	Kathy	Admin Assistant Senior
Amador	Carmen	Inspection and Packaging Operator
Amador	Christopher	Aseptic Technician Assistant
Andujar	Ivonne	Buyer I
Antigua	Keren	Quality Control Analyst I
Assini	James	Associate Dir Quality
Bazela	Marek	Maintenance Technician III
Bednarz	Irene	Production Specialist
Benitez	Aida	Aseptic Technician
Bishara	Paul	Validation Engineer II
Boney	John	Quality Control Scientist II
Bonhomme	Elrine	Inspection-Packaging Operator Associate, Ridgefield, New Jersey
Burghardt	Christine	Site Product Lead
Butros	Johnnie	Quality Systems Professional
Bystrowski	Krzysztof	Aseptic Technician Assistant
Bystrowski	Michal	Quality Control Analyst II
Cacnio	Francis	Utilities and Energy Manager, Ridgefield, NJ
Calderon	Luis	Aseptic Technician Associate
CAMILO	MARGARET	Inspection Packaging/Operator
Cardona	Marilyn	Quality Supervisor
Carrelli	Jonathan	HSE Manager
Castillo	Guillermo	associate supervisor
Castillo	Pedro	Material Handler II
Castillo	Pedro	Aseptic Technician II
Chamoli	Rajat	Supervisor, Inspection and Packaging
Chavkin	Rachel	Automation Project Engineer
Chimbay	Sonia	Inspection/Packaging Operator II
CHOUDHURY	RAHAT	Customer Complaints Lead
Clark	Jonathan	Aseptic Technician III
Clawson	Shane	HSE Manager
Colon	Narciso	Aseptic Technician Associate
CONTRERAS	JAYCA	Quality Control Analyst I
Cordoba	Guillermo	Aseptic Technician Senior
Cueto	Rogelio	Aseptic Technician II
Czekaj	Krzysztof	Maintenance Tech Senior Lead
Daniel	Charly	Manufacturing Supervisor
David	Arnel	Engineer II
DeFeo	Marc	Material Handler II
Delandro	Kwesi	Quality Specialist Senior
Dholakia	Kunj	Compliance Principal, Quality Assurance
Dickens	Vincent	Aseptic Technician Assistant
Dieppa	Lourdes	Product Lead
Doherty	Marie	Inspection/Packaging Operator II
Dormeus	Markens	Aseptic Technician Assistant
Dziedzic	Mariusz	Maintenance Tech Senior Lead
Dziuban-Koziel	Karolina	Quality Specialist
Elfaramawy	Mohammed	Quality Control Microbiologist
Elie	Amanda	Quality Specialist Senior
Elmor	Yostina	Compliance Principal
Elmor	Nancy	Quality Control Analyst II

Emmanuel	Nicole	Packaging Design Engineer II
Engler	Oscar	Maintenance Tech Senior Lead
Espinosa	Jose	Aseptic Technician III
Espitia Baron	Alberto	Material Handler II
Estevez	Hilda	Material Handler II
Estil	Maria Katrina	Principal Compliance Specialist
Fabiano	Leticia	Site Head Ridgefield
Faltas	Robert	Associate Director Quality Compliance
Ferenc	Elzbieta	Quality Inspector Senior
Ferrer	Heather	Senior Scientist
Frey	John	Methods and Reliability Manager
Furbush	Bret	Inspection/Packaging Operator, Ridgefield, New Jersey
Gauthier	Sabine	Quality Scientist
Gee	Thomas	Aseptic Technician Senior
Genupur	Balaji	Associate Director
Genzale	Joseph	Maintenance Tech Senior Lead
Gonzalez	Janette	Quality Control Analyst I
Gonzalez	Richard	Material Handler Lead
Goodwyn	Karen	Document Specialist Senior
Gore	Hemant	Instrumentation & Automation Engineering Manager
Grady	Rique	Aseptic
Green	Keith	Inspection/Packaging Operator II
Guintu	Nenita	Inspection/Packaging Operator II
GULER	MELIH	QA Shop Floor Specialist
Hanna	Magdolin	Aseptic Technician Senior
HANSON	DOMINIC	Aseptic Technician III
Hartz	Jacob	Digital Site Manager Ridgefield
Harvey-Fonkwa	Sheila	Sr Continuous Improvement Analyst
Hawk	Rachele	Associate Director Quality
Henry	Jenene	Aseptic Technician Senior
Honeychurch	John	Inspection/Packaging Operator Senior (Lead)
Hrannardottir	Elisa	Compliance Principal
Ison	Bernadette	Product Lead
Italiano	Keith	Maintenance Supervisor
Jadeja	Rutika	Regulatory Site Officer Head
Jagdeo	Burt	Calibration Technician Lead
Jangam	Avesh	Engineer II
Janvier	Jimmy	Production Operator
Jean-Charles	Berbineau	Aseptic Technician III
Johnson	Sabrina	Document Management Lead
Jones	Tawana	Regulatory Site Officer
Jones	Christopher	Material Handler II (2nd shift)
KACPRZYK	ZBIGNIEW	Aseptic Technician III
Kashem	Farzana	Head of Finance, Ridgefield NJ
Kaugerts	Peter	Aseptic Technician Senior
Kherlopian	John	Supervisor, Inspection & Packaging
Kociolek	Irene	Inspection/Packaging Operator II
Koeff	Malgorzata	Inspection/Packaging Operator III
Koshy	Susan	Site Head of SMS Performance and Digital
Kozielec	Stanislaw	Aseptic Technician I
Kubik	Thomas	Quality Control Analyst I (Ridgefield, New Jersey)
Lai	Andy	Manager Validation
LaRose	Chelsea	Project Manager

Le	Jeffery	Process Engineer III
LEAPE	TIM	Maintenance Tech Senior Lead, Ridgefield, NJ
Lee	Richard	Reliability Engineer
Lee	Ki	Director, Facilities Operations
Lhotsky	William	Quality Control Analyst II, Ridgefield, NJ
Linares	Jose	Maintenance Facility Technician
Lindis	Timothy	Head of Supply Chain
Lingutla	Anitha	Quality Manager
Loaiza	Jency	Inspection - Packaging Operator
Lora	Alvaro	Inspection/Packaging Operator III
Lu	Jason	Validation Engineer Principal
Lucas	Daniel	Inspection/Packaging Operator II
Ly	Banh	Inspection/Packaging Operator III
Ly	Thu	Material Handler Senior
Lyle	Megan	QC Analyst Senior - Ridgefield, NJ
Maddaloni	Joanne	Training Specialist Associate
MALICSI	BERNELLE	Aseptic Technician III
Manubag	Ralph	Maintenance Technician III Line Mechanic 2nd shift
Matesic	Mario	Maintenance Planner and Scheduler
Maxwell	Zemma	Aseptic Technician Senior
McVeigh	Emily	Quality Systems Specialist
MEHTA	HIREN	Inspection/Packaging Lead Operator
Michel	Delande	Prod Operator
MINIACH	JERRY	Maintenance Technician Senior
Moen	Neal	Maintenance Tech SeniorLead
Montalvo	Solvieg	Product Flow Coordinator
Moranchel Perez	Erica	Inspection, Packaging Operator (2nd Shift) - Ridgefield, NJ
Neri	Jill	Associate Director Manufacturing
Nevin	Michael	Aseptic Technician
Nguyen	Vu	Associate Director, Quality Assurance
Nicholson	Thomas	Aseptic Technician I
Nicolaou	Noele	Quality Control Analyst I
Nicosia	Angela	GMP Training Manager
O'Neill	William	Maintenance Tech Senior Lead
O'Neill	Liam	Inspection Packaging Operator Associate
Ortiz	Loida	Inspection/Packaging Operator Associate
Ortiz	Maria	Production Supervisor
Otchy	Michael	Bulk Production
Palomino	Victor	Inspection/Packaging Operator III
Panchal	Deepali	Customer Complaints Specialist
Patel	Binal	Manager, Supplier Quality
PATEL	HIREN	Microbiology supervisor
Patel	Deep	Quality Assurance Manager
Patel	Bhumi	Senior Quality Specialist
Patel	Viral	Senior Manager Manufacturing
Patel	Dipika	QC Analyst Senior - Ridgefield, NJ
Patel	Reema	Formulation / Compounding
Pena	Sara	Quality Inspector Lead
Pena	Claudia	Inspection and Packaging
Piatkiewicz	Konrad	Project Manager
Pierre-Louis	Oriol	Aseptic Technician Senior
Platosz	Anna	Manager, Quality
Pogharian	Glenn	Validation Engineer Principal

Polak	John	Assoc Director Project Mgmt
Prather	Ashley	Aseptic Technician
Prelich	Pawel	Aseptic Technician
Pryor	Jacqueline	Inspection-Packaging Operator Associate, Ridgefield, New Jersey
Pulignano	Brian	Calibration Technician Lead
Ramírez	Juan	Senior Technician
Ramos-Torres	Juan	Senior Quality Engineer
Rana	Virendra	Validation Engineer III
Raphael	Lystra	Aseptic Technician Senior
Rodriguez	Adam	Logistics Analyst II
Rosario	Enith	Production Support Specialist
ROY	RIA	Associate Director Quality Systems
ruiz	Hernan	Material Handler II - 2
Ruland	Scott	Maintenance Tech Senior Lead
Saju	Lissy	Aseptic Technician III
Sanzen	Robert	QC Analyst I
Scelfo	Gina	Inspection/Packaging Operator (2nd Shift)
Schellato	Salvatore	Director Manufacturing
Schepetnov	Elzbieta	Quality Inspector Senior
SCHWEITZER	CLAUDIA	Manufacturing Supervisor
Sciolaro	Matthew	Manufacturing Supervisor
Shah	Gunjan	Validation Specialist I
Shah	Esha	Quality Control Analyst II
Sheppard	Warren	Maintenance Tech Senior Lead
Shine	Shani	Quality Assurance Compliance Specialist
Sleeper	Matthew	Packaging Design Manager
Solenday	Robert	People Business Partner, Manufacturing & Supply
Spagnuolo	Samuel	Site Head Quality Assurance
Stawicki	Janusz	Maintenance Technician
Strong	Jermaine	Aseptic Technician Senior
Sutcliffe	Bethany	Senior SMS Process Leader
Sylvestre	Lusson	Inspection and Packaging
Tande	Debora	Quality Control Analyst II
Tazyk	Jan	Aseptic Technician I
Torres	Natalie	Inspection/Packaging Operator Senior (Lead)
Trujillo	Walter	Material Handler II
Tsilikas	Demetrios	IT Technical Principal
Turano	Ruth	Production Support Specialist
Tyra	Bruce	Maintenance Technician III (Electrician)
Urbano-Morante	Miguel	Material Handler II
Vanderbly	Lawrence	Aseptic Technician II
Vekariya	Kruti	Manufacturing Supervisor
Villarreal	Jose	Aseptic Technician Assistant
Vixamar	Max	Scientist and Stability Specialist - Ridgefield, NJ
Voris	William	Project Manager Principle
Wasef	Mona	Inspection/Packaging Operator III
Wells	Jervone	Production Operator
White	Philip	Quality Control Analyst II
Whitfield	Leslie	Program Demand Manager
Whiting	Kenneth	Maintenance Planner
Wisniewski	Juliusz	Inspection and Packaging Operator
Wooten	Andre	Digital Data Analyst

Wos Lach	Eugenia	Aseptic Technician III
YEBOAH	KOFI	Aseptic Technician II
Yeseab	Henok	Aseptic Technician Senior
Youhas	George	Aseptic Technician III
Zapata	Oscar	Aseptic Technician III
Zorrilla	Andrew	Aseptic Technician
Zucker	Jack	Head of Manufacturing Technical Services

4FF

NEVADA STATE BOARD OF PHARMACY

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

Wholesaler Application Non-Refundable \$1,000 Fee Rev (08/17/2022)

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>PAR HEALTH USA, LLC (**VIRTUAL MANUFACTURER**)</u>		
Physical Address: <u>300 TICE BLVD, SUITE 230</u>		
City: <u>WOODCLIFF LAKE</u> State: <u>NJ</u> Zip: <u>07677</u>		
Mailing Address (if different from physical address): <u>ENDO ATTN: ML SCHOONOVER, 300 TICE BLVD, STE 230</u>		
City: <u>WOODCLIFF LAKE</u> State: <u>NJ</u> Zip: <u>08512</u>		
Telephone: <u>484-216-3217</u> Website: <u>HTTPS://WWW.ENDO.COM</u>		
Name of Designated Representative (DR): <u>MARYLOU SCHOONOVER</u>		
Licensing Company Email: <u>schoonover.maryou@endo.com</u> DR Email: <u>schoonover.maryou@endo.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>Distributed thru 3PL</u>	☒ Dangerous Drugs ☒ Controlled Substances ☐ *Medical devices, equipment, supplies, gases ☐ Others:	☐ Manufacturer ☐ Repacker ☐ Reverse Distributor ☐ Warehouse ☐ Retail pharmacy wholesale distributor ☒ Others: <u>Virtual Manufacturer</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: MCKESSON CORPORATION

Address: 6555 STATE HWY 161 City: IRVING State: TX Zip: 75039

Name: CARDINAL HEALTH, INC.

Address: 7000 CARDINAL PLACE City: DUBLIN State: OH Zip: 43017

Name: AMERISOURCEBERGEN CORPORATION/CENCORA

Address: 1300 MORRIS DRIVE, SUITE 100 City: CHESTERBROOK State: PA Zip: 19087

Name: CVS HEALTH

Address: 1 CVS DRIVE City: WOONSOCKET State: RI Zip: 02895

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): ENDO US HOLDINGS LUXEMBOURG I. S.a.r.L.

Corporation/Organization Name: _____

Mailing Address: 28, BOULEVARD F.W. RAIFFEISEN

City: GRAND-DUCHY OF LUXEMBOURG, LUXEMBOURG State: _____ Zip: L-2411

Telephone: 484-216-0000 Email: maletta.matthew@endo.com

Contact Person Name: MATTHEW MALETTA

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: Not req'd for Virtual Mfg		✓
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 CODES ATTACHED		✓
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.

PAR HEALTH USA, LLC

Facility Name

MARYLOU SCHOONOVER, ASSOC.DIR., STATE LICENSING & CUSTOMER DEA COMPLIANCE PROGR

Print Name of Authorized Person Submitting Application



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

08/27/2025

Date

Board Use Only

Date Received: 9/2/25

Amount: 17,000.00

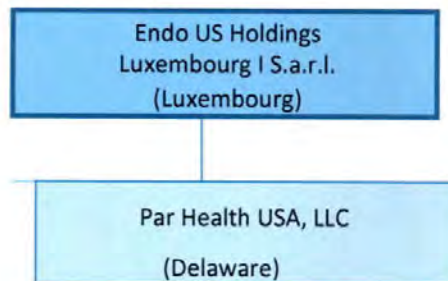
No FDA Registration for Virtual Manufacturers

Virtual manufacturers do not have an FDA registration because they are a paper only office. The manufacturer is identified by it's labeler code.

Par Health USA, LLC - FDA Labeler Codes

00254, 00603, 10370, 42023, 49884, 60951, 63481, and 67253

Par Health USA, LLC Corporate Ownership



August, 2025



PAR HEALTH USA, LLC

FEIN: 39-2221079

State/Date of Incorporation: Delaware, May 13, 2025

Parent Company: Endo US Holdings Luxembourg I S.a.r.l. – 100% (located 28, Boulevard F.W. Raiffeisen, L-2411 Luxembourg, Grand-Duchy of Luxembourg)

None of the Officers are owners of Par Health USA, LLC or Endo US Holdings Luxembourg I S.a.r.l.

OFFICERS

Name	Title	Address/Phone/SS#
Scott A. Hirsch	Interim President and Chief Executive Officer	
Matthew J. Maletta	EVP, Chief Legal Officer & Secretary	

PAR HEALTH USA, LLC – TRADE NAMES

Generics Facilities Information:

Par Health USA, LLC –VIRTUAL MANUFACTURER

300 Tice Boulevard, Suite 230, Woodcliff Lake, NJ 07677

Contact: MaryLou Schoonover, 484-216-3217 – schoonover.marylou@endo.com

Par Health USA, LLC – ACTUAL MANUFACTURER

#B100 Building, 870 Parkdale Road, Rochester, MI 48307

Contact: Christopher Thomas - 248-601-2304 – thomas.christopher@endo.com

Par Health USA, LLC – ACTUAL MANUFACTURER

IPOC Building, 870 Parkdale Road, Rochester, MI 48307

Contact: Aimee Bowers - 248-601-2338 – bowers.aimee@endo.com

Par Formulations Private Limited – ACTUAL MANUFACTURER

1/58, Pudupakkam Main Road, Pudupakkam, Kelambakkam – 603103, Chennai, India

Contact: Manas Mahapatra - +91 44 6748 0000 - mahapatra.manasranjan@endo.com

Par Formulations Private Limited – ACTUAL MANUFACTURER

Plot No. M 82 & M83, Industrial Area, Dhar, Madhya Pradesh, 45775, Indore, India

Contact: Sangram Karande - +91 44 6748 0000 - karande.sangram@endo.com

Delaware

The First State

Page 1

I, CHARUNI PATIBANDA-SANCHEZ, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PAR HEALTH USA, 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 NINETEENTH DAY OF JUNE, A.D. 2025.

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



10194034 8300

SR# 20253123404

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

C. B. Sanchez

Charuni Patibanda-Sanchez, Secretary of State

Authentication: 203989887

Date: 06-19-25

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 9/30/2025

Registration Number: 5006832 **Registered as:** Manufacturer and Wholesale

Name: PAR HEALTH USA LLC

DBA:

Address: 300 TICE BLVD, STE 230, WOODCLIFF LAKE, NJ 07677

Original Issue Date: 09/29/2025 **Expiration Date:** 01/31/2026

Current Issue Date: 09/29/2025

Disciplines: No

Additional Registered Addresses:

IPOC BLDG, 870 PARKDALE RD , ROCHESTER, MI 48307

B100 BLDG, 870 PARKDALE RD, ROCHESTER, MI 48307



NEW JERSEY DEPARTMENT OF HEALTH
CONSUMER AND ENVIRONMENTAL HEALTH SERVICE

P.O. Box 369, Trenton, New Jersey 08625-0369

0754083

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:

300 TICE BLVD, STE 230 WOODCLIFF LAKE, NJ 07677-
IPOC BLDG, 870 PARKDALE RD ROCHESTER, MI 48307-
B100 BLDG, 870 PARKDALE RD ROCHESTER, MI 48307-

Reg. No.
5006832

PAR HEALTH USA LLC
300 TICE BLVD, STE 230
WOODCLIFF LAKE, NJ 07677-

ISSUED PURSUANT TO
N.J.S.A. 24:6B

EXPIRES: January 31, 2026

Establishment Copy

3PL

***3PL LOCATION FOR ALL CONTROLLED DRUGS & LIST 1 CHEMICAL PRODUCTS**

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
RU0346088	05-31-2026	\$1850
SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3,3N,4,5	DISTRIBUTOR	04-01-2025
U P S SUPPLY CHAIN SOLUTION INC, 1860 OUTER LOOP LOUISVILLE, KY 402193429		

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
RU0346088	05-31-2026	\$1850
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NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane

Reno, NV 89509

(775) 850-1440

Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. 800198561

Application/License No. _____

Par Health USA, LLC., doing or intending to do business as a
Applicant/Principal
pharmaceutical wholesaler, whose address for purposes of service is
300 Tice Blvd, Ste 230, Woodcliff Lake, NJ 07677, as
Address of Applicant/Principal

PRINCIPAL, and Atlantic Specialty Insurance Company, a
Surety Company
corporation organized under the laws of the state of New York
State of Incorporation
and authorized to transact a general surety business in the State of

Nevada, whose address for purposes of service is
605 Highway 169 North, Suite 800, Plymouth, MN 55441 as
Address of Surety

SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of ONE HUNDRED THOUSAND DOLLARS (\$100,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on August 1, 2025
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
 24th day of July, 2025

APPLICANT/PRINCIPAL
 Par Health USA, LLC.

Jack Boyle
 Authorized Representative

SURETY COMPANY

Atlantic Specialty Insurance Company

Bonnie L. Rice
 Surety Company's Representative
 Bonnie L. Rice, Attorney-in-fact
 print name



SIGNED and SEALED in the presence of:

Alan Jenkins
 Witness

SIGNED and SEALED in the presence of:

Cindy Johnson
 Witness Cindy Johnson

Mary Lou Schenauer
 Witness

Andrea Allman
 Witness Andrea Allman

Countersigned by:

N/A
 Nevada Resident Agent



Power of Attorney

Surety Bond No: 800198561

Principal Par Health USA, LLC.
Obligee Nevada State Board of Pharmacy

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: Bonnie L. Rice 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.

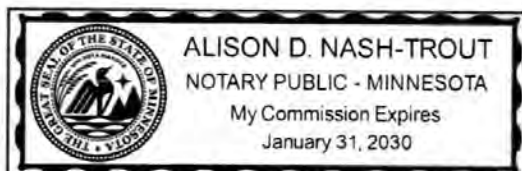
STATE OF MINNESOTA
HENNEPIN COUNTY



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 24th day of July, 2025.



Kara L.B. Barrow, Secretary

This Power of Attorney expires
January 31, 2030



SURETY BOND SEAL AND DIGITAL SIGNATURE ADDENDUM
ATLANTIC SPECIALTY INSURANCE COMPANY

ATLANTIC SPECIALTY INSURANCE COMPANY ("ASIC") has authorized its respective Attorneys-in-Fact to affix ASIC's corporate seal and digital signature to authorized surety bonds executed on behalf of ASIC by any such Attorney-in-Fact.

This notice verifies a surety bond that is executed on behalf of ASIC by its Attorney-in-Fact and utilizes the corporate seal below for ASIC shall be deemed to affixed to said bond to the same extent as if its raised corporate seal was physically affixed to the face of the bond. ASIC also hereby agrees that the digital signatures applied to said bond are considered acceptable as if a wet ink signature was physically added to the face of the bond.

Dated this 28th day of July, 2021.

ATLANTIC SPECIALTY INSURANCE COMPANY



For ASIC by: 
Michael Seff, President Intact Insurance Surety

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 PAR HEALTH USA, LLC
Pharmacy/Wholesaler License # (if applicable) NEW APPLICATION
Physical Address 300 TICE BLVD, STE 230
City WOODCLIFF LAKE State NJ Zip 07600
Mailing Address (if different from physical address) Endo, Attn: ML Schoonover, 300 Tice Blvd, Ste 230
City Woodcliff Lake State NJ Zip 07677
Telephone 484-216-3217 Website https://www.endo.com
Licensing Company Email schoonover.marylou@endo.com

Section 2: Personal Information

First MARY-LOU Middle ELIZABETH Last SCHOONOVER
Alias(es, nicknames, name changes, etc.) _____
Date of Birth [REDACTED] SSN or ITIN [REDACTED] Sex ☐ M ☒ F ☐ X
Mailing Address [REDACTED]
City NEWTON State NJ Zip [REDACTED]
Telephone [REDACTED] Email schoonover.marylou@endo.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 Sussex County Vocational Technical High School		From - To (MM/YY - MM/YY) 09/1980-06/1984	
Address 105 North Church Road	City Sparta	State NJ	Zip 07871
Diploma/Degree obtained, if any Diploma			
School Name Kutztown University		From - To (MM/YY - MM/YY) 09/1984-05/1986	
Address 15200 Kutztown Road	City Kutztown	State PA	Zip 19530
Diploma/Degree obtained, if any None - transferred			
School Name Centenary University		From - To (MM/YY - MM/YY) 05/1986-05/1988	
Address 400 Jefferson Street	City Hackettstown	State NJ	Zip 07840
Diploma/Degree obtained, if any B.S. Business Administration & Management			
School Name National Academy of Paralegal Studies		From - To (MM/YY - MM/YY) 9/1990-06/1991	
Address **School closed**	City Middletown	State NJ	Zip
Diploma/Degree obtained, if any Certified Corporate Paralegal			
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) Greater than 10 years	Address [REDACTED]	City Newton	State NJ	Zip [REDACTED]
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	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 PAR HEALTH USA, LLC		From - To (MM/YY - MM/YY) 09/2018 - Current	
Business Address 300 TICE BLVD, STE 230		City WOODCLIFF LAKE	State NJ
Phone 484-216-3217	Title ASSOC. DIR, STATE LICENSING & CUSTOMER		Zip 07677
Description of Duties DEA COMPLIANCE PROGRAM		Number of Employed Hours 16,640	

See attached resume

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.

Career Overview: Management level professional with more than 25 years of experience in healthcare and pharmaceutical compliance.

Strengths: Certified Corporate Paralegal, Compliance (General Corporate, PDMA, Sunshine Act, DEA, FDA, DSCSA, and EPA), sampling, practitioner verification/validation, licensing/registration, controlled substance and listed chemical imports/exports, quota, ARCOS, year-end reporting, drug diversion investigation, suspicious order monitoring, theft/loss reporting, tracking/documentation, reporting, data management, quality control, functional analysis, technical liaison, documentation writing, training/education, legal documents/contracts preparation, audits/investigations, record-keeping/retention.

Regulatory Specialization: cGMP, DEA, EPA, FDA, DSCSA, CBP ACE/AES, State and Federal Manufacturer and Distributor Pharmaceutical Licensure, State and Federal Suspicious Order Monitoring with Opioid Reporting, Sunshine Act/Aggregate Spend, Prescription Drug Marketing Act/Sampleability, PhRMA Code, Anti-Bribery, Anti-Kickback, Federal Sanctions (OIG, Consent Decrees, Corporate Integrity Agreements), Foreign Corrupt Practices Act (FCPA)

Work Experience:

*Associate Director, State Licensing & Customer DEA Compliance Program, DEA Compliance Team
– Endo USA, Inc., an Endo company – (5/2025-Present)*

Responsibilities:

Management level - four direct and two indirect reports.

Team Lead/Subject Matter Expert (SME) – Responsible for overseeing the licensure of all Endo domestic manufacturing and virtual manufacturing facilities which includes, but is not limited to, initial applications, renewals, business model changes, Changes of Ownership/Name/Corporate Officer, closures/site decommissioning.

Team Lead/SME – Responsible for overseeing the Customer DEA Compliance Program which includes, but is not limited to, investigations of potential drug diversion, suspicious order monitoring, customer due diligence, and customer site visits/inspections.

*Customer Due Diligence & State Licensing Senior Manager, DEA Compliance Team
– Endo USA, Inc., an Endo company – (6/2022-5/2025)*

Notable Accomplishments:

Management level - three direct and two indirect reports.

Team Lead – Relicensing of entire organization following emergence of bankruptcy with Change of Ownership. Encompassing more than seven hundred licenses.

Team Lead – Revamped entire diversion program over the course of 18-months under a VIO with an appointed DEA Monitor. Program included all aspects of drug diversion, including suspicious order monitoring, customer due diligence, theft/loss reporting, ARCOS data review and reporting requirements, customer site visits/investigations and reviews of related data for potential red flags.

SME State Licensing for all Par-Endo owned entities and products, all duties related to initial applications, renewals, business model changes, closures/site decommissioning, VAWD accreditation, fingerprinting/FBI reporting for criminal background checks and liaison to 3PL and contract manufacturers licensing personnel.

Collaborates closely with internal stakeholders on obtaining and maintaining surety bonds, certificates of insurance, product registrations, FDA DSCSA trading partner licensure documentation requirements, FDA 3PL & wholesaler registrations, certificates of authority/existence/good standing, opioid reporting and payment of fees and product stewardship.

SME Suspicious Order Monitoring (SOMs) for all Par-Endo owned entities and products, all duties related to comprehensive SOMs Compliance Program, order analysis system, annual customer questionnaires and buyers' letters of authorization, site visits/inspections with customer audits, customer vetting reviews, chargeback/sales/inventory data review, review of customer and customer's customer ARCOS data in DEA's Retail Buyers screen, disciplinary action reviews, review DOJ alerts as well as practitioner level global exclusions, and state/DEA SOMs reporting. Collaborates with supply chain and 3PL team on inventory related issues and reportable thefts/losses.

Special projects: Bankruptcy and consolidation team, organizational rebranding, facility consolidations, new facility setups, implementation of OAS system, revamping of SOMs and Customer Due Diligence compliance – programs, migration from JDE to SAP, upgraded documents of sale to DSCSA compliant forms w/SAP interface, initial licensing of new Endo entity, sale of properties/decommissioning of site licensure for Irvine, Chestnut Ridge, Montebello and Woodcliff Lake facilities, transitioning of business model from actual manufacturer to virtual manufacturer, surety bond consolidation and certificate of insurance cleanup projects.

***Customer Due Diligence & State Licensing Manager, DEA Compliance Team
– Par Pharmaceutical, Inc. an Endo company – (9/2018 – 5/2022)***

Notable Accomplishments:

Team Lead - Initial licensing of new warehouse facility and licensing of new designated site representative
Team Lead – Implementation of an Order Analysis System and Due Diligence Module to assist with Suspicious Order Monitoring requirements for controlled drugs and listed chemicals.

Day-to-Day Activities:

Subject Matter Expert - Licensing & Registration (Legend Rx Drugs, Controlled Drug Substances, Listed Chemicals) - all aspects of licensing and registering company facilities with state and federal agencies for analytical labs, manufacturing sites, and wholesale drug distribution from initial licensing, renewals, change of ownership, corporate name changes, filing of new officers and directors, acquiring surety bonds, arranging for inspections, assigning powers of attorney, preparing documents for filings, validating licensure of contract manufacturers and distributors for licensing, as well as activities associated with transfers, draw downs and close outs, Responsible for on-site department record archiving and retention, processing FBI reporting requests, fingerprinting requests, passport photo requests, notarizing documents and special criminal background checks requested by state and federal agencies. Developed departmental SOPs and process documentation manuals for in-house use. Manage Suspicious Order Monitoring (SOMs) program, including but not limited to visiting with customers, implementing, and maintaining the SOMs Questionnaire, collaborating with customer vetting procedures to ensure compliance, utilizing the ARCOS reporting tools and analyzing charge back data. Assisted with year-end inventory reconciliation.

***DEA Compliance Specialist, Global Compliance & Ethics Team, Legal Division
– United States Pharmacopeial Convention – (6/2016 – 9/2018)***

Notable Accomplishments:

Implemented paperless system for imports/exports at USP via DEA on-line system and Customs AES/ACE system. Enhanced DEA order processing procedures and streamlined internal Oracle processes.

Developed record retention and data rotation procedures for on-site and off-site storage requirements in accordance with DEA regulations.

ERP Project Team, Automated EPA ozone depleting substance order processing thru USP's iStore platform

Day to Day Activities:

DEA Subject Matter Expert/Power of Attorney - Imports/Exports (Schedules I-V and Listed Chemicals), Reporting (222 forms, ARCOS, YERS, Quota, Theft/Loss, Suspicious Order Monitoring), State Licensing & DEA Registrations (Initial, Renewal, Modifications), Destruction, Inventory (Initial, Biennial, Year-End).

Additional Responsibilities:

Team Lead for EPA Ozone Depleting Substance Certification Program – responsible for review of ODS certificates and filing of quarterly and annual reports.

***DEA Compliance Specialist, Compliance Team, Regulatory Division
- Reckitt Benckiser – (6/2015 - 6/2016)***

Notable Accomplishments:

DEA data standardization & forms upgrade project, EDI requirements & documentation upgrade, JDE/LMS/Scale/Red Prairie data segregation upgrade projects, practitioner validation data incorporation project, new warehouse facility set up & existing facilities upgrade projects for DEA compliance, stewardship plans, implementation for safe drug disposal programs, enhancement of signature audit programs, modified and created new SOPs/work practices, provided power of attorney training, specialty training in DEA for new hires.

Day to Day Activities

Primary Responsibility – All DEA and state regulated activities for RB's US Distribution Centers. Subject Matter Expert/Corporate Power of Attorney – Corporate D&B Registrations, FDA Food/Drug Firm Establishment Registrations, State/Local Licensing for all RB US Sites handling Healthcare products (OTC, Medical Devices, List 1 Precursor Chemical/State Specific-CDS licenses) and Federal DEA Registrations (List 1 Chemicals) activities included but not limited to: Initial Applications, Renewals, Closures/Decommissioning. Other Regulatory/DEA responsibilities included, Quota, Biennial/Year-End Inventory, Year-End Inventory Reporting (YERS), Fingerprinting/FBI Reporting/Criminal Background Checks, Theft/Loss Reporting, Suspicious Order Monitoring (SOMs), Facility Audits/Investigations, Destructions, and Import/Exports.

Additional Responsibilities:

Provided Corporate Compliance training to RB Sales Force (PhRMA Code, Anti-Bribery, Anti-Kickback, Federal Sanctions, OIG/Consent Decrees, Corporate Integrity Agreements, PDMA/Sunshine Act), maintained relevant SOPs, monitored Sales Force Automation programs, performed internal audits/investigations, reviewed Aggregate Spend Reports, and worked with cooperatively with Legal and Human Resources on matters requiring disciplinary actions.

DEA Compliance Analyst at Allergan (formerly Actavis/Watson) – (3/2013 – 6/2015)

Notable Accomplishments:

Team Lead - Initial licensing of new OTC warehouse facility and licensing of new designated site representative
Acquisitions Team Member – assisted in filing legal documents as well as Letter of Notifications thru four key acquisitions
Corporate Name Change Team Leader – lead the relicensing of U.S. pharma entities after corporate renaming.

International Incorporation Team Lead – responsible for Criminal Background Checks/FBI reports for all Executive Leadership Team for international licensing qualifications (key component of transferring incorporation from US to Ireland)

Day-to-Day Activities:

Subject Matter Expert - importing & exporting controlled drug substances from raw materials to finished goods for commercial use or for research and development (analysis, biostudies, or clinical trials) including drafting or obtaining supplemental documentation. Licensing & Registration (OTC, Medical Device, Legend Rx Drugs, Controlled Drug Substances, Special ATF) - all aspects of licensing and registering company facilities with state and federal agencies for analytical labs, clinical research facilities, manufacturing sites, and wholesale drug distribution from initial licensing, renewals, change of ownership, corporate name changes, filing of new officers and directors, acquiring surety bonds, acquiring insurance, arranging for inspections, assigning powers of attorney, preparing documents for filings, establishing registered agents, adding drug codes, requesting schedules/federal register, as well as activities associated with transfers, draw downs and close outs, Responsible for on-site department record archiving and retention as well as managing data sent off-site, Processing FBI reporting requests, fingerprinting requests, passport photo requests, notarizing documents and special criminal background checks requested by state and federal agencies. Developed departmental SOPs and process documentation manuals for in-house use. Assisted with monthly theft/loss reporting (damaged, destroyed, or missing products), Suspicious Order Monitoring (SOMs) program, customer vetting procedures to ensure compliance, ARCOS reporting, analyzing year end reporting. Provided functional and technical support of in-house databases and Sharepoint site.

Quality Control/Senior Data Analyst at Hilltown Systems/MedPro Systems, LLC – (11/1999-9/2012)

Notable Accomplishments:

Management level - 1 direct and five indirect reports.

Extensive knowledge of Prescription Drug Marketing Act and Sunshine Act. Worked on original design team of MedPro database. Strong networking relationships with state licensing boards. Infinite knowledge of industry standards for prescription drug sampling from data collection/analysis of practitioner/organization records for licensure verification and validation including disciplinary actions/sanctions to reporting expenditures via aggregate spend tools.

MedPro Development:

Assisted in implementing new features to web-based system. Contributed to real-time data updates. Assisted with design and implementation of enhanced data loading system. Developed procedures for streamlining data collection, management, and loading. Contributed to implementing and monitoring cross-reference linking of data to additional sources.

MedPro Support:

Monitored database accuracy and integrity. Conducted weekly quality control reports, data inspections and audits. Researched and resolved technical or functional issues related to data collection or data inaccuracies. Provided support to customer service on customer issues, requests for new data or cross-reference linking questions. Worked with Sales Team on research and development of new data sources and potential new projects.

EDI Coordinator/Analyst (Contractor) at Information Services International- (7/1998-10/1999)

Senior Corporate Paralegal at Beneficial Mortgage Corporation – (7/1990-7/1998)

Education, Training and Certifications:

National Academy of Paralegal Studies – Middletown, NY – Certified Corporate Paralegal (1991)

Centenary University – Hackettstown, NJ - Bachelor of Science - Business Administration/Management (1988)

Notary Public – States of New Jersey and New York

Professional Affiliations:

National Association of State Controlled Substance Authorities (NASCSA) – 2013–Present, Current Member, serving on Program Committee and Membership/Sponsorship Committee

National Association of Drug Diversion Investigators (NADDI) – 2013-Present, Current Member

New Jersey Pharmacy Industry Group – 2013 – Present, Current Member
Center for Prevention/Coalition for Health Families (NJ - Sussex/Warren Counties) – Current Volunteer

Speaker/Presenter Engagements:

NASCSA – 2025 Presenter - State Licensing/Registration – October 2025
IQVIA - 2025 Presenter – State Licensing (Virtual Manufacturers) – September 2025
IQVIA - 2025 Presenter – Suspicious Order Monitoring (SOMs) – September 2025
PDMA Sharing Alliance – 2025 Presenter – State Licensing – May 2025
NASCSA – 2023 Presenter - State Licensing/Registration (CMOs/Virtual Manufacturers) – October 2023
IQVIA - 2022 Presenter – State Licensing (Virtual Manufacturers) – October 2022
NASCSA – 2022 Presenter - State Licensing (Virtual Manufacturers) – October 2022
IQVIA - 2013 Presenter – DEA Imports/Exports – April 2017
NASCSA – 2017 Presenter - State Licensing (Industry Changes and Trends) – October 2017

Awards/Appointments:

Mercy University – Advisory Committee, CERTiFi Women in Leadership Certification Program - 2025
NASCSA – Presidents Award 2021
Endo - Inaugural Living Our Values Award for Integrity and Quality, 2021

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

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

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

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

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



U.S. Department of Justice
Federal Bureau of Investigation
Criminal Justice Information Services Division
Clarksburg, WV 26306

DATE: 03-03-2021

MARYLOU E SCHOONOVER
8 CLIVE PL NEWTON
NJ 07860

The Criminal Justice Information Services (CJIS) Division of the Federal Bureau of Investigation has completed the following fingerprint submission:

Subject Name**MARYLOU E SCHOONOVER****Search Completed Result 03-03-2021 E2021062000000134620**

A SEARCH OF THE FINGERPRINTS PROVIDED BY THIS INDIVIDUAL HAS REVEALED NO PRIOR ARREST DATA AT THE FBI. THIS DOES NOT PRECLUDE FURTHER CRIMINAL HISTORY AT THE STATE OR LOCAL LEVEL.

Social Security number: [REDACTED]

The result of the above response is only effective for the date the submission was originally completed. For more updated information, please submit new fingerprints of the subject.

In order to protect Personally Identifiable Information, as of August 17, 2009, FBI policy has changed to no longer return the fingerprint cards. This form will serve as the FBI's official response.

This Identity History Summary (IdHS) is provided pursuant to 28 CFR 16.30-16.34 solely for you to conduct a personal review and/or obtain a change, correction, or updating of your record. **This IdHS is not provided for the purpose of licensing or employment or any other purpose enumerated in 28 CFR 20.33.**

Any questions may be addressed to the Customer Service Group at (304) 625-5590. You may also visit the Web site at www.fbi.gov for further instructions.

William G. McKinsey
Section Chief
Biometric Services Section
Criminal Justice Information
Services Division

I, MARY-LOU E. SCHOONOVER, certify that as the designated representative for
PAR HEALTH USA, LLC, 300 TICE BLVD, SUITE 230, WOODCLIFF LAKE, NJ 07677

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

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

MARY-LOU E. SCHOONOVER

Print Name (First, Last)

Mary Lou Schoonover
Original Signature (electronic, copies or stamps not accepted)

08/27/2025

Date

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

MARY-LOU E. SCHOONOVER

Print Name (First, Last)

Mary Lou Schoonover

Original Signature (electronic, copies or stamps not accepted)

08/27/2025

Date

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

State of New Jersey, ss. County of Sussex

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

Mary Lou Schoonover

Original Signature

08/27/2025

Date

Subscribed and Sworn to before me this 27th day of August 2025.

Barbara Popek

Notary Public Signature



(Seal)

Maria Herrera

From: Schoonover, Mary-Lou <Schoonover.MaryLou@Endo.com>
Sent: Monday, October 6, 2025 9:03 PM
To: Maria Herrera
Cc: Adams, Andrew
Subject: RE: [EXTERNAL] Nevada Out-of-State Wholesaler Application- Par Health USA, LLC
Attachments: ALL - Par Health - DE Certificate of Good Standing.pdf; WCL - License Packet - Home State DEA FDA.pdf; WCL - License Verification.pdf; WCL - NJ Inspection 2025.pdf

Follow Up Flag: Follow up
Flag Status: Flagged

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

Good evening, Maria,

Apologies for the delay in responding. Attached please find the following documents, NJ inspection report, NJ home state license w/3PL licensure, including DEA registration attached, NJ licensure verification and DE Certificate of Good Standing.

For the Woodcliff Lake facility, as we have gone to a permanent remote office policy, the only individual on-site daily is me as the Designated Site Rep. **Andrew Adams**, who works with our CMOs in Supply Chain comes in the office about twice a week. We do have contractors on-site but, they are not employees of Par Health, and their roles are restricted to support functions such as the main reception area, mailroom, and facility maintenance. As we are currently undergoing a corporate restructuring, we have had a significant reduction in staff at all our facilities and only essential personnel are required in the office. As such, this facility has only 2 Par Health employees on-site currently.

Let me know if you have any questions or require any additional documentation.

Thanks, and have a GREAT evening!

M-L

MaryLou Schoonover (she/her/hers)

Assoc. Dir., State Licensing & Customer DEA Compliance Program

NEW JERSEY DEPARTMENT OF HEALTH CONSUMER, ENVIRONMENTAL AND OCCUPATIONAL HEALTH SERVICE PUBLIC HEALTH AND FOOD PROTECTION PROGRAM P.O. BOX 369, TRENTON, NJ 08625-0369 609-826-4935				REPORT OF INSPECTION Assignment No 5006832 Inspection End Date 09/23/25	
Registration # 5006832	Category Wholesale Drug/Medical Device	Inspection Type Initial	Evaluation Satisfactory		
Name of Owner or Corporation Par Health USA, LLC		Trade Name Par Health USA, LLC		Activity Office Only	
Establishment Street Address 300 Tice Boulevard, Suite 230		City Woodcliff Lake		ZIP 07677	County Bergen
Establishment Mailing Address (if different)			Phone Number 484-216-3217		Fax Number
Name and Title of Inspecting Official Annie Pullockaran, REHI 2		REHS Lic. # B150656	Operational Status Operational	Embargo -----	Reinspect on or After
Name and Title of Designated Representative MaryLou Schoonover, Assoc. Dir., State Licensing & Customer DEA Compliance Program				Email Schoonover.MaryLou@Endo.com	
Products ☒ Prescription Drugs ☐ OTC Drugs ☐ Class I Medical Devices ☐ Class II Medical Devices ☐ Class III Medical Devices ☐ API ☒ Veterinary Drugs ☒ No Products Stored/Handled Onsite					

TIME/ACTIVITY REPORT (1-TRAVEL, 2-INSPECTION, 3-ADMINISTRATION, 4-PERSONAL)								TOTAL HOURS: 05.45		+	-
DATE	CODE	BEGIN	END	CODE	BEGIN	END	CODE	BEGIN	END		
09/23/2025	1	08:45	10:30	2	10:30	12:15	1	12:15	13:45		
09/24/2025	3	15:00	15:45								

		YES	NO	N/A
N.J.A.C. 8:21-3A.7 Personnel Requirements				
	Personnel employed by a wholesale distributor have appropriate education and/or experience to assume responsibility for positions related to compliance with State registration requirements	☒	☐	☐
Note				
N.J.A.C. 8:21-3A.8 Facility <i>Facilities at which drugs are stored, warehoused, handled, held, offered, marketed or displayed:</i>				
(a) 1	Of suitable size and construction to facilitate cleaning, maintenance, and proper operations	☒	☐	☐
(a) 2	Have storage areas designed to provide adequate lighting, ventilation, temperature, sanitation, humidity, space, equipment, and security conditions	☐	☐	☒
(a) 3	Have a quarantine area for storage of drugs that are outdated, damaged, deteriorated, misbranded, or adulterated, or that are in immediate or sealed, secondary containers that have been opened	☐	☐	☒
(a) 4	Maintained in a clean and orderly condition	☒	☐	☐
(a) 5	Free from infestation by insects, rodents, birds, or vermin of any kind	☒	☐	☐
Note				

NEW JERSEY REPORT OF INSPECTION

		YES	NO	N/A
N.J.A.C. 8:21-3A.9 Security				
(a)	Facility is secured from unauthorized entry	☒	☐	☐
(a) 1	Access from outside premises is kept to a minimum and is well controlled	☒	☐	☐
(a) 2	The outside perimeter of the premises is well-lighted	☒	☐	☐
(a) 3	Entry into areas where drugs are held shall be limited to authorized personnel	☐	☐	☒
(b)	All facilities are equipped with an alarm system to detect entry after hours	☒	☐	☐
(c)	Facilities are equipped with a security system that provides suitable protection against theft and diversion. When applicable, the security system provides protection against theft or diversion that is facilitated or hidden by tampering with computers or electronic records	☒	☐	☐
Note				
N.J.A.C. 8:21-3A.10 Storage				
(a)	All drugs are stored at appropriate temperatures and under appropriate conditions in accordance with requirements, if any, of the labeling of such drugs, or with requirements in the current edition of an official compendium, such as the United States Pharmacopeia/National Formulary (USP/NF)	☐	☐	☒
(b)	If no storage requirements are established for a drug, the drug is held at controlled room temperature, as defined in an official compendium, to help ensure that its identity, strength, quality, and purity are not adversely affected	☐	☐	☒
(c)	Appropriate manual, electromechanical, or electronic temperature and humidity recording equipment, devices, and/or logs are utilized to document proper storage of drugs	☐	☐	☒
(d)	For prescription drugs a record is maintained that includes the date, time, thermometer temperature, and the initials of the person recording the data	☐	☐	☒
Note				
N.J.A.C. 8:21-3A.11 Examination of Materials				
(a)	Upon receipt, each outside shipping container is visually examined for identity and to prevent the acceptance of contaminated prescription drugs or prescription drugs that are otherwise unfit for distribution. This examination is adequate to reveal container damage that would suggest possible contamination or other damage to the contents.	☐	☐	☒

NEW JERSEY REPORT OF INSPECTION

		YES	NO	N/A
(b)	Each outgoing shipment is carefully inspected for identity of the prescription drug products and to ensure that there is no delivery of prescription drugs that have been damaged in storage or held under improper conditions.	☐	☐	☒
Note				
N.J.A.C. 8:21-3A.12 Returned, Damaged and Outdated Drugs				
(a)	Outdated, damaged, deteriorated, misbranded, or adulterated drugs are quarantined and physically separated from other prescription drugs until they are destroyed or returned to their supplier	☐	☐	☒
(b)	Drugs whose immediate or sealed outer or sealed secondary containers have been opened or used are identified as such, quarantined and physically separated from other drugs until they are either destroyed or returned to the supplier	☐	☐	☒
(c)	If the conditions under which a drug has been returned cast doubt on the drug's safety, identity, strength, quality, or purity, the drug is destroyed, or returned to the supplier, unless examination, testing, or other investigation proves that the drug meets appropriate standards of safety, identity, strength, quality, and purity	☐	☐	☒
Note				
N.J.A.C. 8:21-3A.13 Recordkeeping				
(a)	Inventories and records of all transactions regarding the receipt and distribution or other disposition of drugs are maintained	☒	☐	☐
(a) 1	Source of drugs, name and principal address of the seller or transferor, and address from which drugs were shipped are maintained	☒	☐	☐
(a) 2-3	Identity and quantity of drugs received and distributed/disposed, date of receipt and distribution, disposal.	☒	☐	☐
(a) 5	A complete and accurate annual record of all stock of drugs on hand.	☒	☐	☐
(d)	An ongoing listing of all retail and wholesale establishments with whom they do business.	☒	☐	☐
Note				
N.J.A.C. 8:21-3A.14 Due Diligence <i>Firm is performing due diligence of other wholesale establishments with whom they do business, which requires that prior to the initial purchase or acquisition of drugs from another wholesale distributor, a wholesale distributor shall obtain the following information from the selling wholesale distributor:</i>				
(a) 1	Copies of all state and Federal regulatory licenses and registrations	☒	☐	☐
(a) 2	The wholesale distributor's most recent facility inspection reports	☒	☐	☐
(a) 3	A list of other names under which the wholesale distributor is doing business or by which the wholesale distributor was formerly known	☒	☐	☐

NEW JERSEY REPORT OF INSPECTION

		YES	NO	N/A
(a) 4	A list of corporate officers and managerial employees and designated representatives	☒	☐	☐
(a) 5	A verification of the selling wholesale distributor's status as an authorized distributor of record, if applicable.	☒	☐	☐
(b)	At least annually, a wholesale distributor that purchases prescription drugs from another wholesale distributor updates the information set forth in (a) 1-5 above.	☒	☐	☐
(c)	No purchases were placed from any storage facility, manufacturer or wholesale distributor not having a current license or registration within the jurisdiction of the establishment location from where product is purchased.	☒	☐	☐
(d)	No purchase or acquisition has been made from a firm that has not provided complete information as set forth in (a) 1-5 above.	☒	☐	☐
Note				
N.J.A.C. 8:21-3A.15 Availability of Records and Inventories				
(a)	Records and inventories, including those related to salvage and reprocessing, are made available for inspection and photocopying by authorized Federal, State, or local law enforcement agency officials for a period of 3 years after the date of their creation	☒	☐	☐
(b)	Records described in this section that are kept at the inspection site or that can be immediately retrieved by computer or other electronic means are readily available for authorized inspection during the retention period. Records kept at a central location apart from the inspection site and not electronically retrievable are made available for inspection within 2 working days of a request by an authorized official of a Federal, State, or local law enforcement agency	☒	☐	☐
Note				
N.J.A.C. 8:21-3A.16 Policies and Procedures				
(a)	Firm established and follows written policies and procedures for the receipt, security, storage, inventory, and distribution of drugs	☒	☐	☐
(a)	Firm has policies for identifying, recording and reporting losses or thefts and correcting errors in inventories	☒	☐	☐
(a) 1	Firm has a procedure where oldest stock is distributed first.	☒	☐	☐
(a) 2	Firm has a procedure for handling recalls/withdrawals of drugs.	☒	☐	☐
(a) 3	Firm has a procedure for preparation, protection and proper handling of any crisis that affects security or operation of any facility in the event of strike, fire, flood, or other natural disaster	☒	☐	☐
(a) 4	Firm has a procedure for handling return of outdated drugs; segregation and written documentation of disposal, by either returning the drug to the manufacturer or destruction of the drug. This documentation shall be maintained for 2 years after disposition of the outdated drugs.	☒	☐	☐

NEW JERSEY REPORT OF INSPECTION

		YES	NO	N/A
Note				
N.J.A.C. 8:21-3A.17 List of Responsible Persons				
	A current list of officers, directors, managers, and other personnel in charge of wholesale distribution, storage, and handling of prescription drugs is maintained at the firm	☒	☐	☐
	Description of duties and qualifications of personnel is maintained at the firm	☒	☐	☐
Note				
N.J.A.C. 8:21-3A.19 Salvage; Reprocessing				
	Salvaging and reprocessing operation is in compliance with 21 CFR 207, 210, 211	☐	☐	☒
Note				

Annie Pullobrun

Inspecting Official

4GG

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: Salvagenix Inc.

Physical Address: 225 Wilmington West Chester Pike, Suite 200, #203

City: Chadds Ford State: PA Zip: 19317

Mailing Address (if different from physical address): 225 Wilmington West Chester Pike, Suite 200

City: Chadds Ford State: Pennsylvania Zip: 19317

Telephone: 610-471-4978 Website: _____

Name of Designated Representative (DR): Scott Zimmerman

Licensing Company Email: sz.salvagenix@serb.com DR Email: sz.salvagenix@serb.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: 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

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)

10/10/25
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: _____
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): Perseus BidCo US, Inc.
Corporation/Organization Name: Salvagenix, Inc.
Mailing Address: 225 Wilmington West Chester Pike, Suite 200
City: Chadds Ford State: Pennsylvania Zip: 19317
Telephone: (856) 981-7737 Email: bob.duffield@serb.com
Contact Person Name: Bob Dunfield

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.

Salvagenix Inc.

Facility Name

Scott Zimmerman

Print Name of Authorized Person Submitting Application



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

10/10/25

Date

Board Use Only

Date Received: 10/16/25

Amount: \$1000 - Ch 46620

Senneth Greene

From: Siwan Thomas <Siwan.Thomas@serb.com>
Sent: Tuesday, September 30, 2025 9:53 AM
To: Fred Price
Subject: FW: Labeler Code Request Approved

Siwan Thomas
Director, Group Regulatory Affairs
SERB Pharmaceuticals
T: +44 1239 851 122 | **M:** +44 7880 796425

From: edrls@fda.hhs.gov <edrls@fda.hhs.gov>
Sent: 24 September 2025 20:04
To: Siwan Thomas <siwan.thomas@serb.com>
Subject: Labeler Code Request Approved

CAUTION: This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Current Date: 24-SEP-2025
Labeler DUNS: 119577881
Labeler Name: Salvagenix Inc.
Labeler Code Assigned: 87131

The Food and Drug Administration (FDA) has assigned the above Labeler Code to the firm. However, the Labeler Code cannot be used in any drug listing submission until you have confirmed the assignment. To complete this process, open the previous Labeler Code Request SPL file and fill in the new information (your assigned Labeler Code) without changing the other existing information. Fill in a new root ID and new version number with the original set ID and the appropriate effective time.

For CDER Direct Users: Open the previously submitted and accepted Labeler Code Request, click Create New Version, enter the Labeler Code assigned in the field for "Labeler Code", and Submit SPL.

Once you have confirmed the assignment, this Labeler Code shall be used to propose the National Drug Code (NDC) for assignment to all drugs you manufacture or distribute for U.S. commercial distribution. The requirements regarding the assignment of an NDC is extensively discussed in Part 207.33 of Title 21 of the Code of Federal Regulations (CFR). The NDC for each drug must be submitted as part of drug listing information submitted to FDA.



PRODUCT LIST

PDUFA DATE: N/A; FDA Approved

Salvagenix Inc. owns the following Product:

NDC CODE	BRAND NAME	MOLECULAR NAME	DOSAGE	CS SCHEDULE
87131-120-11 (Carton)	DigiFab	Digoxin Immune Fab (Ovine)	Sterile Powder for Injection	N/A
87131-120-12 (Vial)	DigiFab	Digoxin Immune Fab (Ovine)	Sterile Powder for Injection	N/A



Description of Operations

Salvagenix Inc. is a Virtual Manufacturer registered with the FDA under Labeler Code: 87131. Salvagenix's products are manufactured by a Contract Manufacturer and will be distributed to Specialty Distributors by their Third-Party Logistics Provider, ICS, who is licensed to ship pharmaceutical products into your state.

Contract Manufacturer Information:

We are using the following contract manufacture to produce our product:

Bora Pharmaceuticals Injectables, Inc.

1111 South Paca Street

Baltimore, MD 21230

FDA Establishment Number: 1000512361

Contact: Fred Powell at (240) 565-1690

Bora manufactures Salvagenix's product and packages finished product. At no time does Bora own the product, contract with Salvagenix's customers, invoice, nor sell a Salvagenix product. Salvagenix's products are not Controlled Substances. Accordingly, Salvagenix is not required to hold DEA Registration.

Third Party Logistic information:

For distribution into the commercial supply channels, ICS acts as Salvagenix's Third Party Logistics (3PL) provider to manage the storage and distribution of Salvagenix's product-throughout the United States.

Integrated Commercialization Solutions, LLC (ICS)

420 International Blvd.

Suite 500, Brooks, KY 40109

Contact: Candida Tomlin at (502) 955-3650

Additional Company Information

- Salvagenix has 2 employees working on site during normal business hours
- Salvagenix's hours of operation are 10:00 AM – 4:00 PM, Tuesday through Thursday
- Salvagenix's records are stored at ICS
- Salvagenix's facility square footage is 170



OWNERS & OFFICERS LIST

Company Information

Company Name: Salvagenix Inc.
Address: 225 Wilmington West Chester Pike, Suite 200
City, State, Zip: Chadds Ford, PA 19317
Phone: (610) 471-4978
E-mail: sz.salvagenix@serb.com

FEIN: 39-3777749
State of Formation: DE
Date Incorporated: 08/11/2025
File Number: 10289394

Ownership Information

Salvagenix is 100.00% owned by Perseus BidCo US, Inc.

Address: 300 Four Falls Corporate Center, 300 Conshohocken State Road, Suite 300
City, State, Zip: West Conshohocken, PA 19428
Phone: (856) 981-7737
FEIN: 39-3777749

Officers

Arthur Pignot, President

Business Address: 225 Wilmington West Chester Pike, Suite 200, Chadds Ford, PA 19317
Business Phone: +33635101103
Business E-mail: arthur.pignot@serb.com

Scott Zimmerman, General Manager

Business Address: 225 Wilmington West Chester Pike, Suite 200, Chadds Ford, PA 19317
Business Phone: (610) 471-4978
Business E-mail: sz.salvagenix@serb.com

Delaware

The First State

Page 1

I, CHARUNI PATIBANDA-SANCHEZ, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SALVAGENIX 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 FIRST DAY OF OCTOBER, A.D. 2025.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SALVAGENIX INC." WAS INCORPORATED ON THE ELEVENTH DAY OF AUGUST, A.D. 2025.

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



10289394 8300

SR# 20254144925

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

A handwritten signature in black ink, reading "C. P. Sanchez", is written over a horizontal line.

Charuni Patibanda-Sanchez, Secretary of State

Authentication: 204915734

Date: 10-01-25



**Pennsylvania Department
of Health**
**Drug, Device and
Cosmetic
Program**

Version 4.0.0

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.

Salvagenix Inc. 225 Wlilmington West Chester Pike Suite 200,
203; Chadds Ford, PA 19317

Certificate(s): **9000000337** issued: 09/30/2025 expires: 10/31/2026

The entity noted above holds an active registration and/or license with the Pennsylvania Department of Health Drug, Device, and Cosmetic (DDC) program.

No formal probation, suspension, revocation, or formal disciplinary action has been issued directly by the Pennsylvania Department of Health Drug, Device, and Cosmetic (DDC) program against the aforementioned specific registration and/or license. Contact the DDC program with any further questions at (717) 787-4779 or email: ra-ddc@pa.gov

[Back to DD&C Home](#)



Certificate of Licensure

Certificate No. 9000000337

Drug & Device Registration

2525 N. 7th Street Suite 210D
Harrisburg, PA 17110
(717) 787-4779

Category:

Virtual Manufacturer (License)
(No Commercially available product
onsite. Office or Headquarters only.)

SALVAGENIX INC.
225 WILMINGTON WEST CHESTER PIKE
SUITE 200, 203
CHADDS FORD, PA 19317

The above business is registered in the required category to conduct and maintain a facility in accordance with the provisions of the Wholesale Prescription Drug License Act, Act #145, approved December 14, 1992.

Issuance Date: September 30, 2025

Expiration Date: The Last Day of October, 2026

Jeanne Parisi
Deputy Secretary for Quality Assurance



Pennsylvania
Department of Health

Debra L. Bogen, MD, FAAP
Secretary of Health

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

From: Cheryl Midian
To: Rena Cameron; Theresa Carey
Subject: Fw: [External] Virtual Manufacturer Application
Date: Sunday, July 13, 2025 3:54:32 PM
Attachments: [image002.png](#)
[image003.png](#)
[image004.png](#)
[Outlook-oxwv34.png](#)
[Outlook-oxwv0h.png](#)
[Outlook-2echw5ml.png](#)

From: Ritchie, Theresa <tritchie@pa.gov>
Sent: Friday, July 11, 2025 7:18 PM
To: Cheryl Midian <cheryl.midian@twolabs.com>
Subject: Re: [External] Virtual Manufacturer Application

[External]

An inspection is not
mandate as part of licensure

From: Cheryl Midian <cheryl.midian@twolabs.com>
Sent: Thursday, July 10, 2025 7:21:54 PM
To: Ritchie, Theresa <tritchie@pa.gov>
Subject: Re: [External] Virtual Manufacturer Application

Hello!!

I wanted to revisit the question around inspections. Will your agency conduct an inspection of a virtual manufacturer facility if requested? Or a remote regulatory assessment? If a remote regulatory assessment could be conducted, would the report be the same as a regulator inspection?

Thank you in advance for any assistance.

Cheryl Midian

Senior Manager, Strategic Licensing Operations

PharmaLicense

[cid:2e3e74ac-3093-442e-a004-5f1d78ff2b4c]

[cid:aa58b489-1ba2-42ec-9dc3-3994516023f5]

6620 Mooney Street, Suite 340 | Dublin, OH | 43016

mobile 216.406.0178

website<<http://www.twolabs.com/>> | email<<mailto:%20cheryl.midian@twolabs.com>> |
LinkedIn<<https://www.linkedin.com/in/cheryl-midian-438a97123/>>

[cid:8c6e2fb9-0809-4ecb-8c2e-ae8536f00a4a]Please consider the environment before printing this email.

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. 674226481

Application/License No. _____

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

Applicant/Principal

pharmaceutical wholesaler, whose address for purposes of service is

225 Wilmington-West Chester Pike, Chadds Ford, PA 19317, as

Address of Applicant/Principal

PRINCIPAL, and Liberty Mutual Insurance Company, a

Surety Company

corporation organized under the laws of the state of MA

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 7, 2025.

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.

Posted February 20, 2020

THIS BOND is subject to the following conditions:

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

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

In witness whereof, each party to this bond has caused it to be executed on this
7th day of October, 2025.

APPLICANT/PRINCIPAL

Salvagenix Inc.

By: [Signature]

Authorized Representative

Scott Zimmerman, General Manager

SURETY COMPANY

Liberty Mutual Insurance Company

By: [Signature]

Surety Company's Representative



Hillary D. Shepard, Attorney-in-fact
print name NV License No. 3436995

Surety Phone No. 617-357-9500

SIGNED and SEALED in the presence of:

Witness [Signature]

Cyndi Davis

Witness [Signature]

Jacquie Price

SIGNED and SEALED in the presence of:

Witness [Signature]

Erin C. Lavin

Witness [Signature]

Amy S. Fulton

Countersigned by:

N/A

Nevada Resident Agent

Posted February 20, 2020



POWER OF ATTORNEY

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

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 Hillary D. Shepard all of the city of Kansas City state of MO its true and lawful attorney-in-fact, with full power and authority hereby conferred to sign, execute and acknowledge the following surety bonds, undertakings, recognizances, contracts of indemnity, and all other surety obligations related thereto, the execution of which shall be binding upon the Companies as if it had been duly signed and executed by its own officers:

Principal Name: Salvagenix Inc.
Obligee Name: Nevada State Board of Pharmacy
Surety Bond Number: 674226481

Bond Amount: See Bond Form

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 7th day of October 2025



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

By: Nathan J. Zangerle
Nathan J. Zangerle, Assistant Secretary

STATE OF PENNSYLVANIA ss
COUNTY OF MONTGOMERY

On this 7th day of October 2025, before me personally appeared Nathan J. Zangerle, 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, 2029
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 Nathan J. Zangerle, 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 7th day of October 2025



By: Renee C. Llewellyn
Renee C. Llewellyn, Assistant Secretary

NEVADA STATE BOARD OF PHARMACY

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

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler Salvagenix Inc.
Pharmacy/Wholesaler License # (if applicable) _____
Physical Address 225 Wilmington West Chester Pike, Suite 200, #203
City Chadds Ford State PA Zip 19317
Mailing Address (if different from physical address) _____
City 225 Wilmington West Chester Pike, Suite 200 State Pennsylvania Zip 19317
Telephone 610-471-4978 Website _____
Licensing Company Email sz.salvagenix@serb.com

Section 2: Personal Information

First Scott Middle Thaddeus Last Zimmerman
Alias(es, nicknames, name changes, etc.) _____
Date of Birth [REDACTED] SSN or ITIN [REDACTED] Sex ☒ M ☐ F ☐ X
Mailing Address 225 Wilmington West Chester Pike, Suite 200
City Chadds Ford State Pennsylvania Zip 19317
Telephone 610-471-4978 Email sz.salvagenix@serb.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

Designated Representative Application (Applicant's Initials sz) 2 of 9

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 Pennsylvania State University		From - To (MM/YY - MM/YY)	
Address 201 Old Main	City University Park	State PA	Zip 16802
Diploma/Degree obtained, if any MBA			
School Name Saint Joseph's University		From - To (MM/YY - MM/YY)	
Address 5600 City Ave	City Philadelphia	State PA	Zip 19131
Diploma/Degree obtained, if any BS BA			
School Name		From - To (MM/YY - MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY - MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY - MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

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

From - To (MM/YY - MM/YY)	Address	City	State	Zip
01/18-current		Chadds Ford	PA	
From - To (MM/YY - MM/YY)		City	State	
05/07-01/18		Media	PA	
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	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 Salvagenix Inc		From - To (MM/YY - MM/YY) 09/2025 - PRESENT	
Business Address 225 Wilmington West Chester Pike, Suite 200, #203		City Chadds Ford	State PA
Phone (610) 471-4978	Title General Manager		Zip 19317
Description of Duties See Attached Resume		Number of Employed Hours 40/week	

Business Name BTG International Inc		From - To (MM/YY - MM/YY) 04/2015 - 08/2025	
Business Address 300 Four Falls Corporate Center, 300 Conshohocken State Road,		City West Conshohocken	State Pennsylv
Phone (484) 702-1030	Title Multiple; See Attached		Zip 19428
Description of Duties See Attached Resume		Number of Employed Hours 21,000+	

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.

Scott T. Zimmerman

PROFESSIONAL OBJECTIVE

Advance career along leadership trajectory, driving commercial performance through insights-based decisions

SUMMARY

- Driven, proactive, results-oriented
- Solid work ethic, high level of integrity
- Critical thinker, focused on solution delivery
- Customer relationship focus
- Strategic capability but operationally skilled
- High degree of influence & ability to lead indirectly
- Built and led commercial & cross functional teams
- MBA with 20+ years in pharma/med-tech industry
- Track record of top & bottom line performance
- Manufacturer & vendor experience
- Commercial operations & brand strategy
- Business analytics & corporate restructuring
- Global, US and digital marketing
- Broad range of therapeutic area experience

RELATED EXPERIENCE

Salvagenix Inc. Chadds Ford, PA

2025 to present

General Manager Sept 2025

Accountable for all aspects of the US business including trade operations, pricing, contracting, commercial operations, marketing, market access, pharmacovigilance (PV), and business development..

Responsibilities Include:

- Direct oversight and day-to-day management of CMO supply chain, specialty distribution partners, 3PL
- Designated representative and signatory for government licensing and regulations
- Brand performance & reporting – meet or exceed financial & volume goals; tracking Key Performance Indicators (KPIs) on a weekly, monthly, quarterly, and annual basis
- Conduct regularly scheduled reviews with Medical, Quality, Regulatory, Finance, Production teams
- Delivery and execution of annual strategic brand plans

SERB Pharmaceuticals (Formerly BTG, acquired by BSX Jul 2019); West Conshohocken, PA

2015 to 2025

Vice President, CBRN Business Unit Lead (Oct 2023)

Ground-up build of the US CBRN division, delivering growth opportunities for SERB's Medical Countermeasure portfolio

- Served as "Designated Representative" for BTG International Inc. and signatory for government licensing and regulations
- Vetted and engaged with 3rd party eCommerce partners, including contract negotiations, pricing & performance goals, etc.
- Maintained key business relationships with Federal agencies including: Department of State, Nuclear Regulatory Commission, Health & Human Services, Defense Logistic Agency, Vetran's Association, JPEO-CBRN
- Attended government and private sector defense & CBRNe congresses
- US lead for RSDL acquisition from Emergent (Aug 2024), including global commercial operation integration, registration transfers, contract novation, oversight of exclusive US distribution partner
- Member of US Leadership Team

Vice President Marketing & Commercial Development (Jan 2023)

Accountable for the delivery and execution of all strategic brand plans for the portfolio and lead integration & collaboration across all US customer facing teams

- Responsible for direct line management for the US Marketing division
- Served as "Designated Representative" for BTG International Inc. and signatory for government licensing and regulations

- Met & exceeded performance goals and objectives
- Launched company's first Commercial Development team, including job description development, industry benchmarking, recruitment and objective setting
- Member of US Leadership Team

Vice President, US Commercial Operations, Specialty Pharma Division (April 2021)

Accountable for all aspects of the US business (including marketing, pricing, contracting, commercial operations, market access and business development), with additional oversight for Canada and EU5. Core member of Pharma Leadership Team. Site lead for Philadelphia Office. Designated representative and signatory for government licensing and regulations. Remain directly responsible for the delivery of objectives related to previous remit. Portfolio includes orphan drugs (antidotes) and companion diagnostics

Key Achievements:

- Finished 2019 at 105% to plan for revenue; exceeded targets for all margins and unit goals
- Led Boston Scientific acquisition / integration for Pharma
- Successfully built stand-alone pharma organization (people, systems, process), which included a full reorganization of the commercial team
- Developed and executed two national performance-based contract initiatives (volume, share & revenue tiered rebates, discounting, etc.) with major GPOs and influential IDNs
- Developed two risk-based contract pilots
- Developed US & EU launch plan for a first-in-class diagnostic
- Implemented a cross-functional franchise approach to product planning to ensure connected, consistent planning and future proofing the business

Director, Marketing (Nov 2018)

Accountable for the delivery and execution of all strategic brand plans for the portfolio. Direct line management for the US Marketing division, including a team focused on Digital solutions with additional oversight for trade operations, contracting and inside sales. Responsible for upstream strategic planning, new product launch, commercial operations, KOL engagement and the assessment of acquisition targets.

Key Achievements:

- Implemented a direct product replacement program, blunting launch trajectory of competitive entry
- Brought Inside Sales function in-house (formerly 3rd party) to fully integrate with commercial team, optimizing field sales, trade operations and health system efforts
- Developed annual ex-factory and demand forecasts for the full portfolio of products
- Led reimbursement strategy incl. corporate positioning and risk assessments of government programs
- Oversaw annual account targeting, incentive compensation, trade channel strategy, contract execution and pull-through
- Partnered with the global market access team to develop a global expansion plan for DigiFab® & Voraxaze®
- Served as commercial lead on the lifecycle team, developing upstream plans including regulatory strategy, clinical study design, landscape assessments and label enhancements
- Bolstered KOL engagement via new peer-to-peer engagement initiatives, investment in speaker bureaus, more effective and frequent advisory boards, & PR campaigns

Director, Acute Care Sales and Marketing (Jan 2017)

Responsible for customer-facing and home office teams with accountability for developing and implementing strategies to meet and exceed sales targets for CroFab® (antivenom orphan drug) and DigiFab® (antidote for digoxin poisoning).

Key Achievements:

- Set franchise revenue, margin and unit records in 2017 & 2018, exceeding national sales quotas in eight consecutive quarters
- Implemented a new field execution strategy which included new targeting, call routing, incentive compensation plans and regional budget accountability
- Instituted a comprehensive training program focused on clinical knowledge and customer profiling
- Led Phase IV Copperhead study dissemination plan, including collateral development, peer-to-peer programs, and ongoing publication strategy
- Served as commercial lead on the LCM strategy team, which includes KOL engagement, data acquisitions, advisory boards, clinical studies, and label enhancement activities
- Maintained the central repository of competitive information, continuously updating core assumptions and modifying our strategic plan as necessary

- Partnered with Spec Oncology team on Vistogard® ER campaign and Voraxaze whitespace coverage

Senior Product Manager (Apr 2015)

Responsible for the delivery of the commercial strategy for CroFab® and DigiFab®.

Key Achievements:

- Initiated a novel "Strike Back University" medical education & training program
- Launched SnakeBite 911® App, the inaugural product from BTG's Digital Innovation program
- Operationalized the CroFab® defense initiative, aimed at organizational preparedness for competitive entry
- Implemented BTG's first-ever inside sales capability (telemarketing)
- Assigned as interim team lead for both Oncology brands in 2017 (Voraxaze® and Vistogard®)
- Served as the primary Vistogard® contact for our business partner, Wellstat Therapeutics
- Participated as a member on the Vistogard® Launch Team; responsibilities included account segmentation/targeting, journal advertisement, media placement, and market research

TGaS Advisors; East Norriton, PA

2011 to 2015

Director, Management Advisor, Marketing Operations (Nov 2014)

Responsible for proposal, execution, and delivery of projects with pharmaceutical and med-tech clients. Project types included resource benchmarking, capability assessments, process optimization, strategic planning, and stakeholder workshops. Successfully delivered projects with over two dozen bio-pharmaceutical and medical device organizations in over 40 therapeutic areas. Achieved 144% of goal in 2013 and 116% in 2014 – highest top-line growth across the firm in consecutive years.

Service Director, Marketing Advisory Practice (Jun 2012)

Client-facing team member leading projects across Marketing Sciences, Global Marketing, Managed Markets, and Digital Marketing. Successfully developed and delivered the Organizational Alignment 360 offering, which generated over \$1.5 million in revenue in year one.

Manager of Analytics, Sales Advisory Practice (Apr 2011)

Operations team lead for industry benchmarking and client survey projects. Successfully developed new client offerings for the Incentive Compensation practice, contributing to its growth as the firm's top revenue generator.

Cephalon, Inc. (Acquired by Teva); Frazer, PA

2009 to 2011

Senior Specialist – Sales Reporting, US Commercial

Responsible for quantitative commercial analytics (primary, secondary, ROI, promotional response, etc.), field sales targeting and deployment and incentive compensation plan design. Lead for business development & competitive intelligence analytics. Achievements included successful execution of the Nuvigil® launch plan and novel Shift Work Disorder direct to consumer marketing campaign.

Wyeth Pharmaceuticals, Inc. (Acquired by Pfizer); Collegeville, PA

2002 to 2009

Senior Analyst, Sales Planning & Insights (2006 – 2009)

Project Coordinator, Technical Operations & Product Supply (2005 – 2006)

Resource Planning Analyst, Technical Operations & Product Supply (2003 – 2005)

Customer Service Representative, US Customer Service (2002 – 2003)

EDUCATION

Pennsylvania State University

Masters of Business Administration

Areas of Concentration: Marketing; Finance

3 Year, 54 Credit Program

GPA 3.8

Saint Joseph's University

Bachelors of Science, Business Administration

Major: Management and Information Systems

Six-time Dean's List member

GPA 3.7 (Cum Laude)

TECHNICAL SKILLS

- *Microsoft Office Suite*Expert level training and experience
- *SAP*Expert level training and experience
- *Tableau Professional*.....Expert level training and experience
- *Microstrategy Web & Desktop*.....Expert level training and experience
- *Qualtrics Survey Software*.....Expert level training and experience
- *Tibco Spotfire, MS Visio, Crystal Reports*.....Intermediate level training and experience
- *Veeva*Intermediate level training and experience
- *Zinc Maps*.....Intermediate level training and experience

HONORS AND RECOGNITION

- 2017 BTG Horizons Leadership Program Nominee
- 2016 BTG Management Development Program Nominee
- 2013 TGaS "Customer Facing Associate of the Year" Award
- Twenty TGaS "Client/Internal Value" Awards (2011-2014)
- 2010 "Outstanding Achievement" Award – nominated by Nuvigil® Launch Team
- 2009 "Above & Beyond" Award – nominated by Protonix® Brand Team
- 2008 Nominee for Wyeth "US Commercial Team of the Year" Award
- Four Wyeth "TOPS Caught in the Act" Awards (2003-2006)
- Recipient of Saint Joseph's University Presidential Scholarship

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

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

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

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

10/10/25
Date

I, Scott Zimmerman, certify that as the designated representative for
Salvagenix Inc.

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

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

Scott Zimmerman

Print Name (First, Last)

sz

Original Signature (electronic, copies or stamps not accepted)

10/14/25

Date

Designated Representative Application (Applicant's Initials sz) 8 of 9

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

Scott Zimmerman

Print Name (First, Last)

Scott Zimmerman
Original Signature (electronic, copies or stamps not accepted)

10/10/25
Date

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

State of Delaware, ss. County of New Castle

I, Scott Zimmerman, 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.

Scott Zimmerman
Original Signature

10/10/25
Date

Subscribed and Sworn to before me this 10th day of October.

Emily S. Stiner
Notary Public Signature



(Seal)

Designated Representative Application (Applicant's Initials sz) 9 of 9

Salvagenix Inc.

EMPLOYEE LIST		
FIRST NAME	LAST NAME	TITLE
Arthur	Pignot	President
Scott	Zimmerman	General Manager



SUPPLEMENT APPROVAL

December 8, 2017

Our STN: BL103910/5218

BTG International, Inc.
Attention: Chris Lewis
Five Tower Bridge, Suite 800
300 Barr Harbor Drive
West Conshohocken, PA 19428

Dear Mr. Lewis:

We have approved your request dated June 9, 2017, to supplement your Biologics License Application (BLA) submitted under section 351(a) of the Public Health Service Act (42 U.S.C. 262) for Digoxin Immune Fab (Ovine) to update the labeling in accordance with the FDA Pregnancy and Lactation Labeling Rule (PLLR).

LABELING

Under 21 CFR 201.57(c)(18), patient labeling must be referenced in section 17 PATIENT COUNSELING INFORMATION. Patient labeling must be available and may either be reprinted immediately following the full prescribing information of the package insert or accompany the prescription product labeling.

We hereby approve the draft package insert labeling submitted under supplement number 5218, dated June 9, 2017.

Please provide your final content of labeling including the carton and container labels in Structured Product Labeling (SPL) format. All final labeling should be submitted as Product Correspondence to BLA STN 103910 at the time of use (prior to marketing) and include implementation information on Form FDA 356h.

In addition, please submit the final content of labeling (21 CFR 601.14) in SPL format via the FDA automated drug registration and listing system, (eLIST) as described at <http://www.fda.gov/ForIndustry/DataStandards/StructuredProductLabeling/default.htm>. Information on submitting SPL files using eLIST may be found in the guidance for industry *SPL Standard for Content of Labeling Technical Qs and As* at <http://www.fda.gov/downloads/Drugs/GuidanceComplianceRegulatoryInformation/Guidances/UCM072392.pdf>.

You may submit two draft copies of the proposed introductory advertising and promotional labeling with Form FDA 2253 to the Advertising and Promotional Labeling Branch at the following address:

U.S. Food & Drug Administration
10903 New Hampshire Avenue
Silver Spring, MD 20993
www.fda.gov

Food and Drug Administration
Center for Biologics Evaluation and Research
Document Control Center
10903 New Hampshire Ave.
WO71-G112
Silver Spring, MD 20993-0002

You must submit copies of your final advertising and promotional labeling at the time of initial dissemination or publication, accompanied by Form FDA 2253 (21 CFR 601.12(f)(4)).

All promotional claims must be consistent with and not contrary to approved labeling. You should not make a comparative promotional claim or claim of superiority over other products unless you have substantial evidence or substantial clinical experience to support such claims (21 CFR 202.1(e)(6)).

Please submit an amendment to all pending supplemental applications for this BLA that include revised labeling incorporating a revised content of labeling that includes these changes.

We will include information contained in the above-referenced supplement in your BLA file.

Sincerely yours,

Tejashri Purohit-Sheth, MD
Director
Division of Clinical Evaluation and
Pharmacology/Toxicology
Office of Tissues and Advanced Therapies
Center for Biologics Evaluation and Research



06 October 2025

Dr Vijay Kumar, M.D.
Director, Office of Therapeutic Products
Center for Biologics Evaluation and Research
Food and Drug Administration
10903 New Hampshire Ave WO71-3103
Silver Spring, MD 20993-0002

RE: BL 103910 Sequence: 0209
DigiFab® (Digoxin Immune Fab (Ovine))
PRODUCT CORRESPONDENCE: TRANSFER OF BLA OWNERSHIP

Dear Dr. Kumar:

BTG International Inc. (BTG) (U.S. License No. 1861) is hereby providing notice that, effective 06 October 2025, it has transferred ownership of, and all rights to and obligations for Biologics License Application (BLA) 103910 for DigiFab to Salvagenix Inc. (SGX). BTG retains ownership of its other licensed biological products, CroFab (Crotalidae Polyvalent Immune Fab (Ovine)) (BL 103788) and Voraxaze (glucarpidase) (BL 125327).

As indicated in a separate letter to the Division from SGX, upon the Agency's issuance of a U.S. License to SGX and approval of the transfer of DigiFab, SGX will assume all applicable legal and regulatory obligations associated with DigiFab. Until that time, however, BTG and SGX understand and agree that BTG remains the license holder with regard to DigiFab and is responsible for the product.

Enclosed is all currently approved labeling for DigiFab.

A signed [Form FDA 356h](#) is enclosed; it includes full establishment information (*i.e.*, a listing of all sites, FDA FEI numbers, and a summary of the activities performed at each site).

If you have any questions concerning this submission, please do not hesitate to contact me.

Sincerely,

Jonas Wilf

Jonas Wilf
Tel: [REDACTED]
jonas.wilf@serb.com

BTG International Inc., 300 Four Falls Corporate Center, Suite 300,
300 Conshohocken State Road, West Conshohocken, 19428, Pennsylvania
t. +1 484 702 1030 f. +1 484 702 1070 e. info@serb.com

BTG International Inc is a SERB Pharmaceuticals company

SERB.com
14137-0588-8096 v2

Electronic Submission Specifications

This submission is compliant with FDA's Guidelines for Industry and current eCTD specifications.

All files were checked and verified to be free of viruses prior to transmission through the electronic submission gateway.

Anti-Virus Program	Microsoft Defender Anti-virus
Program Version	4.18.25080.5
Virus Definition Date	10/06/2025
Submission Size	Approx. 4.5 MB



06 October 2025

Dr Vijay Kumar, M.D.
Director, Office of Therapeutic Products
Center for Biologics Evaluation and Research
Food and Drug Administration
10903 New Hampshire Ave WO71-3103
Silver Spring, MD 20993-0002

PRODUCT CORRESPONDENCE: ACCEPTANCE OF BLA OWNERSHIP

RE: BLA 103910 SN 0210
DigiFab (Digoxin Immune Fab (ovine))
Amendment to Product Correspondence submitted in SN 0209

Dear Dr. Kumar,

By letter dated 06 October 2025, BTG International Inc. (BTG) (U.S. License No. 1861) notified FDA that BTG had transferred to Salvagenix Inc. (SGX) ownership of, and all rights to and obligations for Biologics License Application (BLA) 103910 for DigiFab, effective 06 October 2025. This letter from SGX is submitted as an amendment to the 06 October 2025 (SN 0209) BTG letter.

SGX hereby notifies the Agency that SGX accepts the ownership of BLA 103910 for DigiFab, and upon the Agency's issuance of a U.S. License to SGX and approval of the transfer of DigiFab, SGX will assume all applicable legal and regulatory obligations associated with the BLA and as the holder of a U.S. License. Until that time, however, SGX and BTG understand and agree that BTG remains the license holder with regard to DigiFab and is responsible for the product. Upon assumption of responsibilities for DigiFab, SGX will make no changes in manufacturing methods or locations. At all times, DigiFab will continue to be manufactured by Bora Pharmaceuticals Injectables Inc. at 1111 South Paca Street, Baltimore (FEI #1000512361).

SGX commits to abide by all agreements, promises, and conditions made by BTG that are contained in the BLA without interruption and in compliance with the applicable regulations, including any outstanding supplements, post-market requirements and post-market commitments. BTG has provided SGX with access to a complete copy of BLA 103910, including supplements and records that are required to be kept under applicable regulations, which will be fully transferred upon issuance of the BLA to SGX.

Salvagenix Inc., 225 Wilmington West Chester Pike, Suite 200, Chadds Ford, PA 19317-9011, USA

t. +1 610 4714978 f. +1 610 465 8950

Salvagenix Inc is a SERB Pharmaceuticals company



06 October 2025

SGX is a wholly owned subsidiary of SERB and has a Quality Agreement with other subsidiaries in the SERB group intended to ensure that SGX Quality, Regulatory and Pharmacovigilance personnel have appropriate qualifications, are provided with appropriate line of sight, independence and authority to fulfil their responsibilities, which includes the oversight of Contract Manufacturing, Distribution and 3PL facilities.

Enclosed is [draft PI and artwork \(vial label and carton\)](#), annotated to show proposed revisions; the only labeling changes are those reflecting the new applicant. SGX will submit SPL labeling of the package insert and relevant labeling once the U.S. License and a Labeler Code have been issued.

All future correspondence related to this BLA should be addressed to:

Salvagenix Inc.
225 Wilmington West Chester Pike
Suite 200
Chadds Ford, PA 19317-9011

Company DUNS number: 119577881

Salvagenix Inc. is hereby naming the following individuals as contacts for the above mentioned BLA:

Authorized Officials:

Mohammed Adams

Siwan Thomas

Address:

Blaenwaun
Ffostrasol
Llandysul
Ceredigion
SA44 5JT
UK

mohammed.adams@serb.com

Address:

Blaenwaun
Ffostrasol
Llandysul
Ceredigion
SA44 5JT
UK

siwan.thomas@serb.com



06 October 2025

US Agent:

Elaine G. Jin
Schertz
TX 78154
elaine.jin@ssistrategy.com
Tel: [REDACTED]

A signed [Form FDA 356h](#) is enclosed; it includes full establishment information (*i.e.*, a listing of all sites, FDA FEI numbers, and a summary of the activities performed at each site).

If you have any questions concerning this request, please do not hesitate to contact me.

Sincerely,

Siwan Thomas
Director, Group Regulatory Affairs
siwan.thomas@serb.com

DIGIFAB[®] DIGOXIN IMMUNE FAB (OVINE)

HIGHLIGHTS OF PRESCRIBING INFORMATION

These highlights do not include all the information needed to use DIGIFAB safely and effectively. See full prescribing information for DIGIFAB.

DigiFab[®], Digoxin Immune Fab (Ovine)
For Intravenous Injection Only – Lyophilized Powder for Solution
Initial U.S. Approval: 2001

INDICATIONS AND USAGE

DIGIFAB is a digoxin immune fab (ovine) and is indicated for treatment of life-threatening or potentially life-threatening digoxin toxicity or overdose. (1)

DOSAGE AND ADMINISTRATION

For intravenous use only.

Clinical Conditions	Dosage
Acute ingestion of unknown amounts of digoxin and toxicity in the absence of a serum digoxin concentration or estimated ingestion amount	Administer 20 vials of DIGIFAB. Monitor for volume overload in small (< 20 Kg) children. Start with 10 vials followed by an additional 10 vials, if needed, to avoid a febrile reaction.
Chronic digoxin toxicity in the absence of a serum digoxin concentration	Administer 6 vials of DIGIFAB in Adults and Children ≥ 20 Kg. Administer 1 vial of DIGIFAB in Infants and Children < 20 Kg.
Acute ingestion of known amounts of digoxin	Dose (in vials) = Amount of digoxin ingested (in mg) 0.5 mg/vial
Chronic digoxin toxicity and known serum digoxin concentration	Dose (in vials) = (Serum digoxin ng/mL) (weight in kg) 100

DOSAGE FORMS AND STRENGTHS

DIGIFAB is supplied as a sterile, lyophilized preparation. Each vial contains 40 mg of digoxin immune fab protein. (3)

CONTRAINDICATIONS

WARNINGS AND PRECAUTIONS

- Rapid drop in serum potassium concentration after treatment with DIGIFAB. Monitor frequently, especially after the first several hours of DigiFab administration. (5.1)
- Anaphylaxis and hypersensitivity reactions are possible. Patients with allergies to papain, chymopapain, other papaya extracts, or the pineapple enzyme bromelain may be at risk for an allergic reaction to DIGIFAB. (5.2)
- Clinically misleading reading of standard serum digoxin concentration may occur after administration of DIGIFAB due to interference with digitalis immunoassay measurements. (5.4)

ADVERSE REACTIONS

The most common adverse reactions (>7%) are worsening congestive heart failure (13%), hypokalemia (13%) and worsening atrial fibrillation (7%). (6)

To report SUSPECTED ADVERSE REACTIONS, contact ~~844-~~
~~Safeguard~~ 1-877-377-3784, or FDA at 1-800-FDA-1088 or
www.fda.gov/medwatch.

USE IN SPECIFIC POPULATIONS

- Pregnancy: No human or animal data. Use only if clearly needed. (8.1)

See 17 for PATIENT COUNSELING INFORMATION

Revised: 06/2015 M/V/Y/Y

FULL PRESCRIBING INFORMATION: CONTENTS*

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* Sections or subsections omitted from the full prescribing information are not listed.

DIGIFAB[®] DIGOXIN IMMUNE FAB (OVINE)

FULL PRESCRIBING INFORMATION

1 INDICATIONS AND USAGE

DIGIFAB is indicated for the treatment of patients with life-threatening or potentially life-threatening digoxin toxicity or overdose, including:

- Known suicidal or accidental consumption of fatal doses of digoxin (10 mg or more of digoxin in healthy adults, or 4 mg (or more than 0.1 mg/kg) in healthy children, or ingestion of an amount that can cause steady state serum concentrations of ≥ 10 ng/mL_t;
- Chronic ingestions causing steady-state serum digoxin concentrations >6 ng/mL in adults or 4 ng/mL in children;
- Manifestations of life-threatening toxicity of digoxin overdose such as severe ventricular arrhythmias, progressive bradycardia, and second or third degree heart block not responsive to atropine, serum potassium levels exceeding 5.5 mEq/L in adults or 6 mEq/L in children with rapidly progressive signs and symptoms of digoxin toxicity.

2 DOSAGE AND ADMINISTRATION

For Intravenous Use Only

2.1 Dosage

General Guidelines:

Adjust the dosage of DIGIFAB according to the amount of digoxin to be neutralized.

Summary of Dosing Guidelines

Clinical Conditions	Dosage
Acute ingestion of unknown amounts of digoxin and toxicity in the absence of a serum digitalis concentration or estimated ingestion amount	Administer 20 vials of DIGIFAB. Monitor for volume overload in small (< 20 Kg) children. Start with 10 vials followed by an additional 10 vials, if needed, to avoid a febrile reaction.
Chronic digoxin toxicity in the absence of a serum digitalis concentration	Administer 6 vials of DIGIFAB in Adults and Children ≥ 20 Kg. Administer 1 vial of DIGIFAB in Infants and Children < 20 Kg.
Acute ingestion of known amounts of digoxin	Dose (in vials) = $\frac{\text{Amount of digoxin ingested (in mg)}}{0.5 \text{ mg/vial}}$
Chronic digoxin toxicity and known serum digitalis concentration	Dose (in vials) = $\frac{(\text{Serum digoxin ng/mL}) \times (\text{weight in kg})}{100}$

Failure of the patient to respond to DIGIFAB should alert the physician to the possibility that the clinical problem may not be caused by digitalis toxicity.

DOSAGE CALCULATION

General

Methods for calculating a neutralizing dose of DIGIFAB, based on a known or estimated amount of digoxin or digitoxin in the body, are provided below. When using the dose calculation methods provided, the following guidelines should be considered:

- Inaccurate estimates of the amount of digitalis ingested or absorbed may occur due to non-steady state serum concentrations or due to digitalis assay limitations. Most serum digoxin assay kits are designed to measure concentrations less than 5 ng/mL; therefore, sample dilution is required to accurately measure serum concentrations > 5 ng/mL.
- Dosage calculations are based on a steady state volume of distribution of approximately 5 L/kg for digoxin, which is used to convert serum

digoxin concentrations to total body burden of digoxin in milligrams. The volume of distribution is a population average and may vary among individuals. Many patients may require higher doses for complete neutralization and doses should usually be rounded up to the nearest whole vial.

- If toxicity has not adequately reversed after several hours, or appears to recur, re-administration of DIGIFAB, at a dose guided by clinical judgment, may be necessary. If a patient is in need of re-administration of DIGIFAB due to recurrent toxicity, or to a new toxic episode that occurs soon after the first episode, measurement of free (unbound) serum digitalis concentrations should be considered since Fab may still be present in the body.
- Failure of a patient to respond to DIGIFAB treatment may indicate that the clinical problem is not caused by digitalis intoxication. If there is no response to an adequate dose of DIGIFAB, the diagnosis of digitalis toxicity should be questioned.

Calculation for Ingestion of Known Amount:

- Each vial of DIGIFAB (40 mg of purified digoxin-specific Fab) binds approximately 0.5 mg of digoxin.
- The total number of vials required can be calculated by dividing the total body load of digoxin in milligrams (mg) by 0.5 mg per vial (see Formula 1).
- Following an acute ingestion, total body load will be approximately equal to the amount ingested in milligrams for either digoxin capsules or digitoxin.
- In case of digoxin tablet ingestion, the total body load will be approximately equal to the amount ingested (in mg) multiplied by the bioavailability of the tablet preparation, which is 0.8.

Table 1 gives dosage estimates in number of vials for adults and children who have ingested a single large dose of digoxin and for whom the approximate number of tablets or capsules is known. The dose of DIGIFAB (in number of vials) represented in Table 1 can be approximated using the following formula:

$$\text{Formula 1} \quad \text{Dose (in \# of vials)} = \frac{\text{total digitalis body load in mg}}{0.5 \text{ mg of digitalis bound/vial}}$$

Table 1 Approximate Dose of DIGIFAB for Reversal of a Single Large Digoxin Overdose

Number of Digoxin Tablets or Capsules Ingested*	Dose of DIGIFAB # of vials
25	10
50	20
75	30
100	40
150	60
200	80

* 0.25 mg tablets with 80% bioavailability or 0.2 mg capsules with 100% bioavailability

If, after several hours, toxicity is not adequately reversed, or appears to recur, additional administration of DIGIFAB at a dose guided by clinical judgment may be required.

Calculations Based on Steady-State Serum Digoxin Concentrations:

Adults

Table 2 gives dosage estimates in number of vials for adult patients for whom a steady-state serum digoxin concentration is known. The dose of DIGIFAB (in number of vials) represented in Table 2 can be approximated using the following formula:

DIGIFAB® DIGOXIN IMMUNE FAB (OVINE)

Formula 2 (see Table 2)

$$\text{Dose (in \# of vials)} = \frac{\text{Serum digoxin concentration in ng/mL} \times (\text{weight in kg})}{100}$$

Table 2 Adult Dose Estimate of DIGIFAB (in # of vials) from Steady-State Serum Digoxin Concentration

Patient Weight (kg)	Serum Digoxin Concentration (ng/mL)						
	1	2	4	8	12	16	20
40	0.5v	1v	2v	3v	5v	7v	8v
60	0.5v	1v	3v	5v	7v	10v	12v
70	1v	2v	3v	6v	9v	11v	14v
80	1v	2v	3v	7v	10v	13v	16v
100	1v	2v	4v	8v	12v	16v	20v

v = vials

Children:

- Table 3 gives dosage estimates in milligrams for infants and small (< 20 Kg) children based on the steady-state serum digoxin concentration.
- The dose of DIGIFAB represented in Table 3 can be estimated by multiplying the dose (in number of vials) calculated from Formula 2 by the amount of DIGIFAB contained in a vial (40 mg/vial) (see Formula 3).
- Administer smaller doses in children < 20 Kg requiring doses < 1 mL with a tuberculin syringe after reconstituting 40 mg.
- For very small doses, a reconstituted vial can be diluted with 36 mL of sterile isotonic saline to achieve a concentration of 1 mg/mL.

Formula 3 (see Table 3)

$$\text{Dose (in mg)} = (\text{Dose in \# of vials}) (40 \text{ mg/vial})$$

Table 3 Infants and Small (< 20 Kg) Children Dose Estimates of DIGIFAB (in mg) from Steady State Serum Digoxin Concentration

Patient Weight (kg)	Serum Digoxin Concentration (ng/mL)						
	1	2	4	8	12	16	20
1	0.4 mg*	1 mg*	1.5 mg*	3 mg*	5 mg	6.5 mg	8 mg
3	1 mg*	2.5 mg*	5 mg	10 mg	14 mg	19 mg	24 mg
5	2 mg*	4 mg	8 mg	16 mg	24 mg	32 mg	40 mg
10	4 mg	8 mg	16 mg	32 mg	48 mg	64 mg	80 mg
20	8 mg	16 mg	32 mg	64 mg	96 mg	128 mg	160 mg

* dilution of reconstituted vial to 1 mg/mL may be desirable

Calculation Based on Steady-State Digoxin Concentrations:

The dose of DIGIFAB for digoxin toxicity can be approximated by using the following formula (which differs from Formula 2 in the denominator due to a 10-fold decrease in the volume of distribution of digoxin as compared to digoxin).

Formula 4

$$\text{Dose (in \# of vials)} = \frac{\text{Serum digoxin concentration in ng/mL} \times (\text{weight in kg})}{1000}$$

If in any case, the dose estimated based on ingested amount (Formula 1) differs substantially from that calculated based on the serum digoxin or digoxin concentration (Formulas 2 and 4), it may be preferable to use the higher dose estimate.

2.2 Preparation and Administration

- Each vial contains 40 mg of digoxin immune Fab protein and is intended for one time use only as it contains no preservatives.
- Reconstitute each vial of DIGIFAB with 4 mL of Sterile Water for Injection USP and gently mix to provide a solution containing approximately 10 mg/mL of digoxin immune Fab protein.

- Use the reconstituted product promptly. If not used immediately, store under refrigeration at 2° to 8°C (36° to 46°F) for up to 4 hours. Add the reconstituted product to an appropriate volume of 0.9% sodium chloride for injection.
- Visually inspect reconstituted vials for particulate matter and discoloration prior to administration, whenever solution and container permit. Do not use if the solution is cloudy, turbid or if it contains particulates.
- Administer DIGIFAB slowly as an intravenous infusion over at least 30 minutes. Stop the infusion if infusion rate-related anaphylactoid-type reactions occur, such as hypotension, wheezing, or urticaria. The infusion can be re-started at a slower rate. Give DIGIFAB by bolus injection, if cardiac arrest is imminent. An increased incidence of infusion-related reactions may be expected with bolus injection.
- For infants and small children who may require very small doses, reconstitute the 40 mg vial as directed and administer undiluted using a tuberculin syringe. For very small doses, a reconstituted vial can be diluted with an additional 36 mL of isotonic saline to achieve a concentration of 1 mg/mL.

3 DOSAGE FORMS AND STRENGTHS

DIGIFAB is supplied as a sterile, purified, lyophilized preparation containing 40 mg of digoxin immune Fab protein per vial.

4 CONTRAINDICATIONS

There are no known contraindications to the use of DIGIFAB.

5 WARNINGS AND PRECAUTIONS

5.1 General

Suicidal ingestion may result from more than one drug. Toxic effects of other drugs or poisons should not be overlooked, especially in cases where signs and symptoms of digitalis toxicity are not relieved by administration of DIGIFAB.

Rapid drop in serum potassium concentration may occur after treatment with DIGIFAB. Monitor frequently, especially after the first several hours of DIGIFAB administration (see 5.4 Laboratory Tests).

Patients with poor cardiac function may deteriorate secondary to the withdrawal of the inotropic action of digoxin by DIGIFAB. If needed, provide additional support by using other intravenous inotropes such as dopamine, dobutamine or vasodilators. However, take additional care not to aggravate the digitalis induced rhythm disturbances. Postpone re-digitalization, if possible, until the Fab fragments have been eliminated from the body, which may require several days, and patients with impaired renal function may require a week or longer.

5.2 Hypersensitivity Reactions

Anaphylaxis and hypersensitivity reactions are possible. Carefully monitor all patients treated with DIGIFAB for signs and symptoms of an acute allergic reaction (e.g., urticaria, pruritus, erythema, angioedema, bronchospasm with wheezing or cough, stridor, laryngeal edema, hypotension, tachycardia) and treat immediately with appropriate emergency medical care (e.g., oxygen, diphenhydramine, corticosteroids, volume expansion and airway management), if one occurs.

If an anaphylactic reaction occurs during the infusion, terminate DIGIFAB administration at once and administer appropriate treatment. Balance the need for epinephrine against its potential risk in the setting of digitalis toxicity. Patients with known allergies to sheep protein are particularly at risk for an anaphylactic reaction, as are individuals who have previously received intact ovine antibodies or ovine Fab.

Do not administer DIGIFAB to patients with a known history of hypersensitivity to papaya or papain unless the benefits outweigh the risks and appropriate management for anaphylactic reactions is readily available.

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Prior treatment with digoxin-specific ovine immune Fab carries a theoretical risk of sensitization to ovine serum protein and possible diminution of the efficacy of the drug due to the presence of human antibodies against ovine Fab. To date, there have been no clinical reports of human anti-ovine immunoglobulin antibodies causing a reduction in binding of ovine digoxin immune Fab or neutralization response to ovine digoxin immune Fab.

5.3 Use of DIGIFAB in Renal Failure

The elimination half-life of DIGIFAB in renal failure has not been clearly defined. Monitor patients with severe renal failure who receive DIGIFAB for digitalis toxicity for a prolonged period for possible recurrence of toxicity.

Monitoring of free (unbound) digoxin concentrations after the administration may be appropriate in order to establish recrudescence toxicity in renal failure patients.²

5.4 Laboratory Tests

DIGIFAB may interfere with digitalis immunoassay measurements. Thus, standard serum digoxin concentration measurements may be clinically misleading until the Fab fragments are eliminated from the body. This may take several days or a week or more in patients with markedly impaired renal function. Therefore, serum samples for digoxin concentration should be obtained before DIGIFAB administration, if at all possible. Such measurements would establish the level of serum digoxin at the time of diagnosis of digitalis intoxication.

At least 6 to 8 hours are required for equilibration of digoxin between serum and tissue, so absorption of the last dose may continue from the intestine. Therefore, serum measurements may be difficult to interpret if samples are drawn soon after the last digitalis dose.

The total serum digoxin concentration may rise precipitously following administration of DIGIFAB, but this will be almost entirely bound to the Fab fragment and therefore not able to react with receptors in the body.

Patients should be closely monitored, including temperature, blood pressure, electrocardiogram, and potassium concentration, during and after administration of DIGIFAB. Digoxin causes a shift of potassium from inside to outside the cell, such that severe intoxication can cause a life-threatening elevation of serum potassium. This may lead to increased urinary excretion of potassium so that a patient may have hyperkalemia but a whole body deficit of potassium. When the toxic effects of digoxin are reversed by DIGIFAB, potassium shifts back into the cell with a resulting decline in serum potassium concentration. This hypokalemia may develop rapidly. For these reasons, serum potassium concentration should be followed closely, especially during the first several hours after DIGIFAB administration. Cautious potassium supplementation should then be given when necessary.

ADVERSE REACTIONS

The most common adverse reactions (> 7%) related to DIGIFAB administration are worsening congestive heart failure (11%), hypokalemia (13%) and worsening atrial fibrillation (7%).

6.1 Clinical Trial Experience

Because clinical trials are conducted under widely varying conditions, adverse reaction rates observed in the clinical trials of a drug cannot be directly compared to rates in the clinical trials of another drug and may not reflect the rates observed in clinical practice.

In the clinical trials of DIGIFAB, 6 of 15 patients in the digoxin overdose study had a total of 17 adverse events. Three events occurred in one patient and consisted of the following: pulmonary edema, bilateral pleural effusion and renal failure. The events were determined to be likely due to the loss of digoxin inotropic support in combination with the patient's underlying medical condition. Of 8 healthy volunteers who received DIGIFAB, two experienced an adverse reaction that was considered to be related to DIGIFAB. The reactions were, one episode of phlebitis of the infusion-site vein and one episode of transient postural hypotension.

8 USE IN SPECIFIC POPULATIONS

8.1 Pregnancy

Risk Summary

Animal reproduction studies have not been conducted with DIGIFAB. It is also not known whether DIGIFAB can cause fetal harm when administered to a pregnant woman or can affect reproduction capacity. DIGIFAB should be given to a pregnant woman only if clinically needed.

8.2 Lactation

Risk Summary

It is not known whether DIGIFAB is excreted in human breast milk. Because many drugs are excreted in human milk, caution should be exercised when DIGIFAB is administered to a nursing woman. DIGIFAB should be given to nursing mothers only if clinically needed.

8.4 Pediatric Use

Safety data in pediatric population is limited. The pediatric dosing estimation is based on calculations for adult dosing.

8.5 Geriatric Use

Specific studies in elderly patients have not been conducted. Of the 15 patients given DIGIFAB for digoxin toxicity in one clinical trial, the average age of all patients was 64 years and over half of the patients (8 of the 15) were 65 years of age or older. The oldest patient studied was 86 years old. There is no evidence that the efficacy of DIGIFAB would be altered due to advanced age alone; however, elderly patients have a higher chance of having impaired renal function and therefore should be monitored more closely for recurrent toxicity (See 5.3 Use of DIGIFAB in renal failure).

11 DESCRIPTION

DIGIFAB [Digoxin Immune Fab (Ovine)] is a sterile, lyophilized preparation of digoxin-immune ovine Fab (monovalent) immunoglobulin fragments. These fragments are obtained from the blood of healthy sheep immunized with a digoxin derivative, digoxin-dicarboxymethylamine (DDMA), a digoxin analogue which contains the functionally essential cyclopentapyrrophenanthrene lactone ring moiety coupled to keyhole limpet hemocyanin (KLH).

The final product is prepared by isolating the immunoglobulin fraction of the ovine serum, digesting it with papain and isolating the digoxin-specific Fab fragments by affinity chromatography. These antibody fragments have a molecular weight of approximately 46,000 Da.

Each vial of DIGIFAB, which will bind approximately 0.5 mg digoxin, contains 40 mg of digoxin immune Fab, 75 mg (approx) of mannitol USP, and 2 mg (approx) sodium acetate USP as a buffering agent.

The product contains no preservatives and is intended for intravenous administration after reconstitution with 4 mL of Sterile Water for Injection USP.

12 CLINICAL PHARMACOLOGY

12.1 Mechanism of Action

DIGIFAB has an affinity for digoxin in the range of 10^9 to 10^{10} M⁻¹, which is greater than the affinity of digoxin for its sodium pump receptor, the presumed receptor for its therapeutic and toxic effects. When administered to the intoxicated patient, DIGIFAB binds to molecules of digoxin reducing free digoxin levels, which results in a shift in the equilibrium away from binding to the receptors, thereby reducing cardio-toxic effects. Fab-digoxin complexes are then cleared by the kidney and reticuloendothelial system.

12.3 Pharmacokinetics

The pharmacokinetics and pharmacodynamics of DIGIFAB were assessed in a randomized and controlled study of DIGIFAB and Digibind[®] (comparator Fab product for treatment of digoxin toxicity). Sixteen healthy subjects were given 1 mg of intravenous digoxin followed by an approximately equimolar neutralizing dose of either DIGIFAB (n=8) or Digibind[®] (n=8). The objective of the pharmacokinetic and pharmacodynamic study was to compare

DIGIFAB® DIGOXIN IMMUNE FAB (OVINE)

parameters for DIGIFAB to those for Digibind®.⁷ The pharmacokinetics of both digoxin and Fab were determined and found to be similar for both products. The similar volumes of distribution (0.3 L/kg and 0.4 L/kg for DIGIFAB and Digibind®, respectively) indicate considerable penetration from the circulation into the extracellular space and are consistent with previous reports of ovine Fab distribution, as are the elimination half-life values (15 hours and 23 hours for DIGIFAB and Digibind®, respectively).⁸⁻¹² The elimination half-life of 15-20 hours in patients with normal renal function appears to be increased up to 10 fold in patients with renal impairment, although volume of distribution remains unaffected.¹²

The primary outcome measure for this study was the serum level of free (unbound) digoxin. The results demonstrated that both products reduced the level of free digoxin in the serum to below the limit of assay quantitation for several hours after Fab administration. Cumulative urinary excretion of digoxin was comparable for both products and exceeded 40% of the administered dose by 24 hours. These results demonstrate that DIGIFAB and Digibind® have equivalent pharmacodynamic effects on the digoxin parameters that are relevant to the treatment of digoxin toxicity.

13 NONCLINICAL TOXICOLOGY

13.1 Carcinogenesis, Mutagenesis, Impairment of Fertility

Animal carcinogenicity and reproduction studies have not been conducted with DigiFab.

13.2 Animal Toxicology and/or Pharmacology

No toxic effects were observed when DIGIFAB was administered to healthy male Sprague Dawley rats in equimolar doses sufficient to neutralize a 1 mg/kg dose of digoxin. In these studies, the physiologic changes produced by toxic serum concentrations of digoxin were ameliorated rapidly by the administration of DIGIFAB or comparator product Digibind®. Statistically equivalent responses were observed with both DIGIFAB and Digibind® to the following variables: PTQ index, heart rate, mean arterial pressure, ventilation, arterial blood gases, and serum potassium concentrations.

14 CLINICAL STUDIES

One prospective multi-center safety, efficacy and pharmacokinetic study in patients presenting with life-threatening digoxin toxicity was conducted in U.S. and Finland.

The objective of the study was to demonstrate safety, pharmacokinetics, and clinical response of DIGIFAB in patients. Results were compared to historical data on Digibind®. Fifteen patients received doses of DIGIFAB based on its theoretical binding capacity for digoxin, and based on the known amount of digoxin ingested or on blood concentrations of digoxin at the time of admission.

Serum free digoxin concentrations fell to undetectable concentrations in all patients following DIGIFAB administration. Ten of the 15 patients studied who had baseline ECG abnormalities improved within 4 hours after the DIGIFAB infusion. The remaining 5 patients who had baseline ECG abnormalities remained unchanged throughout the 24-hour assessment period, and in one case through the 30-day follow up period. Seven out of the 15 patients (47%) studied had complete resolution of digoxin toxicity within 4 hours of DIGIFAB administration, and 14 patients (93%) were classified as having resolved their digoxin toxicity by 20 hours. In this study, where 2/15 patients had serum available for human anti-ovine antibody determination, there was no measurable immune response.

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16 HOW SUPPLIED/STORAGE AND HANDLING

DigiFab is supplied as a carton that contains 1 vial of product (diluent not included).

- NDC 66242-711-120-11
- Store at 2° to 8°C (36° to 46°F).
- Do not freeze.
- Use within 4 hours after reconstitution.

17 PATIENT COUNSELING INFORMATION

Advise patients to contact their physician immediately if they experience any signs and symptoms of delayed allergic reactions or serum sickness (e.g., rash, pruritus, urticaria) after hospital discharge.



Manufactured for and distributed by:

~~Salvagenix Inc.~~
~~Chadds Ford, PA 19017-0011~~
~~BTG International Inc.~~
~~Worcester, MA 01613~~

U.S. License No. ~~6664~~

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Commented [ST4]: Trademark statements will be reinstated once trademarks are registered

DigiFab Vial Label

NDC 50633-120-12

Digoxin Immune Fab (Ovine)
DigiFab®

40 mg

Store at 2° to 8°C
(36° to 46°F)

Do not freeze.

R_x only

For intravenous injection.
To be used immediately
after reconstitution.
See package insert for
dosage and other
information.

Manufactured for and
distributed by:
BTG International Inc.
West Conshohocken, PA
19428

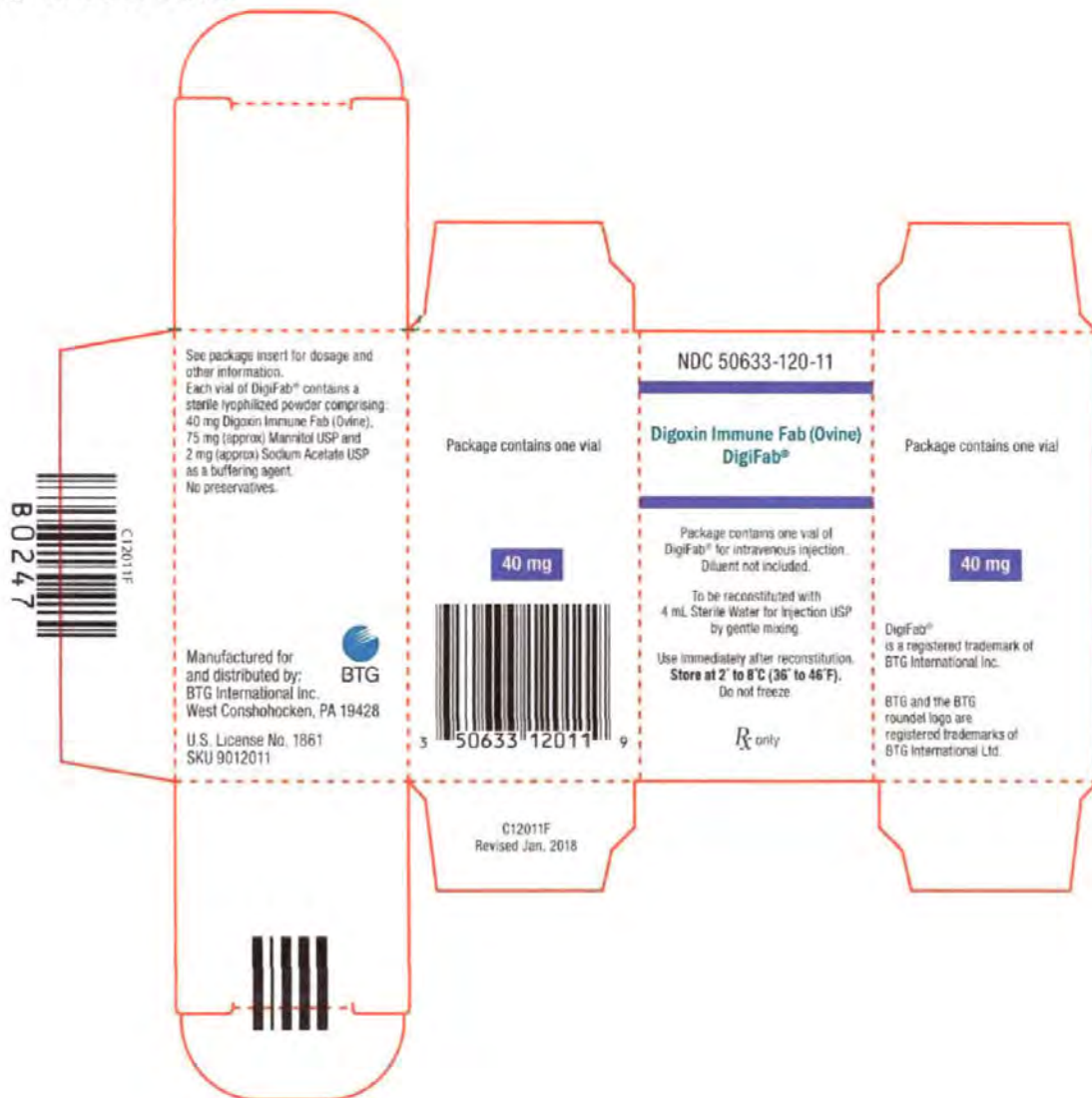
V12011F R 3/21
SKU 9012011



(01)00350633120126

LOT:
EXP:

DigiFab Outer Carton



Electronic Submission Specifications

This submission is compliant with FDA's Guidelines for Industry and current eCTD specifications.

All files were checked and verified to be free of viruses prior to transmission through the electronic submission gateway.

Anti-Virus Program	Microsoft Defender Anti-virus
Program Version	4.18.25080.5
Virus Definition Date	10/06/2025
Submission Size	Approx. 5.5 MB

4HH

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 _____ n/a	☐ 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>Trifluent Pharma, LLC</u>		
Physical Address: <u>4310 West Ave</u>		
City: <u>San Antonio</u> State: <u>Texas</u> Zip: <u>78213</u>		
Mailing Address (if different from physical address): _____		
City: _____ State: _____ Zip: _____		
Telephone: <u>(210) 981-2616</u> Website: <u>www.trifluentpharma.com</u>		
Name of Designated Representative (DR): <u>John-David "JD" Collier</u>		
Licensing Company Email: <u>licensing@trifluentpharma.com</u> DR Email: <u>licensing@trifluentpharma.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: Non-prescription (OTC)	☐ 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)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		✓
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

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

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

Date of Event/Arrest 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

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: Rubicon Research Limited
Address: J-4/2, Additional M.I.D.C., Satara - 415 004 City: Maharashtra Country: India State: n/a Zip: n/a
Name: Mission Pharmacal Company
Address: 8000 Interstate Highway 10 West, Suite 407 City: San Antonio State: TX Zip: 78230
Name: Misemer Pharmaceuticals
Address: 203 N Main St City: Ripley State: MS Zip: 38663
Name: Blaine Labs
Address: 11037 Lockport Place City: Santa Fe Springs State: CA Zip: 90670

Section 4: 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

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Delaware
Parent Company (if any): Wholesale Grocery Services
Corporation/Organization Name: Trifluent Pharma, LLC
Mailing Address: 4310 West Ave
City: San Antonio State: Texas Zip: 78213
Telephone: (210) 981-2616 Email: licensing@trifluentpharma.com
Contact Person Name: John-David "JD" Collier

Section 6: 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

Section 7: 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

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

Trifluent Pharma, LLC

Facility Name

John-David "JD" Collier

Print Name of Authorized Person Submitting Application



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

12 May 2025

Date

Board Use Only

Date Received: 8/27/25

Amount: \$1000-261264



[Home](#)  [Drug Databases](#)  [DEGRS](#)  [Search Result](#)

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Drug Establishments Current Registration Site

[New Search](#)

Search Results for *trifluent*



Keyword Search

[Reset](#)

Showing 1 to 1 of 1 entry

Show 50

entries

Firm Name	FDA Establishment Identifier	DUNS	Business Operations	Address	Registration Expiration Date
Trifluent Pharma, LLC	3027672712	117167281	RELABEL; REPACK	4310 West Ave, San Antonio, Texas (TX) 78213-3033, United States (USA)	12/31/2025

[Previous](#)

[1](#)

[Next](#)

Data Current Through: Monday, Jun 09, 2025

[New Search](#)



Explanation for no FDA establishment number

Trifluent Pharma, LLC is a Private Label Distributor based in San Antonio, TX. Trifluent Pharma, LLC holds an FDA labeler code, but no establishment registration. Per the FDA, "Private label distributor" or "PLD" means an owner or operator of an establishment not otherwise required to register under section 510 of the Act, but who distributes under its own label or trade name a drug manufactured or processed by a registered establishment.



Ownership information for Trifluent Pharma

<u>Name</u>	<u>Title</u>	<u>Percent Owned</u>	<u>Date of Birth</u>	<u>Address</u>
Wholesale Grocery Services, LLC	Owner	100%	n/a	4310 West Ave San Antonio, Texas 78213
Fred Battah	Manager	0%		
Michael Battah	Manager	0%		
Shalimar Maakar	Manager	0%		

Delaware

The First State

Page 1

I, CHARUNI PATIBANDA-SANCHEZ, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "TRIFLUENT 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 EIGHTEENTH DAY OF SEPTEMBER, A.D. 2025.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "TRIFLUENT PHARMA, LLC" WAS FORMED ON THE FIFTH DAY OF AUGUST, A.D. 2019.

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



7548098 - 8300

SR# 20254012555

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

A handwritten signature in cursive script, reading "C. P. Sanchez".

Charuni Patibanda-Sanchez, Secretary of State

Authentication: 204789320

Date: 09-18-25



Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Application for Registration for TRIFLUENT PHARMA LLC (file number 803491327), a DELAWARE, USA, Foreign Limited Liability Company (LLC), was filed in this office on December 11, 2019.

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

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on April 02, 2025.



A handwritten signature in black ink that reads "Jane Nelson".

Jane Nelson
Secretary of State



May 15, 2025

Lauren DeLaune
Trifluent Pharma, LLC
LaurenD@trifluentpharma.com

CFN: 2086911
Lic.: 1002912
Type: 2501
File: 6002

Re: License Verification

Dear Lauren DeLaune:

This letter shall serve as a verification of licensure for the following firm:
TRIFLUENT PHARMA LLC
4310 WEST AVENUE
SAN ANTONIO, TX 78213

License No.	1002912
Type of license:	Prescription Drug Manufacturer
Status of license:	Current
Date license issued:	01/17/2024
Date license expires:	12/18/2025
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,

Justin Arnold, MBA, 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

- ★ 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.

TRIFLUENT PHARMA LLC
4310 WEST AVENUE
SAN ANTONIO TX 78213



**TEXAS DEPARTMENT OF STATE HEALTH SERVICES
REGULATORY LICENSING UNIT**



TRIFLUENT PHARMA LLC
4310 WEST AVENUE
SAN ANTONIO, TX 78213

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

PRESCRIPTION DRUG MANUFACTURER

License # 1002912
Expires: December 18, 2025

NON-TRANSFERABLE

[Signature]
Commissioner

517806

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. 101504655

Application/License No. 2626991

Trifluent Pharma, LLC, doing or intending to do business as a
Applicant/Principal
pharmaceutical wholesaler, whose address for purposes of service is
4310 West Ave San Antonio, TX 78213, as
Address of Applicant/Principal
PRINCIPAL, and Merchants Bonding Company (Mutual), a
Surety Company
corporation organized under the laws of the state of Iowa
State of Incorporation
and authorized to transact a general surety business in the State of

Nevada, whose address for purposes of service is
6700 Westown Parkway, West Des Moines, IA 50266 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 May 12, 2025.
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
13th day of May, 2025.

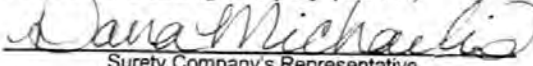
APPLICANT/PRINCIPAL

SURETY

COMPANY


Trifluent Pharma, LLC
Authorized Representative

Merchants Bonding Company (Mutual)


Surety Company's Representative

Dana Michaelis, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

SIGNED and SEALED in the presence of:

Witness

Witness Courtney Michaelis

Witness


Witness Cesar Rodriguez

Countersigned by:

N/A

Nevada Resident Agent n/a

LP 2079 NV (5/21)

MERCHANTS
BONDING COMPANY
POWER OF ATTORNEY

Know All Persons By These Presents, that MERCHANTS BONDING COMPANY (MUTUAL) and MERCHANTS NATIONAL BONDING, INC., both being corporations of the State of Iowa, d/b/a Merchants National Indemnity Company (in California only) (herein collectively called the "Companies") do hereby make, constitute and appoint, individually,

Dana Michaelis

their true and lawful Attorney(s)-in-Fact, to sign its name as surety(ies) and to execute, seal and acknowledge any and all bonds, undertakings, contracts and other written instruments in the nature thereof, on behalf of the Companies in their business of guaranteeing the fidelity of persons, guaranteeing the performance of contracts and executing or guaranteeing bonds and undertakings required or permitted in any actions or proceedings allowed by law.

This Power-of-Attorney is granted and is signed and sealed by facsimile under and by authority of the following By-Laws adopted by the Board of Directors of Merchants Bonding Company (Mutual) on April 23, 2011 and amended August 14, 2015 and April 27, 2024 and adopted by the Board of Directors of Merchants National Bonding, Inc., on October 16, 2015 and amended on April 27, 2024.

"The President, Secretary, Treasurer, or any Assistant Treasurer or any Assistant Secretary or any Vice President shall have power and authority to appoint Attorneys-in-Fact, and to authorize them to execute on behalf of the Company, and attach the seal of the Company thereto, bonds and undertakings, recognizances, contracts of indemnity and other writings obligatory in the nature thereof."

"The signature of any authorized officer and the seal of the Company may be affixed by facsimile or electronic transmission to any Power of Attorney or Certification thereof authorizing the execution and delivery of any bond, undertaking, recognizance, or other suretyship obligations of the Company, and such signature and seal when so used shall have the same force and effect as though manually fixed."

In connection with obligations in favor of the Florida Department of Transportation only, it is agreed that the power and authority hereby given to the Attorney-in-Fact includes any and all consents for the release of retained percentages and/or final estimates on engineering and construction contracts required by the State of Florida Department of Transportation. It is fully understood that consenting to the State of Florida Department of Transportation making payment of the final estimate to the Contractor and/or its assignee, shall not relieve this surety company of any of its obligations under its bond.

In connection with obligations in favor of the Kentucky Department of Highways only, it is agreed that the power and authority hereby given to the Attorney-in-Fact cannot be modified or revoked unless prior written personal notice of such intent has been given to the Commissioner-Department of Highways of the Commonwealth of Kentucky at least thirty (30) days prior to the modification or revocation.

In Witness Whereof, the Companies have caused this instrument to be signed and sealed this 13th day of May, 2025.



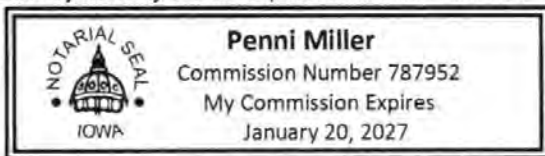
MERCHANTS BONDING COMPANY (MUTUAL)
MERCHANTS NATIONAL BONDING, INC.
d/b/a MERCHANTS NATIONAL INDEMNITY COMPANY

By

Larry Taylor
President

STATE OF IOWA
COUNTY OF DALLAS ss.

On this 13th day of May, 2025, before me appeared Larry Taylor, to me personally known, who being by me duly sworn did say that he is President of MERCHANTS BONDING COMPANY (MUTUAL) and MERCHANTS NATIONAL BONDING, INC.; and that the seals affixed to the foregoing instrument are the Corporate Seals of the Companies; and that the said instrument was signed and sealed in behalf of the Companies by authority of their respective Boards of Directors.



(Expiration of notary's commission
does not invalidate this instrument)

[Signature]
Notary Public

I, Elisabeth Sandersfeld, Secretary of MERCHANTS BONDING COMPANY (MUTUAL) and MERCHANTS NATIONAL BONDING, INC., do hereby certify that the above and foregoing is a true and correct copy of the POWER-OF-ATTORNEY executed by said Companies, which is still in full force and effect and has not been amended or revoked.

In Witness Whereof, I have hereunto set my hand and affixed the seal of the Companies on this 13th day of May, 2025.



Elisabeth Sandersfeld
Secretary



MERCHANTS BONDING COMPANY (MUTUAL) • P.O. BOX 14498 • DES MOINES, IOWA 50306-3498
PHONE: (800) 678-8171 • FAX: (515) 243-3854

Have a complaint or need help?

If you have a problem with a claim or your premium, call your insurance company or HMO first. If you can't work out the issue, the Texas Department of Insurance may be able to help.

Even if you file a complaint with the Texas Department of Insurance, you should also file a complaint or appeal through your insurance company or HMO. If you don't, you may lose your right to appeal.

To get information or file a complaint with your insurance company or HMO:

Merchants Bonding Company (Mutual)

Call: Compliance Officer at (800) 671-8171

Toll-free: (800) 671-8171

Email: regulatory@merchantsbonding.com

Mail: P.O. Box 14498, Des Moines, Iowa 50306-3498

To get insurance information you may also contact your agent:

Hub International Texas Inc

Call: 210-222-2161

Mail: One Alamo Center, 106 S Saint Mary's St Ste 800, San Antonio, TX 78205

The Texas Department of Insurance

To get help with an insurance question or file a complaint with the state:

Call with a question: 1-800-252-3439

File a complaint: www.tdi.texas.gov

Email: ConsumerProtection@tdi.texas.gov

Mail: Consumer Protection, MC: CO-CP, Texas Department of Insurance,

PO Box 12030, Austin, TX 78711-2030

¿Tiene una queja o necesita ayuda?

Si tiene un problema con una reclamación o con su prima de seguro, llame primero a su compañía de seguros o HMO. Si no puede resolver el problema, es posible que el Departamento de Seguros de Texas (Texas Department of Insurance, por su nombre en inglés) pueda ayudar.

Aun si usted presenta una queja ante el Departamento de Seguros de Texas, también debe presentar una queja a través del proceso de quejas o de apelaciones de su compañía de seguros o HMO. Si no lo hace, podría perder su derecho para apelar.

Para obtener información o para presentar una queja ante su compañía de seguros o HMO: Merchants Bonding Company (Mutual)

Llame a: Compliance Officer al (800) 671-8171

Teléfono gratuito: (800) 678-8171

Correo electrónico: regulatory@merchantsbonding.com

Dirección postal: P.O. Box 14498 , Des Moines, Iowa, 50306-3498

El Departamento de Seguros de Texas

Para obtener ayuda con una pregunta relacionada con los seguros o para presentar una queja ante el estado:

Llame con sus preguntas al: 1-800-252-3439

Presente una queja en: www.tdi.texas.gov

Correo electrónico: ConsumerProtection@tdi.texas.gov

Dirección postal: Consumer Protection, MC: CO-CP, Texas Department of Insurance, PO Box 12030, Austin, TX 78711-2030

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 Trifluent Pharma, LLC
Pharmacy/Wholesaler License # (if applicable) TX 1002912
Physical Address 4310 West Ave
City San Antonio State Texas Zip 78213
Mailing Address (if different from physical address) _____
City _____ State _____ Zip _____
Telephone (210) 981-2616 Website www.trifluentpharma.com
Licensing Company Email licensing@trifluentpharma.com

Section 2: Personal Information

First John Middle David Last Collier
Alias(es, nicknames, name changes, etc.) "JD" Collier
Date of Birth [REDACTED] SSN or ITIN [REDACTED] Sex ☒ M ☐ F ☐ X
Mailing Address 4310 West Ave
City San Antonio State Texas Zip 78213
Telephone (210) 981-2616 Email licensing@trifluentpharma.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?		✓

Designated Representative Application (Applicant's Initials ) 2 of 9

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 The University of Texas at San Antonio		From - To (MM/YY - MM/YY) 08/89-12/93	
Address One UTSA Circle	City San Antonio	State Texas	Zip 78249
Diploma/Degree obtained, if any BS, Architecture			
School Name Castle Hills First Baptist School		From - To (MM/YY - MM/YY) 08/85 - 05/88	
Address 2220 N.W. Military Drive	City San Antonio	State Texas	Zip 78213
Diploma/Degree obtained, if any yes, graduated			
School Name n/a		From - To (MM/YY - MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name n/a		From - To (MM/YY - MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name n/a		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) 07/14 - Present	Address [REDACTED]	City San Antonio	State Texas	Zip [REDACTED]
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) n/a	Address n/a	City n/a	State n/a	Zip n/a
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) n/a	Address n/a	City n/a	State n/a	Zip n/a
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) n/a	Address n/a	City n/a	State n/a	Zip n/a
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) n/a	Address n/a	City n/a	State n/a	Zip n/a
From - To (MM/YY - MM/YY) n/a	Address n/a	City n/a	State n/a	Zip n/a

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 Trifluent Pharma, LLC		From - To (MM/YY - MM/YY) 10/2019 - present	
Business Address 4310 West Ave	City San Antonio	State Texas	Zip 78213
Phone (210) 981-2616	Title Compliance Officer	Number of Employed Hours 65 hrs/week	
Description of Duties Conduct regular audits to identify potential weaknesses and noncompliance situations, ensure that pharmaceutical companies adhere to legal standards, regulations, and industry guidelines.			

Business Name Real Value Products Corporation		From - To (MM/YY - MM/YY) 8/2015 - present	
Business Address 5100 Commerce Parkway	City San Antonio	State Texas	Zip 78218
Phone (855) 681-7201	Title Compliance Office	Number of Employed Hours 65 hrs/week	
Description of Duties Ensure that pharmaceutical companies adhere to legal standards, regulations, and industry guidelines; review financial statements, operating procedures and employee feedback to determine whether a company maintains legal operations,			

Business Name SPFM LP		From - To (MM/YY - MM/YY) 2/2014 - 5/2019	
Business Address 5100 Commerce Parkway	City San Antonio	State Texas	Zip 78218
Phone (210) 805-8931	Title Project Manager	Number of Employed Hours 65 hrs/week	
Description of Duties Managed multiple large-scale projects for internal brands with a focus on regulatory compliance			

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

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

Continue on next page if additional space is needed.

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

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

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

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

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

Business Name		n/a		From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip	
Phone	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.					
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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 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

n/a
Original Signature (electronic, copies or stamps not accepted)

n/a
Date

I, John-David "JD" Collier, certify that as the designated representative for

Trifluent Pharma, 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.

John-David Collier

Print Name (First, Last)


Original Signature (electronic, copies or stamps not accepted)

May 12, 2025
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-David Collier

Print Name (First, Last)



Original Signature (electronic, copies or stamps not accepted)

5/12/25

Date

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

State of Texas, ss. County of Bexar

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



Original Signature

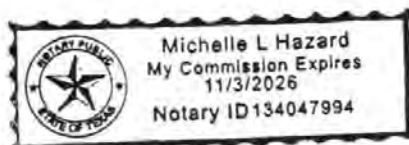
13 May 2025

Date

Subscribed and Sworn to before me this 13th day of May.

Michelle L Hazard

Notary Public Signature



(Seal)

Designated Representative Application (Applicant's Initials JD) 9 of 9

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 Trifluent Pharma, LLC
Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable) TX 1002912
Physical Address 4310 West Ave
City San Antonio State Texas Zip 78213
Mailing Address (if different from physical address) _____
City _____ State _____ Zip _____
Telephone (210) 981-2616 Website www.trifluentpharma.com
Licensing Company Email licensing@trifluentpharma.com

Section 2: Personal Information

First Fred Middle Michael Last Battah
Alias(es, nicknames, name changes, etc.) n/a
Date of Birth [REDACTED] SSN or ITIN [REDACTED] Sex ☒ M ☐ F ☐ X
Mailing Address 4310 West Ave
City San Antonio State Texas Zip 78213
Telephone (210) 981-2616 Email licensing@trifluentpharma.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 Coronado High School		From - To (MM/YY - MM/YY) 08/83 - 05/87	
Address 100 Champions Place	City El Paso	State Texas	Zip 79912
Diploma/Degree obtained, if any yes, graduated			
School Name n/a		From - To (MM/YY - MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name n/a		From - To (MM/YY - MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name n/a		From - To (MM/YY - MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name n/a		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) 06/03 - present	Address [REDACTED]	City San Antonio	State Texas	Zip [REDACTED]
From - To (MM/YY - MM/YY)	Address n/a	City	State	Zip
From - To (MM/YY - MM/YY)	Address n/a	City	State	Zip
From - To (MM/YY - MM/YY)	Address n/a	City	State	Zip
From - To (MM/YY - MM/YY)	Address n/a	City	State	Zip
From - To (MM/YY - MM/YY)	Address n/a	City	State	Zip
From - To (MM/YY - MM/YY)	Address n/a	City	State	Zip
From - To (MM/YY - MM/YY)	Address n/a	City	State	Zip
From - To (MM/YY - MM/YY)	Address n/a	City	State	Zip
From - To (MM/YY - MM/YY)	Address n/a	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 Real Value Products Corporation		From - To (MM/YY - MM/YY) 02/2002 - present	
Business Address 5100 Commerce Pkwy	City San Antonio	State Texas	Zip 78218
Phone (210) 979-3399	Title Owner/President		

Description of Duties
Provided strategic leadership and operational oversight for a pharmaceutical distribution company specializing in servicing hospitals, health systems, and institutional care providers. Built a scalable distribution network ensuring timely, compliant, and cost-effective delivery of pharmaceuticals, including controlled substances and specialty drugs. Led company growth through strategic partnerships, geographic expansion, and the introduction of innovative service models

Business Name n/a		From - To (MM/YY - MM/YY)	
Business Address	City	State	Zip
Phone	Title		

Description of Duties
n/a

Business Name n/a		From - To (MM/YY - MM/YY)	
Business Address	City	State	Zip
Phone	Title		

Description of Duties
n/a

Business Name n/a		From - To (MM/YY - MM/YY)	
Business Address	City	State	Zip
Phone	Title		

Description of Duties
n/a

Business Name n/a		From - To (MM/YY - MM/YY)	
Business Address	City	State	Zip
Phone	Title		

Description of Duties
n/a

Continue on next page if additional space is needed.

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

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

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

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

Business Name		n/a		From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip	
Phone	Title				
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 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 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)

Date

Personal History Application

(Applicant's Initials 7)

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.

Fred Battah

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

Date

8/14/2025

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

State of Texas, ss. County of Bexar.

I, Fred Battah, 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

8/14/2025

Subscribed and Sworn to before me this 20th day of August, 2025

Notary Public Signature



(Seal)

Personal History Application (Applicant's Initials [Signature]) 7 of 7

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 Trifluent Pharma, LLC
Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable) TX 1002912
Physical Address 4310 West Ave
City San Antonio State Texas Zip 78213
Mailing Address (if different from physical address) _____
City _____ State _____ Zip _____
Telephone (210) 981-2616 Website www.trifluentpharma.com
Licensing Company Email licensing@trifluentpharma.com

Section 2: Personal Information

First Shalimar Middle Dalal Last Maakar
Alias(es, nicknames, name changes, etc.) n/a
Date of Birth [REDACTED] SSN or ITIN [REDACTED] Sex ☐ M ☒ F ☐ X
Mailing Address 4310 West Ave
City San Antonio State Texas Zip 78213
Telephone (210) 981-2616 Email licensing@trifluentpharma.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?		✓

Personal History Application (Applicant's Initials SM) 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 University of Texas at El Paso		From - To (MM/YY - MM/YY) 09/85 - 12/89	
Address 500 West University Avenue	City El Paso	State Texas	Zip 79968
Diploma/Degree obtained, if any			
School Name Coronado High School		From - To (MM/YY - MM/YY) 08/81 - 05/85	
Address 100 Champions Place	City El Paso	State Texas	Zip 79912
Diploma/Degree obtained, if any yes, graduated			
School Name n/a		From - To (MM/YY - MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name n/a		From - To (MM/YY - MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name n/a		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) 10/00 - present	Address [REDACTED]	City San Antonio	State Texas	Zip [REDACTED]
From - To (MM/YY - MM/YY)	Address n/a	City	State	Zip
From - To (MM/YY - MM/YY)	Address n/a	City	State	Zip
From - To (MM/YY - MM/YY)	Address n/a	City	State	Zip
From - To (MM/YY - MM/YY)	Address n/a	City	State	Zip
From - To (MM/YY - MM/YY)	Address n/a	City	State	Zip
From - To (MM/YY - MM/YY)	Address n/a	City	State	Zip
From - To (MM/YY - MM/YY)	Address n/a	City	State	Zip
From - To (MM/YY - MM/YY)	Address n/a	City	State	Zip
From - To (MM/YY - MM/YY)	Address n/a	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 Real Value Products Corporation		From - To (MM/YY – MM/YY) 09/02 - present	
Business Address 5100 Commerce Parkway		City San Antonio	State Texas
Phone (855) 681-7201	Title Owner; Secretary/Treasurer		
Description of Duties Oversaw end-to-end product acquisition and sales processes, ensuring efficiency and profitability, Cultivated and maintained strong relationships with customers and vendors, enhancing satisfaction and long-term partnerships, analyzed market trends, competitive landscape, and operational feasibility to evaluate potential new product launches			
Business Name n/a		From - To (MM/YY – MM/YY)	
Business Address		City	State
Phone	Title		
Description of Duties n/a			
Business Name n/a		From - To (MM/YY – MM/YY)	
Business Address		City	State
Phone	Title		
Description of Duties n/a			
Business Name n/a		From - To (MM/YY – MM/YY)	
Business Address		City	State
Phone	Title		
Description of Duties n/a			
Business Name n/a		From - To (MM/YY – MM/YY)	
Business Address		City	State
Phone	Title		
Description of Duties n/a			
Continue on next page if additional space is needed.			

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

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

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

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

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

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

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 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

n/a
Original Signature (electronic, copies or stamps not accepted)

n/a
Date 

Personal History Application (Applicant's Initials AD) 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.

Shalimar Maakar

Print Name (First, Last)

Shalimar Maakar

Original Signature (electronic, copies or stamps not accepted)

May 22, 2025
Date

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

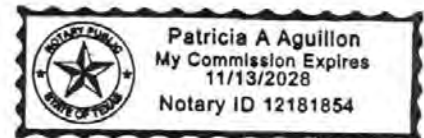
State of Texas, ss. County of Bexar

I, Patricia Aguillon, 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

05/23/2025
Date

Subscribed and Sworn to before me this 23rd day of May 2025
[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 Trifluent Pharma, LLC
Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable) TX 1002912
Physical Address 4310 West Ave
City San Antonio State Texas Zip 78213
Mailing Address (if different from physical address) _____
City _____ State _____ Zip _____
Telephone (210) 981-2616 Website www.trifluentpharma.com
Licensing Company Email licensing@trifluentpharma.com

Section 2: Personal Information

First Michael Middle Quentin Last Battah
Alias(es, nicknames, name changes, etc.) n/a
Date of Birth [REDACTED] SSN or ITIN [REDACTED] Sex ☒ M ☐ F ☐ X
Mailing Address 4310 West Ave
City San Antonio State Texas Zip 78213
Telephone (210) 981-2616 Email licensing@trifluentpharma.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?		✓

Personal History Application (Applicant's Initials [Signature]) 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 University of Texas at El Paso		From - To (MM/YY - MM/YY) 09/91 - 12/95	
Address 500 West University Avenue	City El Paso	State Texas	Zip 79968
Diploma/Degree obtained, if any BS, Business			
School Name Coronado High School		From - To (MM/YY - MM/YY) 08/87 - 05/91	
Address 100 Champions Place	City El Paso	State Texas	Zip 79912
Diploma/Degree obtained, if any yes, graduated			
School Name n/a		From - To (MM/YY - MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name n/a		From - To (MM/YY - MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name n/a		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) 09/00 - present	Address [REDACTED]	City San Antonio	State Texas	Zip [REDACTED]
From - To (MM/YY - MM/YY)	Address n/a	City	State	Zip
From - To (MM/YY - MM/YY)	Address n/a	City	State	Zip
From - To (MM/YY - MM/YY)	Address n/a	City	State	Zip
From - To (MM/YY - MM/YY)	Address n/a	City	State	Zip
From - To (MM/YY - MM/YY)	Address n/a	City	State	Zip
From - To (MM/YY - MM/YY)	Address n/a	City	State	Zip
From - To (MM/YY - MM/YY)	Address n/a	City	State	Zip
From - To (MM/YY - MM/YY)	Address n/a	City	State	Zip
From - To (MM/YY - MM/YY)	Address n/a	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 Real Value Products Corporation		From - To (MM/YY - MM/YY) 02/02 - present	
Business Address 5100 Commerce Pkwy	City San Antonio	State Texas	Zip 78218
Phone (210) 979-3399	Title Vice-President		
Description of Duties Led implementation of quality assurance programs and internal controls, resulting in improved regulatory readiness and reduced risk exposure. Collaborated with executive leadership on company-wide strategic planning, operational scaling, and technology investments to support long-term growth.			

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

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

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

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

Continue on next page if additional space is needed.

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

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

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

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

Business Name		n/a		From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip	
Phone	Title				
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 # 1. Provide all the following where applicable:

Date of Event/Arrest	Disposition Date	State	City	County
06/21/2001	03/01/2002	Texas	San Antonio	Bexar
Case #	Governing, licensing, Arresting Presiding Body/Agency/Court			
789529	Court - CR12			
Reason/Charge				
Driving while Intoxicated				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
n/a			n/a	
Name of Business/Industry/Entity				
n/a				

Provide explanation below:

Disposition: 6 months probation + \$1,000 fine

Documents are attached



Original Signature (electronic, copies or stamps not accepted)

6/11/2025

Date

Personal History Application

(Applicant's Initials



6 of 7

Disclosure of Criminal History

Name: Michael Quentin Battah

Offense: Driving While Intoxicated

Date of Offense: 06/21/2001

State: Texas

County: Bexar

Case Number: 789529

Disposition: 6M Probation Term + \$1,000 Fine

Official Court Records Search: Enclosed



COUNTY CLERK & DISTRICT CLERK COURT RECORDS SEARCH

Case #789529

Mag Case Number: NM689503

Name: MICHAEL Q BATTAH

SID: 542202

Judicial Number: 920372

Case Status Date: 11/14/2005

Case Status: *** JN CLOSED ***

Court: CR12

Location: CLS

Fine Amount: 1000.00

Court Costs: 255.25

Sentence: 0000600000

Disposition Date: 3/1/2002

Disposition Status: PROB TERMINATED

Offense Date: 6/21/2001

Offense Description: DRIVING WHILE INTOXICATED

Judgment Date: 8/27/2001

Judgment: PROB-TERM + FINE

Attorney Name:

LDC: BARRERA, ROY R SR

DC 2:

DC 3:

MTR:

APL:

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to 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 Battah

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

Date

6/11/2025

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

State of Texas, ss. County of Bexar

I, Patricia A. Aguillon, 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.

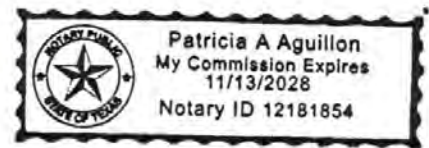
Original Signature

Date

06/12/2025

Subscribed and Sworn to before me this 12th day of June 2025

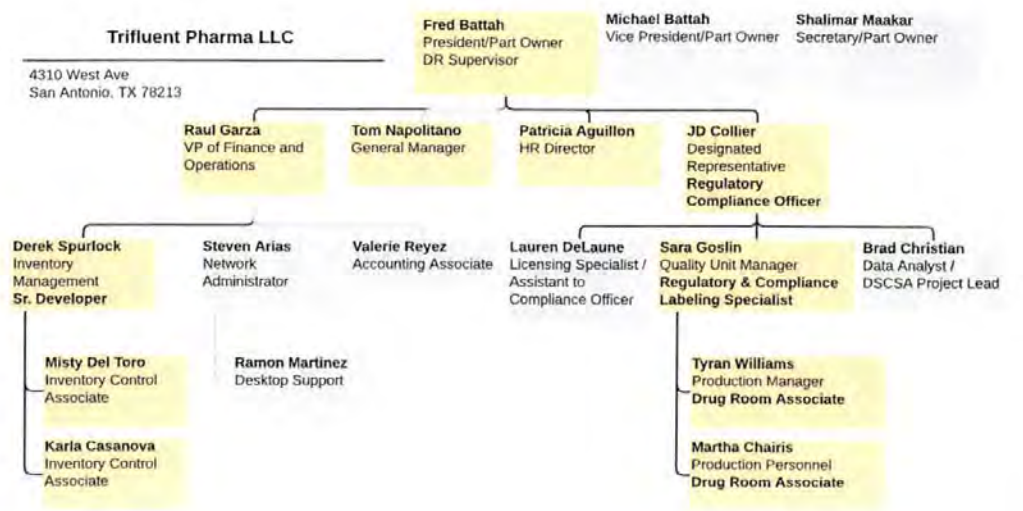
Notary Public Signature



(Seal)

Personal History Application (Applicant's Initials LA)

7 of 7



v4 - 03/20/2025

411

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 WH01653	☐ 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: Xttrium Laboratories, Inc.

Physical Address: 1200 East Business Center Drive

City: Mount Prospect State: IL Zip: 60056

Mailing Address (if different from physical address): c/o State License Servicing, Inc., 225 Dolson Avenue, 4th Floor

City: Middletown State: NY Zip: 10940

Telephone: (845) 544-2482 Website: www.xttrium.com

Name of Designated Representative (DR): Kevin Lucas Creevy

Licensing Company Email: XLI@slny.com DR Email: klcreevy@xttrium.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: Clinics, Distributors	☒ Dangerous Drugs ☐ Controlled Substances ☐ *Medical devices, equipment, supplies, gases ☒ Others: OTC Drugs	☒ 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

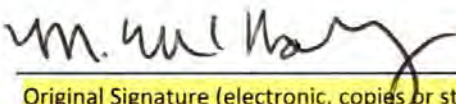
Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement 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 05/18/2007	Disposition Date N/A	State MO	City Jefferson City	County Cole County
Case # N/A	Governing, licensing, Arresting Presiding Body/Agency/Court Attorney General of Missouri			
Reason/Charge See attached				
Plaintiff/Defendant/Claimant/Respondent Xttrium Laboratories, Inc.			Lawsuit/Arbitration/Bankruptcy N/A	
Name of Business/Industry/Entity Xttrium Laboratories, Inc.				

Provide explanation below:

See attached explanation


Original Signature (electronic, copies or stamps not accepted)

Madeleine Creevy McNally

8-21-2025
Date

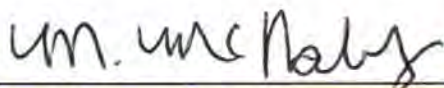
Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement 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 3/24/2009	Disposition Date N/A	State AL	City Birmingham	County Jefferson
Case # Lic # 193479		Governing, licensing, Arresting Presiding Body/Agency/Court Alabama State Board of Pharmacy		
Reason/Charge violating Code of Alabama (1975) Section 34-2333(7)				
Plaintiff/Defendant/Claimant/Respondent Xttrium Laboratories, Inc.			Lawsuit/Arbitration/Bankruptcy N/A	
Name of Business/Industry/Entity Xttrium Laboratories, Inc.				

Provide explanation below:

See attached explanation



Madeleine Creevy McNally

Original Signature (electronic, copies or stamps not accepted)

8-21-2025

Date

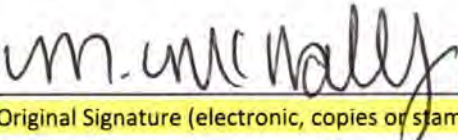
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This is in response to Question # 3. Provide all the following where applicable:

Date of Event/Arrest 08/26/09	Disposition Date N/A	State CO	City Denver	County Denver
Case # 2010-0728	Governing, licensing, Arresting Presiding Body/Agency/Court Colorado State Board of Pharmacy			
Reason/Charge See attached				
Plaintiff/Defendant/Claimant/Respondent Xttrium Laboratories, Inc.			Lawsuit/Arbitration/Bankruptcy N/A	
Name of Business/Industry/Entity Xttrium Laboratories, Inc.				

Provide explanation below:

See attached explanation


 Original Signature (electronic, copies or stamps not accepted)

8-21-2025
 Date

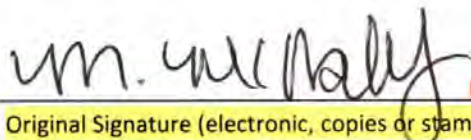
Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement 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 12/13/11	Disposition Date N/A	State RI	City Providence	County Providence County
Case # N/A	Governing, licensing, Arresting Presiding Body/Agency/Court State of Rhode Island Board of Pharmacy			
Reason/Charge See attached				
Plaintiff/Defendant/Claimant/Respondent Xttrium Laboratories, Inc.			Lawsuit/Arbitration/Bankruptcy N/A	
Name of Business/Industry/Entity Xttrium Laboratories, Inc.				

Provide explanation below:

See attached explanation



Madeleine Creevy McNally

Original Signature (electronic, copies or stamps not accepted)

8-21-2025

Date

Attachment
Disciplinary Actions in Other States

Company Background

Xttrium Laboratories is a manufacturing company in existence in Chicago since 1939. For the last 25 years, Xttrium's products have been surgical setting antiseptics with an active ingredient of Chlorhexidine Gluconate (CHG), classified as a drug by the FDA. These antiseptic products have been sold in Illinois to all major hospital supply wholesalers in the US. Foreign state licenses were not required

In 2004, Xttrium began marketing a prescription Oral Rinse product for gum disease with the same CHG active ingredient, a product similar to Peridex. Customers were originally the same wholesale hospital suppliers. Over the last four years, Xttrium began selling prescription Oral Rinse to the major retail drug chains. Delivery sites mushroomed to all states. With the expansion, the management error was committed of not systematically and comprehensively applying for all required state licenses. Consequently, some state applications were filed late.

State Disciplinary Actions Results

Due to the late filings, the states of Missouri, Colorado and Alabama began disciplinary actions. In a settlement, Missouri issued a probationary license in 2007 for which probation expires in June 2010. The Colorado action was dropped and the state issued an unrestricted license upon the expiration of the Missouri probation in June 2010. There is no disciplinary history in Colorado. The Alabama action was settled with payment of a \$500 fine in April 2009. A consent order stemming from a Rhode Island complaint was signed in December, 2011.

Current Procedures

Xttrium has since initiated a formal process of state license preparation. An outside firm, specializing in the application and maintenance of state licenses, State Licensing Servicing, LLC, has been hired to prepare the needed forms within due dates. An attorney who specializes in state licensing has been retained to review the filings on a recurring basis. The Vice-President of Finance has been given the specific responsibility for state licenses and permits.

FDA Regulation

Xttrium is inspected by the FDA on a nearly annual basis. For each inspection, any remedies required were completed on time and then approved by the FDA. The last FDA inspection in December 2009 required only two minor changes to contractor review procedures. The changes were completed and approved by the FDA.

Licensed by Home State of Illinois

Xttrium has been licensed as a manufacturer and wholesaler in its home state of Illinois at all times since the company began production and sale of regulated drugs.

ALABAMA
BOARD OF PHARMACY



HERB BOBO, R.Ph.
Secretary

10 Inverness Center Parkway
Suite 110
Birmingham, Alabama 35242

(205) 981-2280
Fax (205) 981-2330

www.albop.com

MEMBERS 2009

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TAMMY ROGERS, R.Ph.

Vice-President
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Treasurer
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DONNIE CALHOUN, R.Ph.

KENNY SANDERS, R.Ph.

June 26, 2009

TO WHOM IT MAY CONCERN:

RE: ***XTTRIUM LABORATORIES, INC.***
ALABAMA PHARMACIST LICENSE #193479

This is to certify that the undersigned is the duly elected executive officer of the Alabama State Board of Pharmacy. I am in charge of the Board office and all records are made and kept under my direct supervision.

This is to, further, certify that the enclosed records are exact copies of those appearing on file regarding ***XTTRIUM LABORATORIES, INC.***.

Herb Bobo, R.Ph.
Secretary

Subscribed and sworn before me this 26TH day of June 2009, at Birmingham, Alabama,
County of Shelby.

Mitzi G. Ellenburg
Notary Public
State-at-Large

My commission expires:
August 10, 2010

IN THE MATTER OF:	)	BEFORE THE ALABAMA STATE
	)	
XTTRIUM LABORATORIES, INC.	)	
MANUFACTURER/WHOLESALE/	)	BOARD OF PHARMACY
DISTRIBUTOR		
Permit #193479		

CONSENT ORDER

THIS CAUSE came before the Alabama State Board of Pharmacy (hereinafter referred to as the "Board") on a complaint against XTTRIUM LABORATORIES, INC.

(hereinafter referred to as "XTTRIUM") relating to engaging in activities as a manufacturer/wholesaler/distributor during 2009 without first renewing your permit from the Board required by Code of Alabama (1975) Section 34-23-32 and in violation of Code of Alabama (1975) Section 34-23-33 (7) as more specifically set forth in Exhibit "A" hereto:

Prior to a hearing in this cause, XTTRIUM pled guilty to violating Code of Alabama (1975) Section 34-23-33(7) based upon engaging in activities as a manufacturer/wholesaler/distributor during the year 2009 without first having renewed your permit with the Board as evidenced by your execution of Exhibit "A". Accordingly, pursuant to Code of Alabama (1975) Sections 34-23-33 and 41-22-12(e), the matters at issue have been resolved informally by the parties and the parties have agreed that this Consent Order can be entered and include the following terms:

1. That XTTRIUM is guilty of violating Code of Alabama (1975) Section 34-23-33(7) by engaging in activities as a manufacturer/wholesaler/distributor during the year 2009 without XTTRIUM having renewed your permit with the Board in violation of Code of Alabama (1975) Section 34-23-32

2. That XTTRIUM shall pay to the Board simultaneously with the execution of

REC'D APR 06 2009

this Consent Order a fine in the amount of Five Hundred dollars (\$500.00). This obligation of payment to the Board shall not be dischargeable in bankruptcy and it shall not attempt to discharge the same in any bankruptcy proceeding.

3. By execution of this Consent Order, XTTRIUM 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 complaint.

4. That XTTRIUM expressly waives its rights pursuant to the Alabama Pharmacy Practice Act, Code of Alabama (1975) Section 34-23-1 et seq. and the Alabama Administrative Procedure Act, Code of Alabama (1975) Section 41-22-1 et seq. including but not limited to Code of Alabama (1975) Sections 34-23-34, 34-23-92(7) and (12), 34-23-94, 41-22-12 and 41-22-20, and including but not limited to a statement or notice of charges and the opportunity for a hearing before the Board in connection with any charges against them. XTTRIUM further waives any obligation 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) Section 41-22-18.

5. That XTTRIUM agrees that any future 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 XTTRIUM acknowledges, stipulates and agrees that they have read this Consent Order and that it fully understands the terms, conditions and contents of the same. XTTRIUM acknowledges, stipulates and agrees that it voluntarily and of its own free

REC'D APR 06 2009

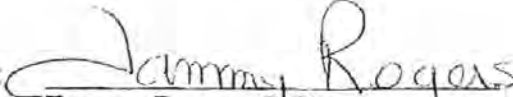
will accept the terms and conditions set out in this Consent Order and is executing this Consent Order freely and voluntarily without coercion, duress or threats or pursuant to any promises.

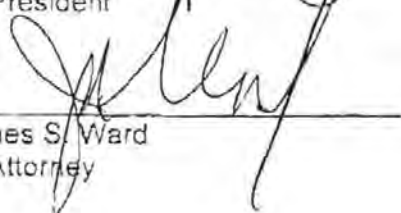
DONE this the 3 day of APRIL, 2009.


XTTRIUM LABORATORIES, INC

DONE this the 14th day of April, 2009.

ALABAMA STATE BOARD OF PHARMACY

BY: 
Tammy Rogers, RPh.
Its President

By: 
James S. Ward
Its Attorney

WARD & WILSON, LLC
2100 Southbridge Parkway
Suite 580
Birmingham, Alabama 35209
205/871-5404

REC'D APR 06 2009



Jeremiah W. (Jay) Nixon
Governor
State of Missouri

Jane A. Rackers, Division Director
DIVISION OF PROFESSIONAL REGISTRATION

Department of Insurance
Financial Institutions
and Professional Registration
John M. Huff, Director

MISSOURI BOARD OF PHARMACY
3605 Missouri Boulevard
P.O. Box 625
Jefferson City, MO 65102-0625
573-751-0091 PHONE
573-526-3464 FAX
800-735-2966 TTY Relay Missouri
800-735-2466 Voice Relay Missouri

Kimberly A. Grinston
Executive Director
www.pr.mo.gov/pharmacists.asp
e-mail: pharmacy@pr.mo.gov

6/28/2010

Kevin S. Creevy, President
Xttrium Laboratories, Inc.
415 west Pershing Road
Chicago, IL 60609

Dear Mr. Creevy,

This is official notification that Xttrium Laboratories, Inc has completed the terms of it's Probation with the Missouri Board of Pharmacy as of June 26, 2010.

If you have any questions, or if we can be of assistance in the future, feel free to contact this office.
Thank you for complying.

Sincerely,

Jason Menken
Compliance Coordinator
Missouri Board of Pharmacy

ARP/Positive Pay Exception Items

The ARP/Positive Pay System is matching those items you upload from your issued check files against the items as they present for payment. If there is an "Exception" it means the system didn't match the item as how it shows it was issued. In that case, it will display within the online banking system as an ARP Exception Item.

Your ARP Exception Items must be reviewed & worked daily, by 10:00am PST in order for us to process any returned items timely.

If you have any ARP returns or corrections please email adjustments@heritagebanknevada.com by the 10:00am cutoff time with the following:

Last 4 digits of the account #, item amount, ck#, return reason or what details need corrected

Examples: Ck# 1234 \$100.00 s/b \$10.00; CK# 1234 \$100.00 s/b CK#12345 (in these 2 examples we would have you PAY the item & we can make the correction at the bank)

CK#654 \$20.00 return Stale Dated (any check RETURNS need marked as Return in the ARP system by an online banking user)

Examples of exception reasons include:

- **Invalid Amount**
- **Item Not Issued**
- **Voided Item**
- **Stale Date**
- **Zero Serial Number**
- **Duplicate**

Working Exception Items

Log into Online Banking.

Click Cash Management, ARP, ARPPosPay.

This will take you to the View/Work ARP Items screen. Use the View items for dropdown box to select a different account to work items for:



View/Work ARP Items ?

View items for: INTERNAL 0599

GLACIER
FAMILY OF BANKS

Home Banking Bill Pay Cash Management eStatements Deposits

ACH eFile Reporting File Station

ADP CoPay Download Upload eFile/Upload Format ADP ACH Exceptions List

GLACIER FAMILY OF BANKS 49 Command Loop, Kalispell, MT 59901 (844) 892-2992

View/Work AWP Items

View items for: INTERVIL 0299

Check Number	Amount / Payee	Pay	Protected	
1	\$20,940.51	☒	☒	Details
5	\$8,875.36	☒	☒	Details
639035	\$32.00	☒	☒	Details
676867	\$5,889.00	☒	☒	Details
679687	\$850.00	☒	☒	Details

Submit

Click the *Details* hyperlink to view additional information including the Exception Reason. Click the *Check Number* hyperlink to view the image of the check.

Choose one of the following options.

- To pay items, select the check box under the *Pay* column (the box might already be checked as a default)
- To return items, uncheck the box under the *Pay* column

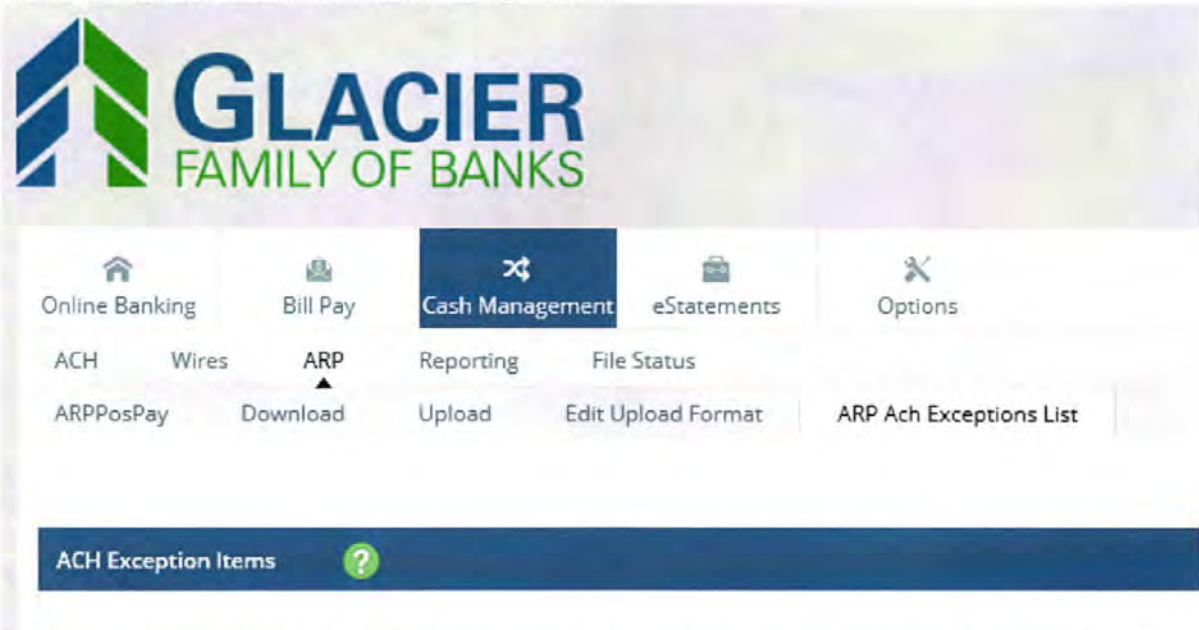
****NOTE**** If a padlock appears under the Protected column, the item cannot be worked. An item may be protected if it is outside of the allowed time frame for working exception items.

When finished making your pay decisions, click Submit at the bottom of the page.

Submit

ARP ACH Exceptions List

If you have ACH Filters or Blocks created, you also need to remember to work your ACH Exception Items.
Log into Online Banking.
Click Cash Management, ARP, ARP Ach Exceptions List.



Choose to pay or return the ACH Exception Items by the same cutoff time & remember to email us if you have any returns.

If you would like to receive emails for Positive Pay & ACH Exceptions, you can edit the Event Alerts under your Options menu to turn these on:

Positive Pay Exceptions

Receiving ACH Exception Items (if you have ACH Filters turned on for your company)

GLACIER
FAMILY OF BANKS

Online Banking Bill Pay Cash Management eStatements Options

Personal Display Alerts

Alerts Listing Events Balance Item Personal

Edit Event Alerts ?

Alert Type:	When the following occurs:
☐ Login	Receiving Incoming ACH EDI
☒ Email ☐ Login	Receiving ACH Exception Items
☐ Email ☐ Login	Transfers Deleted - Closed Act
☐ Email ☐ Login	Receiving Incoming Wires
☐ Email ☐ Login	Receiving Incoming ACH Credit
☐ Email ☐ Login	Receiving Incoming ACH Debits
☐ Email ☐ Login	Insufficient Funds (NSF)
☒ Email ☐ Login	Positive Pay Exceptions
☐ Email ☐ Login	Unmatched Recon Items
☐ Email ☐ Login	Statements or Notices
☐ Email ☐ Login	Maturing Loans
☐ Email ☐ Login	Maturing CD's

Submit



Jeremiah W. (Jay) Nixon
Governor
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Jane A. Rackers, Division Director
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800-735-2966 TTY Relay Missouri
800-735-2466 Voice Relay Missouri

Kimberly A. Grinston
Executive Director
www.pr.mo.gov/pharmacists.asp
e-mail: pharmacy@pr.mo.gov

June 3, 2009

CERTIFICATION

Pursuant to request, I hereby certify that the attached document is a true and correct copy of the documents on file with the Missouri Board of Pharmacy regarding action taken by the Board against Xttrium Laboratories, Inc., Missouri registration #2005006347:

1. Settlement Agreement Between State Board of Pharmacy and Xttrium Laboratories, Inc. dated June 12, 2007.

Certified to Jennifer Schneider, State License Servicing, LLC, 8 Eagles Watch, Pelton Crossing, Warwick, NY 10990

DON WALKER
LICENSING AND COMPLIANCE COORDINATOR
MISSOURI BOARD OF PHARMACY

BOARD SEAL

**SETTLEMENT AGREEMENT BETWEEN STATE BOARD OF PHARMACY
AND XTTRIUM LABORATORIES, INC.**

Come now Xttrium Laboratories, Inc., ("Xttrium") and the State Board of Pharmacy ("Board") and enter into this settlement agreement for the purpose of resolving the question of whether Xttrium's registration as a drug distributor will be subject to discipline. Xttrium and the Board jointly stipulate and agree that a final disposition of this matter may be effectuated as described below pursuant to §621.045 Cum. Supp. 2006.

Pursuant to the terms of §536.060, RSMo 2000, the parties hereto waive the right to a hearing by the Administrative Hearing Commission of the State of Missouri and, additionally, the right to a disciplinary hearing before the Board under §621.110, RSMo Cum. Supp. 2006, and stipulate and agree that a final disposition of this matter may be effectuated as described below.

Xttrium acknowledges that it understands the various rights and privileges afforded it by law, including the right to a hearing of the charges against it; the right to appear and be represented by legal counsel; the right to have all charges against it proven upon the record by competent and substantial evidence; the right to cross-examine any witnesses appearing at the hearing against it; the right to a decision upon the record by a fair and impartial administrative hearing commissioner concerning the charges pending against it and, subsequently, the right to a disciplinary hearing before the Board at which time it may present evidence in mitigation of discipline; and the right to recover attorney's fees incurred in defending this action against its license. Being aware of these

rights provided it by operation of law, Xttrium knowingly and voluntarily waives each and every one of these rights and freely enters into this settlement agreement and agrees to abide by the terms of this document, as they pertain to it.

Xttrium acknowledges that it has received a copy of the investigative report and other documents relied upon by the Board in determining there was cause for discipline, along with citations to law and/or regulation the Board believes was violated. For the purpose of settlement only, Xttrium stipulates that the factual allegations contained in this settlement agreement are true. Xttrium further stipulates with the Board that based upon these findings, Xttrium's registration as a drug distributor, license number 2005006347, is subject to disciplinary action by the Board in accordance with the provisions of Chapter 621, Cum. Supp. 2006, and Chapter 338, RSMo Cum. Supp. 2006.

Joint Stipulation of Facts

1. The State Board of Pharmacy ("Board") is an agency of the state of Missouri created and established pursuant to § 338.110, RSMo 2000,¹ for the purpose of executing and enforcing the provisions of Chapter 338, RSMo.

2. Xttrium Laboratories, Inc., ("Xttrium") is a manufacturer and wholesale drug distributor, located at 415 West Pershing Road ("Pershing Road"), Chicago, Illinois.

¹ All references to the Revised Statutes of Missouri are to the 2000 version, unless otherwise stated.

3. On or about March 8, 2004 and continuing through April 5, 2004, the Department of Health and Human Services, Public Health Service, Food and Drug Administration ("FDA") conducted a routine inspection of Xttrium's Pershing Road location.

During this inspection, the FDA made the following observations:

- A. Strict control is not exercised over labeling issued for use in drug product labeling operations. Specifically, the keys were kept in an office that is accessible to all personnel, resulting in unauthorized access to the control area and incorrect labeling of over 28,000 bottles of product.
- B. On March 12, 2004, the FDA observed labels left on Packaging Lines #4 and 6. Both lines were not scheduled for production until 3/15/04.
- C. Batch production and control records did not include complete and accurate information relating to the production and control of each batch. Specifically, on March 12, 2004 and again on March 15, 2004, Line Weight Check Forms contained the signature of the supervisors before the operations processes, for which the signatures signified a check, were completed.
- D. Drug product production and control records are not reviewed and approved by the quality control unit to determine compliance with all established approved written procedures before a batch is released or distributed.
- E. Master production and control records lack manufacturing and control instructions sampling and testing procedures and precautions to be followed.
- F. No written procedure or production and process control are assigned to assure that the drug products have the identity strength, quality, and purity they purport or are represented to possess.

- G. Written procedures are not established and followed that describe the in-process controls and tests to be conducted on appropriate samples of in-process materials of each batch.
 - H. Procedures describing the handling of all written and oral complaints regarding a drug product are not followed.
 - I. Written complaint records do not include where known, the name and strength of the drug product, lot number, name of complainant, nature of complaint and reply to complainant.
 - J. Written procedures for cleaning and maintenance fail to include descriptions in sufficient detail of methods equipment and materials used and parameters relevant to the operation.
 - K. Laboratory records do not include the source or location from where a sample was obtained, the date the sample was taken and the date the sample was received for testing. The FDA observed a failure to thoroughly review any unexplained discrepancy whether or not the batch has been thoroughly distributed.
4. On or about November 4, 2002, Xttrium shipped legend drugs and/or medical devices into the state of Missouri without being properly licensed by the Board.
5. On or about January 31, 2003, Xttrium was notified by certified mail, return receipt requested, that it must cease shipments of all products and services into Missouri or apply for licensure or registration as an out-of-state drug distributor, as provided in section 338.337, RSMo 2000.
6. On or about April 8, 2003, the Board issued to Xttrium, a temporary Drug Distributor License, License No. 2003007824.
7. On or about April 8, 2004, Xttrium's temporary Drug Distributor License, License No. 2003007824 expired.

8. On or about May 11, 2004, the Board sent by certified mail, return receipt requested, notification to Xttrium that its temporary Drug Distributor License, License No. 2003007824 had expired.

9. On or about September 29, 2004, Xttrium shipped legend drugs and/or medical devices into the state of Missouri without being properly licensed by the Board.

10. On or about December 22, 2004, Xttrium was notified by certified mail, return receipt requested, that it must cease shipments of all products and services into Missouri or apply for licensure or registration as an out-of-state drug distributor, as provided in section 338.337, RSMo 2000.

11. On or about January 25, 2005, Xttrium shipped legend drugs and/or medical devices into the state of Missouri without being properly licensed by the Board.

12. On or about February 21, 2005, Xttrium shipped legend drugs and/or medical devices into the state of Missouri without being properly licensed by the Board. The shipment was refused by the wholesaler on or about February 24, 2005.

13. On or about March 1, 2005, the Board received Xttrium's Application for Out of State Drug Distributor Registration.

14. Xttrium has a relationship of professional trust and confidence with its patients, in that those patients rely on Xttrium to perform its professional duties in compliance with the standard of care governing the practice of pharmacy and in a manner that protects the public safety.

15. Xttrium has a relationship of professional trust and confidence with the prescribers, in that those prescribers rely on Xttrium to perform its professional duties in compliance with the standard of care governing the practice of pharmacy and in a manner that protects the public safety.

Conclusions Of Law

16. Pursuant to section 338.333.1, RSMo 2000, "No person or distribution outlet shall act as a wholesale drug distributor or pharmacy distributor without first obtaining license to do so from the Missouri board of pharmacy and paying the required fee"

17. Pursuant to section 338.337.1, RSMo 2000, it shall be unlawful for any out-of-state wholesale drug distributor or out-of-state pharmacy acting as a distributor to do business in this state without first obtaining a license to do so from the board of pharmacy and paying the required fee.

18. Xttrium's conduct in shipping legend drugs and/or medical devices into the state of Missouri without being properly licensed by the Board violated § 338.333, RSMo and § 338.337, RSMo.

19. Xttrium consistently failed to use its professional abilities to supervise and manage the distributor operations and staff to ensure proper control over the batch production and labeling processing to prevent errors, or to ensure the safety of the patients through proper licensing process.

20. Xttrium's conduct as alleged herein demonstrates a conscious indifference to its professional duty to comply with the standard of care governing the practice of pharmacy to protect the public safety.

21. Xttrium's conduct as alleged herein is a gross deviation from the standard of care which reasonable drug distributor would exercise in this situation.

22. Xttrium's conduct as alleged herein violates the professional trust and confidence of the patients and prescribers.

23. Section 338.360, RSMo and 4 CSR 220-5.040 authorize the Board to conduct inspections of drug distribution facilities, or to exempt a drug distributor from Board inspection by accepting the results of inspections conducted by the FDA, if less than two years old and resulted in a satisfactory rating. The Rule further provides that:

2. Any drug distribution facility which has been granted an exemption from inspection must notify the board at any time of an inspection conducted by the FDA or the Drug Enforcement Administration that results in less than a satisfactory rating as defined in subsection (1)(A) of this rule.

24. The Board's rule at 4 CSR 220-5.030 establishes the standards of practice for drug distributors, which provides in relevant portion:

(1) Drug distributors must maintain standards of practice that will ensure that only drugs of appropriate quality will be distributed to practitioners for further compounding and dispensing to the public. These standards shall be subject to periodic reviews through the board's inspection process.

(F) The labeling of drug products held for wholesale distribution must conform to requirements as set forth by the manufacturer, FDA, the USP and section 338.059.2, RSMo;

(3) Minimum standards of practice for drug distributors shall include the following:

(H) Drugs held for wholesale distribution must be stored in a secure area where only authorized personnel have access to them. Sufficient locking mechanisms must be in place and a list of personnel who possess keys or passes which allow them to have independent access to any part of a facility which stores drugs held for later distribution or where any controlled substances are stored

(M) Wholesale drug and pharmacy distributors shall establish, maintain and adhere to written policies and procedures, which shall be followed for the receipt, security, storage, inventory and distribution of prescription drugs, including policies and procedures for identifying, recording and reporting losses or thefts and for correcting all errors and inaccuracies in inventories. Drug distributors shall include in their written policies and procedures the following:

(4) In addition to standards listed in this rule for drug distributors, drug repackagers must observe federal standards for—

- (A) Packaging;
- (B) Record keeping;
- (C) Expiration dating;
- (D) Plant facilities;
- (E) Equipment;
- (F) Personnel;
- (G) Production and control procedures;
- (H) Containers;
- (I) Testing; and
- (J) Federal registration requirements.

25. Xttrium's conduct as alleged herein violated the Board's rules at 4 CSR 220-5.030 and the federal drug laws.

26. Section 338.353.1, states in pertinent part:

The board of pharmacy is hereby authorized and empowered, when complaints, examinations or inspection of a wholesale drug distributor or pharmacy distributor disclose to the board that a wholesale drug distributorship or pharmacy distributorship is not being operated or conducted according to such legal rules and regulations and the laws of Missouri or any other state or the federal government with respect thereto, to cause a complaint to be filed before the administrative hearing commission pursuant to chapter 621, RSMo, charging the holder of a license to operate a drug distributorship or pharmacy wholesale operation constituting grounds for discipline in accordance with section 338.055.

27. Cause exists for the Board to discipline Xtium's a drug distributor registration, based upon the conduct as alleged herein, pursuant to 338.055.1 and .2(5), (13), and (15), RSMo 2000, which states:

1. The board may refuse to issue any certificate of registration or authority, permit or license required pursuant to this chapter for one or any combination of causes stated in subsection 2 of this section. The board shall notify the applicant in writing of the reasons for the refusal and shall advise the applicant of its or her right to file a complaint with the administrative hearing commission as provided by chapter 621, RSMo.

2. The board may cause a complaint to be filed with the administrative hearing commission as provided by chapter 621, RSMo, against any holder of any certificate of registration or authority, permit or license required by this chapter or any person who has failed to renew or has surrendered its or her certificate of registration or authority, permit or license for any one or any combination of the following causes:

(5) Incompetence, misconduct, gross negligence, fraud,

misrepresentation or dishonesty in the performance of the functions or duties of any profession licensed or regulated by this chapter;

....

- (13) Violation of any professional trust or confidence;

....

- (15) Violation of the drug laws or rules and regulations of this state, any other state or the federal government;

Joint Agreed Disciplinary Order

Based upon the foregoing, the parties mutually agree and stipulate that the following shall constitute the disciplinary order entered by the Board in this matter under the authority of §621.045.3, Cum. Supp. 2006, RSMo.

1. Xttrium's drug distributor registration number 2005006347 is placed on **PROBATION** for a period of three (3) years ("disciplinary period") effective immediately upon the date the Board enters and finalizes this Settlement Agreement. During Xttrium's probation, Xttrium shall be entitled to engage in the practice of pharmacy under Chapter 338, RSMo, provided it adheres to all the terms of this Agreement. The TERMS of Probation shall be:

- A. Xttrium shall pay all required fees for licensing to the Board and shall renew its license prior to October 31 of each licensing year.
- B. Xttrium shall comply with all provisions of Chapter 338, Chapter 195, and all applicable federal and state drug laws, rules and regulations and with all federal and state criminal laws. "State" here includes the State of Missouri and all other states and territories of the United States.
- C. If, after disciplinary sanctions have been imposed, Xttrium fails to keep its Missouri license current, the period of unlicensed status shall not be deemed or taken as any part of the time of discipline so imposed.
- D. The parties to this Order/Agreement understand that the Board of Pharmacy will maintain this Order/Agreement as an open record of the Board as provided in Chapters 338, 610, and 620, RSMo.
- E. Xttrium's failure to comply with any condition of discipline set forth herein constitutes a violation of this disciplinary Order/Agreement.

2. The terms of this settlement agreement are contractual, legally enforceable, and binding, not merely recital. Except as otherwise contained herein, neither this settlement agreement nor any of its provisions may be changed, waived, discharged, or terminated, except by an instrument in writing signed by the party against whom the enforcement of the change, waiver, discharge, or termination is sought.

3. Upon the expiration of said disciplinary period, Xttrium's registration as a drug distributor in Missouri shall be fully restored if all other requirements of law have been satisfied; provided, however, that in the event the Board determines that Xttrium has

violated any term or condition of this settlement agreement, the Board may, in its discretion, after an evidentiary hearing, vacate and set aside the discipline imposed herein and may suspend, revoke, or otherwise lawfully discipline Xttrium.

4. No order shall be entered by the Board pursuant to the preceding paragraph of this settlement agreement without notice and an opportunity for hearing before the Board in accordance with the provisions of Chapter 536, RSMo.

5. If the Board determines that Xttrium has violated a term or condition of this settlement agreement, which violation would also be actionable in a proceeding before the Administrative Hearing Commission or the circuit court, the Board may elect to pursue any lawful remedies or procedures afforded it and is not bound by this settlement agreement in its determination of appropriate legal actions concerning that violation. If any alleged violation of this settlement agreement occurred during the disciplinary period, the Board may choose to conduct a hearing before it either during the disciplinary period, or as soon thereafter as a hearing can be held to determine whether a violation occurred and, if so, it may impose further discipline. The Board retains jurisdiction to hold a hearing to determine if a violation of this settlement agreement has occurred.

6. Xttrium hereby waives and releases the Board, its members and any of its employees, agents, or attorneys, including any former Board members, employees, agents, and attorneys, of, or from, any liability, claim, actions, causes of action, fees, costs and expenses, and compensation, including, but not limited to, any claims for attorney's fees

and expenses, including any claims pursuant to §536.087, RSMo, or any claim arising under 42 U.S.C. §1983, which may be based upon, arise out of, or relate to any of the matters raised in this litigation, or from the negotiation or execution of this settlement agreement. The parties acknowledge that this paragraph is severable from the remaining portions of this settlement agreement in that it survives in perpetuity even in the event that any court of law deems this settlement agreement or any portion of it void or unenforceable.

7. Xttrium understands that it may, either at the time the settlement agreement is signed by all parties, or within fifteen (15) days thereafter, submit the agreement to the Administrative Hearing Commission for determination that the facts agreed to by the parties constitute grounds for disciplining Xttrium's registration. If Xttrium desires the Administrative Hearing Commission to review this Agreement, Xttrium may submit its request to: Administrative Hearing Commission, Truman State Office Building, Room 640, 301 W. High Street, P.O. Box 1557, Jefferson City, Missouri 65101.

8. If Xttrium requests review, this settlement agreement shall become effective on the date the Administrative Hearing Commission issues its order finding that the settlement agreement sets forth cause for disciplining Xttrium's registration. If Xttrium does not request review by the Administrative Hearing Commission, the settlement agreement goes in to effect 15 days after the document is signed by the Executive Director of the Board.

9. All parties to bear their own attorneys' fees and costs with no Commission fees or costs being assessed against Xttrium.

XTTRIUM LABORATORIES, INC.

Kevin Creevy
Kevin Creevy
President

Date 5/24/2007

BOARD OF PHARMACY

Debra C. Ringgenberg
Debra C. Ringgenberg
Executive Director
State Board of Pharmacy

Date 6-12-2007

JEREMIAH W. (JAY) NIXON
Attorney General

Kathleen Fitzgerald
Kathleen-Fitzgerald
Assistant Attorney General
Missouri Bar No. 56301
Kay.Fitzgerald@ago.mo.gov

P.O. Box 899
Jefferson City, MO 65102
Telephone: (573) 751-9623
Facsimile: (573) 751-5660

**ATTORNEYS FOR MISSOURI
BOARD OF PHARMACY**

REPORT OF COURT DISPOSITION
(Do not Report Court Supervisions on this Form)
OFFENSE INVOLVING MOTOR VEHICLE OPERATION

Circuit Court Cook County District 2 Municipal District
☒ Initial Report ☐ Amended or Corrected Report Date 8/29/2025

Driver's License Number [REDACTED]		Licensing State IL		
Full Name KEVIN L CREEVY		Last CREEVY	First KEVIN	Middle L
Street [REDACTED]				
County [REDACTED]		City State WINNETKA, IL		Zip [REDACTED]
CDL N	Classifications		Sex [REDACTED]	Date of Birth [REDACTED] Month [REDACTED] Day [REDACTED] Year [REDACTED]
To be completed for mandatory insurance offense or if operating a commercial motor vehicle				
Plate Number H803133	Licensing State IL	Registration Year	Vehicle Make	Vehicle Year 2005

Case No./Docket Number YP00495884 Ticket Number YP502799
Offense Date: 07/10/2010 Conviction/Disposition Date 03/11/2011
Original Charge: DRVG UNDER INFLU/BAC 0.08
Statute: 625 ILCS 5/11-501(a)(1)

☐ Illinois Vehicle Code ☐ Local Ordinance ☐ Illinois Compiled Statutes

ACCIDENT: ☒ Yes ☐ No ☐ Personal Injury ☐ Fatality ☐ Property Damage
OPERATING: ☐ Commercial Motor Vehicle ☐ Placarded Haz. Mat. Vehicle

FINAL DISPOSITION: (Mark One Box Only)
☐ Guilty ☐ Not Guilty ☐ Forfeiture ☐ Stricken W/Leave (SOL)
☐ Exparte ☐ Vacated ☐ Dismissed ☒ Nolle Prosequi
☐ Supervision Revoked ☐ Conditional Discharge (Judgement of Guilty)

Charge or Disposition Amended to: _____
Statute: _____

☐ Illinois Vehicle Code ☐ Local Ordinance ☐ Illinois Compiled Statutes

Defendant had insurance at the time of offense ☒ Yes ☐ No
Defendant referred to remedial or rehabilitative program ☐ Yes ☒ No
TA 55-07 ☐ 11-501 Driving Under the Influence (If disposition is GUILTY, also mark appropriate box in DISPOSITION SECTION)

I hereby certify that the information on this Report of Court Disposition is a true abstract of this court, as required by the Illinois Vehicle Code.

Signature of Judge or Clerk

8/29/2025
Date

MAIL TO:
Secretary of State
Driver Services Department
2701 S. Dirksen Parkway
Springfield, IL 62723

SECRETARY OF STATE COPY

Printed 8/29/2025 3:27 PM

Uploading Positive Pay/ARP File from CSV Format:

Edit Upload Format:

Cash Management – ARP – Edit Upload Format – Select CSV File from dropdown box



GLACIER FAMILY OF BANKS

Online Banking Bill Pay Cash Management eStatements Options

ACH Wires ARP Reporting File Status

ARPPosPay Download Upload Edit Upload Format ARP Ach Exceptions List

GLACIER FAMILY OF BANKS 49 Commons Loop Kalispell, MT 59901 (546) 892-2882

Edit ARP Upload Format

Select Upload Format to Edit:

- Select Option...
- CSV File
- Fixed Position

You should only have to modify this at initial setup (and adding a Void or Stop Payment Indicator when you're ready).

Copy the fields below to match your data in your CSV file:
 Example Item # is in column 2, Item Amount is in column 4...

Edit ARP Upload Format



Edit CSV File Upload Format:

Account Number	Select Option...				
Account Type	Select Option...	Chk	Sav	Christmas Club	GL
Debit / Credit	Select Option...	Debit Indicator		Credit Indicator	
Item Number	2				
Item Amount	4				
Issue Date	1	Date Format	mmddyyyy		
Void Date	Select Option...	Date Format	mmddyyyy		
Payee	3				
Payee Address 1	Select Option...				
Payee Address 2	Select Option...				
Payee Address 3	Select Option...				
Payee Address 4	Select Option...				
Void Indicator	Select Option...	Yes Indicator			
Stop Indicator	Select Option...	Yes Indicator			

CSV File example:

	A	B	C	D	E
1	10/10/2019	1	MICKEY MOUSE	100	
2	10/10/2019	2	MINNIE MOUSE	125	
3	10/10/2019	3	DAISY DUCK	137.57	
4	10/10/2019	4	DONALD DUCK	2198.95	
5					
6					

****Note**** No column headers are allowed.

You may need to format the amount column to include the decimal. ****Note**** all even amounts drop the decimal but in later steps will only upload as \$1.00 instead of \$100.00

Choose File – Save As.

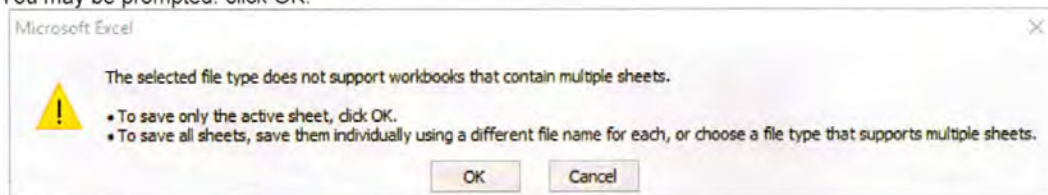
Name your file, choose your folder location to save & choose CSV (Comma delimited) in your Save as type dropdown box. Then save file.

Save as type: CSV (Comma delimited)

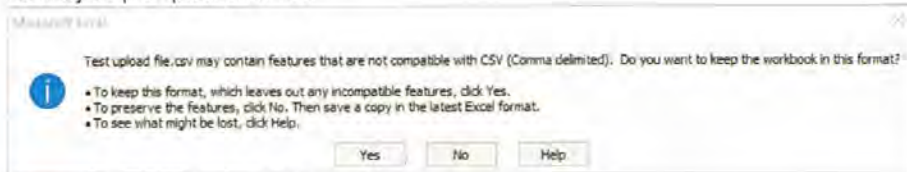
Authors: Jennifer Reum Tags: Add a tag Title: Add a title

^ Hide Folders Tools Save Cancel

You may be prompted: click OK.



You may be prompted: click Yes.



Close out of excel, if prompted Don't Save changes.

Move back over to your Online Banking Screen. Under Cash Management – ARP – Upload choose the account # you are uploading your file for, Choose CSV File in the Upload File Type & Browse out for your file to upload. Double click your file name & when you land back on the bank page with your file path filled in click Upload.



Online Banking Bill Pay **Cash Management** eStatements Options

ACH Wires **ARP** Reporting File Status

ARPPosPay Download Upload Edit Upload Format ARP Ach Exceptions List

Upload ARP Files



Select the type of file you want to upload to identify the field and position placement for your file. Once this layout is established, this format will be the default layout for uploaded files of this type.

Enter the name of the file you wish to upload (some browsers will provide a Browse button to help you find the file). Click the Upload button. If you are consistently having trouble uploading your file, try the 'Open Input' method.

Upload File For: INTERNAL

Upload File Type: CSV File

S:\Everyone\E-Banking\Bank Conversions\Firs Browse...

NOTE: Maximum upload file size is 4052 MB.

Upload

You will see the screen display the File Upload Status page. Wait a few minutes & click Refresh List to get your file status to change from Queued to a [View Details hyperlink](#).



Online Banking
Bill Pay
Cash Management
eStatements
Options

ACH
Wires
ARP
Reporting
File Status

GLACIER FAMILY OF BANKS - 49 Commons Loop Kasper, MT 59901 - (844) 892-2982

File Upload Status					View 5 10 20 50 100 All
File Name	Format	Type	Related Account	Upload Date	Status
PP File CSV.csv	Comma	ARP	INTERNAL	10/17/2019 3:15:59 PM	View Details

Refresh List

****Important**** You must click the View Details hyperlink to go in and Approve the file, prior to uploading another issued items file.

Click the View Details hyperlink to take you into the Upload Results details, **make sure your dollar amounts appear correctly**, you can double check the total amount & # of items in the file from the bottom of the screen. If everything looks fine, click Approve.

If the amounts are different than the checks issued, you may need to go back into the CSV file to format the amount column to include the decimal. You can see the discrepancy in the 1st 2 checks only uploaded as \$1.00 instead of \$100.00.

Upload Results					View 10 20 50 100 All
Status:	Check Number:	Date Issued:	Payee:	Amount:	
Successful	0000000001	10/10/2019	MICKEY MOUSE	\$1.00	
Successful	0000000002	10/10/2019	MINNIE MOUSE	\$1.25	
Successful	0000000003	10/10/2019	DAISY DUCK	\$137.57	
Successful	0000000004	10/10/2019	DONALD DUCK	\$2,198.95	
				Total: 4 check(s) \$2,338.77	
				Approve	Cancel

Once approved, the file will be submitted to the bank.

If you need to check the status of a file at any point, you can look under Cash Management – File Status. If you see a file with the status of Unapproved, it did not get submitted to the bank & will need you to re-upload.

Online Banking

Bill Pay

Cash Management

eStatements

Options

ACH

Wires

ARP

Reporting

File Status

GLACIER FAMILY OF BANKS - 49 Commons Loop Kalispell, MT 59901 (844) 892-2682

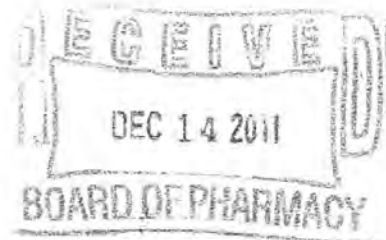
File Upload Status

View 5 | 10 | 20 | 50 | 100 | All

File Name	Format	Type	Related Account	Upload Date:	Status
PP File CSV.csv	Comma	ARP	INTERNAL	10/17/2019 3:27:36 PM	View Details
PP File CSV.csv	Comma	ARP	INTERNAL	10/17/2019 3:15:59 PM	Unapproved

**STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS**

**DEPARTMENT OF HEALTH
HEALTH SERVICES REGULATION
BOARD OF PHARMACY**



vs.

XTTRIUM LABORATORIES, INC. (DIS02126)

CONSENT ORDER

Pursuant to Rhode Island General Laws Section 5-19.1-21 and the Rules and Regulations promulgated thereunder, the Department of Health, Board of Pharmacy (hereinafter "Department") has investigated a complaint charging Xttrium Laboratories, Inc. (hereinafter "Respondent"), with violations of Chapter 5-19.1 of the Rules and Regulations. After consideration by the Department, the following constitutes the Findings of Fact with respect to the professional performance of the Respondent:

1. Respondent is an out of state drug manufacturer licensed to operate in the State of Rhode Island.
2. That prior to the issuance of a Rhode Island out of state drug manufacturer license on 7/26/10, Respondent did manufacture and subsequently distribute legend prescription drugs into the State of Rhode Island.

Pursuant to Section 5-19.1-21, this conduct constitutes unprofessional conduct in the State of Rhode Island.

The parties agree as follows:

1. Respondent is a licensed out of state drug manufacturer 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 Department 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 Department;
 - b) The right to produce witnesses and evidence in its behalf at a hearing;
 - c) The right to cross-examine witnesses;
 - d) The right to have subpoenas issued by 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 Department 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.
 - 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. Respondent agrees to a **Formal Reprimand** of it's out of state drug manufacturer license.

8. Respondent agrees to a one (1) year period of probation of it's out of state drug manufacturer license. The probationary term is to commence upon ratification of this Order by the Department and will abate for any duration in which Respondent ceases to operate as an out of state drug manufacturer.
9. Respondent shall, in writing, request relief from probation in order to return to active unrestricted status upon completion of the one (1) year period of probation. Once Respondent's request is approved by the Department, Respondent may return to full and active status provided that Respondent abides by all laws and regulations governing the practice of pharmacy in this state.
10. That should Respondent violate the terms of this Consent Order, Respondent shall be subject to further disciplinary sanctions.

Date

12/13/11

Xttrium Laboratories, Inc.

License # DIS02126

By Michael R. Lippner
MICHAEL R. LIPPNER U.S. OF FINANCE

Approved on this 15 day of December 2011

Jonathan M. Mundy, RPh
Chairperson
Rhode Island Board of Pharmacy

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: Cardinal Health
 Address: 700 Cardinal Place City: Dublin State: OH Zip: 43017
 Name: Cencora
 Address: 1 West First Ave City: Conshohocken State: PA Zip: 19428
 Name: McKesson
 Address: 6555 State Hwy 161 City: Irving State: TX Zip: 75039
 Name: CVS
 Address: 1 CVS Drive City: Woonsocket State: RI Zip: 02895

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): N/A
 Corporation/Organization Name: Xttrium Laboratories, Inc.
 Mailing Address: c/o State License Servicing, Inc. 225 Dolson Avenue, 4th Floor
 City: Middletown State: NY Zip: 10940
 Telephone: (845) 544-2482 Email: XLI@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 #: 3008436464	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/ .		✓	✓	✓

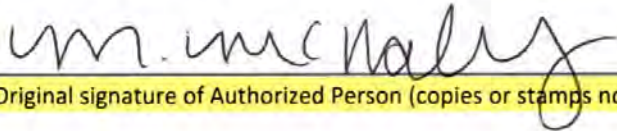
I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application 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.

Xttrium Laboratories, Inc.

Facility Name

Madeleine Creevy McNally

Print Name of Authorized Person Submitting Application



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

8-21-2025

Date

Board Use Only

Date Received: 9/11/25

Amount: \$10006.50538



Drug Establishments Search Result

[Share](#) [Tweet](#) [LinkedIn](#) [Email](#) [Print](#)

Drug Establishments Current Registration Site

[New Search](#)

Search Results for *Xttrium Laboratories, Inc.*



Showing 1 to 2 of 2 entries [Show](#) entries

Firm Name	FDA Establishment Identifier	DUNS	Business Operations	Address	Registration Expiration Date
Xttrium Laboratories, Inc.	3008436464	007470579	API MANUFACTURE; LABEL; MANUFACTURE; PACK; REPACK	1200 E. Business Center Drive, Mount Prospect, Illinois (IL) 60056, United States (USA)	12/31/2025
Xttrium Laboratories, Inc.	3017764383	118572946	API MANUFACTURE; LABEL; MANUFACTURE; PACK	436 Park Avenue, Lake Villa, Illinois (IL) 60046, United States (USA)	12/31/2025

[Previous](#) [1](#) [Next](#)

Data Current Through: Tuesday, Aug 05, 2025

[New Search](#)

Company for newlars



Xttrium Laboratories, Inc.



Corporate Address: 1400 East Business Center Drive, Mount Prospect, IL 60056 USA

FEIN: 36-2030325

www.xttrium.com

Drug Labeler Code: 0116

Incorporation State: DE

Incorporation Date: 8/5/1939

FACILITY INFORMATION

Code	Address	FDA	DEA	DUNS	VAWD	Phone	Fax
MP	1200 East Business Center Drive Mount Prospect, IL 60056 County: Cook	3008436 464		0074705 79	No	(773) 268-5800	(773) 268-9700

FACILITY DESIGNATED REPRESENTATIVES

Name	Address	Title	Prescribing Authority
Kevin Lucas Creevy	1200 East Business Center Drive Mount Prospect, IL 60056	Vice President	No

OWNERSHIP

Name	Address	Title	Percent of Ownership	Prescribing Authority
Madeleine Creevy McNally		Executive Vice President	7.8	
Kevin Lucas Creevy		Vice President	7.8	No
Michael K Creevy		Vice President Sales & Marketing	7.8	
Kathleen Creevy Enright			7.8	
Meghan A Greene			7.8	
Creevy Dynasty Trust			31.30	
Margaret J. Grady Gift Trust			5.06	
Mary Catherine Creevy O'Connor Xttrium Trust			4.05	
Catherine O'Connor LaCross Gift Trust			5.06	
William G. O'Connor Gift Trust			5.06	
Matthew F. O'Connor Gift Trust			5.06	



Xttrium Laboratories, Inc.



Kevin S. Creevy Trust
1400 East Business Center
Drive
Mount Prospect, IL 60056

5.41

LIST OF OFFICERS Name

Address

Title

Prescribing Authority

Name	Address	Title	Prescribing Authority
Madeleine Creevy McNally	[REDACTED]	Executive Vice President	
Kevin Lucas Creevy		Vice President	No
Kevin S. Creevy		President	No

REGISTERED AGENT IN ALL APPLICABLE STATES Name

Incorp Services, Inc.

Disciplinary History: AL 2009, MO 2007, RI 2011

Delaware

The First State

Page 1

I, CHARUNI PATIBANDA-SANCHEZ, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "XTTRIUM LABORATORIES, 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 THIRD DAY OF JUNE, A.D. 2025.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "XTTRIUM LABORATORIES, INC." WAS INCORPORATED ON THE FIFTH DAY OF AUGUST, A.D. 1939.



371318 8300

SR# 20252937138

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

C. B. Sanchez

Charuni Patibanda-Sanchez, Secretary of State

Authentication: 203850759

Date: 06-03-25



Illinois Department of Financial and Professional Regulation
Division of Professional Regulation

JB Pritzker
Governor

Mario Trato, Jr.
Secretary

Camile Lindsay
Director
Division of Professional Regulation

CERTIFICATION OF LICENSURE

NY State Licensing Servicing
 225 Dolson Ave- 4th Floor
 Middletown, NY 10940

Licensee:	Xttrium Laboratories Inc
License Number:	004.003024
Profession:	LICENSED WHOLESALE DRUG DISTRIBUTOR
Speciality:	Manufacturer
Date of Issuance:	05/03/2010
Expiration Date:	12/31/2026
License Status:	ACTIVE
License Method:	NON-EXAM
Disciplinary History:	Has not been disciplined

This document is a certified copy of the records maintained and kept by this Department in the regular course of business as of today's date.



Camile Lindsay
 Camile Lindsay
 Director
 Division of Professional Regulation

July 17, 2025
 Date

Refer to the Department's Web Site at <https://idfpr.illinois.gov/> to verify professional licenses via License Look-Up.

www.facebook.com/ILDPR
 LC2-CERT OF LIC.rtf

<https://idfpr.illinois.gov/>

<http://twitter.com/#!/IDFPR>



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: 304239

Homestate License

VERIFICATION CERTIFICATE FOR
INDEFINITE TERM SURETY BOND

THIS IS TO CERTIFY that Bond No. 9171724 issued by Swiss Re Corporate Solutions Premier Insurance Corporation dated this 19th Day of June, 2015, in the amount of (\$100,000.00), on behalf of Xttrium Laboratories, Inc. (as Principal), and in favor of Nevada State Board of Pharmacy (as Oblige), for Pharmaceutical Wholesaler Surety Bond covers a term which began on the 19th Day of June, 2015, and ends only with the cancellation of said bond or other legal termination thereof; and that the said bond remains in effect, subject to all its agreements, conditions and limitations.

Signed, sealed and dated: June 25th, 2025



Swiss Re Corporate Solutions Premier Insurance Corporation

BY: _____
William Reidinger, Attorney-in-Fact

Current Term of Bond: July 18, 2025 to July 18, 2026

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 Reidinger**

Principal: Xttrium Laboratories, Inc.
Obligee: Nevada State Board of Pharmacy
Bond Description: Pharmaceutical Wholesaler Surety Bond
Bond Number: 9171724
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 25th day of June, 20 25.

Jeffrey Goldberg
Jeffrey Goldberg, Senior Vice President &
Assistant Secretary of SRCSAIC and
SRCSPIC

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane

Reno, NV 89509

(775) 850-1440

Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. 9171724

Application/License No. _____

Xttrium Laboratories, Inc., doing or intending to do business as a
Applicant/Principal
pharmaceutical wholesaler, whose address for purposes of service is
1200 E. Business Center St., Mount Prospect, IL 60056, as
Address of Applicant/Principal

PRINCIPAL, and Washington International Insurance Company, a
Surety Company
corporation organized under the laws of the state of NH
State of Incorporation
and authorized to transact a general surety business in the State of

Nevada, whose address for purposes of service is
475 North Martingale Road, Suite 850, Schaumburg, IL 60173 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 07/17/2015
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 June, 2015.

APPLICANT/PRINCIPAL
Xttrium Laboratories, Inc.

H. Green
Authorized Representative

SURETY COMPANY
Washington International Insurance Company

William Reidinger
Surety Company's Representative

William Reidinger, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

Vijay Verma
Witness

Michael J. [Signature]
Witness

SIGNED and SEALED in the presence of:

Donna M. Tyler
Witness

Kevin Agnew
Witness

Countersigned by:

William Reidinger
Nevada Resident Agent William Reidinger

WILLIAM PATRICK REIDINGER
C/O ASSURANCE AGENCY LTD
1750 E GOLF RD FL 11
SCHAUMBURG IL 60173-5835

BOND FROM
INS. CO. FOR
NEVADA
Mick



Scott Kipper, Commissioner of Insurance

WILLIAM PATRICK REIDINGER

License Number 163038

is licensed to engage in the business of insurance in the State of Nevada in the capacity stated below, subject to applicable laws and regulations.

License Type: Non-Resident Producer

Effective Date:
06-13-2002

Expiration Date:
07-01-2017

Qualifications: Casualty, Property, Surety

Licenses must notify the Division of any change of address within 30 days of the change. You are subject to revocation for noncompliance.

Individuals – If you are affiliated to a business entity it will not print on the license. Individuals must be properly affiliated to the business entity's license prior to transacting insurance on the entity's behalf. The individual and the business entity are responsible for maintaining the affiliation.

A producer of insurance acting as an agent of the insurer must be appointed by the insurer prior to transacting insurance.

This license must be conspicuously displayed in your place of business that is open to the public.

WILLIAM PATRICK REIDINGER

License Number 163038
National Producer ID 2129248

is licensed to engage in the business of insurance in the State of Nevada in the capacity stated below, subject to applicable laws and regulations.

LICENSE TYPE

Non-Resident Producer

QUALIFICATIONS

Casualty, Property, Surety

EFFECTIVE DATE

06-13-2002

EXPIRATION DATE

07-01-2017



Scott J. Kipper, Commissioner of Insurance

Non-Resident Producer Firm
Casualty, Health, Life, Property

ASSURANCE AGENCY LTD
ONE CENTURY CENTER
1750 E GOLF RD
SCHAUMBURG, IL 60173

is authorized to transact business as described above

License No: 9680

Issue Date: 10-01-2001

Expiration Date: 02-01-2016

Generated by Sircon 76927754

**Nevada Division of
Insurance**

THIS IS TO CERTIFY THAT

ASSURANCE AGENCY LTD
ONE CENTURY CENTER, 1750 E GOLF RD,
SCHAUMBURG, IL 60173

LICENSE NUMBER: 9680



IS HEREBY AUTHORIZED TO TRANSACT BUSINESS
IN ACCORDANCE TO THE LICENSE DESCRIPTION
SHOWN BELOW:

Non-Resident Producer Firm
Casualty, Health, Life, Property

Issue Date: 10-01-2001

Expiration Date: 02-01-2016

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NAS SURETY GROUP

NORTH AMERICAN SPECIALTY INSURANCE COMPANY
WASHINGTON INTERNATIONAL INSURANCE COMPANY

GENERAL POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS, THAT North American Specialty Insurance Company, a corporation duly organized and existing under laws of the State of New Hampshire, and having its principal office in the City of Manchester, New Hampshire, and Washington International Insurance Company, a corporation organized and existing under the laws of the State of New Hampshire and having its principal office in the City of Schaumburg, Illinois, each does hereby make, constitute and appoint:

WILLIAM REIDINGER, DONNA WRIGHT, DONNA M. TYLER, HINA AZAM,

KAREN E. BOGARD, JOSEPH HALLERAN, MATTHEW V. BUOL and REBECCA R. ALVES

JOINTLY OR SEVERALLY

Its true and lawful Attorney(s)-in-Fact, to make, execute, seal and deliver, for and on its behalf and as its act and deed, bonds or other writings obligatory in the nature of a bond on behalf of each of said Companies, as surety, on contracts of suretyship as are or may be required or permitted by law, regulation, contract or otherwise, provided that no bond or undertaking or contract or suretyship executed under this authority shall exceed the amount of:

TEN MILLION (\$10,000,000.00) 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 North American Specialty Insurance Company and Washington International Insurance Company at meetings duly called and held on the 9th of May, 2012:

"RESOLVED, that any two of the Presidents, any Managing Director, any Senior Vice President, any Vice President, any Assistant 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 Company 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 Company; and it is

FURTHER RESOLVED, that the signature of such officers and the seal of the Company 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 Company when so affixed and in the future with regard to any bond, undertaking or contract of surety to which it is attached."



By [Signature]
Steven P. Anderson, Senior Vice President of Washington International Insurance Company
& Senior Vice President of North American Specialty Insurance Company



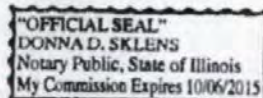
By [Signature]
David M. Layman, Vice President of Washington International Insurance Company
& Vice President of North American Specialty Insurance Company

IN WITNESS WHEREOF, North American Specialty Insurance Company and Washington International Insurance Company have caused their official seals to be hereunto affixed, and these presents to be signed by their authorized officers this 27th day of February, 2013.

North American Specialty Insurance Company
Washington International Insurance Company

State of Illinois
County of Cook SS:

On this 27th day of February, 2013, before me, a Notary Public personally appeared Steven P. Anderson, Senior Vice President of Washington International Insurance Company and Senior Vice President of North American Specialty Insurance Company and David M. Layman, Vice President of Washington International Insurance Company and Vice President of North American Specialty Insurance Company, 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.



[Signature]
Donna D. Sklens, Notary Public

I, Jeffrey Goldberg, the duly elected Assistant Secretary of North American Specialty Insurance Company and Washington International Insurance Company, do hereby certify that the above and foregoing is a true and correct copy of a Power of Attorney given by said North American Specialty Insurance Company and Washington International Insurance Company, which is still in full force and effect.

IN WITNESS WHEREOF, I have set my hand and affixed the seals of the Companies this 19th day of June, 2015

[Signature]
Jeffrey Goldberg, Vice President & Assistant Secretary of
Washington International Insurance Company & North American Specialty Insurance Company

GENERAL PURPOSE RIDER

To be attached to and form part of Bond Number 9171724 effective June 19, 2015
 Issued by the Swiss Re Corporate Solutions Premier Insurance Corporation
 In the amount of One Hundred Thousand Dollars and No Cents \$100,000.00 DOLLARS,
 on behalf of Xttrium Laboratories, Inc.
 as Principal and in favor of Nevada State Board of Pharmacy
 as Oblgee:

Now, Therefore, It is agreed that:

Two Locations are covered under this bond: 1200 E Business Center Drive Mount Prospect,
 IL 60056 & 3400 West Lake Avenue Mount Prospect, IL 60056

It is further understood and agreed that all other terms and conditions of this bond shall remain unchanged.

This rider is to be effective the 18th day of July, 2025.

Signed, sealed and dated this 15th day of August, 2025.

Xttrium Laboratories, Inc.

(Principal)

By:

Vijay Verma

Swiss Re Corporate Solutions Premier Insurance Corporation

By:

William Reidinger
 William Reidinger



Accepted By:

VIJAY VERMA

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 Reidinger

Principal: Xttrium Laboratories, Inc.
Obligee: Nevada State Board of Pharmacy
Bond Description: Pharmaceutical Wholesaler Surety Bond
Bond Number: 9171724
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 15th day of August, 20 25.

Jeffrey Goldberg
Jeffrey Goldberg, Senior Vice President &
Assistant Secretary of SRCSAIC and
SRCSPIC

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 Xttrium Laboratories, Inc.Pharmacy/Wholesaler License # (if applicable) WH01653Physical Address 1200 East Business Center DriveCity Mount ProspectState ILZip 60056Mailing Address (if different from physical address) c/o State License Servicing, Inc. 225 Dolson Avenue, 4th FloorCity MiddletownState NYZip 10940Telephone (845) 544-2482Website www.xttrium.comLicensing Company Email XLI@slny.com**Section 2: Personal Information**First KevinMiddle LucasLast CreevyAlias(es, nicknames, name changes, etc.) N/ADate of Birth [REDACTED]SSN or ITIN [REDACTED]Sex ☒ M ☐ F ☐ XMailing Address [REDACTED]City WinnetkaState ILZip [REDACTED]Telephone [REDACTED]Email klcreevy@xttrium.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)

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 Loyola University of Chicago - Quinlan School of Business		From - To (MM/YY - MM/YY) 08/12 - 05/13	
Address 16 E Pearson St.	City Chicago	State IL	Zip 60611
Diploma/Degree obtained, if any Master of Science (Accounting)			
School Name Loyola University of Chicago - Quinlan School of Business		From - To (MM/YY - MM/YY) 08/08 - 05/12	
Address 16 E Pearson St.	City Chicago	State IL	Zip 60611
Diploma/Degree obtained, if any Bachelor of Business Administration (Accounting)			
School Name Loyola Academy		From - To (MM/YY - MM/YY) 10/04 - 05/08	
Address 1100 Laramie	City Wilmette	State IL	Zip 60091
Diploma/Degree obtained, if any High School Diploma			
School Name		From - To (MM/YY - MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY - MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

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

From - To (MM/YY - MM/YY)	Address	City	State	Zip
09/2020 - Present		Winnetka	IL	
06/2018 - 09/2020		Evanston	IL	
06/2014 - 06/2018		Chicago	IL	
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	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 Xttrium Laboratories, Inc.		From - To (MM/YY - MM/YY) 07/2021 - Present	
Business Address 1200 East Business Center Drive		City Mount Prospect	State IL
Phone (773) 268-5800	Title Vice President	Number of Employed Hours ~ 8,560 hours	
Description of Duties Responsible for developing and implementing the strategic plan, hiring key employees across all departments and capital allocation decision making, Ensure product integrity, coordinates logistics, maintains records, oversees receiving storage and distribution of product.			
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 # 2. Provide all the following where applicable:

Date of Event/Arrest 7/25/2006	Disposition Date 10/06/2006	State IL	City Wilmette	County Cook County
Case # 06200463801		Governing, licensing, Arresting Presiding Body/Agency/Court Wilmette Police Department		
Reason/Charge Possession of Alcohol by a Minor				
Plaintiff/Defendant/Claimant/Respondent Cook County Local Prosecutor / Kevin Greedy			Lawsuit/Arbitration/Bankruptcy N/A	
Name of Business/Industry/Entity N/A				

Provide explanation below:

See attached explanation



Original Signature (electronic, copies or stamps not accepted)

9/2/2005

Date

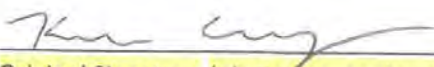
Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement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

This is in response to Question # 2 Provide all the following where applicable:

Date of Event/Arrest <u>7/17/2007</u>	Disposition Date <u>12/11/2007</u>	State <u>IL</u>	City <u>Chicago</u>	County <u>Cook County</u>
Case # <u>07122253201</u>	Governing, licensing, Arresting Presiding Body/Agency/Court <u>Chicago Police Department</u>			
Reason/Charge <u>Underage Consumption Alcohol / Reckless conduct / Unlawful use of ID</u>				
Plaintiff/Defendant/Claimant/Respondent <u>Cook County Local Prosecutor / Kevin Greedy</u>			Lawsuit/Arbitration/Bankruptcy <u>N/A</u>	
Name of Business/Industry/Entity <u>N/A</u>				

Provide explanation below:

See attached explanation


Original Signature (electronic, copies or stamps not accepted)

9/2/2007
Date

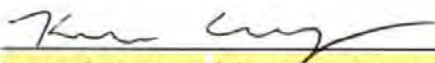
Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement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

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

Date of Event/Arrest 5/30/2008	Disposition Date 8/20/2008	State IL	City Winnetka	County Cook County
Case # 0820508061	Governing, licensing, Arresting Presiding Body/Agency/Court Cook County Police Department			
Reason/Charge Underage Consumption of Alcohol				
Plaintiff/Defendant/Claimant/Respondent Cook County Local Prosecutor / Kevin Creedy			Lawsuit/Arbitration/Bankruptcy N/A	
Name of Business/Industry/Entity N/A				

Provide explanation below:

See attached explanation


Original Signature (electronic, copies or stamps not accepted)

9/2/2008
Date

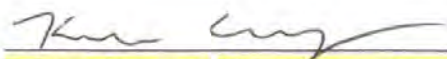
Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement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

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

Date of Event/Arrest 7/10/2010	Disposition Date 3/10/2011	State IL	City Wilmette	County Cook County
Case # YPO0495884		Governing, licensing, Arresting Presiding Body/Agency/Court Wilmette Police Department		
Reason/Charge DUI (2 charges)				
Plaintiff/Defendant/Claimant/Respondent Cook County Local Prosecutor			Lawsuit/Arbitration/Bankruptcy N/A	
Name of Business/Industry/Entity N/A				

Provide explanation below:

see attached explanation



Original Signature (electronic, copies or stamps not accepted)

4/2/2025

Date



Kevin Creevy
 Vice President
 Xttrium Laboratories
 August 29th, 2025
 Explanation of Prior Arrest

To Whom it May Concern,

My name is Kevin Creevy. I am part of the executive management team and ownership group at Xttrium Laboratories. Unfortunately, I was arrested on four separate occasions while I was in high school and college for alcohol related incidents. I apologize for my behavior during my youth. I have learned from these mistakes and hope you will consider me acceptable for state licensing requirements. Please note that all incidents were dismissed or stricken with no convictions. The details for these incidents are listed below:

1. Incident #1 – Possession of Alcohol by a Minor (Wilmette Police Department)
 - a. Date of Arrest – 7/25/2006
 - b. Fine – No Fine
 - c. Discipline – 10 hours of community service
 - d. Place of Arrest – Cook County, Illinois (Wilmette - 06200463801)
 - e. Details of Incident – I was at the beach with friends in high school and was arrested for being in possession of alcohol
 - f. List of Charges – (1) Possession of Alcohol by a Minor
 - g. Details Regarding Sentencing and Final Disposition – Stricken Off with Leave to Reinstate (No Conviction & Dismissed)
 - h. Date Disposed – 10/06/2006

2. Incident #2 – Underage Consumption of Alcohol, Reckless Conduct, and Unlawful Use of ID Card (Chicago Police Department)
 - a. Date of Arrest – 7/17/2007
 - b. Fine – No Fine
 - c. Discipline – No Discipline
 - d. Place of Arrest – Cook County, Illinois (Chicago - 07122258201)
 - e. Details of Incident – I was arrested for reckless conduct while drinking underage in high school. The police found my brother's drivers license in my wallet and charged me with unlawful use of an identity card.
 - f. List of Charges – (1) Reckless Conduct (2) Unlawful Use of Identity Card (3) Minor Drinking / Intoxication Ordinance Violation
 - g. Details Regarding Sentencing and Final Disposition – Stricken Off with Leave to Reinstate (No Conviction & Dismissed)
 - h. Date Disposed – 12/11/2007



3. Incident #3 – Underage Consumption of Alcohol (Cook County Police Department)
 - a. Date of Arrest – 5/30/2008
 - b. Fine – No Fine
 - c. Discipline – No Discipline
 - d. Place of Arrest – Cook County, Illinois (Winnetka - 08205080601)
 - e. Details of Incident – I was arrested at a party in high school for underage consumption of alcohol
 - f. List of Charges – (1) Underage Consumption of Alcohol
 - g. Details Regarding Sentencing and Final Disposition – Stricken Off with Leave to Reinstate (No Conviction & Dismissed)
 - h. Date Disposed – 8/20/2008
4. Incident #4 – DUI, Alcohol and Traffic Offense (Wilmette Police Department)
 - a. Date of Arrest – 7/10/2010
 - b. Fine – No Fine
 - c. Discipline – Drove with a breathalyzer in my car until my case was dismissed
 - d. Place of Arrest – Cook County, Illinois (Wilmette)
 - e. Details of Incident – I was arrested for driving under the influence of alcohol on my way to work. I had been out with friends in college the evening before and did not think any alcohol would be in my system after a night of sleeping. I was minimally speeding to get to work on time which led to the police officer pulling me over.
 - f. List of Charges – (1) Driving Under the Influence & Alcohol (2 counts) (2) Speeding Over the Statutory Limit (3) Disobey Traffic Control Device (4) Operating Uninsured Vehicle
 - g. Details Regarding Sentencing and Final Disposition – Nolle Prosequi (No Conviction & Dismissed)
 - h. Date Disposed – 3/10/2011

Please let us know if you need any additional information. We appreciate your support and look forward to working with you in the future.

Thanks,
Kevin Creevy
Vice President



Clerk of the Circuit Court
of Cook County

PEOPLE OF THE STATE OF ILLINOIS

VS

NUMBER: 08205080601

CREEVY, KEVIN L

CERTIFIED STATEMENT OF CONVICTION / DISPOSITION

I, Mariyana T. Spyropoulos, Clerk of the Circuit Court of Cook County, Illinois, and keeper of the records and seal thereof do hereby certify that the electronic records of the Circuit Court of Cook County show that:

The States Attorney of COOK COUNTY LOCAL PROSECUTOR HAS FILED A COMPLAINT with the Clerk of the Circuit Court.

Charging the above named defendant with:

<u>COUNT</u>	<u>STATUTE</u>	<u>DEGREE</u>	<u>DESCRIPTION</u>	<u>ARREST DATE</u>
001	14-30.7 / L1-254787	QUASI	UNDERAGE CONSUMPT ALCOHOL	

The following disposition(s) was/were rendered before the Honorable Judge(s):

EVENTS AND ORDERS OF THE COURT:

5/25/2008 CONTINUANCE BY ORDER OF COURT

6/16/2008 MOTION DEFT - CONTINUANCE

HOFFENBERG, EARL B

8/20/2008 STRICKEN OFF LEAVE TO REINSTATE

JORDAN, DANIEL E

HEARINGS

6/16/2008	9:00 AM Order of Court	D2, Courtroom 104
8/20/2008	9:00 AM Motion Defendant	D2, Courtroom 104

PLEAS, DISPOSITIONS AND SENTENCES:

Disposition:

001 8/20/2008 STRICKEN OFF - LEAVE REINSTATE



Clerk of the Circuit Court
of Cook County

PEOPLE OF THE STATE OF ILLINOIS

VS

NUMBER: 08205080601

CREEVY, KEVIN L

CERTIFIED STATEMENT OF CONVICTION / DISPOSITION

I, Mariyana T. Spyropoulos, Clerk of the Circuit Court of Cook County, Illinois, and keeper of the records and seal thereof do hereby certify that the electronic records of the Circuit Court of Cook County show that:

The States Attorney of COOK COUNTY LOCAL PROSECUTOR HAS FILED A COMPLAINT with the Clerk of the Circuit Court.

Sentence (Credit):

I hereby certify that the foregoing has been entered of record
on the above captioned case.

Date: 8/29/2025

Mariyana T. Spyropoulos AUG 29 2025

Mariyana T. Spyropoulos
CLERK OF THE CIRCUIT COURT OF COOK COUNTY



Clerk of the Circuit Court
of Cook County

PEOPLE OF THE STATE OF ILLINOIS

VS

NUMBER: 06200463801

CREEVY, KEVIN L

CERTIFIED STATEMENT OF CONVICTION / DISPOSITION

I, Mariyana T. Spyropoulos, Clerk of the Circuit Court of Cook County, Illinois, and keeper of the records and seal thereof do hereby certify that the electronic records of the Circuit Court of Cook County show that:

The States Attorney of COOK COUNTY LOCAL PROSECUTOR HAS FILED A COMPLAINT with the Clerk of the Circuit Court.

Charging the above named defendant with:

<u>COUNT</u>	<u>STATUTE</u>	<u>DEGREE</u>	<u>DESCRIPTION</u>	<u>ARREST DATE</u>
001	11-25.2 /L1-030959	QUASI	POSSE/OF ALCOH BY A MINOR	

The following disposition(s) was/were rendered before the Honorable Judge(s):

EVENTS AND ORDERS OF THE COURT:

7/8/2006 CONTINUANCE BY ORDER OF COURT

7/31/2006 MOTION DEFT - CONTINUANCE

06200463801 303 10 HOURS COMU.SERV.

JORDAN, DANIEL E

10/6/2006 STRICKEN OFF LEAVE TO REINSTATE

KARAHALIOS, JAMES N

10/6/2006 DEFENDANT DEMAND FOR TRIAL

KARAHALIOS, JAMES N

HEARINGS

7/31/2006	9:00 AM Order of Court	D2, Courtroom 102
10/6/2006	9:00 AM Motion Defendant	D2, Courtroom 102

PLEAS, DISPOSITIONS AND SENTENCES:



Clerk of the Circuit Court
of Cook County

PEOPLE OF THE STATE OF ILLINOIS

VS

NUMBER: 06200463801

CREEVY, KEVIN L

CERTIFIED STATEMENT OF CONVICTION / DISPOSITION

I, Mariyana T. Spyropoulos, Clerk of the Circuit Court of Cook County, Illinois, and keeper of the records and seal thereof do hereby certify that the electronic records of the Circuit Court of Cook County show that:

The States Attorney of COOK COUNTY LOCAL PROSECUTOR HAS FILED A COMPLAINT with the Clerk of the Circuit Court.

Disposition:

001 10/6/2006 STRICKEN OFF - LEAVE REINSTATE

Sentence (Credit):

I hereby certify that the foregoing has been entered of record on the above captioned case.

Date: 8/29/2025

Mariyana T. Spyropoulos AUG 29 2025

Mariyana T. Spyropoulos
CLERK OF THE CIRCUIT COURT OF COOK COUNTY



Clerk of the Circuit Court
of Cook County

PEOPLE OF THE STATE OF ILLINOIS

VS

NUMBER: 07122258201

CREEVY, KEVIN L

CERTIFIED STATEMENT OF CONVICTION / DISPOSITION

I, Mariyana T. Spyropoulos, Clerk of the Circuit Court of Cook County, Illinois, and keeper of the records and seal thereof do hereby certify that the electronic records of the Circuit Court of Cook County show that:

The States Attorney of COOK COUNTY LOCAL PROSECUTOR HAS FILED A COMPLAINT with the Clerk of the Circuit Court.

Charging the above named defendant with:

<u>COUNT</u>	<u>STATUTE</u>	<u>DEGREE</u>	<u>DESCRIPTION</u>	<u>ARREST DATE</u>
001	720-5/12-5-A	MA	RECKLESS CONDUCT	7/17/2007
002	15 ILCS 335.0/14-A-2	MA	ID CARD - DISPLAY ANOTHER	7/17/2007
003	8-16-050	QUASI	MINOR DRINKING - INTOXICA	7/17/2007

The following disposition(s) was/were rendered before the Honorable Judge(s):

EVENTS AND ORDERS OF THE COURT:

7/18/2007 BOND SET BY RULE OF COURT

O'MALLEY, WILLIAM P

9/11/2007 CONTINUE FOR STATUS OR PROGRESS REPORT

CHIAMPAS, PEGGY

9/11/2007 APPEARANCE FILED

CHIAMPAS, PEGGY

9/11/2007 SENTENCED TO COMMUNITY SERVICE

CHIAMPAS, PEGGY

9/11/2007 SENTENCED TO COMMUNITY SERVICE

CHIAMPAS, PEGGY

12/11/2007 STRICKEN OFF LEAVE TO REINSTATE

O'MALLEY, WILLIAM P

12/11/2007 STRICKEN OFF LEAVE TO REINSTATE

O'MALLEY, WILLIAM P



**Clerk of the Circuit Court
of Cook County**

PEOPLE OF THE STATE OF ILLINOIS

VS

NUMBER: 07122258201

CREEVY, KEVIN L

CERTIFIED STATEMENT OF CONVICTION / DISPOSITION

I, Mariyana T. Spyropoulos, Clerk of the Circuit Court of Cook County, Illinois, and keeper of the records and seal thereof do hereby certify that the electronic records of the Circuit Court of Cook County show that:

The States Attorney of COOK COUNTY LOCAL PROSECUTOR HAS FILED A COMPLAINT with the Clerk of the Circuit Court.

12/11/2007 NON-SUIT

O'MALLEY, WILLIAM P

12/11/2007 DEFENDANT DEMAND FOR TRIAL

O'MALLEY, WILLIAM P

HEARINGS

9/11/2007	9:00 AM Bond Set By Rule of Court	Branch 29/Room 1
12/11/2007	9:00 AM Status or Progress Report	Branch 29/Room 1

PLEAS, DISPOSITIONS AND SENTENCES:

Disposition:

001	12-11-2007 STRICKEN OFF - LEAVE REINSTATE
002	12-11-2007 STRICKEN OFF - LEAVE REINSTATE
003	12-11-2007 MOTION CITY NON-SUIT

Sentence (Credit):



Clerk of the Circuit Court
of Cook County

PEOPLE OF THE STATE OF ILLINOIS

VS

NUMBER: 07122258201

CREEVY, KEVIN L

CERTIFIED STATEMENT OF CONVICTION / DISPOSITION

I, Mariyana T. Spyropoulos, Clerk of the Circuit Court of Cook County, Illinois, and keeper of the records and seal thereof do hereby certify that the electronic records of the Circuit Court of Cook County show that:

The States Attorney of COOK COUNTY LOCAL PROSECUTOR HAS FILED A COMPLAINT with the Clerk of the Circuit Court.

**I hereby certify that the foregoing has been entered of record
on the above captioned case.**

Date: 8/29/2025

Mariyana T. Spyropoulos AUG 29 2025

**Mariyana T. Spyropoulos
CLERK OF THE CIRCUIT COURT OF COOK COUNTY**

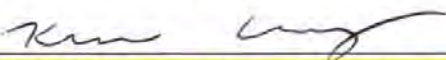
I, Kevin Lucas Creevy, certify that as the designated representative for
Xttrium Laboratories, Inc.

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

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

Kevin Lucas Creevy

Print Name (First, Last)



Original Signature (electronic, copies or stamps not accepted)

1/21/2025

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.

Kevin Lucas Creevy

Print Name (First, Last)

Kevin Lucas Creevy

Original Signature (electronic, copies or stamps not accepted)

9/21/2025

Date

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

State of IL, ss. County of COOK

I, KEVIN L CREEVY, 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.

Kevin Lucas Creevy

Original Signature

Kevin Lucas Creevy

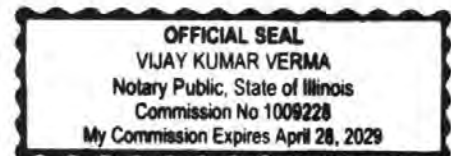
9/21/2025

Date

Subscribed and Sworn to before me this 2nd day of Sept. 2025

Vijay Verma

Notary Public Signature



(Seal)

Employee List

Xttrium Laboratories Inc.
Current Employee Roster 2024 as of 9/10/2024
Employee Name
Alaniz, Leslie
Almanza, Claudia
Almanza, Luis F
Arango Rodriguez, Francisco
Bandera Amanda L
Bautista Salgado, Maricruz
Bishop, Sakkina S
Bishop, Surporia L
Boujbel, Rim
Camacho, Manuel J
Ceniceros Perez, Mayra K
Contreras, Elida
Cook, Tywan D
Creevy, Darcy A
Creevy, Kevin L
Creevy, Kevin S
Creevy, Michael
Cruz De Escobar, Nidia M
Diaz Eric
Dorado Hector D
Enamora Eben Moises
Enright, Kathleen Creevy
Espino Alavez, Miriam L
Fuentes, Basiliza M
Gandhi Nitin
Garcia, Demetrio
Garcia, Genoveva
Garcia Landa Hugo A
Goteti Shamala K
Greene, Jonathan T
Greene, Meghan A
Griggs, Charles E

Gutierrez, Edilberto
Gutierrez, Martin
Hanson, Mariana
Harper Emily A
Harrison Elijah B
Hernandez, Jacinto
Hernandez, Yolanda
Herrera, Juan C
Hobby, Christopher M
Ibanez, Ricardo
Jaimes-Franco, Yadira
Jiang, Meifang
Khan Ameen A
Khan Rizwan
Khatoon Uroosa
Knarr Kevin
Kochanny, Kenneth J
Kottke, Adam R
Kuo, Alvin
Lara Ibsen C
Li, Jordan J
Mackie, Michael L
Maldonado, David J
Mathiya Fehmida A
Mccaster, Michael T
Mccaster, Sarah
Mcnally Creevy, Madeleine
Miller, Lori A
Nieves, Consuelo
Ortigoza Urbano, Belen
Patino Evelin
Patino, Saul
Pinkowski, Alan J
Rivera Sergio
Rosicky Ellen
Santucci Tyler
Scalise, Joseph Jr

Scott Gerald Aaron
Sethi Suneet
Shipanik, Eugene K
Simental, Elizabeth J
Singh, Amardeep
Slack Alexander
Sohail, Syed M
Soriano, Francisca
Makee Flin, Katherine
Sukhu Roma
Swan Aoife
Thomas Benny
Torres, Kyle Robert
Torres Jacqueline
Vargas Martinez, Francisco
Velasquez Pena Carlos
Verma, Vijay K
Vyas, Rachana
Wills, Charsie R
Zerrudo Nicholas
Zychowska, Wioletta S

4JJ

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>01854</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>Willow Birch Pharma, LLC</u>		
Physical Address: <u>447 County Road 303, Ste B</u>		
City: <u>Taylor</u> State: <u>MS</u> Zip: <u>38673</u>		
Mailing Address (if different from physical address): <u>P.O. Box 240</u>		
City: <u>Taylor</u> State: <u>MS</u> Zip: <u>38673</u>		
Telephone: <u>877-751-0299</u> Website: <u>www.willowbirch.com</u>		
Name of Designated Representative (DR): <u>Steven Lavoie</u>		
Licensing Company Email: <u>N/A</u> DR Email: <u>slavoie@willowbirch.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>503B Outsourcing facility</u>	☒ Dangerous Drugs ☒ Controlled Substances ☐ *Medical devices, equipment, supplies, gases ☒ Others: <u>Veterinary, API</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 # 3. Provide all the following where applicable:

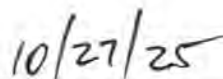
Date of Event/Arrest See attached	Disposition Date	State	City	County
Case #	Governing, licensing, Arresting Presiding Body/Agency/Court			
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

See Attached



Original Signature (electronic, copies or stamps not accepted)



Date

Willow Birch Pharma, LLC – Explanation for Disciplinary Summary

Willow Birch Pharma, LLC has no disciplinary history. The individual officers associated with Willow Birch Pharma, LLC also serve as officers of a sister-entity, LGM Pharma, LLC. In the interests of transparency, Willow Birch Pharma, LLC is disclosing the disciplinary history based on the officers' association with LGM Pharma, LLC.

LGM Pharma LLC

Disciplinary Summary

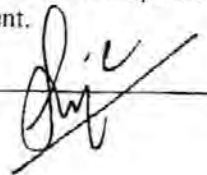
State

On December 3, 2019 LGM Pharma, LLC received a Statement of Charges and Notice of Hearing from the Alabama State Board of Pharmacy. The Statement of Charges alleged that LGM Pharma, LLC was not qualified to possess a permit based upon an FDA Form 483 issued on December 4, 2018. As a result, LGM Pharma, LLC agreed to pay an administrative fine and have its facility operations and quality systems inspected by a third-party approved by the Alabama State Board of Pharmacy prior to resuming full business activities in the state. LGM Pharma, LLC was allowed to continue to conduct limited business in the state while the inspection was pending. The third-party inspection report found that the facility operations and quality systems to be compliant. Upon submission to the Alabama State Board of Pharmacy, it found the inspection satisfactory. At this time, LGM Pharma, LLC has satisfied the requirements of the Final Order has been resumed full business in the state and has successfully renewed its Alabama permits to date.

FDA Consent Decree

LGM Pharma, LLC entered into a settlement agreement with the U.S. Food and Drug Administration effective January 30, 2023, which finalizes previous FDA Form 483 observations and related actions. Notably, LGM Pharma LLC admits no wrongdoing and is committed to continuous quality improvement via periodic audits by an independent monitor. On February 19, 2025, LGM Pharma, LLC received written notification from the FDA that it appears to be in compliance with the Decree, the Federal Food, Drug, and Cosmetic Act, and its implementing regulations. Nonetheless, out of an abundance of caution and in the spirit of full transparency, LGM Pharma, LLC is reporting this non-disciplinary settlement agreement.

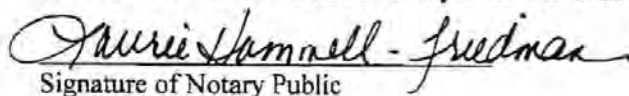
Signed: _____
Name: Prasad Raje
Title: CEO



State of FLORIDA
County of PALM BEACH

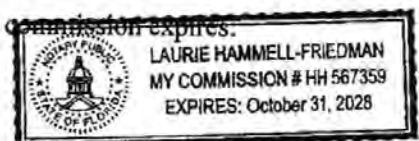
On this the 29th day of SEPT., 2025, before me, _____, the undersigned notary, personally appeared PRASAD RAJE known to me (or satisfactorily proven) to be the person whose name(s) is/are subscribed to the within instrument and acknowledged that he/she/they executed the same for the purposes therein contained.

In witness whereof I hereunto set my hand and official seal.


Signature of Notary Public

[Seal of Office]

My commission expires.



Alabama Final Order

IN THE MATTER OF:	)	BEFORE THE ALABAMA STATE
	)	
LGM PHARMA, LLC	)	BOARD OF PHARMACY
	)	
Wholesale Distributor	)	
Permit Number 195678	)	Case Number 19-L-0165

AMENDED FINAL ORDER

On March 10, 2020 this cause came before the Alabama State Board of Pharmacy (hereinafter also referred to as the "Board"), on a Complaint against LGM Pharma, LLC (hereinafter also referred to as the "Respondent"). Evidence having been adduced thereon, the Board has determined that the following Stipulation and Agreement, Findings of Fact and Conclusions of Law are supported by the preponderant weight of evidence and law. The subsequent Final Order was executed by the Board on March 18, 2020. The Respondent on April 1, 2020 submitted a Motion For Reconsideration and Rehearing based on the change circumstances brought about by the COVID-19 Public Health Emergency. The Board agreed to the changes contained below and all other aspects of the Final Order executed by the Board on March 18, 2020 as shown below remain unchanged.

Stipulation and Agreement

Pursuant to Code of Alabama 1975, § 41-22-12 (f), the Respondent stipulated that the Board could introduce sufficient evidence to establish a prima facie case for the violation of Board Rule 680-X-2.23 (k) (3) of the Statement of Charges and Notice of Hearing dated December 3, 2019, necessary to meet the legal burden of proof as required by the Board for this proceeding. Therefore, the Board finds the Respondent is guilty of committing the acts and violating the provisions Board Rule 680-X-2.23 (k) (3) set forth in the Statement of Charges and Notice of Hearing dated December 3, 2019. The Board and the Respondent further agreed to the terms listed below in this Final Order.

Findings of Fact

1. The Respondent is a wholesale distributor located at 2758 Circleport Drive, Erlanger, Kentucky 41018 to which the Board issued wholesale distributor permit number 195678.
2. The Respondent was notified of the charges; the Respondent was represented at the administrative hearing by counsel, Mr. H. Hube Dodd, Esq.
3. The Respondent made no objection to the timeliness or the specificity of the Statement of Charges and Notice of Hearing.

Conclusion of Law

1. The Alabama State Board of Pharmacy has jurisdiction of this cause pursuant to Code of Alabama (1975), § 34-23-34, 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) and Code of Alabama (1975), § 41-22-12.
2. The Respondent was properly notified of the charges; the Respondent was represented by counsel at the hearing.
3. The Respondent made no objection to the timeliness of the Notice of Hearing.
4. The Respondent made no objection to the specificity of the Statement of Charges.
5. The Respondent permit as a wholesale distributor in the State of Alabama is due to have disciplinary sanctions imposed in that it is guilty of violating Board Rule 680-X-.2.23 (3)

ORDER

In accordance with the foregoing Stipulation and Agreement, Findings of Fact and Conclusions of Law, it is hereby ORDERED as follows:

1. No later than April 18, 2020 Respondent shall pay to the Board an administrative fine of Fifty Thousand (\$50,000.00) Dollars and future applications for renewal shall not be granted unless said fine has been paid; and

2. The Respondent shall be allowed to continue to conduct business in the State of Alabama for a period of ninety (90) days from the date of the execution of this Amended Final Order or the termination of the current Public Health Emergency declared by the State of Alabama, whichever occurs first and dispensing only those drugs listed on "Attachment A" below. Concurrent with the above, the Respondent must provide the Board the identity of those to which the Respondent is doing business; and

3. Within the period stated above, the Respondent's facility at Erlanger, Kentucky shall be inspected by a third party approved by the Board; and

4. Upon results provided to and deemed satisfactory by the Board, of the above outlined inspection, the Respondent may resume its business activities in the State of Alabama; and

5. 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 ⁰³ day, April 2020.

Ralph E. Sorrell

Mr. Ralph E. Sorrell, R. Ph., President
Alabama State Board of Pharmacy

Copies to:

Mr. H. Hube Dodd, Esq.

Ms. Donna C. Yeatman, R. Ph., Executive Secretary

Mr. James S. Ward, Esq.

Mr. Vance L. Alexander, Esq.

Attachment A

BULK#	DESCRIPTION
684407	ACETAMINOPHEN POWDER USP
692190	AMOXICILLIN TRIHYDRATE POWDER USP
686155	AMPHOTERICIN B USP NON-STERILE
684490	AZITHROMYCIN DIHYDRATE USP
684567	BETAHISTINE HCL USP
684721	CHOLESTYRAMINE RESIN USP
684752	CLINDAMYCIN HCL USP
691270	CLOMIPRAMINE HCL USP
684759	CLOTTRIMAZOLE USP
684797	CROMOLYN SODIUM USP
684821	CYCLOSPORINE A USP
684891	DEXAMETHASONE BASE USP MIC
690009	DILTIAZEM HCL USP
685183	FLUOROURACIL USP *HAZMAT
685314	GRISEOFULVIN MICRONIZED BP/EP
685383	HYDROXYZINE HCL USP
606508	LEVOTHYROXINE SODIUM USP (T4)*CPK
690028	MESALAMINE USP
695212	MOMETASONE FUROATE USP
692171	NAPROXEN SODIUM USP
606589	NYSTATIN USP *COLDPK
696283	OXYTOCIN USP *COLDPACK

685673	PENTOXIFYLLINE USP
691376	PHENYLBUTAZONE USP
685765	PREDNISOLONE SODIUM PHOS USP*COLD
685829	QUININE SULFATE DIHYDRATE USP
685966	SPIRONOLACTONE MICRONIZED USP
693787	TACROLIMUS USP
686017	TERBUTALINE SULFATE USP
686043	TETRACAINE USP (BASE)*HAZMAT
691903	TETRACYCLINE HCL USP
696403	THEOPHYLLINE-ETHYLENEDIAMINE EP*HA
696195	TRANEXAMIC ACID USP
696585	TYLOSIN TARTRATE USP
686333	VANCOMYCIN HCL USP COLDPK

IN THE MATTER OF:	)	BEFORE THE ALABAMA STATE
	)	
LGM PHARMA, LLC	)	BOARD OF PHARMACY
	)	
Wholesale Distributor	)	
Permit Number 195678	)	Case Number 19-L-0165

FINAL ORDER

On March 10, 2020 this cause came before the Alabama State Board of Pharmacy (hereinafter also referred to as the "Board"), on a Complaint against LGM Pharma, LLC (hereinafter also referred to as the "Respondent"). Evidence having been adduced thereon, the Board has determined that the following Stipulation and Agreement, Findings of Fact and Conclusions of Law are supported by the preponderant weight of evidence and law.

Stipulation and Agreement

Pursuant to Code of Alabama 1975, § 41-22-12 (f), the Respondent stipulated that the Board could introduce sufficient evidence to establish a prima facie case for the violation of Board Rule 680-X-2.23 (k) (3) of the Statement of Charges and Notice of Hearing dated December 3, 2019, necessary to meet the legal burden of proof as required by the Board for this proceeding. Therefore, the Board finds the Respondent is guilty of committing the acts and violating the provisions Board Rule 680-X-2.23 (k) (3) set forth in the Statement of Charges and Notice of Hearing dated December 3, 2019. The Board and the Respondent further agreed to the terms listed below in this Final Order.

Findings of Fact

1. The Respondent is a wholesale distributor located at 2758 Circleport Drive, Erlanger, Kentucky 41018 to which the Board issued wholesale distributor permit number 195678.

2. The Respondent was notified of the charges; the Respondent was represented at the administrative hearing by counsel, Mr. H. Hube Dodd, Esq.

3. The Respondent made no objection to the timeliness or the specificity of the Statement of Charges and Notice of Hearing.

Conclusion of Law

1. The Alabama State Board of Pharmacy has jurisdiction of this cause pursuant to Code of Alabama (1975), § 34-23-34, 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) and Code of Alabama (1975), § 41-22-12.

2. The Respondent was properly notified of the charges; the Respondent was represented by counsel at the hearing.

3. The Respondent made no objection to the timeliness of the Notice of Hearing.

4. The Respondent made no objection to the specificity of the Statement of Charges.

5. The Respondent permit as a wholesale distributor in the State of Alabama is due to have disciplinary sanctions imposed in that it is guilty of violating Board Rule 680-X-.2.23 (3)

ORDER

In accordance with the foregoing Stipulation and Agreement, Findings of Fact and Conclusions of Law, it is hereby ORDERED as follows:

1. Within thirty (30) days of this Final Order, the Respondent shall pay to the Board an administrative fine of Fifty Thousand (\$50,000.00) Dollars and future applications for renewal shall not be granted unless said fine has been paid; and

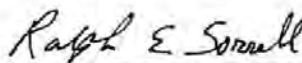
2. The Respondent shall be allowed to continue to conduct business in the State of Alabama until March 23, 2020 provided the Respondent provides the Board the identity of those to which the Respondent is doing business and a list of the drugs being distributed; and

3. The Respondent's facility at Erlanger, Kentucky shall be inspected by a third party approved by the Board; and

4. Upon results provided to and deemed satisfactory by the Board, of the above outlined inspection, the Respondent may resume its business activities in the State of Alabama; and

5. 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 ¹⁸ day, March 2020.



Mr. Ralph E. Sorrell, R. Ph., President
Alabama State Board of Pharmacy

Copies to:

Mr. H. Hube Dodd, Esq.

Ms. Donna C. Yeatman, R. Ph., Executive Secretary

Mr. James S. Ward, Esq.

Mr. Vance L. Alexander, Esq.

IN THE MATTER OF:	)	BEFORE THE ALABAMA STATE
	)	
LGM PHARMA, LLC	)	BOARD OF PHARMACY
	)	
Wholesale Distributor	)	CASE NO: 19-L-0165
Permit No.: 195678	)	

STATEMENT OF CHARGES AND NOTICE OF HEARING

TO: LGM Pharma, LLC
2758 Circleport Drive
Erlanger, Kentucky 41018

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 March 10, 2020 at 1:00 p.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 if the permit to operate LGM Pharma, LLC (LGM) as a Wholesale Distributor is satisfactory to the Board and/or should not be revoked, suspended or placed on probation or a monetary penalty imposed and/or a renewal of the same should be granted based upon any or all of the following, to-wit:

1. On May 26, 2019, LGM submitted a Change of Ownership Application.
2. Board Rule 680-X-2.23 is entitled Drug Manufacturers, Wholesale Distributors.
3. 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) Any other factors or qualifications the Board of Pharmacy considers relevant to and consistent with public health and safety.

4. 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.

5. 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.

6. Board Rule 680-X-2.23(3)(k)(3) provides that a holder of a wholesale distributor permit must operate in compliance with applicable Federal and State law.

7. Code of Alabama (1975), § 34-23-32 requires that any application for a wholesale distributor permit must be found to be satisfactory to the Board.

COUNT ONE

The Board alleges your application is not satisfactory, you have violated the above referenced provisions, 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 issuance of a FDA 483 dated December 4, 2018

attached hereto as Exhibit "A" and/or any or all of the following observations, deficiencies and/or violations with specifics, as set out therein:

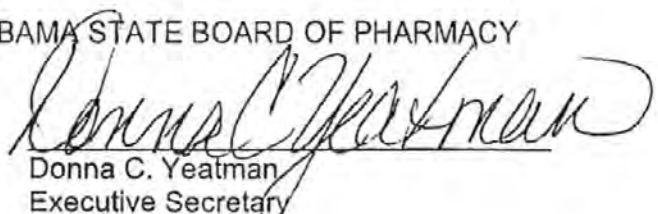
- a. API products were received from an outside supplier and were relabeled by removing the manufacturer's information without proper justification or verification.
- b. API suppliers were not adequately qualified.
- c. Your Quality Unit was not involved in quality operations.
- d. Your Quality Unit did not adequately ensure that quality related complaints were investigated and resolved.
- e. Your failure to investigate and document critical deviations resulting in the distribution of drug products of unknown quality attributes.
- f. Your failure to have written procedures for the handling of final disposition and destruction of API.
- g. Your failure to follow procedures for receiving, evaluating and handling recalls by a formally designed unit.
- h. Your failure to maintain complete traceability of all API products that were distributed.
- i. Your failure to conduct regular GMP training and/or a failure to maintain training records.
- j. Your failure to follow and/or document proper storage conditions for API products.
- k. Your failure to validate your computerized systems.

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 3rd day of December, 2019.

ALABAMA STATE BOARD OF PHARMACY

By: 
Donna C. Yeatman
Executive Secretary

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

Name:	N/A			
Address:	City:	State:	Zip:	
Name:				
Address:	City:	State:	Zip:	
Name:				
Address:	City:	State:	Zip:	
Name:				
Address:	City:	State:	Zip:	

Section 4: Publicly Traded Corporation

State of Incorporation:	N/A		
Parent Company (if any):			
Corporation Name:			
Mailing Address:			
City:	State:	Zip:	
Telephone:	Email:		
Contact Person Name:			
Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:	

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization:	MS		
Parent Company (if any):	LGM Subsidiary Holdings, LLC		
Corporation/Organization Name:	Willow Birch Pharma, LLC		
Mailing Address:	P.O. Box 240		
City:	State:	Zip:	
Telephone:	877-751-0299	Email:	prasad.raje@lgmpharma.com
Contact Person Name:	Prasad Raje		

Section 6: Partnership

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

Section 7: Sole Owner

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

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

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	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)	✓	✓	✓	✓
• ^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/Fingerprint%20Submission%20Instructions%20-%20Effective%2001.01.2024.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.

Willow Birch Pharma LLC

Facility Name

Hamilton Lenox

Print Name of Authorized Person Submitting Application



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

10/27/25

Date

Board Use Only

Date Received: 10/29/25

Amount: \$10,000

Wholesaler Application 6 of 7

NABP ACCREDITED

DRUG DISTRIBUTOR

Willow Birch Pharma, Inc



located at

447 County Road 303, Ste B, Taylor, MS 38673

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

[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 \(index.cfm\)](#)

Search Results for **Willow Birch**

[CSV](#)[Excel](#)

Filter:

Firm Name	FDA Establishment Identifier	DUNS	Business Operations	Address	Expiration Date
Willow Birch Pharma Inc	3009864247	617153924	RELABEL; REPACK;	447 County Road 303 Ste B, Taylor, Mississippi (MS) 38673, United States (USA)	12/31/2025

Showing 1 to 1 of 1 entries

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

Data Current through: Monday, Oct 27, 2025

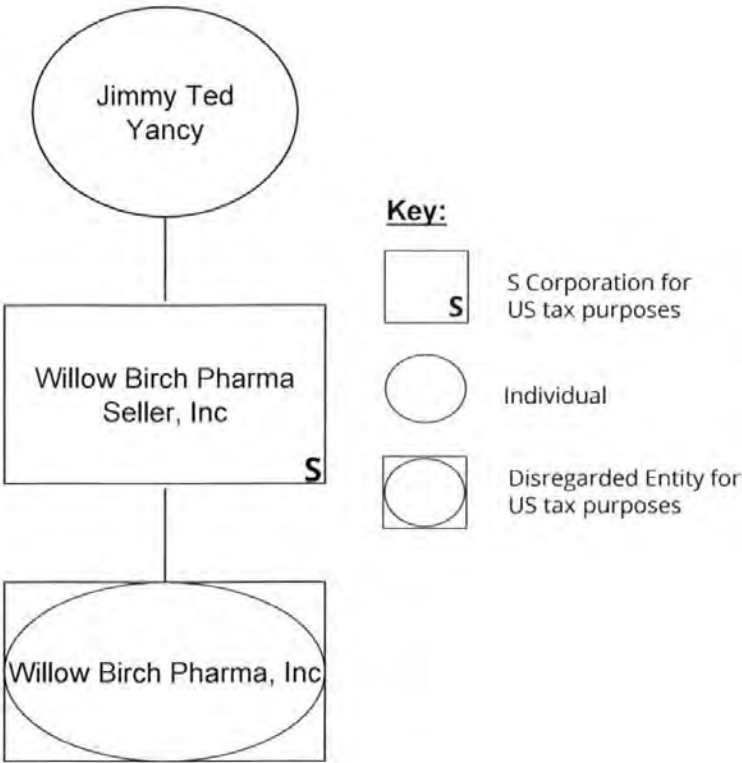
[Return to Drug Firm Annual Registration Status Home Page \(default.cfm\)](#)

EXPLANATION OF REPACKAGING ACTIVITIES

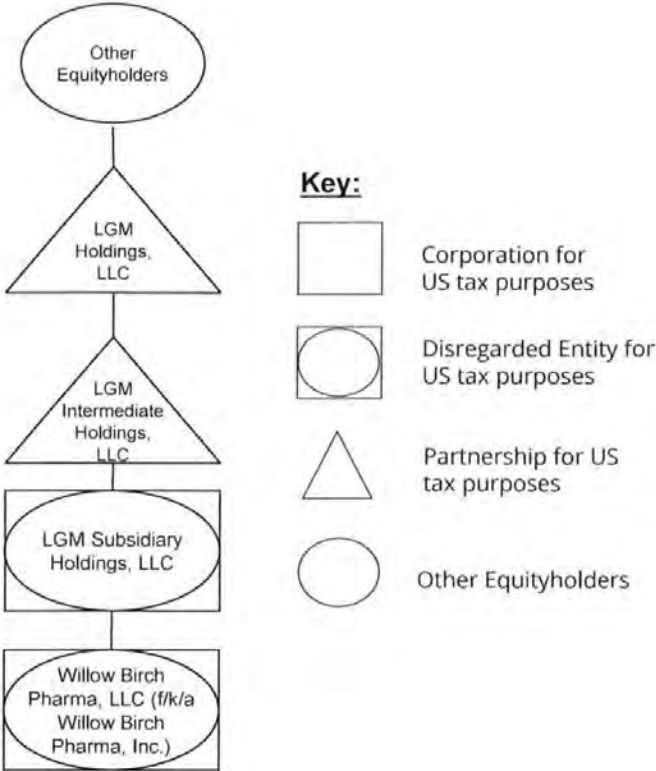
While Willow Birch is licensed as a manufacturer by the FDA it does not ship any repackaged drugs into Nevada.

Willow Birch Pharma

Pre-Closing



Post-Closing

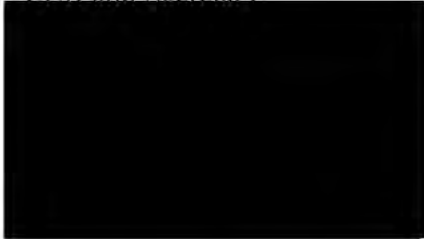


WILLOW BIRCH PHARMA, LLC
a Mississippi limited liability company

FEIN: 20-1120980

OFFICERS

Prasad Raje
CEO and Secretary



Richard Goitia
Chief Financial Officer



Hamilton Lenox
Chief Commercial Officer



PARENT COMPANY and SOLE MEMBER

LGM Subsidiary Holdings, LLC
500 West Madison Street
Suite 2830
Chicago, IL 60661



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:

WILLOW BIRCH PHARMA, LLC

Registered the 17th day of May, 2004

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:

447 CR 303
Taylor, MS 38673

And that the registered agent at that address is:

Jimmy Ted Yancy

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 29th day of September, 2025

Certificate Number: CN25222760

Verify this certificate online at <http://corp.sos.ms.gov/corpeconv/verifycertificate.aspx>



MISSISSIPPI

Board of Pharmacy



Permit #
15315 / 16.5

Drug Facility

Wholesale Distributor (In-State)

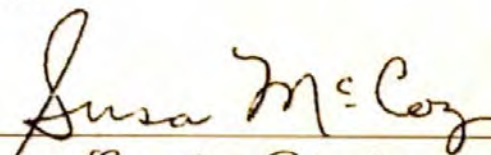
Willow Birch Pharma, LLC

Permit Holder:
Steven P Lavoie

447 County Road 303
Ste B
Taylor, MS 38673
Lafayette

This permit is not transferable or assignable.

Issued: 03/16/2017
Renewed: 09/29/2025
Expires: 12/31/2026


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



Registration #
CS-15315

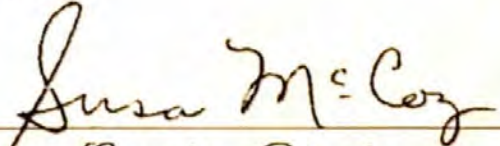
Controlled Substance Registration

Willow Birch Pharma, LLC

447 County Road 303
Ste B
Taylor, MS 38673
Lafayette

This registration is not transferable or assignable.

Issued: 01/28/2020
Renewed: 09/29/2025
Expires: 12/31/2026


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



Permit #
15364 / 16.2

Drug Facility

Re-Packager (In-State)

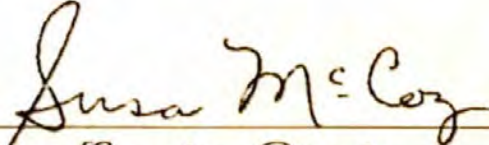
Willow Birch Pharma, LLC

Permit Holder:
Steven P Lavoie

447 County Road 303
Ste B
Taylor, MS 38673
Lafayette

This permit is not transferable or assignable.

Issued: 03/23/2017
Renewed: 09/29/2025
Expires: 12/31/2026


Executive Director

Mississippi Board of Pharmacy | 6360 I-55 North | Suite 400 | Jackson, MS 39211
Phone: 601-899-8880 | Fax: 601-899-8851

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID	CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE UNITED STATES DEPARTMENT OF JUSTICE DRUG ENFORCEMENT ADMINISTRATION WASHINGTON D.C. 20537
RW0322901	05-31-2026	\$1850	
SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE	
3,3N,4, 5	DISTRIBUTOR	05-12-2025	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.
WILLOW BIRCH PHARMA 447 COUNTY ROAD 303 SUITE B TAYLOR, MS 38673			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
RW0322901	05-31-2026	\$1850
SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
3,3N,4, 5	DISTRIBUTOR	05-12-2025
WILLOW BIRCH PHARMA 447 COUNTY ROAD 303 SUITE B TAYLOR, MS 38673		

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

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.

<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">DEA REGISTRATION NUMBER</th> <th style="text-align: left;">THIS REGISTRATION EXPIRES</th> <th style="text-align: left;">FEE PAID</th> </tr> <tr> <td>RW0322901</td> <td>05-31-2026</td> <td>\$1850</td> </tr> </table>	DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID	RW0322901	05-31-2026	\$1850	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.	
DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID						
RW0322901	05-31-2026	\$1850						
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">SCHEDULES</th> <th style="text-align: left;">BUSINESS ACTIVITY</th> <th style="text-align: left;">ISSUE DATE</th> </tr> <tr> <td>3,3N,4, 5</td> <td>DISTRIBUTOR</td> <td>05-12-2025</td> </tr> </table>	SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE	3,3N,4, 5	DISTRIBUTOR	05-12-2025	WILLOW BIRCH PHARMA 447 COUNTY ROAD 303 SUITE B TAYLOR, MS 38673	
SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE						
3,3N,4, 5	DISTRIBUTOR	05-12-2025						

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: -----

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. 5331466

Application/License No. WH01854

WILLOW BIRCH PHARMA, INC., doing or intending to do business as a
Applicant/Principal
pharmaceutical wholesaler, whose address for purposes of service is
447 County Road 303, Suite B TAYLOR, MS 38673, as
Address of Applicant/Principal
PRINCIPAL, and SureTec Insurance Company, a
Surety Company
corporation organized under the laws of the state of Texas
State of Incorporation
and authorized to transact a general surety business in the State of

Nevada, whose address for purposes of service is
2103 CityWest Boulevard, Suite 1300 Houston, TX 77042 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 November 30, 2023
Effective Date

WHEREAS, the provisions of Nevada Revised Statutes (NRS) 639.515 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of \$100,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

THIS BOND is subject to the following conditions:

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

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

In witness whereof, each party to this bond has caused it to be executed on this
1st day of December, 2023.

APPLICANT/PRINCIPAL

WILLOW BIRCH PHARMA, INC.



 Authorized Representative

SURETY COMPANY

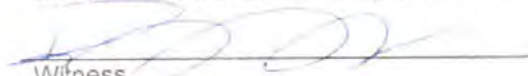
SureTec Insurance Company



 Surety Company's Representative

Michael K. Herman, Jr., 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

SureTec Insurance Company

LIMITED POWER OF ATTORNEY

Know All Men by These Presents, That SURETEC INSURANCE COMPANY (the "Company"), a corporation duly organized and existing under the laws of the State of Texas, and having its principal office in Houston, Harris County, Texas, does by these presents make, constitute and appoint

Michael K. Herman, Jr.

its true and lawful Attorney-in-fact, with full power and authority hereby conferred in its name, place and stead, to execute, acknowledge and deliver any and all bonds, recognizances, undertakings or other instruments or contracts of suretyship to include waivers to the conditions of contracts and consents of surety for

Principal: WILLOW BIRCH PHARMA, INC.
Obligee: Nevada State Board of Pharmacy
Amount: \$ 100,000.00

and to bind the Company thereby as fully and to the same extent as if such bond were signed by the President, sealed with the corporate seal of the Company and duly attested by its Secretary, hereby ratifying and confirming all that the said Attorney-in-Fact may do in the premises. Said appointment is made under and by authority of the following resolutions of the Board of Directors of the SureTec Insurance Company:

Be it Resolved, that the President, any Vice-President, any Assistant Vice-President, any Secretary or any Assistant Secretary shall be and is hereby vested with full power and authority to appoint any one or more suitable persons as Attorney(s)-in-Fact to represent and act for and on behalf of the Company subject to the following provisions:

Attorney-in-Fact may be given full power and authority for and in the name of and of behalf of the Company, to execute, acknowledge and deliver any and all bonds, recognizances, contracts, agreements or indemnity and other conditional or obligatory undertakings and any and all notices and documents canceling or terminating the Company's liability thereunder, and any such instruments so executed by any such Attorney-in-Fact shall be binding upon the Company as if signed by the President and sealed and effected by the Corporate Secretary.

Be it Resolved, that the signature of any authorized officer and seal of the Company heretofore or hereafter affixed to any power of attorney or any certificate relating thereto by facsimile, and any power of attorney or certificate bearing facsimile signature or facsimile seal shall be valid and binding upon the Company with respect to any bond or undertaking to which it is attached. *Adopted at a meeting held on 20th of April 1999.*

In Witness Whereof, SURETEC INSURANCE COMPANY has caused these presents to be signed by its President, and its corporate seal to be hereto affixed this 3rd day of February, A.D. 2023



SURETEC INSURANCE COMPANY

By: Michael C. Keimig
 Michael C. Keimig, President

State of Texas: 88
 County of Harris

On this 3rd day of February, A.D. 2023 before me personally came Michael C. Keimig, to me known, who, being by me duly sworn, did depose and say, that he resides in Houston, Texas, that he is President of SURETEC INSURANCE COMPANY, the company described in and which executed the above instrument, that he knows the seal of said Company, that the seal affixed to said instrument is such corporate seal, that it was so affixed by order of the Board of Directors of said Company, and that he signed his name thereto by like order.



Tanya Sneed
 Tanya Sneed, Notary Public
 My commission expires March 30, 2027

I, M. Brent Beaty, Assistant Secretary of SURETEC INSURANCE COMPANY, do hereby certify that the above and foregoing is a true and correct copy of a Power of Attorney, executed by said Company, which is still in full force and effect, and furthermore, the resolutions of the Board of Directors, set out in the Power of Attorney are in full force and effect.

Given under my hand and the seal of said Company at Houston, Texas this 30th day of November, 2023, A.D.

M. Brent Beaty
 M. Brent Beaty, Assistant Secretary

Any instrument issued in excess of the penalty stated above is totally void and without any validity.
 For verification of the authority of this power you may call (713) 812-0800 any business day between 8:30 am and 5:00 pm CST.

ACKNOWLEDGMENT

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

State of California
County of Los Angeles

On December 1, 2023 before me, Michelle M. Herman, Notary Public
(insert name and title of the officer)

personally appeared Michael K. Herman, Jr.
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 Michelle M. Herman (Seal)



Y

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 Willow Birch Pharma, LLC
Pharmacy/Wholesaler License # (if applicable) WH01854
Physical Address 447 County Road 303, Ste B
City Taylor State MS Zip 38673
Mailing Address (if different from physical address) P.O. Box 240
City Taylor State MS Zip 38673
Telephone 877-751-0299 Website www.willowbirch.com
Licensing Company Email slavoie@willowbirch.com

Section 2: Personal Information

First Steven Middle Paul Last Lavoie
Alias(es, nicknames, name changes, etc.) _____
Date of Birth [REDACTED] SSN or ITIN [REDACTED] Sex ☐ M ☐ F ☐ X
Mailing Address [REDACTED]
City Oxford State MS Zip [REDACTED]
Telephone [REDACTED] Email slavoie@willowbirch.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 Mississippi		From - To (MM/YY - MM/YY) 08/2000-12/2004	
Address	City University	State MS	Zip 38677
Diploma/Degree obtained, if any Bachelor of Arts			
School Name Oxford High School		From - To (MM/YY - MM/YY) 08/1996-05/2000	
Address 101 Charger Loop	City Oxford	State MS	Zip 38655
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) 07/2015 - current	Address [REDACTED]	City Oxford	State MS	Zip [REDACTED]
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	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 Willow Birch Pharma, Inc		From - To (MM/YY – MM/YY) 07/2004-current	
Business Address 447 County Road 303 Ste B		City Taylor	State MS
Phone 877-751-0299	Title EVP/ Director of Quality/ Designated Representative		Zip 38673
Number of Employed Hours 40hrs/week			

Description of Duties
Oversee the day to day operations of Willow Birch.

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

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

This is in response to Question # 6. Provide all the following where applicable:

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

Provide explanation below:

See Attached



Original Signature (electronic, copies or stamps not accepted)

10/27/25

Date

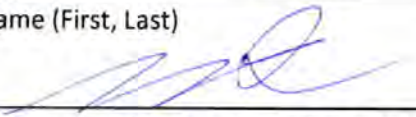
I, Steven Lavoie, certify that as the designated representative for
Willow Birch Pharma, LLC

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

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

Steven Lavoie

Print Name (First, Last)


Original Signature (electronic, copies or stamps not accepted)

08/12/2025

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.

Steven Lavoie

Print Name (First, Last)

08/12/2025

Original Signature (electronic, copies or stamps not accepted)

Date

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

State of Mississippi, ss. County of Lafayette

I, Steven Lavoie, 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 12 day of August.

Stacey Stice
Notary Public Signature



(Seal)

**LIST OF EMPLOYEES, AGENTS, INDEPENDENT CONTRACTORS, CONSULTANTS, GUARDIANS,
PERSONAL REPRESENTATIVES, LENDERS, HOLDER OF DEBT.**

1. Employees

- a. Steven Lavoie
- b. Jessica Hinson
- c. Stacey Stice
- d. Alexis Breeland
- e. Taylor Sanders
- f. Grant Moorehead
- g. Kevin Woods
- h. Marty Coffey

2. Agents

- a. Prasad Raje
- b. Richard Goitia
- c. Hamilton Lenox

3. Independent Contractors

- a. Joe Kraatz
- b. Nelson Almeida
- c. Melissa Francis

4. Consultants= N/A

5. Guardians= N/A

6. Personal Representatives

- a. Steven Lavoie

7. Lenders= N/A

8. Holders of Debt= N/A.

4KK

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>Acumed LLC</u>		
Physical Address: <u>4860 NE Brookwood Pkwy</u>		
City: <u>Hillsboro</u> State: <u>OR</u> Zip: <u>97124</u>		
Mailing Address (if different from physical address): _____		
City: _____ State: _____ Zip: _____		
Telephone: <u>(888)627-9957</u> Website: <u>www.acumed.net</u>		
Name of Designated Representative (DR): <u>David Ellison</u>		
Licensing Company Email: <u>licensingdepartment@acumed.ne</u> DR Email: <u>david.ellison@acumed.net</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)?		✓

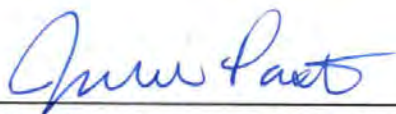
Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement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

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

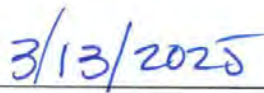
Date of Event/Arrest 08/31/2023	Disposition Date	State N/A	City N/A	County N/A
Case # 23-276-0	Governing, licensing, Arresting Presiding Body/Agency/Court Nevada State Board of Pharmacy			
Reason/Charge Unlicensed furnishing of prescription medical devices				
Plaintiff/Defendant/Claimant/Respondent N/A			Lawsuit/Arbitration/Bankruptcy N/A	
Name of Business/Industry/Entity Acumed LLC				

Provide explanation below:

Acumed LLC received a cease and desist letter on 08/31/2023 for unlicensed furnishing of prescription medical devices to certain wholesalers in Nevada. Acumed LLC was previously unaware of the licensing requirements. Upon receiving the letter Acumed LLC ceased distributing devices into Nevada and paid the fine in full. Acumed LLC received a temporary wholesaler license (WH03512) that expired on 12/11/2023. Acumed LLC is seeking to be in compliance with this new application for 2025 and will continue renewals as required. This was previously reported in our 2024 application.



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: Velocity Medtech (AMT)

Address: 14298 168th Drive SE City: Monroe State: WA Zip: 98272

Name: Micropulse

Address: 5865 East State Road 14 City: Columbia City State: IN Zip: 46275

Name: Apex

Address: 25#, Yonghua Road, Yonghe 511356 City: Guangzhou, China State: N/A Zip: N/A

Name: Precision Edge

Address: 415 W. 12th Ave City: Sault Sainte Marie State: MI Zip: 49783

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): Colson Medical, LLC

Corporation/Organization Name: Acumed LLC

Mailing Address: 4860 NE Brookwood Pkwy

City: Hillsboro State: OR Zip: 97124

Telephone: (888) 627-9957 Email: david.ellison@acumed.net

Contact Person Name: David Ellison

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/Fingerprint%20Submission%20Instructions%20-%20Effective%2001.01.2024.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.

Acumed LLC

Facility Name

Julie Pasto

Print Name of Authorized Person Submitting Application



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

3/10/2025

Date

Board Use Only

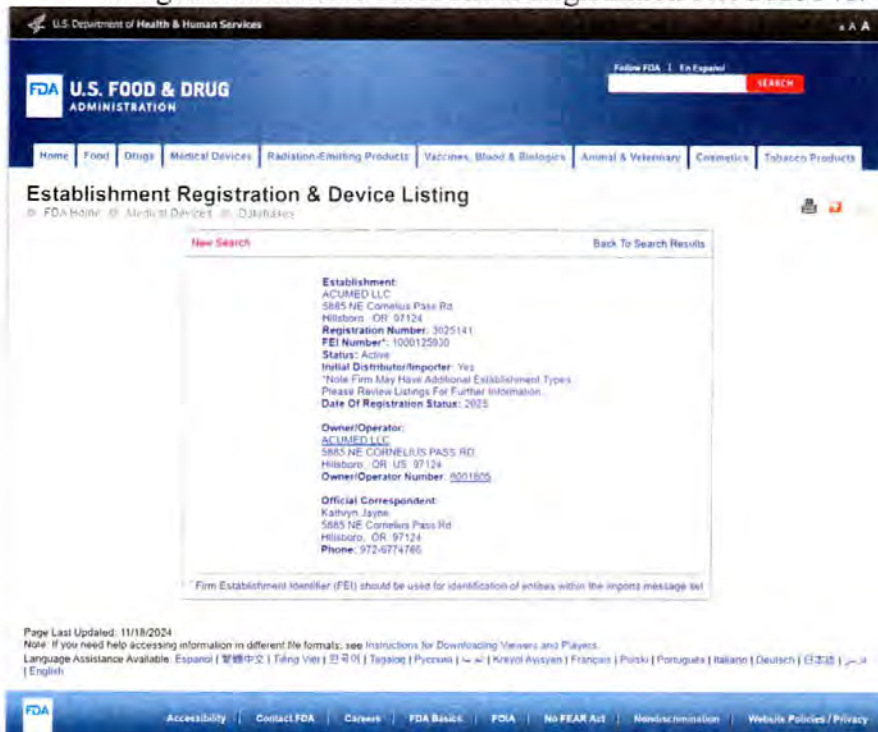
Date Received: _____ Amount: _____

2025 Nevada Wholesaler Application – Acumed LLC Attachments/Supplemental Documentation

Please see below for a list of all attachments and supplemental documentation that is applicable to Acumed LLC Brookwood and Cornelius Pass locations.

Section 8:

1. Copy of FDA Registration (attached below). Acumed LLC is a medical device manufacturer and is registered with the FDA under Registration No. 3025141.



The screenshot shows the FDA's Establishment Registration & Device Listing page. The header includes the U.S. Department of Health & Human Services and the FDA logo. The main content area displays the following information for ACUMED LLC:

- Establishment:** ACUMED LLC, 5885 NE Cornelius Pass Rd, Hillsboro, OR 97124
- Registration Number:** 3025141
- FEI Number:** 1000125930
- Status:** Active
- Initial Distributor/Importer:** Yes
- Owner/Operator:** ACUMED LLC, 5885 NE CORNELIUS PASS RD, Hillsboro, OR US 97124, **Owner/Operator Number:** 8001805
- Official Correspondent:** Kathryn Jayne, 5885 NE Cornelius Pass Rd, Hillsboro, OR 97124, **Phone:** 972-6774766

At the bottom of the page, there is a footer with various links including Accessibility, Contact FDA, Careers, FDA Basics, FOIA, No FEAR Act, Newsroom, and Website Policies/Privacy.

2. Surety Bond of \$25,000 and Surety Bond Form (attached), includes a rider for all three locations

Section 9:

3. **List of all Officers and Directors:**
 - a) Hjalmar Pompe van Meerdervoort - President
 - b) Regina Madigan - Chief Financial Officer
 - c) Scott Cameron - Secretary
4. Corporation Shareholders and their Percent Ownership:

www.acumed.net

Acumed, USA Campus
5885 NE Cornelius Pass Road
Hillsboro, OR 97124
+1.888.627.9957

OsteoMed USA Campus
3885 Arapaho Road
Addison, TX 75001
+1.800.456.7779

Acumed Iberica Campus
C. Proción, 1
Edificio Oficor
28023 Madrid, Spain
+34.913.51.63.57

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ACUMED 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 TWELFTH DAY OF DECEMBER, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ACUMED LLC" WAS FORMED ON THE TWENTY-SECOND DAY OF OCTOBER, A.D. 2002.

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



3582644 8300

SR# 20244476836

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: 205116931

Date: 12-12-24

Licensee Details

Demographic Information

Name: ACUMED LLC

Address Information

Line 1: 4860 NE BROOKWOOD PARKWAY

Line 2:

Line 3:

Line 4: Hillsboro OR 97124

License Information

Type: Manufacturer

Lic #: M-0003989

Status: Active

Issued: 3/21/2024

Expiration Date: 9/30/2026

Last Renewed: 8/25/2025

Small Business?

Prerequisite Information

Relationship/Name	Dates	License Details
-------------------	-------	-----------------

Specialty Information

No Specialty Information

Discipline Information

No Discipline Information

Board Orders

No Available Board Orders



CERTIFICATE OF LIABILITY INSURANCE

Page 1 of 1

DATE (MM/DD/YYYY)
12/31/2024

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

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

PRODUCER Willis Towers Watson Midwest, Inc. c/o 26 Century Blvd P.O. Box 305191 Nashville, TN 372305191 USA	CONTACT NAME: WTW Certificate Center PHONE (A/C, No, Ext): 1-877-945-7378 FAX (A/C, No): 1-888-467-2378 E-MAIL ADDRESS: certificates@wtwco.com																					
INSURED Acumed LLC 4860 NE Brookwood Parkway Hillsboro, OR 97124	<table><tr><th colspan="2">INSURER(S) AFFORDING COVERAGE</th><th>NAIC#</th></tr><tr><td>INSURER A:</td><td>Old Republic Insurance Company</td><td>24147</td></tr><tr><td>INSURER B:</td><td>Continental Casualty Company</td><td>20443</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></table>	INSURER(S) AFFORDING COVERAGE		NAIC#	INSURER A:	Old Republic Insurance Company	24147	INSURER B:	Continental Casualty Company	20443	INSURER C:			INSURER D:			INSURER E:			INSURER F:		
INSURER(S) AFFORDING COVERAGE		NAIC#																				
INSURER A:	Old Republic Insurance Company	24147																				
INSURER B:	Continental Casualty Company	20443																				
INSURER C:																						
INSURER D:																						
INSURER E:																						
INSURER F:																						

COVERAGES**CERTIFICATE NUMBER:** W37223311**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		MWZY 317281 24	11/15/2024	11/15/2025	EACH OCCURRENCE \$ 2,000,000
		DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000				
		MED EXP (Any one person) \$ 10,000				
		PERSONAL & ADV INJURY \$ 2,000,000				
	GEN'L AGGREGATE LIMIT APPLIES PER: ☒ POLICY ☐ PRO-JECT ☐ LOG OTHER:					GENERAL AGGREGATE \$ 2,000,000
						PRODUCTS - COMP/OP AGG \$ 2,000,000
	AUTOMOBILE LIABILITY ☐ ANY AUTO ☐ OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☐ HIRED ☐ NON-OWNED ☐ AUTOS ONLY ☐ AUTOS ONLY					COMBINED SINGLE LIMIT (Ea accident) \$
						BODILY INJURY (Per person) \$
						BODILY INJURY (Per accident) \$
						PROPERTY DAMAGE (Per accident) \$
						\$
	UMBRELLA LIAB ☐ OCCUR EXCESS LIAB ☐ CLAIMS-MADE ☐ DED ☐ RETENTION \$					EACH OCCURRENCE \$
						AGGREGATE \$
						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	☐ Y ☒ N N/A				PER STATUTE OTH-ER
						E.L. EACH ACCIDENT \$
						E.L. DISEASE - EA EMPLOYEE \$
						E.L. DISEASE - POLICY LIMIT \$
B	Products Liability		ADT 4031919959	12/31/2024	11/15/2025	Each Occurrence \$5,000,000

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

CERTIFICATE HOLDER

Acumed LLC
4860 NE Brookwood Parkway
Hillsboro, OR 97116

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

© 1988-2016 ACORD CORPORATION. All rights reserved.

GENERAL SURETY RIDER

To be attached and form a part of

Bond No. 47-SUR-300045-01-0061
For Pharmaceutical Wholesaler Surety Bond - Multiple Service
Addresses
Dated effective 02/07/2025 (MONTH, DAY, YEAR)
Executed by Acumed LLC, as Principal, (PRINCIPAL)
And by Berkshire Hathaway Specialty Insurance Company, 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

Adding Two Additional Locations

1. Acumed LLC, 4860 NE Brookwood Pkwy, Hillsboro, OR 97124
2. OsteoMed LLC, 3885 Arapaho Rd., Addison, TX 75001

Nothing herein contained shall vary, alter or extend any provision or condition of this bond except as herein expressly stated.

This rider is effective

02/07/2025

(MONTH, DAY, YEAR)

Signed and Sealed

02/07/2025

(MONTH, DAY, YEAR)



BY

Kathryn A. Payne

Acumed LLC
PRINCIPAL

VPOARA

TITLE

Berkshire Hathaway Specialty Insurance Company
SURETY

BY

Michelle Anne McMahon
Michelle Anne McMahon, ATTORNEY-IN-FACT



Berkshire Hathaway
Specialty Insurance

47-SUR-300045-01-0061

Power Of Attorney

BERKSHIRE HATHAWAY SPECIALTY INSURANCE COMPANY NATIONAL INDEMNITY COMPANY / NATIONAL LIABILITY & FIRE INSURANCE COMPANY

Know all men by these presents, that **BERKSHIRE HATHAWAY SPECIALTY INSURANCE COMPANY**, a corporation existing under and by virtue of the laws of the State of Nebraska and having an office at One Lincoln Street, 23rd Floor, Boston, Massachusetts 02111, **NATIONAL INDEMNITY COMPANY**, a corporation existing under and by virtue of the laws of the State of Nebraska and having an office at 3024 Harney Street, Omaha, Nebraska 68131 and **NATIONAL LIABILITY & FIRE INSURANCE COMPANY**, a corporation existing under and by virtue of the laws of the State of Connecticut and having an office at 100 First Stamford Place, Stamford, Connecticut 06902 (hereinafter collectively the "Companies"), pursuant to and by the authority granted as set forth herein, do hereby name, constitute and appoint: **Michelle Anne McMahon, Kimberly Bragg, Susan K. Landreth, Sarah E. Green, 233 South Wacker Dr, Suite 2000 of the city of Chicago, State of Illinois**, their true and lawful attorney(s)-in-fact to make, execute, seal, acknowledge, and deliver, for and on their behalf as surety and as their act and deed, any and all undertakings, bonds, or other such writings obligatory in the nature thereof, in pursuance of these presents, the execution of which shall be as binding upon the Companies as if it has been duly signed and executed by their regularly elected officers in their own proper persons. This authority for the Attorney-in-Fact shall be limited to the execution of the attached bond(s) or other such writings obligatory in the nature thereof.

In witness whereof, this Power of Attorney has been subscribed by an authorized officer of the Companies, and the corporate seals of the Companies have been affixed hereto this date of August 24, 2023. This Power of Attorney is made and executed pursuant to and by authority of the Bylaws, Resolutions of the Board of Directors, and other Authorizations of **BERKSHIRE HATHAWAY SPECIALTY INSURANCE COMPANY, NATIONAL INDEMNITY COMPANY** and **NATIONAL LIABILITY & FIRE INSURANCE COMPANY**, which are in full force and effect, each reading as appears on the back page of this Power of Attorney, respectively. The following seals of the Companies and signatures by an authorized officer of the Company may be affixed by facsimile or digital format, which shall be deemed the equivalent of and constitute the written signature of such officer of the Companies and original seals of the Companies for all purposes regarding this Power of Attorney, including satisfaction of any signature and seal requirements on any and all undertakings, bonds, or other such writings obligatory in the nature thereof, to which this Power of Attorney applies.

BERKSHIRE HATHAWAY SPECIALTY
INSURANCE COMPANY,

By:

David Fields, Executive Vice President



NATIONAL INDEMNITY COMPANY,
NATIONAL LIABILITY & FIRE INSURANCE COMPANY,

By:

David Fields, Vice President



NOTARY

State of Massachusetts, County of Suffolk, ss:

On this 24th day of August, 2023, before me appeared David Fields, Executive Vice President of **BERKSHIRE HATHAWAY SPECIALTY INSURANCE COMPANY** and Vice President of **NATIONAL INDEMNITY COMPANY** and **NATIONAL LIABILITY & FIRE INSURANCE COMPANY**, who being duly sworn, says that his capacity is as designated above for such Companies; that he knows the corporate seals of the Companies; that the seals affixed to the foregoing instrument are such corporate seals; that they were affixed by order of the board of directors or other governing body of said Companies pursuant to its Bylaws, Resolutions and other Authorizations, and that he signed said instrument in that capacity of said Companies.

(Notary Seal)



Notary Public

I, Ralph Tortorella, the undersigned, Officer of **BERKSHIRE HATHAWAY SPECIALTY INSURANCE COMPANY, NATIONAL INDEMNITY COMPANY** and **NATIONAL LIABILITY & FIRE 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 is in full force and effect and has not been revoked. IN TESTIMONY WHEREOF, see hereunto affixed the seals of said Companies this February 7, 2025.



Ralph Tortorella, Officer

To verify the authenticity of this Power of Attorney please contact us at: BHSI Surety Department, Berkshire Hathaway Specialty Insurance Company, One Lincoln Street, 23rd Floor, Boston, MA 02111 | (770) 625-2516 or by email at Jennifer.Porter@bhspecialty.com. THIS POWER OF ATTORNEY IS VOID IF ALTERED.
To notify us of a claim please contact us on our 24-hour toll free number at (855) 453-9675, via email at claimnotice@bhspecialty.com, via fax to (617) 507-8259, or via mail.

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. 47-SUR-300045-01-0061

Application/License No. WH03512

Acumed LLC, doing or intending to do business as a
Applicant/Principal
pharmaceutical wholesaler, whose address for purposes of service is
5885 NE Cornelius Pass Rd., Hillsboro, OR 97124, as
Address of Applicant/Principal
PRINCIPAL, and Berkshire Hathaway Specialty Insurance Company, a
Surety Company
corporation organized under the laws of the state of NE
State of Incorporation
and authorized to transact a general surety business in the State of

Nevada, whose address for purposes of service is
1314 Douglas Street, Suite 1300, Omaha, NE 68102-1944, 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 February 7, 2025.
Effective Date

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

Posted February 20, 2020

THIS BOND is subject to the following conditions:

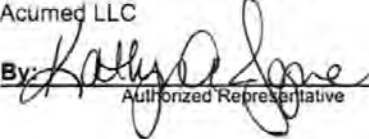
- (1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability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

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

In witness whereof, each party to this bond has caused it to be executed on this
7th day of February, 2025.

APPLICANT/PRINCIPAL

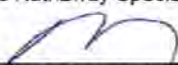
Acumed LLC

By: 

Authorized Representative

SURETY COMPANY

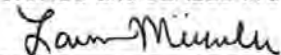
Berkshire Hathaway Specialty Insurance Company

By: 

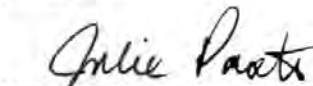
Surety Company's Representative

Michelle Anne McMahon, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:



Witness



Witness

SIGNED and SEALED in the presence of:



Witness Erika Prodell



Witness Glenn Ryan C. Tapawan

Countersigned by:



Nevada Resident Agent Connor Wolpert
Non-Resident Agent License Number: 3849618

Posted February 20, 2020

Power Of Attorney

**BERKSHIRE HATHAWAY SPECIALTY INSURANCE COMPANY
NATIONAL INDEMNITY COMPANY / NATIONAL LIABILITY & FIRE INSURANCE COMPANY**

Know all men by these presents, that **BERKSHIRE HATHAWAY SPECIALTY INSURANCE COMPANY**, a corporation existing under and by virtue of the laws of the State of Nebraska and having an office at One Lincoln Street, 23rd Floor, Boston, Massachusetts 02111, **NATIONAL INDEMNITY COMPANY**, a corporation existing under and by virtue of the laws of the State of Nebraska and having an office at 3024 Harney Street, Omaha, Nebraska 68131 and **NATIONAL LIABILITY & FIRE INSURANCE COMPANY**, a corporation existing under and by virtue of the laws of the State of Connecticut and having an office at 100 First Stamford Place, Stamford, Connecticut 06902 (hereinafter collectively the "Companies"), pursuant to and by the authority granted as set forth herein, do hereby name, constitute and appoint: **Michelle Anne McMahon, Kimberly Bragg, Susan K. Landreth, Sarah E. Green, 233 South Wacker Dr, Suite 2000 of the city of Chicago, State of Illinois**, their true and lawful attorney(s)-in-fact to make, execute, seal, acknowledge, and deliver, for and on their behalf as surety and as their act and deed, any and all undertakings, bonds, or other such writings obligatory in the nature thereof, in pursuance of these presents, the execution of which shall be as binding upon the Companies as if it has been duly signed and executed by their regularly elected officers in their own proper persons. **This authority for the Attorney-in-Fact shall be limited to the execution of the attached bond(s) or other such writings obligatory in the nature thereof.**

In witness whereof, this Power of Attorney has been subscribed by an authorized officer of the Companies, and the corporate seals of the Companies have been affixed hereto this date of August 24, 2023. This Power of Attorney is made and executed pursuant to and by authority of the Bylaws, Resolutions of the Board of Directors, and other Authorizations of **BERKSHIRE HATHAWAY SPECIALTY INSURANCE COMPANY, NATIONAL INDEMNITY COMPANY and NATIONAL LIABILITY & FIRE INSURANCE COMPANY**, which are in full force and effect, each reading as appears on the back page of this Power of Attorney, respectively. **The following seals of the Companies and signatures by an authorized officer of the Company may be affixed by facsimile or digital format, which shall be deemed the equivalent of and constitute the written signature of such officer of the Companies and original seals of the Companies for all purposes regarding this Power of Attorney, including satisfaction of any signature and seal requirements on any and all undertakings, bonds, or other such writings obligatory in the nature thereof, to which this Power of Attorney applies.**

**BERKSHIRE HATHAWAY SPECIALTY
INSURANCE COMPANY,**

**NATIONAL INDEMNITY COMPANY,
NATIONAL LIABILITY & FIRE INSURANCE COMPANY,**

By: 

By: 

David Fields, Executive Vice President

David Fields, Vice President



NOTARY

State of Massachusetts, County of Suffolk, ss:

On this 24th day of August, 2023, before me appeared David Fields, Executive Vice President of **BERKSHIRE HATHAWAY SPECIALTY INSURANCE COMPANY** and Vice President of **NATIONAL INDEMNITY COMPANY** and **NATIONAL LIABILITY & FIRE INSURANCE COMPANY**, who being duly sworn, says that his capacity is as designated above for such Companies; that he knows the corporate seals of the Companies; that the seals affixed to the foregoing instrument are such corporate seals; that they were affixed by order of the board of directors or other governing body of said Companies pursuant to its Bylaws, Resolutions and other Authorizations, and that he signed said instrument in that capacity of said Companies.

[Notary Seal]



Notary Public

I, Ralph Tortorella, the undersigned, Officer of **BERKSHIRE HATHAWAY SPECIALTY INSURANCE COMPANY, NATIONAL INDEMNITY COMPANY and NATIONAL LIABILITY & FIRE 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 is in full force and effect and has not been revoked. IN TESTIMONY WHEREOF, see hereunto affixed the seals of said Companies this February 7, 2025.




Ralph Tortorella, Officer

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 Acumed LLC MDEG License # (if applicable) in process
Physical Address 4860 NE Brookwood Pkwy
City Hillsboro State OR Zip 97124
Mailing Address (if different from physical address) _____
City _____ State _____ Zip _____
Telephone (503) 627-9957 Website www.acumed.net
Licensing Company Email licensingdepartment@acumed.net

Section 2: Personal Information

First Randolph Middle Louis Last Keefer II
Alias(es, nicknames, name changes, etc.) Scott
Date of Birth [REDACTED] SSN or ITIN [REDACTED] Sex ☒ M ☐ F ☐ X
Mailing Address 4860 NE Brookwood Pkwy
City Hillsboro State OR Zip 97124
Telephone (503) 627-9957 Email scott.keefe@acumed.net
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 Alabama		From - To (MM/YY - MM/YY) 08/93-12/98	
Address	City Tuscaloosa	State AL	Zip
Diploma/Degree obtained, if any B.S. Industrial Management			
School Name Huntsville High School		From - To (MM/YY - MM/YY) 08/89-05/93	
Address 2304 Billie Watkins Ave	City Huntsville	State AL	Zip 35801
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) 06/22-present	Address [REDACTED]	City Portland	State OR	Zip [REDACTED]
From - To (MM/YY - MM/YY) 05/20-06/22	Address [REDACTED]	City Deerfield	State NH	Zip [REDACTED]
From - To (MM/YY - MM/YY) 06/15-05/22	Address [REDACTED]	City Norwalk	State CT	Zip [REDACTED]
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	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 Acumed LLC		From - To (MM/YY – MM/YY) 11/2021-present	
Business Address same as above		City	State Zip
Phone	Title Sr. Director, Global Commercial Operations		Number of Employed Hours 7900
Description of Duties Commercial operations, including field inventory management, warehouse, logistics, order management			
Business Name		From - To (MM/YY – MM/YY)	
Business Address		City	State Zip
Phone	Title		Number of Employed Hours
Description of Duties			
Business Name		From - To (MM/YY – MM/YY)	
Business Address		City	State Zip
Phone	Title		Number of Employed Hours
Description of Duties			
Business Name		From - To (MM/YY – MM/YY)	
Business Address		City	State Zip
Phone	Title		Number of Employed Hours
Description of Duties			
Business Name		From - To (MM/YY – MM/YY)	
Business Address		City	State Zip
Phone	Title		Number of Employed Hours
Description of Duties			
Continue on next page if additional space is needed.			

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

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

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

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

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

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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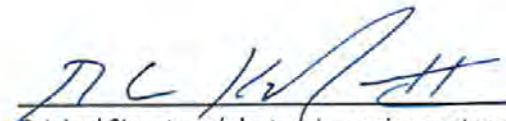
Section 8: Personal and Professional History		Yes	No
1.	Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓
2.	Have you been charged, arrested or convicted 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)

29-Sept-2025
Date

I, Randolph Louis Keefer II, certify that as the MDEG Administrator for

Acumed LLC

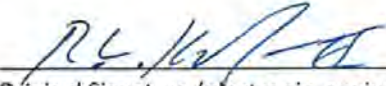
that I (initial that you have read and meet the following requirements):

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

Randolph Louis Keefer II

Print Name (First, Last)


Original Signature (electronic, copies or stamps not accepted)

29-Sep-2025
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 Acumed LLC
Pharmacy/Wholesaler License # (if applicable) In process
Physical Address 4860 NE Brookwood Pkwy
City Hillsboro State Oregon Zip 97124
Mailing Address (if different from physical address) _____
City _____ State _____ Zip _____
Telephone (503) 627-9957 Website www.acumed.net
Licensing Company Email LicensingDepartment@acumed.net

Section 2: Personal Information

First Randolph Middle Louis Last Keefer (II)
Alias(es, nicknames, name changes, etc.) _____
Date of Birth [REDACTED] SSN or ITIN [REDACTED] Sex ☒ M ☐ F ☐ X
Mailing Address 4860 NE Brookwood Pkwy
City Hillsboro State OR Zip 97124
Telephone (503) 627 9957 Email scott.keefe@acumed.net
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?		

Designated Representative Application (Applicant's Initials RLK) 2 of 9

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 Alabama		From - To (MM/YY - MM/YY) 08/93 - 12/98	
Address	City Tuscaloosa	State AL	Zip
Diploma/Degree obtained, if any B.S. Industrial Management			
School Name Huntsville High School		From - To (MM/YY - MM/YY) 08/89 - 05/93	
Address 2304 Billie Watkins Ave	City Huntsville	State AL	Zip 35801
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) 06/22 - present	Address [REDACTED]	City Portland	State OR	Zip [REDACTED]
From - To (MM/YY - MM/YY) 5/20 - 6/22	Address [REDACTED]	City Deerfield	State NH	Zip [REDACTED]
From - To (MM/YY - MM/YY) 6/15 - 5/20	Address [REDACTED]	City Norwalk	State CT	Zip [REDACTED]
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	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 Acumed		From - To (MM/YY – MM/YY) 11/21 - present	
Business Address Same as above		City	State Zip
Phone	Title Sr. Director, Global Commercial Operations		Number of Employed Hours 7900
Description of Duties Commercial operations, including field inventory management, warehouse, logistics, order management			
Business Name		From - To (MM/YY – MM/YY)	
Business Address		City	State Zip
Phone	Title		Number of Employed Hours
Description of Duties			
Business Name		From - To (MM/YY – MM/YY)	
Business Address		City	State Zip
Phone	Title		Number of Employed Hours
Description of Duties			
Business Name		From - To (MM/YY – MM/YY)	
Business Address		City	State Zip
Phone	Title		Number of Employed Hours
Description of Duties			
Business Name		From - To (MM/YY – MM/YY)	
Business Address		City	State Zip
Phone	Title		Number of Employed Hours
Description of Duties			
Continue on next page if additional space is needed.			

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

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

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

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

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

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

R.L. Karp-IT

Original Signature (electronic, copies or stamps not accepted)

29-Sept-2025

Date

Designated Representative Application (Applicant's Initials *R.L.K.*) 7 of 9

I, Randolph Louis Keefer II, certify that as the designated representative for
Acumed LLC

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

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

RLK *I have been employed for at least 6,000 hours at Acumed, a distributor of Medical products under Nev. Admin. Code § 639.6935.

Randolph L. Keefer II
Print Name (First, Last)

RLK - II
Original Signature (electronic, copies or stamps not accepted)

29 - Sept - 2025
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.

Randolph Louis Keefer II

Print Name (First, Last)

R.L. Keefer II

Original Signature (electronic, copies or stamps not accepted)

29-Sept-2025

Date

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

State of Oregon, ss. County of Washington

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

R.L. Keefer II

Original Signature

29-Sept.-2025

Date

Subscribed and Sworn to before me this 29 day of SEPTEMBER 2025

Kelli Longteig

Notary Public Signature



(Seal)

Designated Representative Application (Applicant's Initials RLK) 9 of 9

Employee ID	Legal Name	Location	Location Address - State (United States)
E1031299	Christopher William Seipert	USA_Hillsboro_OR_5885 NE Cornelius Pass Rd	Oregon
E1031458	Sharmel Sandra Wilson	USA_Hillsboro_OR_4860 NE Brookwood Pkwy	Oregon
E1031459	Elya May Henry	USA_Hillsboro_OR_5885 NE Cornelius Pass Rd	Oregon
E1031461	Kable H Birtcher	USA_Hillsboro_OR_4860 NE Brookwood Pkwy	Oregon
E1031465	Robin Stushek	USA_Hillsboro_OR_4860 NE Brookwood Pkwy	Oregon
E1031466	Darren Clites	USA_Hillsboro_OR_4860 NE Brookwood Pkwy	Oregon
E1031467	Jorgen Persson	USA_Hillsboro_OR_4860 NE Brookwood Pkwy	Oregon
E1031472	Craig Minsinger	USA_Hillsboro_OR_4860 NE Brookwood Pkwy	Oregon
E1031474	Kristene Nguyen	USA_Hillsboro_OR_5885 NE Cornelius Pass Rd	Oregon
E1031476	Tim Phillips	USA_Hillsboro_OR_4860 NE Brookwood Pkwy	Oregon
E1031478	Siena Ranuio-Nunes	USA_Hillsboro_OR_4860 NE Brookwood Pkwy	Oregon
E1031479	Brian D Seago	USA_Hillsboro_OR_4860 NE Brookwood Pkwy	Oregon
E1031480	Gabriel Aguilar	USA_Hillsboro_OR_4860 NE Brookwood Pkwy	Oregon
E1031481	Donald J Fross	USA_Hillsboro_OR_4860 NE Brookwood Pkwy	Oregon
E1031482	Richard R Lauricella	USA_Hillsboro_OR_4860 NE Brookwood Pkwy	Oregon
E1031486	Darcy E Frederick	USA_Hillsboro_OR_4860 NE Brookwood Pkwy	Oregon
E1031488	Molly C Fletcher	USA_Hillsboro_OR_4860 NE Brookwood Pkwy	Oregon
E1031489	Jessica R Cunningham	USA_Hillsboro_OR_5885 NE Cornelius Pass Rd	Oregon
E1031490	Deanna J Gatten	USA_Hillsboro_OR_4860 NE Brookwood Pkwy	Oregon
E1031492	Steve Gleason	USA_Hillsboro_OR_5885 NE Cornelius Pass Rd	Oregon
E1031493	Imad Mohamed	USA_Hillsboro_OR_4860 NE Brookwood Pkwy	Oregon
E1031494	Nikalas Schonstal	USA_Hillsboro_OR_5885 NE Cornelius Pass Rd	Oregon
E1031496	Lyle K Fogelman	USA_Hillsboro_OR_4860 NE Brookwood Pkwy	Oregon
E1031497	Eric D Ngo	USA_Hillsboro_OR_4860 NE Brookwood Pkwy	Oregon
E1031500	Teressa Marshall	USA_Hillsboro_OR_4860 NE Brookwood Pkwy	Oregon
E1031501	Cheryl Schmidt	USA_Hillsboro_OR_4860 NE Brookwood Pkwy	Oregon

E1031503	Mark Sutton	USA_Hillsboro_OR_4860 NE Brookwood Pkwy	Oregon
E1031504	Bret Rogers	USA_Hillsboro_OR_5885 NE Cornelius Pass Rd	Oregon
E1031505	John Bradley Hoefer	USA_Hillsboro_OR_4860 NE Brookwood Pkwy	Oregon
E1031507	Jeffrey Ritchie	USA_Hillsboro_OR_4860 NE Brookwood Pkwy	Oregon
E1031508	Mark Buxton	USA_Hillsboro_OR_4860 NE Brookwood Pkwy	Oregon
E1031509	Ken Laphanh	USA_Hillsboro_OR_4860 NE Brookwood Pkwy	Oregon
E1031510	Juan Perez	USA_Hillsboro_OR_5885 NE Cornelius Pass Rd	Oregon
E1031511	Andrew Peterson	USA_Hillsboro_OR_5885 NE Cornelius Pass Rd	Oregon
E1031512	Jenna Willis	USA_Hillsboro_OR_4860 NE Brookwood Pkwy	Oregon
E1031514	Kristen Anderson	USA_Hillsboro_OR_4860 NE Brookwood Pkwy	Oregon
E1031515	Mr. Glen R Eggleston Jr.	USA_Hillsboro_OR_4860 NE Brookwood Pkwy	Oregon
E1031518	Sarah D Eggleston	USA_Hillsboro_OR_4860 NE Brookwood Pkwy	Oregon
E1031520	Marlene Elisabeth Friesen	USA_Hillsboro_OR_4860 NE Brookwood Pkwy	Oregon
E1031521	Logan Anthony Flett	USA_Hillsboro_OR_4860 NE Brookwood Pkwy	Oregon
E1031522	Andrew Ryan Martinez	USA_Hillsboro_OR_4860 NE Brookwood Pkwy	Oregon
E1031523	Isaac Alexander Klein	USA_Hillsboro_OR_4860 NE Brookwood Pkwy	Oregon
E1031524	Michele Sumie Chisholm	USA_Hillsboro_OR_4860 NE Brookwood Pkwy	Oregon
E1031525	Ismaela T Carter	USA_Hillsboro_OR_5885 NE Cornelius Pass Rd	Oregon
E1031526	Spencer Anthony Gamache	USA_Hillsboro_OR_5885 NE Cornelius Pass Rd	Oregon
E1031530	Tyler Stephen Gamache	USA_Hillsboro_OR_5885 NE Cornelius Pass Rd	Oregon
E1031531	Ronald J Armstrong	USA_Hillsboro_OR_4860 NE Brookwood Pkwy	Oregon
E1031532	Shahdad Giashi	USA_Hillsboro_OR_4860 NE Brookwood Pkwy	Oregon
E1031535	Katelyn Rose Nofziger	USA_Hillsboro_OR_4860 NE Brookwood Pkwy	Oregon
E1031536	Marilyn Kay Kaiser	USA_Hillsboro_OR_4860 NE Brookwood Pkwy	Oregon
E1031537	Douglas Allen Haines	USA_Hillsboro_OR_4860 NE Brookwood Pkwy	Oregon
E1031538	Megan Kelley	USA_Hillsboro_OR_4860 NE Brookwood Pkwy	Oregon
E1031543	Alexander Jordan Mishkin	USA_Hillsboro_OR_4860 NE Brookwood Pkwy	Oregon

E1031547	Robert John Welch	USA_Hillsboro_OR_4860 NE Brookwood Pkwy	Oregon
E1031548	William Richard Southmayd	USA_Hillsboro_OR_4860 NE Brookwood Pkwy	Oregon
E1031551	Andrew Nicholas Hanson	USA_Hillsboro_OR_4860 NE Brookwood Pkwy	Oregon
E1031555	Brittany S Garrett	USA_Hillsboro_OR_4860 NE Brookwood Pkwy	Oregon
E1031556	Chloe Falls	USA_Hillsboro_OR_4860 NE Brookwood Pkwy	Oregon
E1031558	Megan Marie Allen	USA_Hillsboro_OR_4860 NE Brookwood Pkwy	Oregon
E1031563	Jesse William Nofziger	USA_Hillsboro_OR_4860 NE Brookwood Pkwy	Oregon
E1031564	Jared Andrew Miller	USA_Hillsboro_OR_5885 NE Cornelius Pass Rd	Oregon
E1031566	Brenna Marie Neyman	USA_Hillsboro_OR_4860 NE Brookwood Pkwy	Oregon
E1031570	Dylan Lee DuPree	USA_Hillsboro_OR_4860 NE Brookwood Pkwy	Oregon
E1031571	Teresa Michelle Brown	USA_Hillsboro_OR_4860 NE Brookwood Pkwy	Oregon
E1031573	Duy Nguyen	USA_Hillsboro_OR_4860 NE Brookwood Pkwy	Oregon
E1031574	Kami Christine Ridd	USA_Hillsboro_OR_4860 NE Brookwood Pkwy	Oregon
E1031578	Kendra Clark	USA_Hillsboro_OR_4860 NE Brookwood Pkwy	Oregon
E1031580	Cory Martin Eckberg	USA_Hillsboro_OR_4860 NE Brookwood Pkwy	Oregon
E1031581	Matthew Holmes	USA_Hillsboro_OR_4860 NE Brookwood Pkwy	Oregon
E1031587	Laura J Colebrook	USA_Hillsboro_OR_5885 NE Cornelius Pass Rd	Oregon
E1031588	Brenda R Woodbury	USA_Hillsboro_OR_5885 NE Cornelius Pass Rd	Oregon
E1031589	Michael G Harman	USA_Hillsboro_OR_5885 NE Cornelius Pass Rd	Oregon
E1031590	Steven P Horst	USA_Hillsboro_OR_5885 NE Cornelius Pass Rd	Oregon
E1031591	Gregory D Hutton	USA_Hillsboro_OR_5885 NE Cornelius Pass Rd	Oregon
E1031593	Joseph Shaver	USA_Hillsboro_OR_5885 NE Cornelius Pass Rd	Oregon
E1031594	Robert A Smith	USA_Hillsboro_OR_5885 NE Cornelius Pass Rd	Oregon
E1031596	Carlos H Vera	USA_Hillsboro_OR_5885 NE Cornelius Pass Rd	Oregon
E1031597	Travis L Cox	USA_Hillsboro_OR_5885 NE Cornelius Pass Rd	Oregon
E1031599	Christopher N Winningstad	USA_Hillsboro_OR_5885 NE Cornelius Pass Rd	Oregon
E1031600	Timothy T Cole	USA_Hillsboro_OR_5885 NE Cornelius Pass Rd	Oregon

E1055986	Juztice Hale	USA_Hillsboro_OR_5885 NE Cornelius Pass Rd	Oregon
E1056111	Stacey Rykard	USA_Hillsboro_OR_5885 NE Cornelius Pass Rd	Oregon
E1056153	Mark Francis Agpaoa	USA_Hillsboro_OR_5885 NE Cornelius Pass Rd	Oregon
E1056347	Martin Nguyen	USA_Hillsboro_OR_5885 NE Cornelius Pass Rd	Oregon
E1056409	Diana Rose Tolentino	USA_Hillsboro_OR_5885 NE Cornelius Pass Rd	Oregon
E1056605	Abigail Alonso	USA_Hillsboro_OR_5885 NE Cornelius Pass Rd	Oregon
E1056607	Marianne Pontemayor	USA_Hillsboro_OR_5885 NE Cornelius Pass Rd	Oregon
E1056967	Elena Zale	USA_Hillsboro_OR_5885 NE Cornelius Pass Rd	Oregon
E1057001	Noah Crawford-Lay	USA_Hillsboro_OR_4860 NE Brookwood Pkwy	Oregon
E1057584	Casandra Monsivais	USA_Hillsboro_OR_4860 NE Brookwood Pkwy	Oregon
E1058103	Andrew Franks	USA_Hillsboro_OR_5885 NE Cornelius Pass Rd	Oregon
E1058200	Karmela Kitagawa	USA_Hillsboro_OR_5885 NE Cornelius Pass Rd	Oregon
E1058481	Sterling Moore	USA_Hillsboro_OR_5885 NE Cornelius Pass Rd	Oregon
E1058563	Alexander Genson	USA_Hillsboro_OR_5885 NE Cornelius Pass Rd	Oregon
E1058672	Tomas Pruitt	USA_Hillsboro_OR_5885 NE Cornelius Pass Rd	Oregon
E1058673	Justin Becker	USA_Hillsboro_OR_5885 NE Cornelius Pass Rd	Oregon
E1058874	Azennet Denora Ramirez	USA_Hillsboro_OR_4860 NE Brookwood Pkwy	Oregon
E1062393	Alaine Gee	USA_Hillsboro_OR_5885 NE Cornelius Pass Rd	Oregon
E1063944	Jackson Lauricella	USA_Hillsboro_OR_4860 NE Brookwood Pkwy	Oregon
E1065881	Nicholas Weaver	USA_Hillsboro_OR_5885 NE Cornelius Pass Rd	Oregon
E1066855	Courtney White	USA_Hillsboro_OR_5885 NE Cornelius Pass Rd	Oregon
E1068355	Tony Moua	USA_Hillsboro_OR_4860 NE Brookwood Pkwy	Oregon
E1069347	Scott Anderson	USA_Hillsboro_OR_4860 NE Brookwood Pkwy	Oregon
E1072874	Katherine Ladwig	USA_Hillsboro_OR_5885 NE Cornelius Pass Rd	Oregon
E1073606	Flavius Morar	USA_Hillsboro_OR_5885 NE Cornelius Pass Rd	Oregon
E1073711	Jared Struck	USA_Hillsboro_OR_5885 NE Cornelius Pass Rd	Oregon
E1073821	Lauren Christie	USA_Hillsboro_OR_4860 NE Brookwood Pkwy	Oregon

E1073861	Carlos Solorio	USA_Hillsboro_OR_5885 NE Cornelius Pass Rd	Oregon
E1074065	Shawn Benson	USA_Hillsboro_OR_4860 NE Brookwood Pkwy	Oregon
E1074750	Matthew Anderson	USA_Hillsboro_OR_4860 NE Brookwood Pkwy	Oregon

4LL

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 WH03795	☐ 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: AIM Rx3PL, LLC		
Physical Address: 40F Cotters Lane, Suite 100		
City: East Brunswick State: NJ Zip: 08816		
Mailing Address (if different from physical address): c/o State License Servicing, Inc., 225 Dolson Avenue, 4th Floor		
City: Middletown State: NY Zip: 10940		
Telephone: (845) 544-2482 Website: N/A		
Name of Designated Representative (DR): Vrajesh Vikrambhai Panchal		
Licensing Company Email: AIM@slny.com DR Email: vrajeshp@aimrx3pl.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, Manufacturers & Distribution sites within organization	☒ Dangerous Drugs ☐ Controlled Substances ☐ *Medical devices, equipment, supplies, gases ☒ Others: Over the counter drugs, Ophthalmic drugs	☐ Manufacturer ☐ Repacker ☐ Reverse Distributor ☐ Warehouse ☐ Retail pharmacy wholesale distributor ☒ Others: Third Party Logistics Provider
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 - No discipline to report

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:	<u>Athem LLC</u>			
Address:	<u>40 F Cotters Lane, Suite 200</u>	City:	<u>East Brunswick</u>	State: <u>NJ</u> Zip: <u>08816</u>
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:	<u>NJ</u>		
Parent Company (if any):	<u>Advagen Holdings, Inc.</u>		
Corporation/Organization Name:	<u>AIM Rx3PL, LLC</u>		
Mailing Address:	<u>c/o State License Servicing, Inc.</u>	<u>225 Dolson Avenue, 4th Floor</u>	
City:	<u>Middletown</u>	State:	<u>NY</u> Zip: <u>10940</u>
Telephone:	<u>(845) 544-2482</u>	Email:	<u>AIM@slny.com</u>
Contact Person Name:	<u>Christine Cannon</u>		

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/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.

AIM Rx3PL, LLC

Facility Name

Eric Robert Schumacher

Print Name of Authorized Person Submitting Application



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

8/8/2025

Date

Board Use Only

Date Received: 9/22/25

Amount: \$1000000.7390

AIM Rx3PL, LLC



Corporate Address: 40F Cotters Lane, Suite 100, East Brunswick, NJ 08816 USA
 FEIN: 83-2480426

Drug Labeler Code: N/A
 Incorporation State: NJ
 Incorporation Date: 9/10/2018

FACILITY INFORMATION Code	Address	FDA	DEA	DUNS	VAWD	Phone	Fax
4F1	40F Cotters Lane Suite 100 East Brunswick, NJ 08816 County: Middlesex	N/A	N/A - No CS	117086 866	No	(732) 307-7926	(732) 307-7931

FACILITY DESIGNATED REPRESENTATIVES Name	Address	Title	Prescribing Authority
Vrajesh Vikrambhai Panchal	40 Cotters Lane Suite 100 East Brunswick, NJ 08816	Operations Manager - Designated Representative	No

OWNERSHIP Name	Address	Title	Percent of Ownership	Prescribing Authority
ADVAGEN HOLDINGS, INC.	50 Millstone Road Building 200, 1st Floor, Suite 180 East Windsor, NJ 08520		100%	

LIST OF OFFICERS Name	Address	Title	Prescribing Authority
Narendra Narhar Borkar		President	No
Eric Robert Schumacher		Executive Vice President	

REGISTERED AGENT IN ALL APPLICABLE STATES
 Name

Incorp Services, Inc.



AIM Rx3PL

AIM Rx3PL LLC
40F Cotters Lane
Suite 100
East Brunswick, NJ 08816
T: 732-307-7926
F: 732-307-7931

CERTIFIED TRUE COPY OF THE BOARD RESOLUTION PASSED AT THE MEETING OF BOARD
OF DIRECTORS OF AIM Rx3PL LLC HELD ON JUNE 5, 2025, AT 10.30 AM BY WAY OF
ELECTRONIC MEANS

TO APPROVE APPOINTMENT OF NARENDRA BORKAR AND ERIC SCHUMACHER AS
OFFICERS

"RESOLVED THAT the consent of the Board be and is hereby given to appoint Mr. Narendra
Borkar, President and Mr. Eric Schumacher, Executive Vice President as the Officers of the
Company with effect from June 5, 2025.

RESOLVED FURTHER THAT any of the Director of the Company be and are hereby authorized to
take such action and do all such acts and things that are necessary to put into effect this
resolution.

RESOLVED FURTHER THAT any of the Director of the Company, be and is hereby authorised to
issue certified true copy of this resolution to any authority or person, as and when required."

CERTIFIED TO BE TRUE

For AIM Rx3PL LLC

Narendra Borkar

Director

Date: June 5, 2025

Good Standing

STATE OF NEW JERSEY
DEPARTMENT OF THE TREASURY
DIVISION OF REVENUE AND ENTERPRISE SERVICES
SHORT FORM STANDING

AIM RX3PL, LLC
0600454043

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Limited Liability Company was registered by this office on September 10, 2018.

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:

NILESH M. PATEL
C/O INVA TECH PHARMA SOLUTION LLC
40 C COTTERS LAND, SUITE A
EAS BRUNSWICK, NJ 08816



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 24th day of July, 2025.

Elizabeth Maher Muoio
State Treasurer

Certificate Number : 6166831301

Verify this certificate online at

https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp

VOL

New Jersey Department of Health
P.O. Box 369, Trenton, New Jersey 08625-0369
Drug and Medical Device Certificate of Registration

Information recorded in the system as of 7/30/2025

Registration Number: 5005747

Registered as: Wholesale

Name: AIM RX3PL, LLC

DBA:

Address: 40F COTTERS LN, STE 100, EAST BRUNSWICK, NJ 08816

Original Issue Date: 03/11/2020

Expiration Date: 01/31/2026

Current Issue Date: 01/24/2025

Disciplines: No

Mackenzie Winne - All Ope... > 77477

☆ Reply Add note Forward Close Merge Delete ⋮

Overdue



RE: [EXTERNAL] Verification of Licensure

DOH-PHFPP reported via email



Add summary



DOH-PHFPP reported via email

18 days ago (Fri, 11 Sep 2020 at 4:44 PM)



To: "'SLSNYSupport.com'" <help@slnysupport.com>

Thank you. Due to limited resources, the NJ Department of Health cannot complete license verification forms for other states. Please utilize the online verification system on our webpage: <https://nj.gov/health/ceohs/food-drug-safety/medical-device-reg/>

Jennifer Steffee | Public Health Representative
NJ Department of Health | Public Health & Food Protection
PO Box 369 | 135 E State St | Trenton, NJ 08625
609.913.5150 | <http://nj.gov/health/ceohs>



**NEW JERSEY DEPARTMENT OF HEALTH
CONSUMER AND ENVIRONMENTAL HEALTH SERVICE**

P.O. Box 369, Trenton, New Jersey 08625-0369

0753447

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:

40F COTTERS LN, STE 100 EAST BRUNSWICK, NJ 08816-

Reg. No.
5005747

AIM RX3PL, LLC
40F COTTERS LN, STE 100
EAST BRUNSWICK, NJ 08816-

ISSUED PURSUANT TO
N.J.S.A. 24:6B

EXPIRES: January 31, 2026

Establishment Copy

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. 107941078

Application/License No. _____

AIM RX 3PL LLC, doing or intending to do business as
Applicant/Principal
pharmaceutical wholesaler, whose address for purposes of service is
40F Cotters Ln, East Brunswick, NJ 08816, as
Address of Applicant/Principal
PRINCIPAL, and Travelers Casualty and Surety Company of America, a
Surety Company
corporation organized under the laws of the state of Connecticut
State of Incorporation
and authorized to transact a general surety business in the State of

Nevada, whose address for purposes of service is
1 Tower Square, Hartford, CT 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 ONE HUNDRED THOUSAND DOLLARS (\$100,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on December 3, 2024.
Effective Date

WHEREAS, the provisions of Nevada Revised Statutes (NRS) 639.515 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of \$100,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

THIS BOND is subject to the following conditions:

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

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

In witness whereof, each party to this bond has caused it to be executed on this 3rd day of December, 2024.

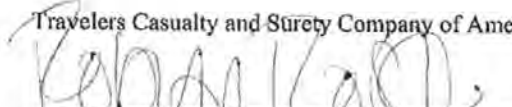
APPLICANT/PRINCIPAL

SURETY

COMPANY
AIM RX 3PL LLC

Travelers Casualty and Surety Company of America

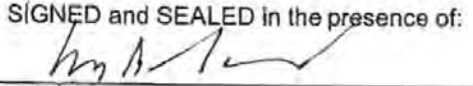

Authorized Representative

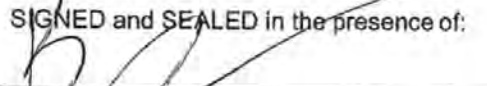

Surety Company's Representative

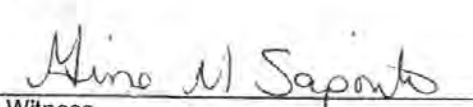
Robyn Rost, Attorney-in-fact
print name

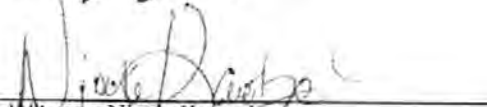
SIGNED and SEALED in the presence of:

SIGNED and SEALED in the presence of:


Witness


Witness Karla Luongo


Witness


Witness Nicole Kartzel

Countersigned by:

Nevada Resident Agent

Posted February 20, 2020



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 **Robyn Rost** of **FLORHAM PARK, New Jersey**, their true and lawful Attorney(s)-in-Fact to sign, execute, seal and acknowledge any and all bonds, recognizances, conditional undertakings and other writings obligatory in the nature thereof on behalf of the Companies in their business of guaranteeing the fidelity of persons, guaranteeing the performance of contracts and executing or guaranteeing bonds and undertakings required or permitted in any actions or proceedings allowed by law.

IN WITNESS WHEREOF, the Companies have caused this instrument to be signed, and their corporate seals to be hereto affixed, this 21st day of April, 2021.



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 3rd day of December, 2024



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.

TRAVELERS CASUALTY AND SURETY COMPANY OF AMERICA

HARTFORD, CONNECTICUT 06183

FINANCIAL STATEMENT AS OF DECEMBER 31, 2023

CAPITAL STOCK \$ 6,480,000

ASSETS		LIABILITIES & SURPLUS	
BONDS	\$ 5,104,395,801	LOSSES	\$ 1,495,036,900
STOCKS	119,333,043	LOSS ADJUSTMENT EXPENSES	146,791,770
CASH AND INVESTED CASH	30,641,608	COMMISSIONS	55,734,579
OTHER INVESTED ASSETS	8,355,939	OTHER EXPENSES	55,546,499
SECURITIES LENDING REINVESTED COLLATERAL ASSETS	13,350,613	TAXES, LICENSES AND FEES	15,857,431
INVESTMENT INCOME DUE AND ACCRUED	43,617,243	CURRENT FEDERAL AND FOREIGN INCOME TAXES	5,300,838
PREMIUM BALANCES	325,304,977	UNEARNED PREMIUMS	1,515,112,686
REINSURANCE RECOVERABLE	27,997,684	ADVANCE PREMIUM	4,091,249
NET DEFERRED TAX ASSET	72,421,341	POLICYHOLDER DIVIDENDS	21,368,522
GUARANTY FUNDS RECEIVABLE OR ON DEPOSIT	1,706,001	CEDED REINSURANCE NET PREMIUMS PAYABLE	62,914,516
OTHER ASSETS	816,309	AMOUNTS WITHHELD / RETAINED BY COMPANY FOR OTHERS	21,072,858
		REMITTANCES AND ITEMS NOT ALLOCATED	7,201,721
		PROVISION FOR REINSURANCE	9,891,783
		PAYABLE FOR SECURITIES LENDING	13,350,613
		OTHER ACCRUED EXPENSES AND LIABILITIES	409,380
		TOTAL LIABILITIES	\$ 3,429,701,342
		CAPITAL STOCK	\$ 6,480,000
		PAID IN SURPLUS	433,803,760
		OTHER SURPLUS	1,877,950,956
		TOTAL SURPLUS TO POLICYHOLDERS	\$ 2,318,234,716
TOTAL ASSETS	\$ 5,747,936,058	TOTAL LIABILITIES & SURPLUS	\$ 5,747,936,058

STATE OF CONNECTICUT)
COUNTY OF HARTFORD) SS.
CITY OF HARTFORD)

MICHAEL J. DOODY, BEING DULY SWORN, SAYS THAT HE IS VICE PRESIDENT - FINANCE, OF TRAVELERS CASUALTY AND SURETY COMPANY OF AMERICA, AND THAT TO THE BEST OF HIS KNOWLEDGE AND BELIEF, THE FOREGOING IS A TRUE AND CORRECT STATEMENT OF THE FINANCIAL CONDITION OF SAID COMPANY AS OF THE 31ST DAY OF DECEMBER, 2023.

Michael J. Doody
VICE PRESIDENT - FINANCE

SUBSCRIBED AND SWORN TO BEFORE ME THIS
16TH DAY OF MARCH, 2024

Susan M. Weissleder
NOTARY PUBLIC

SUSAN M. WEISSELER
Notary Public
My Commission Expires November 30, 2027



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 AIM Rx3PL, LLC

Pharmacy/Wholesaler License # (if applicable) WH03795

Physical Address 40F Cotters Lane, Suite 100

City East Brunswick State NJ Zip 08816

Mailing Address (if different from physical address) c/o State License Servicing, Inc. 225 Dolson Avenue, 4th Floor

City Middletown State NY Zip 10940

Telephone (845) 544-2482 Website N/A

Licensing Company Email AIM@slny.com

Section 2: Personal Information

First Vrajesh Middle Vikrambhai Last Panchal

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

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

Mailing Address [REDACTED]

City Edison State NJ Zip [REDACTED]

Telephone [REDACTED] Email vrajeshp@aimrx3pl.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 5 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 Andhra University		From - To (MM/YY - MM/YY) 07/2000 - 05/2003	
Address Junction, Andhra University South Campus, Andhra University		City Andhra Pradesh 530003, India	State
Diploma/Degree obtained, if any Bachelor of Commerce			
School Name Vishvamiketan High school		From - To (MM/YY - MM/YY)	
Address Pujra pharansingh Swamimang, near, AEC cross Rd		City Ahmedabad	State Gujarat
Diploma/Degree obtained, if any High School Diploma		Zip 380013	
School Name Vishvamiketan High school		From - To (MM/YY - MM/YY)	
Address AEC cross road, opp Swaminarayan Museum		City Ahmedabad	State Gujarat
Diploma/Degree obtained, if any near puru.		Zip 380013	
School Name		From - To (MM/YY - MM/YY)	
Address		City	State
Diploma/Degree obtained, if any		Zip	
School Name		From - To (MM/YY - MM/YY)	
Address		City	State
Diploma/Degree obtained, if any		Zip	

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
2022 - Present		Edison	NJ	
2021 - 2022		Edison	NJ	
1/2020 - 2021		Edison	NJ	
2017 - 12/2019		Jersey City	NJ	
1995 - 2016		AHMEDABAD	GJ	
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	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 AIM Rx3PL, LLC		From - To (MM/YY - MM/YY) 04/2022 - Present	
Business Address 40F Cotters Lane, Suite 100		City East Brunswick	State NJ
Phone (732) 307-7926	Title Operations Manager - Designated Representative		Zip 08816
		Number of Employed Hours ~ 6,960 hours	

Description of Duties

Manage day-to-day supply and logistics activities to maximize the efficiency, reliability, timeliness, and cost effectiveness of the organization's supply chain; Inventory management, storage, warehousing, logistics, transport, and distribution; Examine existing procedures or opportunities for streamlining activities to meet customer needs.

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 - No discipline to report

N/A

Original Signature (electronic, copies or stamps not accepted)

N/A

Date

I, Vrajesh Vikrambhai Panchal, certify that as the designated representative for
AIM Rx3PL, 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.

Vrajesh Vikrambhai Panchal

Print Name (First, Last)


 Original Signature (electronic, copies or stamps not accepted)

08/08/2025
 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.

Vrajesh Vikrambhai Panchal

Print Name (First, Last)

V.Panchal
Original Signature (electronic, copies or stamps not accepted)

08/08/2025
Date

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

State of New Jersey ss. County of Middlesex

I, Vrajesh Panchal, 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.

V.Panchal
Original Signature Vrajesh Vikrambhai Panchal

8/11/2025
Date

Subscribed and Sworn to before me this 11 day of August.

Gina M Saporito
Notary Public Signature



(Seal)

Designated Representative Application (Applicant's Initials VP) 9 of 9

Amsino Medical, Inc.

Employee List

Vrajesh Panchal – Operations Manager

Ankita Amin – Supply Chain and Compliance Associate

4MM

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 02959	☐ 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>Animal Health International, Inc.</u>		
Physical Address: <u>1115 Metzger Street</u>		
City: <u>Red Bluff</u> State: <u>CA</u> Zip: <u>96080</u>		
Mailing Address (if different from physical address): <u>1031 Mendota Heights Road; Attn: Regulatory Licensing</u>		
City: <u>Saint Paul</u> State: <u>MN</u> Zip: <u>55120</u>		
Telephone: <u>970-347-3290</u> Website: <u>https://www.animalhealthinternational.com/home</u>		
Name of Designated Representative (DR): <u>Nannette Schumacher</u>		
Licensing Company Email: <u>facilitylicensing@pattersoncompa</u> DR Email: <u>Nannette.Schumacher@animalhealthinternational.</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>Universities/Research</u>	☒ Dangerous Drugs ☐ Controlled Substances ☐ *Medical devices, equipment, supplies, gases ☒ Others: <u>Class I & Class II Medical Devices</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 # 3. Provide all the following where applicable:

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

Provide explanation below:

Please see attached disclosure statement.


Original Signature (electronic, copies or stamps not accepted)

5/6/25
Date

Animal Health International, Inc. (AHI) Disclosure Statement

- a. On March 4, 2013, Animal Health International, Inc.'s (AHI) Mayo, Florida Veterinary Prescription Drug Wholesale Distributor license was disciplined by the Florida Department of Business and Professional Regulation (DBPR) related to allegations that AHI failed to report a change of ownership to the DBPR in a timely manner. AHI and the DBPR reached a settlement agreement and a fine, and AHI paid \$41,250.
- b. On April 18, 2013, the California Board of Pharmacy cited Animal Health International, Inc.'s (AHI) Visalia, California Veterinary Food- Animal Drug Retailer license for an alleged failure to affix labels to a product dispensed in California. AHI paid a fine of \$500.
- c. On June 18, 2013, the Missouri Division of Professional Regulation issued a drug distributor license to Animal Health International, Inc.'s (AHI) Salina, Kansas facility. The license was issued subject to probation due to allegations that this entity distributed legend drugs in Missouri without being licensed to do so. On June 17, 2015, the probation was terminated.
- d. On August 30, 2013, the California Board of Pharmacy cited Animal Health International, Inc.'s (AHI) Ceres, California Veterinary Food Animal Drug Retailer license for alleged violations of allowing a non-pharmacist to receive an oral order from a veterinarian, furnishing medications without a valid prescription, and failing to comply with labeling requirements. AHI paid a fine of \$3,500. Two AHI employees were also cited and fined a total of \$3,000.
- e. On March 13, 2017, Animal Health International, Inc. (AHI) entered into an agreement with the Alabama Board of Pharmacy in which AHI agreed to pay a fine of \$1,000 following allegations that AHI's Manchester, Iowa pharmacy had violated Alabama law by being disciplined by the Arkansas Board of Pharmacy. AHI had entered into a non-disciplinary agreement with the Arkansas Board of Pharmacy following allegations that it had not notified the Arkansas Board of a change of ownership in a timely manner and paid a non-disciplinary fine of \$2,500 to the Arkansas Board. The Alabama Board made no misconduct allegations beyond the conduct in Arkansas, which led to the non-disciplinary order and fine.
- f. In March 2017, the Colorado Board of Pharmacy issued a letter of admonishment to Animal Health International, Inc.'s (AHI) Greeley, Colorado wholesale distributor license following allegations that it failed to timely submit an application detailing a change in designated representative. AHI was required to pay the costs associated with the Board's order.
- g. On February 14, 2020, Animal Health International, Inc. (AHI) entered a plea of guilty for introducing into interstate commerce misbranded veterinary prescription drugs to persons who were not licensed to possess or distribute veterinary prescription drugs on the order of a veterinarian who was not properly licensed in Virginia. AHI Paid a fine of \$5,000,000.
- h. On July 20, 2020, Animal Health International, Inc. (AHI) in Boaz, AL entered into an agreement with the Alabama State Board of Pharmacy, in which AHI agreed to pay an



administrative fine of \$2,000. This agreement was related to the Alabama Board's investigation following AHI's criminal conviction in the United States District Court for the Western District of Virginia and did not involve new conduct. The facility in Boaz, Alabama facility, subject to discipline was AHI's Boaz, Alabama, wholesale drug distributor license.

- i. On July 20, 2020, Animal Health International, Inc. (AHI) entered into an agreement with the Alabama State Board of Pharmacy, in which AHI agreed to pay an administrative fine of \$2,500. This agreement was related to the Alabama Board's investigation following AHI's criminal conviction in the United States District Court for the Western District of Virginia and did not involve new conduct. The specific facility subject to discipline was AHI's Springdale, Arkansas, wholesale drug distributor license.
- j. On December 15, 2022, Animal Health International, Inc. (AHI) entered into an agreement with the Florida State Board of Pharmacy in which AHI agreed to pay an administrative fine of \$3,500 against the Wolcott, IN pharmacy license. This agreement was related to the Florida Board's investigation following AHI's criminal conviction on February 14, 2020, in the United States District Court for the Western District of Virginia and did not involve new conduct.
- k. On December 31, 2024, Animal Health International's Sioux Center, Iowa Wholesale Distributor facility entered into a Consent Order with the Illinois Department of Financial and Professional Regulation in which the facility's Illinois Wholesale Distributor license was reprimanded and fined \$10,000. This action was based entirely on the Department of Justice case against AHI related to distribution activities predating current ownership. The Federal case was reported to State Boards during the investigation in July 2019 and again in February 2020 once the case was resolved.
- l. On January 9, 2025, Animal Health International's ("AHI") Ceres, California Wholesale Distributor Facility entered into a Consent Order with the Oregon Board of Pharmacy to resolve allegations that for approximately 6 days in 2016, the facility distributed prescription drugs into Oregon without an active wholesale distributor license. Pursuant to the Consent Order, AHI is required to pay a civil penalty in the amount of \$10,000. However, payment of the civil penalty is stayed for one year on the condition that AHI does not commit any similar violations. The activity at issue occurred shortly after AHI's current owners acquired the business in June 2015 and was included within the scope of the conduct considered by the Department of Justice in its case against AHI related to distribution activities that predated the current ownership. The Department of Justice cases were reported to the appropriate state boards during the investigation in July 2019 and again in February 2020 once the case was resolved. Note also that the new owners addressed all licensure issues of the previous owner, and the licensure gaps were fully addressed by the end of 2016.
- m. On January 9, 2025, Animal Health International's ("AHI") Roanoke, Texas Wholesale Distributor facility entered into a Consent Order with the Oregon Board of Pharmacy to resolve allegations that for approximately 165 days in 2014, the facility distributed prescription drugs into Oregon without an active wholesale distributor license. Pursuant to the Consent Order, AHI is required to pay a civil



penalty in the amount of \$10,000. However, payment of the civil penalty is stayed for one year on the condition that AHI does not commit any similar violations. The activity at issue occurred shortly after AHI's current owners acquired the business in June 2015 and was included within the scope of the conduct considered by the Department of Justice in its case against AHI related to distribution activities that predated the current ownership. The Department of Justice cases were reported to the appropriate state boards during the investigation in July 2019 and again in February 2020 once the case was resolved. Note also that the new owners addressed all licensure issues of the previous owner, and the licensure gaps were fully addressed by the end of 2016.

- n. On January 9, 2025, Animal Health International's ("AHI") Twin Falls, Idaho pharmacy entered into a Consent Order with the Oregon Board of Pharmacy to resolve allegations that for approximately 3 days in 2016, the pharmacy dispensed prescriptions into Oregon without an active pharmacy license. Pursuant to the Consent Order, AHI is required to pay a civil penalty in the amount of \$3,000. However, payment of the civil penalty is stayed for one year on the condition that AHI does not commit any similar violations. Please note that the activity at issue occurred shortly after AHI's current owners acquired the business in June 2015 and was included within the scope of the conduct considered by the Department of Justice in its case against AHI related to distribution activities that predated the current ownership. The Department of Justice case was reported to the state boards during the investigation in July 2019 and again in February 2020 once the case was resolved. A copy of the Oregon Consent Order is enclosed. Note also that the new owners addressed all licensure issues of the previous owner, and the licensure gaps were fully addressed by the end of 2016.

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 # 1. Provide all the following where applicable:

Date of Event/Arrest 02/14/2020	Disposition Date	State VA	City Abingdon	County Washington
Case # DVAW120CR00007-001	Governing, licensing, Arresting Presiding Body/Agency/Court United States District Court, Western District of Virginia Abingdon			
Reason/Charge Violation of Title 21, US Code, Sections 221(1), 333(a)(1), and (352)(f)(I)				
Plaintiff/Defendant/Claimant/Respondent Animal Health International, Inc.			Lawsuit/Arbitration/Bankruptcy N/A	
Name of Business/Industry/Entity Animal Health International, Inc.				

Provide explanation below:

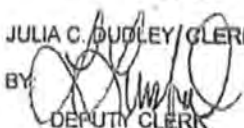
On February 14, 2020, Animal Health International, Inc. (AHI) entered a plea of guilty for introducing into interstate commerce misbranded veterinary prescription drugs to persons who were not licensed to possess or distribute veterinary prescription drugs on the order of a veterinarian who was not properly licensed in Virginia. AHI Paid a fine of \$5,000,000.


Original Signature (electronic, copies or stamps not accepted)

5/6/25
Date

UNITED STATES DISTRICT COURT
WESTERN DISTRICT OF VIRGINIA
ABINGDON

FEB 14 2020

JULIA C. DUDLEY / CLERK
BY:  / DEPUTY CLERK

UNITED STATES OF AMERICA

v.

ANIMAL HEALTH INTERNATIONAL, INC.

Criminal No. 1:20-cr-00007

PLEA AGREEMENT

ANIMAL HEALTH INTERNATIONAL, INC. (EIN: 84-0575063) ("AHI") has entered into a Plea Agreement with the United States of America, by counsel, pursuant to Rule 11(c)(1)(C) of the Federal Rules of Criminal Procedure ("Fed. R. Crim. P."). The terms and conditions of this Plea Agreement are as follows:

1. CHARGE TO WHICH AHI IS PLEADING GUILTY AND WAIVER OF RIGHTS

AHI will enter a plea of guilty to Count One of the Information charging it with violating Title 21, United States Code, Sections 331(a), 333(a)(1), and 352(f)(1) in the Western District of Virginia by introducing and delivering for introduction, and causing the introduction and delivery for introduction, into interstate commerce of veterinary prescription drugs that were misbranded.

AHI understands, and the parties agree and stipulate, the maximum statutory penalty is a fine of \$14,855,856 (fourteen million eight hundred fifty-five thousand eight hundred fifty-six dollars), pursuant to Title 18, United States Code, Section 3571(d), and a period of probation of five (5) years, pursuant to Title 18, United States Code, Section 3561(c)(2). In addition, AHI's assets are subject to forfeiture. AHI understands fees may be imposed to pay for probation and there will be a \$125 (one hundred twenty-five dollars) special assessment for Count One, pursuant to Title 18, United States Code, Section 3013(a)(1)(B)(iii). AHI's attorneys have informed it of the nature of the charge and the elements of the charge that must be proved by the United States beyond a reasonable doubt before AHI could be found guilty as charged.

AHI admits and agrees that all of the statements and allegations in the Information are true and correct.

AHI acknowledges AHI has had all of its rights explained to it. AHI expressly recognizes that, as a corporation, AHI may have the following constitutional rights and by voluntarily pleading guilty AHI knowingly waives and gives up these valuable constitutional rights:

The right to plead not guilty and persist in that plea.

The right to a speedy and public jury trial.

The right to assistance of counsel at that trial and in any subsequent appeal.

The right to remain silent at trial.

The right to testify at trial.

The right to confront and cross-examine witnesses.

The right to present evidence and witnesses.

Plea Agreement

United States v. Animal Health International, Inc.

Authorized Corporate Officer's Initials: 

The right to compulsory process of the court.
The right to compel the attendance of witnesses at trial.
The right to be presumed innocent.
The right to a unanimous guilty verdict.
The right to appeal a guilty verdict.

AHI is pleading guilty as described above because AHI is in fact guilty and because AHI believes it is in its best interest to do so and not because of any threats or promises, other than the terms of this Plea Agreement, described herein, in exchange for its plea of guilty. AHI agrees all of the matters set forth in the Information are true and correct.

AHI understands the plea is being entered in accordance with Fed. R. Crim. P. 11(c)(1)(C).

2. SENTENCING PROVISIONS

The parties agree the 2018 version of the United States Sentencing Commission Guidelines Manual ("U.S.S.G.") is the appropriate Guidelines Manual to utilize. According to U.S.S.G. § 8C2.1, the organizational fine provisions do not apply to the count of conviction in this case, which is a misdemeanor under 21 U.S.C. § 333(a)(1).

The parties agree and stipulate:

- a. the fine shall be \$5,000,000 (five million dollars);
- b. AHI shall pay \$1,000,000 (one million dollars) to the Virginia Department of Health Professions ("DHP") in recognition of direct assistance provided by DHP to the United States during the investigation;
- c. AHI shall forfeit \$46,802,203 (forty-six million eight hundred two thousand two hundred three dollars); and
- d. AHI shall serve a term of probation of one to three years, as determined by the Court.

The Court will determine what terms and length of probation are appropriate and the parties will be free to argue for which terms and length of probation they believe are appropriate. AHI understands and agrees if its probation is revoked, it may be resentenced and a total aggregate fine up to the statutory maximum may be imposed.

The parties agree if the Court refuses to accept this Plea Agreement with the agreed-upon sentence, AHI will be free to withdraw its guilty plea. In the event the Court refuses to accept this Plea Agreement and AHI withdraws its guilty plea within ten days of being notified of the Court's refusal, nothing in this Plea Agreement shall be deemed a waiver of the provisions of Federal Rule of Evidence ("Fed. R. Evid.") 410. Under these circumstances, the United States will move to dismiss the Information without prejudice and the United States may file any charges it could have filed in the absence of the plea agreement. AHI agrees to toll the statute of limitations between the date of the plea and the filing of any such charges.

3. FINANCIAL OBLIGATIONS

AHI agrees and understands any of the money paid pursuant to this Plea Agreement will be returned if, and only if, the Court refuses to accept this Plea Agreement with the agreed-upon sentence and, as a result, AHI withdraws its guilty plea. If the Court rejects this Plea Agreement and AHI withdraws its guilty plea, the United States will return all money paid by AHI, without

interest, not more than thirty (30) days after AHI withdraws its guilty plea and notifies the United States Attorney's Office for the Western District of Virginia ("USAO"), in writing, it wishes to have the money returned.

In addition, in accordance with 18 U.S.C. § 3572(d)(3), AHI will notify the Court of any material change in AHI's economic circumstances that might affect AHI's ability to pay any amounts payable under this Plea Agreement.

a. Payments

Within 7 days of the entry of AHI's guilty plea, AHI will make the following disbursements:

(1) \$125 (one hundred twenty-five dollars) to the Clerk, U.S. District Court, Abingdon, Virginia, as payment of the special assessment.

(2) \$5,000,000 (five million dollars) to the Clerk, U.S. District Court, Abingdon, Virginia, as payment of the fine;

(3) \$1,000,000 (one million dollars) to the Virginia Department of Health Professions. These funds must be remitted in the form of certified funds made payable to the "Treasurer of Virginia." The comment section of the check should note "DHP-Enforcement" in recognition of direct assistance provided to the United States during the investigation; and

(4) \$46,802,203 (forty-six million eight hundred two thousand two hundred three dollars) made payable to the United States Marshals Service, as directed by the USAO as payment of a forfeiture money judgment.

b. Forfeiture

AHI agrees to the entry of a forfeiture money judgment in the amount of \$46,802,203 (forty-six million eight hundred two thousand two hundred three dollars) in United States currency ("Forfeiture Money Judgment") pursuant to 21 U.S.C. §§ 334 and 853(p), and 28 U.S.C. § 2461(c). AHI agrees that the value of the quantities of prescription drugs which were misbranded in violation of 21 U.S.C. § 331(a) totaled at least \$46,802,203 (forty-six million eight hundred two thousand two hundred three dollars) in United States currency.

AHI acknowledges and agrees the quantities of the drugs which were misbranded in violation of 21 U.S.C. § 331(a) cannot be located upon exercise of due diligence, or have been transferred or sold to, or deposited with, a third party, placed beyond the jurisdiction of the Court, substantially diminished in value, or commingled with other property which cannot be divided without difficulty. Accordingly, AHI agrees the government is entitled to forfeit as substitute assets any other assets of AHI up to the value of the now missing directly forfeitable assets, pursuant to

21 U.S.C. § 853(p). Payment in full of the Forfeiture Money Judgment shall satisfy any and all forfeiture obligations that AHI may have as a result of this guilty plea. AHI consents to the entry of an Order of Forfeiture pursuant to Rule 32.2 of the Federal Rules of Criminal Procedure forfeiting the above-referenced Forfeiture Money Judgment.

AHI agrees to sign any documentation necessary and to cooperate fully with the United States to accomplish the forfeiture. AHI agrees to forfeit all interest in these funds and to take whatever steps are necessary to pass clear title of these funds to the United States.

AHI agrees not to file a claim in any forfeiture proceeding or to contest, in any manner, the forfeiture of said assets. AHI agrees not to file or interpose any claim or to assist others to file or interpose any claim to any property against which the government seeks to execute the Forfeiture Money Judgment in any administrative or judicial proceeding.

AHI understands and agrees forfeiture of this property is proportionate to the degree and nature of the offense. AHI freely and knowingly waives any and all constitutional and statutory challenges to any forfeiture carried out in accordance with this Plea Agreement on any grounds, including, but not limited to, that the forfeiture constitutes an excessive fine or punishment. AHI further understands and agrees this forfeiture is separate and distinct from, and is not in the nature of, or in lieu of, any monetary penalty or other monetary judgment that may be imposed by the court.

c. Restitution

The parties agree and stipulate, pursuant to 18 U.S.C. § 3663(a)(1)(B)(ii), that no restitution will be ordered.

4. ADDITIONAL OBLIGATIONS

Unless the Court rejects this Plea Agreement and, as a result, AHI withdraws its plea, AHI agrees to: (1) accept responsibility for its conduct; (2) not attempt to withdraw its guilty plea; (3) not deny it committed the crime to which it has pled guilty; (4) comply with any reasonable request of the United States Attorney's Office and (5) not make or adopt any arguments or objections to the presentence investigation report that are inconsistent with this Plea Agreement.

Neither AHI, nor its corporate parent (Patterson Companies, Inc. ["Patterson"]), will (1) make any public statement or (2) make any statement or take any position in litigation in which any United States department or agency is a party, contradicting any statement or provision set forth in the Plea Agreement or its attachments. If Patterson or AHI makes a public statement that in whole or in part contradicts any such statement or provision, AHI may avoid being in violation of this Plea Agreement by promptly publicly repudiating such statement. For the purposes of this paragraph, the term "public statement" means any statement made or authorized by Patterson's and AHI's directors, officers, employees, or attorneys and includes, but is not limited to, a statement in (1) a press release, (2) public relations material, or (3) Patterson or AHI websites. Notwithstanding the above, Patterson and AHI may avail themselves of any legal or factual arguments available (1) in defending litigation brought by a party other than the United States or (2) in any inquiry, complaint, notice of violation, investigation or proceeding brought by a state entity or by the United States Congress. This paragraph does not apply to any statement made by

any individual in the course of any actual or contemplated criminal, regulatory, administrative, or civil case initiated by any governmental or private party against such individual.

5. WAIVER OF RIGHT TO APPEAL AND COLLATERALLY ATTACK THE JUDGMENT AND SENTENCE IMPOSED BY THE COURT

If the Court accepts this Plea Agreement, AHI agrees AHI will not appeal the conviction or sentence imposed. AHI is knowingly and voluntarily waiving any right to appeal and is voluntarily willing to rely on the Court in sentencing it, pursuant to the terms of Fed. R. Crim. P. 11(c)(1)(C). AHI expressly waives its right to appeal as to any and all issues in this matter and waives any right it may have to collaterally attack, in any future proceeding, any order issued in this matter, unless such appeal or collateral attack cannot be waived, by law. AHI understands the United States expressly reserves all of its rights to appeal, but if the United States initiates a direct appeal of the sentence imposed, AHI may file a cross appeal of that same sentence. AHI agrees and understands if it files any court document (except for an appeal or collateral attack based on an issue that cannot be waived, by law) seeking to disturb, in any way, any order imposed in the case such action shall constitute a failure to comply with a provision of this Plea Agreement.

6. INFORMATION ACCESS WAIVER

AHI agrees to waive all rights, whether asserted directly or by a representative, to request or receive from any department or agency of the United States any records pertaining to the investigation or prosecution of this case, including, without limitation, any records that may be sought under the Freedom of Information Act, 5 U.S.C. § 552, or the Privacy Act of 1974, 5 U.S.C. § 552a. However, if a third party obtains any records pertaining to the investigation or prosecution of this case under the Freedom of Information Act, AHI shall have the right to request copies of such disclosed records.

7. ADMISSIBILITY OF STATEMENTS

AHI understands any statements made on its behalf (including, but not limited to, this Plea Agreement and its admission of guilt) during or in preparation for any guilty plea hearing, sentencing hearing, or other hearing and any statements made, in any setting, may be used against AHI by the United States in this or any other proceeding. AHI knowingly waives any right it may have under the Constitution, any statute, rule or other source of law to have such statements, or evidence derived from such statements, suppressed or excluded from being admitted into evidence in this or any other proceeding. If, and only if, the Court rejects this Plea Agreement, and, as a result, AHI withdraws its plea, AHI will not be bound by the waivers set forth in this section of the Plea Agreement.

8. COMPLETION OF PROSECUTION

Pursuant to Fed. R. Crim. P. 11(c)(1)(A), so long as AHI complies with all of its obligations under this Plea Agreement, the United States agrees, other than the charge in the attached Information, it shall not further criminally prosecute AHI for any additional federal criminal

charges or forfeiture action with respect to any offenses set forth in the Information or Non-Prosecution Agreement with Patterson (Attached as Attachment B).

Nothing in this Plea Agreement affects the administrative, civil, criminal, or other tax liability of any entity or individual and this Plea Agreement does not bind the Internal Revenue Service of the Department of Treasury, the Tax Division of the United States Department of Justice, or any other government agency with respect to the resolution of any tax issue.

9. LIMITATION OF PLEA AGREEMENT

This Plea Agreement is limited to the United States Department of Justice and does not bind any other federal, state, or local authority.

10. COMPLIANCE AND REMEDIAL MEASURES

AHI agrees to comply with the Corporate Compliance Program Agreement attached hereto as Attachment C.

11. COOPERATION

AHI acknowledges that its ongoing and future cooperation is important and a material fact underlying the United States' decision to enter into this Plea Agreement. AHI agrees to continue to cooperate fully and actively with the United States regarding any matter, including, but not limited to, matters involving (a) current and former AHI personnel, and (b) other entities who operate in the same commercial segment as AHI and/or Patterson during the Term of the Non-Prosecution Agreement with Patterson, provided however that any cooperation in an ongoing investigation or prosecution shall continue until such investigation or prosecution is concluded.

Nothing in this Plea Agreement shall be construed to require Patterson or AHI to waive any attorney-client privilege or work-product protection.

12. REMEDIES FOR FAILURE TO COMPLY WITH ANY PROVISION OF THIS PLEA AGREEMENT

AHI understands if: (1) AHI attempts to withdraw its plea (in the absence of the Court refusing to accept this Plea Agreement); (2) AHI fails to comply with any provision of this Plea Agreement; (3) AHI's conviction is set aside, for any reason; and/or (4) AHI fails to execute all required paperwork prior to the imposition of judgment, the United States may, at its election, pursue any or all of the following remedies: (a) declare this Plea Agreement void; (b) file, by indictment or information, any charges which were filed and/or could have been filed concerning the matters involved in the instant investigation; (c) refuse to abide by any stipulations and/or recommendations contained in this Plea Agreement; (d) not be bound by any obligation of the United States set forth in this Plea Agreement, including, but not limited to, those obligations set forth in the section of this Plea Agreement titled "COMPLETION OF PROSECUTION;" and (e) take any other action provided for under this Plea Agreement or by statute, regulation or court rule.

The remedies set forth above are cumulative and not mutually exclusive. If the United States pursues any of its permissible remedies as set forth in this Plea Agreement, AHI will still be bound by its obligations under this Plea Agreement. AHI hereby waives its right under Fed. R. Crim. P. 7 to be proceeded against by indictment and consents to the filing of an information against it concerning any charges filed pursuant to this section of this Plea Agreement. AHI hereby waives any statute of limitations argument as to any such charges.

13. EFFECTIVE REPRESENTATION

AHI has discussed the terms of this Plea Agreement and all matters pertaining to the charges against it with its attorneys and is fully satisfied with its attorneys and its attorneys' advice. At this time, AHI has no dissatisfaction or complaint with its attorneys' representation. AHI agrees to make known to the Court no later than at the time of sentencing any dissatisfaction or complaint AHI may have with its attorneys' representation.

14. EFFECT OF AHI'S SIGNATURE

AHI understands its Authorized Corporate Officer's signature on this Plea Agreement constitutes a binding offer by it to enter into this Plea Agreement. AHI understands the United States has not accepted AHI's offer until the authorized representative of the United States has signed this Plea Agreement.

15. GENERAL UNDERSTANDINGS

AHI understands a presentence investigation will be conducted and sentencing recommendations independent of the USAO will be made by the presentence preparer.

AHI understands the United States and AHI retain the right, notwithstanding any provision in this Plea Agreement, to inform the probation office and the Court of all facts, to address the Court with respect to the nature and seriousness of the offense and the offender, to respond to any questions raised by the Court, to correct any inaccuracies or inadequacies in the presentence report, and to respond to any statements made to the Court.

AHI willingly stipulates there is a sufficient factual basis for the Court to accept the plea.

AHI understands this Plea Agreement does not apply to any crimes or charges not addressed in this Plea Agreement.

AHI has not been coerced, threatened, or promised anything other than the terms of this Plea Agreement, described above, in exchange for its plea of guilty. AHI understands its attorneys will be free to argue any mitigating factors on its behalf to the extent they are not inconsistent with the terms of this Plea Agreement. AHI understands AHI will have an opportunity to have a representative address the Court prior to sentence being imposed.

This writing, the Non-Prosecution Agreement with Patterson (attached as Attachment B), the Corporate Compliance Program Agreement (attached as Attachment C), and the Agreed Order of Forfeiture (attached as Attachment D) are the complete and only agreements between the United States and AHI concerning resolution of this matter. In addition, AHI has no objection to the filing of the Information.

The agreements and documents listed in this section set forth the entire understanding between the parties and constitute the complete agreement between the United States Attorney for the Western District of Virginia and AHI and no other additional terms or agreements shall be entered except and unless those other terms or agreements are in writing and signed by the parties. These agreements supersede all prior understandings, promises, agreements, or conditions, if any, between the United States and AHI. AHI consents to public disclosure of all of the agreements and other documents referenced in this section.

AHI has consulted with its attorneys and fully understands its rights. AHI has read this Plea Agreement and carefully reviewed every part of it with its attorneys. AHI understands this Plea Agreement and AHI voluntarily agrees to it. Being aware of all of the possible consequences of its plea, AHI has independently decided to enter this plea of its own free will and is affirming that agreement on this date by the signature of its Authorized Corporate Officer ("Officer") below.

The Officer, by signing below, hereby certifies to the following:

- (1) The Officer is fully authorized to enter into this Plea Agreement on behalf of AHI;
- (2) The Officer has read the entire Plea Agreement and documents referenced herein and discussed them with AHI's Board of Directors;
- (3) AHI understands all the terms of this Plea Agreement and those terms correctly reflect the results of plea negotiations;
- (4) AHI is fully satisfied with AHI's attorneys' representation during all phases of this case;
- (5) AHI is freely and voluntarily pleading guilty in this case;
- (6) AHI is pleading guilty as set forth in this Plea Agreement because it is guilty of the crime to which it is entering its plea; and
- (7) AHI understands it is waiving its right to appeal the judgment and conviction in this case.

AHI acknowledges its acceptance of this Plea Agreement by the signature of its counsel and Officer. A copy of a certification by AHI's Board of Directors authorizing the Officer to execute this Plea Agreement and all other documents to resolve this matter on behalf of AHI is attached as Attachment A.

Date:

2/13/2020



Authorized Corporate Officer
AHI

Counsel has fully explained to the Board of Directors of AHI the facts and circumstances of the case; all rights with respect to the offense charged in the Information; possible defenses to the offense charged in the Information; all rights with respect to the applicability of the Sentencing Guidelines; and the consequences of entering into this Plea Agreement and entering a guilty plea. Counsel has reviewed this entire Plea Agreement and documents referenced herein with the client, through its Officer. AHI understands the terms and conditions of this Plea Agreement, and AHI's decision to enter into this Plea Agreement is knowing and voluntary. AHI's execution of and entry into the Plea Agreement is done with Counsel's consent.

Date: 2/13/2020



Amy Conway-Hatcher, Esquire
Kyle Clark, Esquire
Baker Botts L.L.P.
Counsel for AHI

Date: 2-13-2020



Randy Ramseyer
Assistant United States Attorney

2/11/2020
JULIA C. DUDLEY, CLERK
BY: LOTTIE LUNSFORD
DEPUTY CLERK

UNITED STATES DISTRICT COURT
WESTERN DISTRICT OF VIRGINIA
ABINGDON

UNITED STATES OF AMERICA)
) Criminal No. 1:20CR00007
v.)
) Violations: 21 U.S.C. §§ 331(a),
ANIMAL HEALTH INTERNATIONAL, INC.) 333(a)(1), and 352(f)(1)

INFORMATION

INTRODUCTION

1. Defendant Animal Health International, Inc. ("AHI") is a Colorado corporation with its principal place of business in Colorado. AHI is comprised of two legacy organizations, Lextron, Inc. ("Lextron") and Walco International, Inc. ("Walco"). In June 2011, Lextron acquired all outstanding stock of the parent company of Walco and changed its name to AHI. Walco continued operations as a subsidiary of AHI until December 2011 when Animal Health Holdings, Inc. and each of its wholly-owned subsidiaries, including Walco, were merged with and into AHI and no longer had separate corporate existences. AHI, and its predecessor entities, dispense, distribute and sell, among other products, veterinary prescription drugs to customers in the production animal industry across the United States. Specifically, AHI obtains prescription drugs for production animals from manufacturers for further distribution to veterinarians, farms, feedlots, and other distribution facilities.

2. The Food and Drug Administration ("FDA") of the United States Department of Health and Human Services regulates the distribution and labeling of all drugs, including animal drugs, shipped or received in interstate commerce through enforcement of the Federal Food, Drug, and Cosmetic Act, 21 U.S.C § 301, *et seq.* ("FDCA"). Veterinary prescription drugs are drugs intended for use by animals that, because of their toxicity or other potentiality for harmful

effect, or the method of their use, or the collateral measures necessary for their use, are not safe for animal use except under the professional supervision of a licensed veterinarian. 21 U.S.C. § 353(f)(1)(A).

3. Under the FDCA, a drug is misbranded if, among other things, its labeling does not bear “adequate directions for use.” 21 U.S.C. § 352(f)(1). Adequate directions for use is defined as “directions under which the *layman* can use a drug safely and for the purposes for which it is intended.” 21 C.F.R. § 201.5 (emphasis added). Prescription veterinary drugs by definition can only safely be used under the professional supervision of a licensed veterinarian and therefore they must qualify for an exemption to this requirement in order to move in interstate commerce. These exemptions are set out in 21 C.F.R. Part 201, Subpart D (“Exemptions from Adequate Directions for Use”).

4. Veterinary prescription drugs are exempt from the requirement that their labeling contain adequate directions for use if they meet all enumerated conditions, including that they be distributed through a closed supply chain in which every entity that possesses a prescription drug must have legal authorization to do so. *See* 21 C.F.R. § 201.105 (a)(1) (a veterinary prescription drug must be in the possession of: a person lawfully engaged in the manufacture, transportation, storage or wholesale distribution of drugs; a retail pharmacy or other person authorized under state law to dispense veterinary prescription drugs; or a licensed veterinarian for use in the course of his professional practice). Moreover, the veterinary prescription drug must be dispensed in accordance with 21 U.S.C. § 353(f), i.e., pursuant to a lawful order of a licensed veterinarian in the course of the veterinarian’s professional practice. 21 U.S.C. § 353(f)(1) & 21 C.F.R. § 201.105 (a)(2).

5. The FDCA's restrictions on veterinary prescription drugs are not primarily to protect animals from the potential harms of prescription drugs, but are to protect the human food supply from unsafe drug residues in the edible tissues of animals sold for slaughter. Common causes of illegal residues include: (1) exceeding the drug's approved dose; (2) using a shorter withdrawal period than what is stated on the drug's label (if a higher than approved dose is given, the labeled withdrawal period may not be enough to allow the drug in the edible tissues to deplete to levels that are at or below the tolerance); (3) using a drug in an extra-label manner (for indications and dosages outside the approved labeling) without a veterinarian's involvement; (4) giving a drug not approved for that species; and (5) using an unapproved route of administration. Drug residues in the nation's drug supply are concerning because: (1) they may contribute to antibiotic resistance in the human population, rendering human drugs less effective to treat human disease and contributing to the mutations of "superbugs"; and (2) they may cause allergic reactions in individuals with certain drug allergies.

6. Certain legacy customers of AHI, namely Marlin Webb and Billy K. Groce, were not properly licensed to receive, transport, store, distribute, or dispense veterinary prescription drugs in the Commonwealth of Virginia from January 2012 through April 2015.

7. Webb was the store manager of a cooperative in Hillsville, Virginia. The cooperative was neither a licensed wholesaler, a licensed pharmacy, nor a licensed veterinary clinic. Webb operated a side business from the cooperative's location in which he illegally circumvented the FDA's regulation of veterinary prescription drugs by illegally obtaining from Billy K. Groce and AHI and reselling veterinary prescription drugs using unlawful prescriptions written by a veterinarian who was licensed in Tennessee but who was not properly licensed to

practice veterinary medicine in Virginia and who did not have a veterinarian-patient relationship with the animals in question. That veterinarian died in 2015.

8. Groce was neither a licensed wholesaler, a licensed pharmacy, nor a licensed veterinary clinic. Groce operated an unlicensed veterinary prescription drug distribution business. Groce worked with the same veterinarian as did Webb.

9. Webb and Groce obtained veterinary prescription drugs from AHI in interstate commerce without valid prescriptions, and, on many occasions, with no prescription at all.

10. On April 29, 2015, the government executed search warrants at locations in Virginia and Tennessee associated with Groce and Webb. In 2016 and 2017, respectively, Groce and Webb pled guilty to illegally conspiring to defraud the FDA by obtaining and distributing veterinary prescription drugs from July 2009 through April 29, 2015 in a manner that circumvented the FDA's regulation of veterinary prescription drugs.

11. Groce and Webb were legacy customers of, among others, Lextron and Walco, and continued to be customers after the companies merged to form AHI in 2012 until May 2015. Neither Lextron, Walco, nor AHI performed adequate customer diligence processes, nor adequately trained sales representatives to raise questions regarding Groce's, Webb's or the veterinarian's activities in Virginia and Tennessee. For example, Groce operated a business that stored and distributed veterinary prescription drugs out of a storefront called "Goin' Postal" and his personal residence. Neither of those locations resembled a veterinarian establishment and should have raised questions for sales representatives who personally visited them. After learning of search warrants executed on each of the customers' locations, AHI took some steps to block the sale of veterinary prescription drugs to these customers on May 4, 2015.

12. Furthermore, between January 2012 and May 2015, AHI did not maintain the proper licenses to ship from its Memphis, Tennessee, facility into Virginia or from its Wolcott, Indiana, facility into Virginia or Tennessee, but, despite this deficiency, shipped products from those locations to Virginia and Tennessee.

13. All veterinary prescription drugs distributed by AHI to Groce and Webb were misbranded because, neither recipient was licensed to possess or distribute veterinary prescription drugs, and the prescribing veterinarian was not properly licensed to practice veterinary medicine in Virginia and consequently none of the drugs he caused to be dispensed were prescribed pursuant to lawful orders.

14. From the illegal shipments to and on behalf of Groce and Webb, AHI received \$7,427,928 (seven million four hundred twenty-seven thousand nine hundred twenty-eight dollars) and made a profit of \$558,309 (five hundred fifty-eight thousand three hundred nine dollars) by unlawfully distributing veterinary prescription drugs to or on behalf of Groce and Webb.

15. From 2012 through on or about 2018, AHI caused additional misbranded veterinary prescription drug shipments to be made throughout the United States by distributing veterinary prescription drugs from its wholesale locations directly to end users in states where such shipments were illegal and, in some instances, by shipping veterinary prescription drugs to locations in states in which AHI did not have legal authority to make such shipments. AHI obtained not less than \$46,802,203 (forty-six million eight hundred two thousand two hundred three dollars) from such shipments. Its profits from such shipments were a small percentage of the amount received.

COUNT ONE

Introduction of Misbranded Drugs into Interstate Commerce
21 U.S.C. §§ 331(a), 333(a)(1), and 352(f)(1)

The United States Attorney charges that:

16. The Information is realleged and incorporated by reference into this Count.

17. From about January 2012 to April 2015, in the Western District of Virginia, Animal Health Incorporated ("AHI") introduced and delivered for introduction, and caused the introduction and delivery for introduction, into interstate commerce, of veterinary prescription drugs that were misbranded in that the drugs' labeling did not bear adequate directions for the use of such drugs.

18. The offense conduct included, but was not limited to, the following:

a. AHI distributed veterinary prescription drugs directly to Billy K. Groce and Marlin Webb, notwithstanding that neither Groce nor Webb was legally authorized to possess or distribute the drugs; and

b. AHI distributed veterinary prescription drugs to customers of Billy K. Groce and Marlin Webb without a lawful prescription having been issued for those drugs.

19. Since these veterinary prescription drugs were not lawfully distributed or prescribed, they failed to qualify for the exemption from the requirement that they bear labeling containing adequate directions for lay use. All in violation of Title 21, United States Code, Sections 331(a), 333(a)(1), and 352(f)(1).

NOTICE OF FORFEITURE

20. Upon conviction of the offense alleged in this Information, AHI shall forfeit to the United States veterinary prescription drugs that were misbranded or became misbranded as a result of AHI's conduct, pursuant to 21 U.S.C. § 334 and 28 U.S.C. § 2461.

21. Because the above-described forfeitable property has been transferred and sold to third parties and cannot be located upon the exercise of due diligence, the United States intends to seek forfeiture of \$46,802,203 pursuant to 21 U.S.C. § 853(p).

DATED: February 11, 2020

Randy Rameyer
for THOMAS T. CULLEN
United States Attorney

NON-PROSECUTION AGREEMENT

1. The United States Attorney's Office for the Western District of Virginia ("USAO-WDVA") and Patterson Companies, Inc. ("Patterson"), and any and all current and former affiliated entities including, but not limited to, Animal Health International, Inc. ("AHI") (collectively referred to as the "Company") enter into this Non-Prosecution Agreement ("Agreement") to resolve the investigation by the USAO-WDVA of the Company related to possible violations of federal laws relating to the licensing, dispensing, distribution, or sale of veterinary prescription drugs.

2. This Agreement, in conjunction with the Plea Agreement with AHI ("Plea Agreement"), resolves all of the Company's potential federal criminal liability for the offenses covered herein and in the Plea Agreement.

3. The USAO-WDVA enters into this Agreement based on the individual circumstances presented by this case including:

a. Patterson's cooperation with the USAO-WDVA investigation since June 2018, and AHI's subsequent cooperation under the direction of Patterson, as well as the Company's continued cooperation under the direction of the Special Investigation Committee of the Board of Directors of Patterson ("SIC") which was formed in April 2019. Since 2018, the Company has conducted a thorough and robust internal investigation; proactively brought information to the USAO-WDVA's attention, remediated noncompliant activity and implemented control enhancements, including certain licensing, dispensing, distribution and related sales practices company-wide; made factual presentations to the USAO-WDVA; timely and fully produced all requested documents; entered into agreements tolling relevant statutes of limitations; and collected, analyzed, and organized voluminous data and information for the USAO-WDVA.

b. Patterson's voluntary disclosure to the USAO-WDVA of non-compliant licensing, dispensing, distribution, and sales at AHI and Patterson beyond AHI's conduct set forth in the Information and Plea Agreement, and its timely efforts to remediate non-compliant activity and enhance controls and processes to mitigate against future reoccurrence. The additional non-compliant activity involved wholesale distribution of veterinary prescription drugs: (i) without verifying the continued validity of all practitioners' licenses in the receiving state; (ii) without verifying that an alternate location requested by the customer was authorized by state law to receive veterinary prescription drugs; (iii) without verifying that veterinarians licensed in Virginia were also associated with a veterinary establishment registered with the Virginia Board of Veterinary Medicine, (iv) without valid licensure to ship to the state to which the drugs were shipped, and/or (v) to end users in states where drop shipments by wholesalers to end users is not allowed. The additional non-compliant activity was due to prior weaknesses and inconsistencies among AHI and Patterson regulatory functions and processes, as well as system challenges presented by the Company's enterprise resource planning implementation. The Company has since taken extensive

proactive steps to enhance its regulatory function, capabilities and support to guide the business and other control functions on regulatory compliance matters. It has also enhanced its regulatory system controls to address the issues disclosed in the investigation and to verify that veterinary prescription drugs are shipped from facilities with required state licenses and to customers and locations authorized by state law to receive veterinary prescription drugs. Consistent with its approach to the USAO-WDVA, Patterson also disclosed the pending federal investigation to state regulators in all 50 states and continues to engage with state regulators, as appropriate, on matters related to the USAO-WDVA investigation.

c. The Company's enhanced regulatory compliance processes and commitment to implement a compliance program that meets the minimum elements set forth in Attachment C to the Plea Agreement ("Corporate Compliance Program Agreement").

d. The Company's agreement to comply with the terms of the Agreement and Plea Agreement.

e. AHI's admission to and the Company's agreement with the facts and allegations set forth in the Plea Agreement.

f. Although the investigation did not involve controlled substances, the Company's recognition that diversion of controlled substances, including drugs of the type that are prescribed and dispensed by veterinarians, such as buprenorphine and hydrocodone, should be a concern of all distributors and dispensers of those drugs and the Company's ongoing commitment to be proactive in deterring diversion and identifying and notifying authorities of suspicious ordering.

4. The Company agrees it will not take any tax deduction or seek or accept directly or indirectly reimbursement or indemnification from any source for any payments made pursuant to the Plea Agreement.

5. No money paid by the Company will be returned, and the Company expressly agrees to release any and all claims it may have to the money. The Company will not file any claim or otherwise contest the payment of money set forth in this Plea Agreement, and it will not assist anyone in asserting a claim to the money.

6. Nothing in this Agreement or any related documents is an admission by the United States that the amounts paid by the Company are the maximum amounts that could be recovered from the Company in the absence of an accepted plea agreement. If the Company does not comply with all of its obligations under this Agreement, the United States is not precluded from arguing or presenting evidence that the total amount to be paid by the Company should be higher.

7. The Company's obligations under this Agreement shall have a term of 42 months from the date on which the Agreement is executed (the "Term").

8. During the Term, the Company will fully cooperate with the USAO-WDVA.

9. During the Term, the Company shall undertake and abide by the terms of the Corporate Compliance Program Agreement in Attachment C to the Plea Agreement.

10. If the Company complies with all of the terms of this Agreement and the Plea Agreement, the USAO-WDVA will not prosecute the Company for any criminal conduct occurring prior to the entering of this agreement concerning:

a. The subject matter of the Information to which AHI is pleading guilty; or

b. Facts disclosed by the Company to the USAO prior to entering this agreement related to the Company's licensing, dispensing, distribution, or sale of veterinary prescription drugs.

11. However, if the USAO-WDVA, in its sole discretion, determines the Company (a) provided deliberately false, incomplete, or misleading information at any time in connection with this Agreement or (b) violated any provision of this Agreement, then the USAO-WDVA will not be bound to their agreement not to prosecute the Company for the matters covered in paragraph 10. Should the USAO-WDVA determine that the Company has violated any provision of this Agreement, the USAO-WDVA shall provide prompt written notice to the Company addressed to its General Counsel, and to its outside counsel, Amy Conway-Hatcher, Baker Botts LLP, 1299 Pennsylvania Avenue NW, Washington, DC, or to any successor the Company may designate, of the alleged violation and provide the Company with a 45 (forty-five) day period from the date of receipt of notice in which to make a presentation to the USAO-WDVA to demonstrate that no violation occurred, or, to the extent applicable, that the violation should not result in adverse action, including because the violation has been cured by the Company. In the event of a violation, the Company will not assert any claim under the United States Constitution, Rule 11(f) of the Federal Rules of Criminal Procedure, Rule 410 of the Federal Rules of Evidence, or any other rule or law, that any statements or testimony made by or on behalf of the Company prior or subsequent to this Agreement, or any leads derived therefrom, should be suppressed or are otherwise inadmissible in any proceeding brought by the Department of Justice. If, as a result of a violation, the United States charges the Company, the Company hereby waives any statute of limitations defense for any offense not time-barred by the applicable statute of limitations on the date this Agreement is signed, including time protected as the result of existing agreements to toll the applicable statute of limitations.

12. The Company will not, through its present or future directors, officers, employees, agents, (1) make any public statement or (2) make any statement or take any position in litigation in which any United States department or agency is a party, contradicting any statement or provision set forth in the Plea Agreement or its attachments. If the Company makes a public statement that in whole or in part contradicts any such statement or provision, the Company may avoid being in violation of this Agreement by promptly publicly repudiating such statement. For the purposes of this paragraph, the term "public statement" means any statement made or authorized by the Company's directors, officers, employees, or attorneys and includes, but is not limited to, a statement in (1) a press release, (2) public relations material, or (3) the Company's

*Attachment B – Non-Prosecution Agreement with Patterson Companies, Inc.
United States v. Animal Health International, Inc.*

websites. Notwithstanding the above, the Company may avail itself of any legal or factual arguments available (1) in defending litigation brought by a party other than the United States or (2) in any inquiry, complaint, notice of violation, investigation or proceeding brought by a state entity or by the United States Congress. This paragraph does not apply to any statement made by any individual in the course of any actual or contemplated criminal, regulatory, administrative, or civil case initiated by any governmental or private party against such individual.

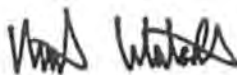
13. The terms of this Agreement bind the USAO-WDVA and other divisions of the Department of Justice (collectively referred to as the "United States"), except that they do not bind the Tax Division of the Department of Justice or any state, local, or foreign law enforcement or regulatory agencies, or any other authorities. The USAO-WDVA will bring the cooperation of the Company and its compliance with its other obligations under this Agreement to the attention of such agencies and authorities if requested to do so by the Company.

14. The Company and the United States may disclose this Agreement and any other documents used to effectuate the objectives of this Agreement to the public.

15. Nothing in this Agreement resolves, in any way, any liability of any individual.

16. This Agreement and the Plea Agreement set forth all the terms of the agreement between the Company and the USAO-WDVA. No amendments, modifications, or additions to this Agreement will be valid unless they are in writing signed by the USAO-WDVA, the attorneys for the Company, and a duly authorized representative of the Company.

The Company acknowledges its acceptance of this Agreement by the signature of its counsel and Officer. A copy of a resolution by the Company's Board of Directors authorizing the Officer to execute this Agreement and all other documents to resolve this matter on behalf of the Company is attached as Addendum 1.

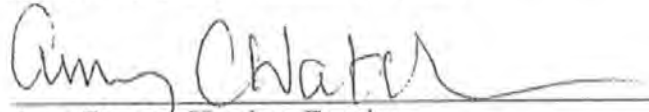


Date: February 12, 2020

Mark S. Walchirk
Authorized Corporate Officer
Patterson Companies, Inc.

Counsel has fully explained to the Board of Directors of the Company the facts and circumstances of the investigation and the consequences of entering into this Agreement. Counsel has reviewed this entire Agreement and documents referenced herein with the client, through its Officer. The Company understands the terms and conditions of this Agreement, and the Company's decision to enter into this Agreement is knowing and voluntary. The Company's execution of and entry into this Agreement is done with Counsel's consent.

Date: 2/13/2020



Amy Conway-Hatcher, Esquire
Kyle Clark, Esquire
Baker Botts L.L.P.
Counsel for AHI and Patterson Companies, Inc.

Date: 2-13-2020



Randy Ramseyer
Assistant United States Attorney

EXHIBIT A

**RESOLUTION OF THE
BOARD OF DIRECTORS
OF
PATTERSON COMPANIES, INC.**

NON-PROSECUTION AGREEMENT

WHEREAS, the Company, together with outside counsel reporting to the Special Investigation Committee of the Board ("SIC Counsel"), has been in discussions with the U.S. Attorney's Office for the Western District of Virginia ("USAO-WDVA") to resolve its investigation into Animal Health International, Inc. by, among other things, having the Company enter into a Non-Prosecution Agreement (the "Agreement");

WHEREAS, SIC Counsel has advised the Board of the terms of the Agreement and the consequences of entering into the Agreement; and

WHEREAS, the Board has determined that it is in the best interest of the Company to enter into the Agreement.

NOW, THEREFORE, BE IT RESOLVED, that the Board hereby approves the Agreement and authorizes any executive officer of the Company (the "Authorized Officers") and SIC Counsel to execute and deliver the Agreement on behalf of the Company, with such changes thereto as the Authorized Officers may approve, such approval to be conclusively evidenced by the execution of the changed Agreement.

RESOLVED FURTHER, that the Authorized Officers and SIC Counsel are hereby authorized and directed to execute and deliver all other documents necessary to carry out the provisions of the Agreement.

RESOLVED FURTHER, that each Authorized Officer is hereby authorized and directed to acknowledge on behalf of the Company that the Agreement and related documents fully set forth the agreement made between the Company and the USAO-WDVA, and that no additional promises or representations have been made to the Company by any officials of the USAO-WDVA in connection with the Agreement and related documents, other than those set forth in therein.

RESOLVED FURTHER, that each Authorized Officer is hereby authorized and directed to make any payments required in connection with the Agreement.

RESOLVED FURTHER, that each Authorized Officer is authorized and empowered, in the name and on behalf of the Company, to make all such arrangements, to do and perform all such acts and things, and to execute and deliver all such documents, certificates and instruments as they may deem appropriate in order to effectuate fully the purpose of the foregoing resolutions, and that any actions taken heretofore and hereafter to accomplish such purposes be, and they hereby are approved, ratified and confirmed.

CERTIFICATE OF SECRETARY

I, Les B. Korsh, hereby certify that I am now, and at all times mentioned herein have been, the duly elected, qualified, and acting Secretary of **PATTERSON COMPANIES, INC.**, a Minnesota corporation (the "Corporation") and, as such officer, I have access to the records of the Company, which records of the Company reflect that:

1. RESOLUTIONS. Attached hereto as Exhibit A is a true and correct copy of resolutions that have been duly adopted by the Board of Directors of the Corporation on February 4, 2020, in compliance with, and not in contravention of, the articles of organization and bylaws of the Corporation; none of such resolutions have been repealed or modified in any respect, and all of such resolutions are in full force and effect on and as of the date hereof, and constitute the only action taken by the Board of Directors of the Corporation with respect to the subject matter hereof.

IN WITNESS WHEREOF, I duly executed this Certificate this 10th day of February, 2020.

A handwritten signature in black ink, appearing to read 'L. B. Korsh', is written over a horizontal line.

Les B. Korsh
Secretary of Patterson Companies, Inc.

CORPORATE COMPLIANCE PROGRAM AGREEMENT

The following Patterson Companies, Inc. ("Patterson" or the "Company") Corporate Compliance Program Agreement ("Corporate Compliance Program Agreement") has been prepared pursuant to the Non-Prosecution Agreement dated this same date between Patterson and the United States Attorney's Office for the Western District of Virginia ("USAO-WDVA"). Compliance with all the terms and standards of the Corporate Compliance Program Agreement is a condition of the Non-Prosecution Agreement and shall continue for the Term of the Non-Prosecution Agreement ("Term").

Applicability and Purpose

1. This Corporate Compliance Program Agreement shall be incorporated into the Non-Prosecution Agreement by reference, and compliance with the terms of the Corporate Compliance Program Agreement will be a condition of the Non-Prosecution Agreement. The USAO-WDVA acknowledges that the Company has already implemented many of these terms as of the date of the resolution.

2. Any proposed modifications to this Corporate Compliance Program Agreement must be made in writing and signed by the Company and the designated signatory for the USAO-WDVA.

3. The Corporate Compliance Program Agreement does not in any way release the Company from complying with any applicable federal or state statutes and/or regulations, and does not limit the imposition of any sanctions, penalties or any other actions available under those state or federal statutes and regulations.

The Corporate Compliance Program Agreement

4. The Company and the USAO-WDVA agree that the Company shall undertake the following voluntary compliance measures. The Corporate Compliance Program Agreement does and will continue to contain policies and procedures designed to prevent, detect, and correct violations of federal and state statutes and/or regulations concerning federal prescription drug distribution, including but not limited to the Food, Drug, and Cosmetic Act ("FDCA"), 21 U.S.C. § 301 *et seq.* and FDA requirements. These policies and procedures shall be designed to ensure that the Company complies with, among other things, the FDCA's prohibitions against causing the introduction into interstate commerce of a drug that is misbranded or otherwise violates the FDCA.

5. *Compliance Officer.* Prior to the effective date of the Non-Prosecution Agreement, the Company established the position of Chief Compliance Officer ("Compliance Officer") and appointed an individual to serve in the role on an interim basis until such time as the Company can fill the role on a permanent basis. The Company shall maintain a Compliance Officer for the Term. During the Term, the Compliance Officer shall be authorized to oversee compliance with federal and state statutes and/or regulations concerning federal prescription drug distribution, including but not limited to the FDCA, FDA requirements, and the requirements of the Corporate

Compliance Program Agreement. The Compliance Officer is, and shall continue to be, responsible for developing and implementing policies, procedures and practices designed to address compliance with the requirements set forth in this Corporate Compliance Program Agreement, with federal and state statutes and/or regulations concerning federal prescription drug distribution and FDA requirements. The Compliance Officer shall be a member of senior management of the Company, and shall report directly to the Chief Executive Officer of the Company. The Compliance Officer shall make periodic (at least quarterly) reports regarding compliance matters directly to the Patterson Company's Board of Directors (hereinafter the "Board") or any authorized committee thereof, and shall be authorized to report on such matters to the Board at any time. The Compliance Officer shall not be subordinate to the General Counsel or Chief Financial Officer. The Compliance Officer shall be responsible for monitoring the day-to-day compliance activities engaged in by the Company as well as for any obligations created under the Corporate Compliance Program Agreement. Any non-compliance job responsibilities of the Compliance Officer must not interfere with the Compliance Officer's ability to perform the duties outlined in the Corporate Compliance Program Agreement.

6. *Compliance Committee.* Prior to the effective date of the Non-Prosecution Agreement, the Company formed a Compliance Committee (hereafter "Compliance Committee") which, in conjunction with the Compliance Officer, assists in the implementation and enhancement of the compliance program. The Company shall maintain the Compliance Committee for the Term. The Compliance Committee shall include, at a minimum, the Compliance Officer and other members of senior management necessary to meet the requirements of the Corporate Compliance Program Agreement (e.g., senior executives of relevant departments, such as legal, regulatory, audit, human resources, and operations.) The Compliance Committee shall support the Compliance Officer in fulfilling his/her responsibilities (e.g., shall assist in the analysis of the Company's risk areas and shall oversee monitoring of internal and external compliance-related audits and investigations). The Compliance Committee shall meet at least quarterly.

7. *Board of Directors Compliance Obligations.* Prior to the effective date of the Non-Prosecution Agreement, the Board formed a committee responsible for overseeing the Company's compliance program ("Board Committee"). The Company shall maintain the Board Committee for the Term. The Board Committee shall consist of no less than three (3) non-employee directors, including at least one (1) member of the Special Investigation Committee formed in response to the USAO-WDVA investigation for a minimum of twelve (12) months from the date of this Non-Prosecution Agreement. The Board Committee shall oversee the Company's compliance program, including at a minimum:

- a. the Company's obligations under the Corporate Compliance Program Agreement
- b. receiving updates about adoption and implementation of policies, procedures and practices designed to ensure compliance with the FDCA and FDA requirements, and
- c. evaluating the effectiveness of the compliance program.

8. The Company shall continue to evaluate its current business to ensure that it is not currently receiving, distributing or handling misbranded or unapproved federal prescription drugs. Should the Company find it is receiving, distributing, or handling misbranded or unapproved federal prescription drugs, it shall take necessary steps to remediate any such conduct.

9. The Company shall continue to enhance its current training program to ensure that pertinent employees are familiar with the requirements of the FDCA and FDA requirements that could potentially apply to the Company's conduct.

10. The Company will put in place processes to (a) encourage employees to report suspected non-compliant activities by the Company, customers, or others and to (b) acknowledge or otherwise recognize employees for reporting confirmed non-compliant activity, as appropriate.

11. The Company will maintain, or as necessary establish, policies and procedures designed to ensure effective investigation of any complaints and/or potential deficiencies relating to compliance with federal and state statutes and/or regulations concerning federal prescription drug distribution, including but not limited to the FDCA and FDA requirements. Such policies and procedures shall include, but are not limited to:

a. Training and providing guidance to all pertinent employees as to the requirement to report all information regarding potential non-compliance with federal and state statutes and/or regulations concerning federal prescription drug distribution or FDA requirements to the Compliance Officer, who in turn will review and determine whether corrective actions are required; and

b. Tracking allegations and remediation action plans regarding potential non-compliance with federal and state statutes and/or regulations concerning federal prescription drug distribution or FDA requirements to identify issues that may require corrective actions.

12. Within 60 days of the end of the Company's fiscal year, the Company's Chief Executive Officer will certify, under oath, to (a) the United States Attorney's Office during the Term and (b) the United States Probation Office for any period during which Animal Health International, Inc. is on probation, that (1) the Company fully complied with all federal laws and regulations pursuant to the Food, Drug, and Cosmetic Act ("FDCA") in the preceding year (or, in the instance of the first such certification, the period from execution of the Non-Prosecution Agreement through the end of the Company's fiscal year 2020), or in the alternative, (2) list all non-compliant activity and the steps taken by the company to remedy such non-compliant activity. Any listing of non-compliant activity shall not be considered by the government or the Probation Officer as a *per se* violation of the terms of probation or the Non-Prosecution Agreement. Instead, other factors will be taken into account, including whether the conduct violated policies the Company has adopted, whether the Company provided training addressing the subject matter of the reported conduct, whether it was an isolated or systemic occurrence, the Company's response, and any remedial actions taken after the Company learned of the conduct reported.

Non-Compliance

13. The Corporate Compliance Program Agreement is part of the Non-Prosecution Agreement and adherence to it will be an enforceable condition. Deliberate, intentional or knowing failure to comply with any part of the Corporate Compliance Program Agreement is a violation of the Non-Prosecution Agreement.

**UNITED STATES DISTRICT COURT
WESTERN DISTRICT OF VIRGINIA
ABINGDON**

UNITED STATES OF AMERICA	)	
	)	Criminal No.
v.	)	
	)	
ANIMAL HEALTH INTERNATIONAL, INC.	)	

AGREED ORDER OF FORFEITURE

IT IS HEREBY ORDERED THAT:

- A. Pursuant to Rule 32.2(b)(1)(A) of the Federal Rules of Criminal Procedure, the evidence of record and the guilty plea to Count One of the Information, misbranding a drug, in violation of 21 U.S.C. §§ 331(a), 333(a)(1), and 352(f)(1), the defendant shall forfeit to the United States quantities of prescription veterinary drugs that were misbranded when introduced into interstate commerce and/or when being held for sale in interstate commerce, pursuant to 21 U.S.C. § 334 and 28 U.S.C. § 2461.
- B. Pursuant to the defendant's plea agreement, because the above-described forfeitable property, as a result of the defendant's acts, has been transferred or sold to third parties and cannot be located upon the exercise of due diligence, a money judgment in the amount of \$46,802,203 (forty-six million eight hundred two thousand two hundred three dollars) is hereby entered against the defendant as a substitute asset pursuant to 21 U.S.C. § 853(p).
- C. On or before 7 days from the date of entry of a guilty plea, the defendant will voluntarily remit payment in the amount of \$46,802,203 (forty-six million eight hundred two thousand two hundred three dollars) in satisfaction of the money judgment by remitting certified funds made payable to the U.S. Marshals Service, Asset Forfeiture Unit, 247 Federal Building, 210 Franklin Road, S.W., Roanoke, Virginia 24011.
- D. As payments are voluntarily being remitted to the United States, notice and publication are not required.
- E. The Court shall retain jurisdiction to enforce this Order, and to amend it as necessary, pursuant to Fed. R. Crim. P. 32.2(e).
- F. Pursuant to Fed. R. Crim. P. 32.2(b)(4), this Order of Forfeiture shall become final as to the defendant upon entry, and shall be made a part of the sentence and included in the judgment.

ENTERED THIS _____ DAY OF _____, 2020.

UNITED STATES DISTRICT JUDGE

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: Zoetis US LLC
Address: 10 Sylvan Way City: Parsippany State: NJ Zip: 07054
Name: Elanco US Inc
Address: 2500 Innovation Way N City: Greenfield, State: IN Zip: 46140
Name: Boehringer Ingelheim
Address: 900 Ridgebury Rd City: Ridgefield State: CT Zip: 06877
Name: Huvepharma, Inc.
Address: 525 Westpark Drive, Suite 230 City: Peachtree City State: GA Zip: 30269

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): Patterson Companies, Inc.
Corporation/Organization Name: Animal Health International, Inc.
Mailing Address: 1031 Mendota Heights Road
City: Saint Paul State: MN Zip: 55120
Telephone: 651-686-1957 Email: facilitylicensing@pattersoncompanies.com
Contact Person Name: Kelley Karau

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/ .		✓	✓	✓
N/A • Personal History Record Application must be completed by each shareholder/stockholder/partner/owner owning more than 10% of the business stocks/shares. Access form at http://bop.nv.gov/Services/newapps/Business/ .		✓	✓	✓
• 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)	✓	✓	✓	✓
N/A • ³ 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 ³ 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/Fingerprint%20Submission%20Instructions%20-%20Effective%2001.01.2024.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.

Animal Health International, Inc.

Facility Name

Kevin M Barry

Print Name of Authorized Person Submitting Application


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

5/6/25
Date

Board Use Only	Date Received: <u>5/14/25</u>	Amount: <u>\$1000.00</u>
----------------	-------------------------------	--------------------------

Parent Company: Patterson Companies, Inc.
Address: 1031 Mendota Heights Road
Saint Paul, MN 55120
Ownership: 100%
FEIN: 41-0886515
State of Incorporation: Minnesota

ANIMAL HEALTH INTERNATIONAL, INC. – Officer List

Corporate Address: 2915 Rocky Mountain Avenue, Suite 400
Loveland, CO 80538
Phone Number: 970-353-2000
FEIN #: 84-0575063
State of Incorporation: Colorado (5/16/1967)

Robert J. Rajalingam **Chief Executive Officer**
Business Address: 1031 Mendota Heights Road
Saint Paul, MN 55120
Business Phone: 651-686-1600
Email: Facilitylicensing@pattersoncompanies.com

Steven M. Cunningham **President**
Business Address: 2915 Rocky Mountain Avenue, Suite 400
Loveland, CO 80538
Business Phone: 970-353-2000
Email: Facilitylicensing@pattersoncompanies.com

Kevin M. Barry **Chief Financial Officer**
Business Address: 1031 Mendota Heights Road
Saint Paul, MN 55120
Business Phone: 651-686-1600
Email: Facilitylicensing@pattersoncompanies.com

Leslie B. Korsh **Corporate Secretary**
Business Address: 1031 Mendota Heights Road
Saint Paul, MN 55120
Business Phone: 651-686-1600
Email: Facilitylicensing@pattersoncompanies.com

Effective 4/22/2025

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,

Animal Health International, Inc.

is a

Corporation

formed or registered on 05/16/1967 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 19871193550 .

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 05/06/2025 that have been posted, and by documents delivered to this office electronically through 05/08/2025 @ 06:42:52 .

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 05/08/2025 @ 06:42:52 in accordance with applicable law. This certificate is assigned Confirmation Number 17280636 .



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."



CALIFORNIA STATE BOARD OF PHARMACY

2720 Gateway Oaks Drive, Suite 100
Sacramento, CA 95833
(916) 518-3100

Renewal License
Wholesale Drug Permit

License No. WLS 6862

Receipt No. 00197166

Valid Until: 4/1/2026

ANIMAL HEALTH INTERNATIONAL INC
1115 METZGER ST
RED BLUFF, CA 96080

In accordance with the provisions of section 4160 of the Business and Professions Code, the firm name hereon is issued a Wholesale Drug Permit.

This permit is non-transferable. Contact the California State Board of Pharmacy within 30 days when there is a change of ownership, location, corporate officer, director, shareholder (more than 10 percent share change) manager, vice president of operations, or designated representative-in-charge.

This permit is valid only at the address shown.

The official status of this license can be verified at www.pharmacy.ca.gov

----- NON-TRANSFERABLE ----- POST IN PUBLIC VIEW -----

FORM WPHWLS (09/30/19) WL

BOARD OF PHARMACY

LICENSING DETAILS FOR: WLS 6862

NAME: ANIMAL HEALTH INTERNATIONAL INC

LICENSE TYPE: WHOLESALER

LICENSE STATUS: CLEAR
ADDRESS

1115 METZGER ST
RED BLUFF CA 96080
TEHAMA COUNTY

ISSUANCE DATE

APRIL 20, 2016

EXPIRATION DATE

APRIL 1, 2026

CURRENT DATE / TIME

JUNE 3, 2025
11:42:51 AM

LICENSE RELATIONSHIPS

NAME: ANIMAL HEALTH INTERNATIONAL INC

LICENSE/REGISTRATION TYPE: VETERINARY FOOD-
ANIMAL DRUG RETAILER

LICENSE NUMBER: 154 **PRIMARY STATUS:** CLEAR

NAME: SCHUMACHER, NANNETTE JO

LICENSE/REGISTRATION TYPE: DESIGNATED
REPRESENTATIVE (VETERINARY FOOD-ANIMAL
DRUG RETAILER)

LICENSE NUMBER: 19336 **PRIMARY STATUS:** CLEAR

ADDRESS :

1115 METZGER STREET
RED BLUFF CA 96080-1022
TEHAMA COUNTY

ADDRESS NOT DISCLOSED



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

01/07/2025

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

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

PRODUCER MARSH USA LLC 333 South 7th Street, Suite 1400 Minneapolis, MN 55402-2400 CN102114303-SInd-GAWU-24-25	CONTACT NAME: Marsh U.S. Operations & Technology PHONE (A/C, No, Ext): 866-966-4664 E-MAIL ADDRESS: Minneapolis.CertRequest@marsh.com FAX (A/C, No):														
INSURED Animal Health International, Inc. and Subsidiaries 822 7th Street, Suite 740 Greeley, CO 80631	<table><tr><th>INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr><tr><td>INSURER A: Starr Indemnity & Liability Company</td><td>38318</td></tr><tr><td>INSURER B: Starr Specialty Insurance Company</td><td>16109</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(S) AFFORDING COVERAGE	NAIC #	INSURER A: Starr Indemnity & Liability Company	38318	INSURER B: Starr Specialty Insurance Company	16109	INSURER C:		INSURER D:		INSURER E:		INSURER F:	
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INSURER B: Starr Specialty Insurance Company	16109														
INSURER C:															
INSURER D:															
INSURER E:															
INSURER F:															

COVERAGES **CERTIFICATE NUMBER:** CHI-010764188-03 **REVISION NUMBER:** 1

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:			1000100137241	11/01/2024	11/01/2025	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 0 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 10,000,000 PRODUCTS - COMP/OP AGG \$ 4,000,000 \$
A	☒ AUTOMOBILE LIABILITY ☒ ANY AUTO ☐ OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☐ HIRED AUTOS ONLY ☐ NON-OWNED AUTOS ONLY			1000198195241 (AOS) 1000198196241 (MA)	11/01/2024 11/01/2024	11/01/2025 11/01/2025	COMBINED SINGLE LIMIT (Ea accident) \$ 3,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	☒ UMBRELLA LIAB ☒ OCCUR ☐ EXCESS LIAB ☐ CLAIMS-MADE ☐ DED ☒ RETENTION \$ 25,000			1000589674241	11/01/2024	11/01/2025	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$
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/A	100 0005556 (AOS) 100 0005558 (FL, MA) 100 0005559 (WI)	11/01/2024 11/01/2024 11/01/2024	11/01/2025 11/01/2025 11/01/2025	☒ 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
B	Workers Compensation			100 0005557 (AK, AZ, CT, IA, NJ, NY, NC, TX, VT)	11/01/2024	11/01/2025	Limits See Above

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

Evidence of Insurance

CERTIFICATE HOLDER

Animal Health International, Inc.
and Subsidiaries
822 7th Street, Suite 740
Greeley, CO 80631

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
of Marsh USA LLC

Marsh USA LLC

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NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane

Reno, NV 89509

(775) 850-1440

Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. K15387725

Application/License No. _____

Animal Health International, Inc., doing or intending to do business as a
Applicant/Principal
pharmaceutical wholesaler, whose address for purposes of service is
1115 Metzger Street, Red Bluff, CA 96080, as
Address of Applicant/Principal
PRINCIPAL, and Westchester Fire 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
436 Walnut Street, Philadelphia, PA 19106 as
Address of Surety

SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of ONE HUNDRED THOUSAND DOLLARS (\$100,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on October 07, 2019
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 October, 2019

APPLICANT/PRINCIPAL

Animal Health International, Inc.

[Signature]
Authorized Representative

SURETY COMPANY

Westchester Fire 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:

[Signature]
Witness

SIGNED and SEALED in the presence of:

John R. Frank
Witness

Brenda Thompson
Witness

Buttany D Stuebel
Witness

Countersigned by:

N/A
Nevada Resident Agent
N/A

Power of Attorney

Westchester Fire Insurance Company | ACE American Insurance Company

Know All by These Presents, that **WESTCHESTER FIRE INSURANCE COMPANY** and **ACE AMERICAN INSURANCE COMPANY** corporations of the Commonwealth of Pennsylvania, do each hereby constitute and appoint **Pamela A. Beelman, Cynthia L. Choren, Brittany D. Stuckel, JoAnn R. Frank, Sandra L. Ham, Leah L. Juenger, Heidi A. Notheisen, Karen L. Roeder and Debra C. Schneider** of St. Louis, Missouri

each as their true and lawful Attorney-in-Fact to execute under such designation in their names and to affix their corporate seals to and deliver for and on their behalf as surety thereon or otherwise, bonds and undertakings and other writings obligatory in the nature thereof (other than bail bonds) given or executed in the course of business, and any instruments amending or altering the same, and consents to the modification or alteration of any instrument referred to in said bonds or obligations.

In Witness Whereof, **WESTCHESTER FIRE INSURANCE COMPANY** and **ACE AMERICAN INSURANCE COMPANY** have each executed and attested these presents and affixed their corporate seals on this **22nd** day of **July, 2019**.

Dawn M. Chloros

Dawn M. Chloros, Assistant Secretary

Stephen M. Haney

Stephen M. Haney, Vice President



STATE OF NEW JERSEY

County of Hunterdon

SS

On this **22nd** day of **July, 2019**, before me, a Notary Public of New Jersey, personally came **Dawn M. Chloros**, to me known to be Assistant Secretary of **WESTCHESTER FIRE INSURANCE COMPANY** and **ACE AMERICAN INSURANCE COMPANY**, the companies which executed the foregoing Power of Attorney, and the said **Dawn M. Chloros**, being by me duly sworn, did depose and say that she is Assistant Secretary of **WESTCHESTER FIRE INSURANCE COMPANY** and **ACE AMERICAN INSURANCE COMPANY** and knows the corporate seals thereof, that the seals affixed to the foregoing Power of Attorney are such corporate seals and were thereto affixed by authority of said Companies; and that she signed said Power of Attorney as Assistant Secretary of said Companies by like authority; and that she is acquainted with **Stephen M. Haney**, and knows him to be Vice President of said Companies, and that the signature of **Stephen M. Haney**, subscribed to said Power of Attorney is in the genuine handwriting of **Stephen M. Haney**, and was thereto subscribed by authority of said Companies and in deponent's presence.

Notarial Seal



ROSE CURTIS
NOTARY PUBLIC OF NEW JERSEY
No. 50072400
Commission Expires November 22, 2022

Rose Curtis
Notary Public

CERTIFICATION

Resolutions adopted by the Boards of Directors of **WESTCHESTER FIRE INSURANCE COMPANY** on December 11, 2006; **ACE AMERICAN INSURANCE COMPANY** on March 20, 2009:

"RESOLVED, that the following authorizations relate to the execution, for and on behalf of the Company, of bonds, undertakings, recognizances, contracts and other written commitments of the Company entered into in the ordinary course of business (each a "Written Commitment"):

- (1) Each of the Chairman, the President and the Vice Presidents of the Company is hereby authorized to execute any Written Commitment for and on behalf of the Company, under the seal of the Company or otherwise.
- (2) Each duly appointed attorney-in-fact of the Company is hereby authorized to execute any Written Commitment for and on behalf of the Company, under the seal of the Company or otherwise, to the extent that such action is authorized by the grant of powers provided for in such person's written appointment as such attorney-in-fact.
- (3) Each of the Chairman, the President and the Vice Presidents of the Company is hereby authorized, for and on behalf of the Company, to appoint in writing any person (the attorney-in-fact of the Company with full power and authority to execute, for and on behalf of the Company, under the seal of the Company or otherwise, such Written Commitments of the Company as may be specified in such written appointment, which specification may be by general type or class of Written Commitments or by specification of one or more particular Written Commitments.
- (4) Each of the Chairman, the President and the Vice Presidents of the Company is hereby authorized, for and on behalf of the Company, to delegate in writing to any other officer of the Company the authority to execute, for and on behalf of the Company, under the Company's seal or otherwise, such Written Commitments of the Company as are specified in such written delegation, which specification may be by general type or class of Written Commitments or by specification of one or more particular Written Commitments.
- (5) The signature of any officer or other person executing any Written Commitment or appointment or delegation pursuant to this Resolution, and the seal of the Company, may be affixed by facsimile on such Written Commitment or written appointment or delegation.

FURTHER RESOLVED, that the foregoing Resolution shall not be deemed to be an exclusive statement of the powers and authority of officers, employees and other persons to act for and on behalf of the Company, and such Resolution shall not limit or otherwise affect the exercise of any such power or authority otherwise validly granted or vested."

I, **Dawn M. Chloros**, Assistant Secretary of **WESTCHESTER FIRE INSURANCE COMPANY** and **ACE AMERICAN INSURANCE COMPANY** (the "Companies") do hereby certify that

- (i) the foregoing Resolutions adopted by the Board of Directors of the Companies are true, correct and in full force and effect,
- (ii) the foregoing Power of Attorney is true, correct and in full force and effect.

Given under my hand and seals of said Companies at Whitehouse Station, NJ, this **7th** day of **October, 2019**.



Dawn M. Chloros

Dawn M. Chloros, Assistant Secretary

IN THE EVENT YOU WISH TO VERIFY THE AUTHENTICITY OF THIS BOND OR NOTIFY US OF ANY OTHER MATTER, PLEASE CONTACT US AT:
Telephone (908) 903-3493 Fax (908) 903-3656 e-mail surety@chubb.com

Power of Attorney

Westchester Fire Insurance Company | ACE American Insurance Company

Know All by These Presents, that WESTCHESTER FIRE INSURANCE COMPANY and ACE AMERICAN INSURANCE COMPANY corporations of the Commonwealth of Pennsylvania, do each hereby constitute and appoint Pamela A. Beelman, Cynthia L. Choren, Brittany D. Stuckel, JoAnn R. Frank, Sandra L. Ham, Leah L. Juenger, Heidi A. Notheisen, Karen L. Roider and Debra C. Schneider of St. Louis, Missouri -----

each as their true and lawful Attorney-in-Fact to execute under such designation in their names and to affix their corporate seals to and deliver for and on their behalf as surety thereon or otherwise, bonds and undertakings and other writings obligatory in the nature thereof (other than bail bonds) given or executed in the course of business, and any instruments amending or altering the same, and consents to the modification or alteration of any instrument referred to in said bonds or obligations.

In Witness Whereof, WESTCHESTER FIRE INSURANCE COMPANY and ACE AMERICAN INSURANCE COMPANY have each executed and attested these presents and affixed their corporate seals on this **22nd** day of **July, 2019**.

Dawn M. Chloros

Dawn M. Chloros, Assistant Secretary

Stephen M. Haney

Stephen M. Haney, Vice President



STATE OF NEW JERSEY

County of Hunterdon

On this **22nd** day of **July, 2019**, before me, a Notary Public of New Jersey, personally came Dawn M. Chloros, to me known to be Assistant Secretary of WESTCHESTER FIRE INSURANCE COMPANY and ACE AMERICAN INSURANCE COMPANY, the companies which executed the foregoing Power of Attorney, and the said Dawn M. Chloros, being by me duly sworn, did depose and say that she is Assistant Secretary of WESTCHESTER FIRE INSURANCE COMPANY and ACE AMERICAN INSURANCE COMPANY and knows the corporate seals thereof, that the seals affixed to the foregoing Power of Attorney are such corporate seals and were thereto affixed by authority of said Companies; and that she signed said Power of Attorney as Assistant Secretary of said Companies by like authority; and that she is acquainted with Stephen M. Haney, and knows him to be Vice President of said Companies; and that the signature of Stephen M. Haney, subscribed to said Power of Attorney is in the genuine handwriting of Stephen M. Haney, and was thereto subscribed by authority of said Companies and in deponent's presence.

Notarial Seal



ROSE CURTIS
NOTARY PUBLIC OF NEW JERSEY
No. 50072400
Commission Expires November 22, 2022

Rose Curtis
Notary Public

CERTIFICATION

Resolutions adopted by the Boards of Directors of WESTCHESTER FIRE INSURANCE COMPANY on December 11, 2006 ; ACE AMERICAN INSURANCE COMPANY on March 20, 2009:

RESOLVED, that the following authorizations relate to the execution, for and on behalf of the Company, of bonds, undertakings, recognizances, contracts and other written commitments of the Company entered into in the ordinary course of business (each a "Written Commitment"):

- (1) Each of the Chairman, the President and the Vice Presidents of the Company is hereby authorized to execute any Written Commitment for and on behalf of the Company, under the seal of the Company or otherwise
- (2) Each duly appointed attorney-in-fact of the Company is hereby authorized to execute any Written Commitment for and on behalf of the Company, under the seal of the Company or otherwise, to the extent that such action is authorized by the grant of powers provided for in such person's written appointment as such attorney-in-fact
- (3) Each of the Chairman, the President and the Vice Presidents of the Company is hereby authorized, for and on behalf of the Company, to appoint in writing any person the attorney-in-fact of the Company with full power and authority to execute, for and on behalf of the Company, under the seal of the Company or otherwise, such Written Commitments of the Company as may be specified in such written appointment, which specification may be by general type or class of Written Commitments or by specification of one or more particular Written Commitments
- (4) Each of the Chairman, the President and the Vice Presidents of the Company is hereby authorized, for and on behalf of the Company, to delegate in writing to any other officer of the Company the authority to execute, for and on behalf of the Company, under the Company's seal or otherwise, such Written Commitments of the Company as are specified in such written delegation, which specification may be by general type or class of Written Commitments or by specification of one or more particular Written Commitments
- (5) The signature of any officer or other person executing any Written Commitment or appointment or delegation pursuant to this Resolution, and the seal of the Company, may be affixed by facsimile on such Written Commitment or written appointment or delegation

FURTHER RESOLVED, that the foregoing Resolution shall not be deemed to be an exclusive statement of the powers and authority of officers, employees and other persons to act for and on behalf of the Company, and such Resolution shall not limit or otherwise affect the exercise of any such power or authority otherwise validly granted or vested.

I, Dawn M. Chloros, Assistant Secretary of WESTCHESTER FIRE INSURANCE COMPANY and ACE AMERICAN INSURANCE COMPANY (the "Companies") do hereby certify that

- (i) the foregoing Resolutions adopted by the Board of Directors of the Companies are true, correct and in full force and effect,
- (ii) the foregoing Power of Attorney is true, correct and in full force and effect.

Given under my hand and seals of said Companies at Whitehouse Station, NJ, this **7th day of October, 2019**.



Dawn M. Chloros

Dawn M. Chloros, Assistant Secretary

IN THE EVENT YOU WISH TO VERIFY THE AUTHENTICITY OF THIS BOND OR NOTIFY US OF ANY OTHER MATTER, PLEASE CONTACT US AT
Telephone (908) 903-3493 Fax (908) 903-3656 e-mail: surety@chubb.com

Cynthia L. Choren
Vice President

Marsh USA Inc.
701 Market Street
Suite 1100
St. Louis, MO 63101-2500
314-342-2661
Cynthia.L.Choren@marsh.com
www.marsh.com



Sent via Federal Express #7765 4093 0373

October 07, 2019

Kasey Cannon
Animal Health International, Inc.
822 7th Street, Suite 650
Greeley, CO 80631

Subject: New Bond

Principal: Animal Health International, Inc.
Obligee: Nevada State Board of Pharmacy
Bond Description: Pharmaceutical Wholesaler Surety Bond
Bond Amount: \$100,000.00
Bond Number: K15387725
Surety Name: Westchester Fire Insurance Company

Dear Kasey:

In response to the request dated 10/3/2019, I am pleased to enclose the above-referenced bond document that is based on the information we received with the request.

Prior to filing with the Nevada State Board of Pharmacy, the following items need to be completed:

1. Signed by authorized officer
2. Officer's name and title inserted below signature
3. Officer's signature witnessed by two (2) individuals
4. Corporate seal affixed (if applicable)

As always, the bond document should be re-checked for accuracy before filing with the Nevada State Board of Pharmacy.

If you have any questions, please feel free to contact me. Thank you for allowing Marsh to service your surety needs.

Sincerely,

A handwritten signature in blue ink, appearing to read 'Cindy', written over a printed name.

Cynthia L. Choren, Vice President

Enclosure

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 Animal Health International, Inc. MDEG License # (if applicable) _____

Physical Address 1115 Metzger Street

City Red Bluff State CA Zip 96080

Mailing Address (if different from physical address) 1031 Mendota Heights Road; Attn: Regulatory Licensing

City Saint Paul State MN Zip 55120

Telephone 970-656-1957 Website https://www.animalhealthinternational.com

Licensing Company Email facilitylicensing@pattersoncompanies.com

Section 2: Personal Information

First Nannette Middle Jo Last Schumacher

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

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

Mailing Address [REDACTED]

City Red Bluff State CA Zip [REDACTED]

Telephone [REDACTED] Email nannette.schumacher@animalhealthinternational.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 Red Bluff Union High School		From - To (MM/YY - MM/YY) 09/79-06/83	
Address 1260 Union Street	City Red Bluff	State CA	Zip 96080
Diploma/Degree obtained, if any High School diploma			
School Name Shasta College		From - To (MM/YY - MM/YY)	
Address 11555 Old Oregon Trail	City Redding	State CA	Zip 96003
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) 09/74-03/25	Address [REDACTED]	City Red Bluff	State CA	Zip [REDACTED]
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	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 Animal Health International, Inc.		From - To (MM/YY - MM/YY) 09/2004-03/25	
Business Address 1115 Metzger Street	City Red Bluff	State CA	Zip 96080
Phone 530-527-1888	Title Operation Supervisor	Number of Employed Hours 45680	
Description of Duties Customer service, in charge of inbound and out going freight, contacting and inputting RX scripts, releasing failed RX orders, labeling RX product, contact for pharmacy inspection and CDFA inspections of both OTC and RX materials.			
Business Name		From - To (MM/YY - MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			
Business Name		From - To (MM/YY - MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			
Business Name		From - To (MM/YY - MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description 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 N/A			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				
Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				
Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				
Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description 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)

5/23/25
 Date

I, Nannette Schumacher, certify that as the MDEG Administrator for
Animal Health International, Inc.

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

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

Nannette Schumacher

Print Name (First, Last)

Nannette Schumacher
Original Signature (electronic, copies or stamps not accepted)

5/23/25
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 Animal Health International, Inc.
Pharmacy/Wholesaler License # (if applicable) WH02959
Physical Address 1115 Metzger Street
City Red Bluff State CA Zip 96080
Mailing Address (if different from physical address) 1031 Mendota Heights Road
City Saint Paul State MN Zip 55120
Telephone 970-656-1957 Website https://www.animalhealthinternational.com
Licensing Company Email facilitylicensing@pattersoncompanies.com

Section 2: Personal Information

First Nannette Middle Jo Last Schumacher
Alias(es, nicknames, name changes, etc.) _____
Date of Birth _____ SSN or ITIN _____ Sex ☐ M ☒ F ☐ X
Mailing Address _____
City Red Bluff State CA Zip _____
Telephone _____ Email nannette.schumacher@animalhealthinternational.com
Are you a citizen of the United States? ☒ Yes ☐ No

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

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

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)				
School Name		From - To (MM/YY – MM/YY)		
Red Bluff Union High School		09/79-06/83		
Address	City	State	Zip	
1260 Union Street	Red Bluff	CA	96080	
Diploma/Degree obtained, if any				
High School diploma				
School Name		From - To (MM/YY – MM/YY)		
Shasta College		09/83-06/84		
Address	City	State	Zip	
11555 Old Oregon Trail	Redding	CA	96003	
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
09/74-03/25		Red Bluff	CA	
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	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 Animal Health International		From - To (MM/YY – MM/YY) 09/2004-03/25	
Business Address 1115 Metzger Street		City Red Bluff	State CA
Phone 530-527-1888	Title Operation Supervisor		Zip 96080
Description of Duties Customer service, in charge of inbound and out going freight, contacting and inputting RX scripts, releasing failed RX orders, labeling RX product, contact for pharmacy inspection and CDFA inspections of both OTC and RX materials.			
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 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, Nannette Schumacher, certify that as the designated representative for
Animal Health International, Inc.

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

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

Nannette Schumacher

Print Name (First, Last)

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.

Nannette Schumacher

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

Date

3/31/25

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

State of California, ss. County of Tehama

I, Nannette Schumacher, 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

3/31/25

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

Notary Public Signature

CALIFORNIA NOTARIAL
CERTIFICATE ATTACHED

(Seal)

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 Tehama

Subscribed and sworn to (or affirmed) before me on this 31 day of March, 2025
by Nannette Schumacher
proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.



Commission Expires April 15, 2028
(Seal)

Signature

OPTIONAL

Description of Attached Document:

Title or Type of Document: Designated Representative App.

Number of Pages: _____ Document Date: _____

Other: _____

Employee List

1115 Metzger Street
Red Bluff, CA 96080
License Number: WH02959

Legal Name

Schumacher, Nannette J
Evanusich, William Joseph
Moses, John
Elliott, Gary

4NN

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* See Regarding the Ownership Change Attachment ☐ Name Change* ☐ Location Change* (in-state only)	* If making a change, provide current license number: WH 02800 WH03564	☐ 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>Catalent Pharma Solutions, LLC</u>		
Physical Address: <u>8926 Ware Court</u>		
City: <u>San Diego</u> State: <u>CA</u> Zip: <u>92121</u>		
Mailing Address (if different from physical address): <u>N/A-Same as above</u>		
City: _____ State: _____ Zip: _____		
Telephone: <u>858-529-8000</u> Website: <u>www.catalent.com</u>		
Name of Designated Representative (DR): <u>Brian Avison</u>		
Licensing Company Email: <u>GMB-CPSLLC-SAN-CSS@catalent.com</u> DR Email: <u>GMB-CPSLLC-SAN-CSS@catalent.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: <u>Phase I-III Clinical trial materials</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)?			✓

N/A

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

This is in response to Question # 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: N/A-Clinical trial products (Phase I-III) are client supplied through contract. Suppliers are based off client needs.

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

Name: _____

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

Name: _____

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

Name: _____

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

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: Delaware

Parent Company (if any): Catalent Pharma Solutions, Inc.

Corporation/Organization Name: Catalent Pharma Solutions, LLC

Mailing Address: 8926 Ware Court

City: San Diego State: CA Zip: 92121

Telephone: 858-529-8000 Email: GMB-CPSLLC-SAN-CSS@catalent.com

Contact Person Name: Alexandra Perez

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: _____

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

Catalent Pharma Solutions, LLC

Facility Name

Joseph Ferraro

Print Name of Authorized Person Submitting Application


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

NOV 04, 2024
Date

Board Use Only	Date Received: 11/16/24	Amount: \$1600-CC
----------------	-------------------------	-------------------

N/A

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/ . See Attachment A			

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. See Attachment B	✓	✓		
• 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 B		✓		
• 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. See Attachment C	✓	✓	✓	✓
• Designated Representative form must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/ See Attachment D		✓	✓	✓
• Personal History Record Application must be completed by each shareholder/stockholder/partner/owner owning more than 10% of the business stocks/shares. Access form at http://bop.nv.gov/Services/newapps/Business/ N/A		✓	✓	✓
• Copy of DEA certificate if handling controlled substances N/A	✓	✓	✓	✓
• Copy of current SEC 10K or 8K (First 15 pages only)	✓			
• List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant. 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) N/A	✓	✓	✓	✓
• ^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 . See Attachment F		✓	✓	✓
• 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/ . See attachment A		✓	✓	✓



Corporate Officer Information

14 Schoolhouse Road
Somerset, NJ 08873
(732) 537 6200

Alessandro Maselli
President & Chief Executive Officer
<1% Ownership

Ramon J. Ceron
Vice President & Treasurer
<1% Ownership

Joseph Ferraro
Senior Vice President, General Counsel & Secretary
<1% Ownership

All corporate officers may be reached at the address and phone number provided above.

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CATALENT PHARMA SOLUTIONS, 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 EIGHTH DAY OF JANUARY, A.D. 2025.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CATALENT PHARMA SOLUTIONS, LLC" WAS FORMED ON THE FIFTH DAY OF NOVEMBER, A.D. 2003.

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



3724407 8300

SR# 20250063600

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: 202645002

Date: 01-08-25

STATE OF CALIFORNIA
DEPARTMENT OF PUBLIC HEALTH
FOOD AND DRUG BRANCH
DRUG MANUFACTURING LICENSE

Catalent Pharma Solutions, LLC
8926 Ware Ct
San Diego , CA 92121

LICENSE NUMBER: 114238
EXPIRATION DATE: 9/1/2026

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 997435, Sacramento, CA 95899-7435 (916) 650-6500



ARGO SURETY

RIDER

To be attached to and form part of Bond No. SUR0070530

Issued on behalf of CATALENT PHARMA SOLUTIONS, LLC
as Principal, and in favor of THE NEVADA STATE BOARD OF PHARMACY
as Oblige dated 10th day of August, 2022

It is agreed that:

- ☐ 1. The Surety hereby gives its consent to change the Name:
from: _____
to: _____
- ☐ 2. The Surety hereby gives its consent to change the Address:
from: _____
to: _____
- ☒ 3. The Surety hereby gives its consent to change the: Bond amount
from: Twenty Five Thousand and 00/100 Dollars (\$25,000.00)
to: One Hundred Thousand and 00/100 Dollars (\$100,000.00)
4. This rider shall become effective as of March 30, 2023

PROVIDED, however, that the liability of the Surety under the attached bond as changed by this Rider shall not be cumulative.

Signed, sealed and dated March 30, 2023

Argonaut Insurance Company

By: _____

Sandra Diaz, Attorney-in-Fact

CATALENT PHARMA SOLUTIONS, LLC

By: _____

Principal

Acknowledged & Accepted by: _____ Date: _____
_____, Oblige

Argonaut Insurance Company
Deliveries Only: 225 W. Washington, 24th Floor
Chicago, IL 60606
United States Postal Service: P.O. Box 469011, San Antonio, TX 78246
POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS: That the Argonaut Insurance Company, a Corporation duly organized and existing under the laws of the State of Illinois and having its principal office in the County of Cook, Illinois does hereby nominate, constitute and appoint:

Sandra Diaz, Debra A Deming, Anne Potter, Beverly A Woolford, Valorie Spates, Jennifer L Jakaitis, Susan A Welsh, Peter Healy, Aklima Noorhassan,
Frances Rodriguez, Francesca Kazmierczak, Kemal Brkanovic

Their true and lawful agent(s) and attorney(s)-in-fact, each in their separate capacity if more than one is named above, to make, execute, seal and deliver for and on its behalf as surety, and as its act and deed any and all bonds, contracts, agreements of indemnity and other undertakings in suretyship provided, however, that the penal sum of any one such instrument executed hereunder shall not exceed the sum of:

\$107,116,000.00

This Power of Attorney is granted and is signed and sealed under and by the authority of the following Resolution adopted by the Board of Directors of Argonaut Insurance Company:

"RESOLVED, That the President, Senior Vice President, Vice President, Assistant Vice President, Secretary, Treasurer and each of them hereby is authorized to execute powers of attorney, and such authority can be executed by use of facsimile signature, which may be attested or acknowledged by any officer or attorney, of the Company, qualifying the attorney or attorneys named in the given power of attorney, to execute in behalf of, and acknowledge as the act and deed of the Argonaut Insurance Company, all bond undertakings and contracts of suretyship, and to affix the corporate seal thereto."

IN WITNESS WHEREOF, Argonaut Insurance Company has caused its official seal to be hereunto affixed and these presents to be signed by its duly authorized officer on the 19th day of November, 2021,

Argonaut Insurance Company



by

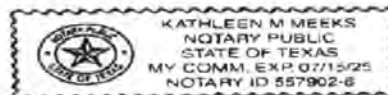
Gary E. Grose

Gary E. Grose, President

STATE OF TEXAS
COUNTY OF HARRIS SS:

On this 19th day of November, 2021 A.D., before me, a Notary Public of the State of Texas, in and for the County of Harris, duly commissioned and qualified, came THE ABOVE OFFICER OF THE 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 same, and being by me duly sworn, deposed and said that he is the officer of the said Company aforesaid, and that the seal affixed to the preceding instrument is the Corporate Seal of said Company, and the said Corporate Seal and his signature as officer were duly affixed and subscribed to the said instrument by the authority and direction of the said corporation, and that Resolution adopted by the Board of Directors of said Company, referred to in the preceding instrument is now in force.

IN TESTIMONY WHEREOF, I have hereunto set my hand, and affixed my Official Seal at the County of Harris, the day and year first above written.



Kathleen M. Meeks

(Notary Public)

I, the undersigned Officer of the Argonaut Insurance Company, Illinois Corporation, do hereby certify that the original POWER OF ATTORNEY of which the foregoing is a full, true and correct copy is still in full force and effect and has not been revoked.

IN WITNESS WHEREOF, I have hereunto set my hand, and affixed the Seal of said Company, on the 30th day of March, 2023



Austin W. King

Austin W. King, Secretary

IF YOU HAVE QUESTIONS ON AUTHENTICITY OF THIS DOCUMENT CALL (833) 820 - 9137.

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. SUR0070530

Application/License No. _____

CATALENT PHARMA SOLUTIONS, LLC, doing or intending to do business as a
Applicant/Principal
pharmaceutical wholesaler, whose address for purposes of service is
8926 Ware Ct. San Diego, CA 92121, as
Address of Applicant/Principal
PRINCIPAL, and ARGONAUT INSURANCE COMPANY, 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
P.O. Box 469011 San Antonio, TX 78246, 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 10, 2021
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.

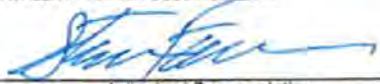
THIS BOND is subject to the following conditions:

- (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
10th day of August, 2021.

APPLICANT/PRINCIPAL
CATALANT PHARMA SOLUTIONS, LLC

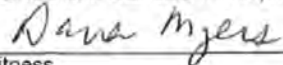

Authorized Representative

SURETY COMPANY
ARGONAUT INSURANCE COMPANY


Surety Company's Representative

Frances Rodriguez, Attorney-in-fact
print name

SIGNED and SEALED in the presence of


Witness

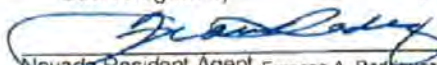
SIGNED and SEALED in the presence of


Witness Grace Laterza


Witness


Witness Sandra Diaz

Countersigned by


Nevada Resident Agent Frances A. Rodriguez

Posted February 20, 2020

Argonaut Insurance Company
Deliveries Only: 225 W. Washington, 24th Floor
Chicago, IL 60606
United States Postal Service: P.O. Box 469011, San Antonio, TX 78246
POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS That the Argonaut Insurance Company, a Corporation duly organized and existing under the laws of the State of Illinois and having its principal office in the County of Cook, Illinois does hereby nominate, constitute and appoint

Cynthia Farrell, Sandra Diaz, Debra A Deming, Anne Potter, Beverly A Woolford, Valorie Spates, Jennifer L. Jukaitis, Susan A Welsh, Peter Healy, Nancy Schnee, Aklima Noorhassan, Frances Rodriguez, Francesca Kazmierczak, Kemal Brkanovic

Their true and lawful agent(s) and attorney(s)-in-fact, each in their separate capacity if more than one is named above, to make, execute, seal and deliver for and on its behalf as surety, and as its act and deed any and all bonds, contracts, agreements of indemnity and other undertakings in suretyship provided, however, that the penal sum of any one such instrument executed hereunder shall not exceed the sum of:

\$95,621,000.00

This Power of Attorney is granted and is signed and sealed under and by the authority of the following Resolution adopted by the Board of Directors of Argonaut Insurance Company:

"RESOLVED, That the President, Senior Vice President, Vice President, Assistant Vice President, Secretary, Treasurer and each of them hereby is authorized to execute powers of attorney, and such authority can be executed by use of facsimile signature, which may be attested or acknowledged by any officer or attorney, of the Company, qualifying the attorney or attorneys named in the given power of attorney, to execute in behalf of, and acknowledge as the act and deed of the Argonaut Insurance Company, all bond undertakings and contracts of suretyship, and to affix the corporate seal thereto."

IN WITNESS WHEREOF, Argonaut Insurance Company has caused its official seal to be hereunto affixed and these presents to be signed by its duly authorized officer on the 8th day of May, 2017

Argonaut Insurance Company



by

Joshua C. Betz, Senior Vice President

STATE OF TEXAS
COUNTY OF HARRIS SS

On this 8th day of May, 2017 A.D., before me, a Notary Public of the State of Texas, in and for the County of Harris, duly commissioned and qualified, came THE ABOVE OFFICER OF THE 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 same, and being by me duly sworn, deposed and said that he is the officer of the said Company aforesaid, and that the seal affixed to the preceding instrument is the Corporate Seal of said Company, and the said Corporate Seal and his signature as officer were duly affixed and subscribed to the said instrument by the authority and direction of the said corporation, and that Resolution adopted by the Board of Directors of said Company, referred to in the preceding instrument is now in force

IN TESTIMONY WHEREOF, I have hereunto set my hand, and affixed my Official Seal at the County of Harris, the day and year first above written



Kathleen M. Muelo
(Notary Public)

I, the undersigned Officer of the Argonaut Insurance Company, Illinois Corporation, do hereby certify that the original POWER OF ATTORNEY of which the foregoing is a full, true and correct copy is still in full force and effect and has not been revoked

IN WITNESS WHEREOF, I have hereunto set my hand, and affixed the Seal of said Company, on the 10th day of August, 2021



James Blizard, Vice President-Surety

IF YOU HAVE QUESTIONS ON AUTHENTICITY OF THIS DOCUMENT CALL (833) 820 - 9137.

FINANCIAL STATEMENT
ARGONAUT INSURANCE COMPANY
STATUTORY BASIS as of 12/31/2020

ASSETS	
CASH & INVESTED ASSETS	\$158,499,834
BONDS	\$1,054,092,626
STOCKS	\$650,147,228
INVESTMENT INCOME DUE AND ACCRUED	\$5,764,999
PREMIUM BALANCES	\$137,318,710
NET DEFERRED TAX ASSET	\$25,246,782
REINSURANCE RECOVERABLE	\$64,889,336
OTHER ASSETS	\$45,219,794
TOTAL ASSETS	\$2,141,179,309

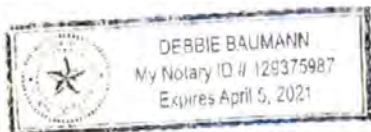
LIABILITIES AND SURPLUS	
UNEARNED PREMIUMS	\$289,279,454
LOSSES	\$525,826,062
LOSS ADJUSTMENT EXPENSES	\$186,554,738
COMMISSIONS	\$5,048,149
TAXES, LICENSES, AND FEES	\$16,089,949
OTHER EXPENSES	\$9,990,100
FUNDS HELD UNDER REINSURANCE TREATIES	\$83,850,484
CURRENT FEDERAL AND FOREIGN INCOME TAXES	\$4,511,006
REMITTANCES AND ITEMS NOT ALLOCATED	\$1,380,869
AMOUNTS WITHHELD/RETAINED BY COMPANY FOR OTHERS	\$8,624,453
PAYABLES TO PARENT, SUBSIDIARIES, & AFFILIATES	\$3,618,938
PAYABLE FOR SECURITIES	\$4,622,776
PROVISION FOR REINSURANCE	\$16,441,084
CEDED REINSURANCE PREMIUMS PAYABLE	\$39,002,167
OTHER ACCRUED EXPENSES AND LIABILITIES	\$930,971
TOTAL LIABILITIES	\$1,165,881,902
COMMON CAPITAL STOCK	\$4,500,000
GROSS PAID IN AND CONTRIBUTED SURPLUS	\$25,520,936
UNASSIGNED SURPLUS	\$455,475,471
TOTAL SURPLUS TO POLICYHOLDERS	\$975,497,407
TOTAL LIABILITIES & SURPLUS	\$2,141,179,309

Lauren T. Welch, being duly sworn, says that she is VP US Financial Controller of Argonaut Insurance Company and that to the best of her knowledge, and belief, the foregoing statement is a true and correct statement of the financial condition of said Company as of the 31st of December, 2019.

Subscribed and sworn to before me this 3rd day of March 2021

Debbie Baumann
Notary Public

Lauren T. Welch
Lauren T. Welch, VP US Financial Controller



FINANCIAL STATEMENT
ARGONAUT INSURANCE COMPANY
STATUTORY BASIS as of 12/31/2021

ASSETS		LIABILITIES AND SURPLUS	
CASH & INVESTED ASSETS	\$748,880,958	UNPAID PREMIUMS	\$404,941,189
BONDS	\$1,181,510,880	LOSSES	\$595,581,927
STOCKS	\$678,977,267	LOSS ADJUSTMENT EXPENSES	\$198,745,975
INVESTMENT INCOME DUE AND ACCRUED	\$5,760,618	COMMISSIONS	\$1,787,791
PREMIUM BALANCES	\$112,828,986	TAXES, LICENSES, AND FEES	\$10,269,546
REINSURANCE RECEIVABLE	-	OTHER ASSETS	\$7,371,605
OTHER ASSETS	\$40,514,092	CURRENT FEDERAL AND FOREIGN INCOME TAXES	\$0
TOTAL ASSETS	\$2,392,160,610	REMITTANCES AND ITEMS NOT ALLOCATED	\$2,510,048
		AMOUNTS WITHHELD/RETAINED BY COMPANY FOR OTHERS	\$13,771,696
		PAYABLES TO PARENT, SUBSIDIARIES, & AFFILIATES	\$52,193,204
		PAYABLE FOR SECURITIES	\$3,599,489
		PROVISION FOR REINSURANCE	\$16,445,734
		CEDED REINSURANCE PREMIUMS PAYABLE	\$47,683,249
		OTHER ACCRUED EXPENSES AND LIABILITIES	\$1,597,617
		TOTAL LIABILITIES	\$1,321,701,703
		COMMON CAPITAL STOCK	\$4,500,000
		GROSS PAID IN AND CONTRIBUTED SURPLUS	\$525,520,936
		UNASSIGNED SURPLUS	\$541,137,981
		TOTAL SURPLUS TO POLICYHOLDERS	\$1,071,158,917
		TOTAL LIABILITIES & SURPLUS	\$2,392,160,610

I, Julian Westbrock III, being duly sworn, says that he is Head of US Segment Accounting of Argonaut Insurance Company and that to the best of his knowledge and belief, the foregoing statement is a true and correct statement of the financial condition of said Company as of the 31st of December, 2021.

Subscribed and sworn to before me this 5th day of April, 2022

Debbie Souper
Notary Public

Julian Westbrock III
Julian Westbrock III, Head of US Segment Accounting



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 Catalent Pharma Solutions
Pharmacy/Wholesaler License # (if applicable) N/A
Physical Address 8926 Ware Ct
City San Diego State CA Zip 92121
Mailing Address (if different from physical address) N/A - Same as Physical Address
City _____ State _____ Zip _____
Telephone 858-529-8000 Website www.catalent.com
Licensing Company Email GMB-CPSLLC-SAN-CSS@catalent.com

Section 2: Personal Information

First Brian Middle David Last Avison
Alias(es, nicknames, name changes, etc.) N/A
Date of Birth [REDACTED] SSN or ITIN [REDACTED] Sex ☒ M ☐ F ☐ X
Mailing Address [REDACTED]
City San Diego State CA Zip [REDACTED]
Telephone 858-529-8000 Email GMB-CPSLLC-SAN-CSS@catalent.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.)		✓

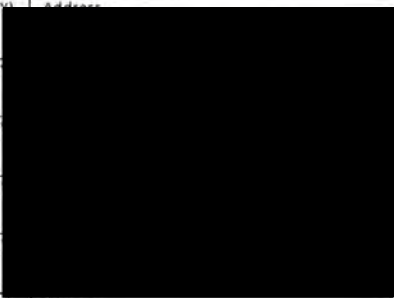
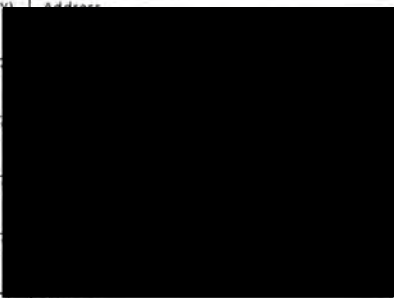
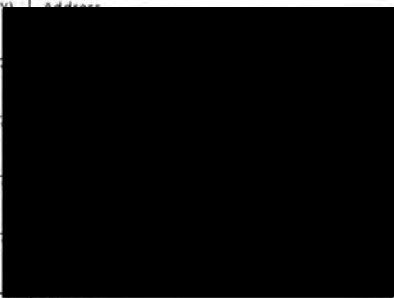
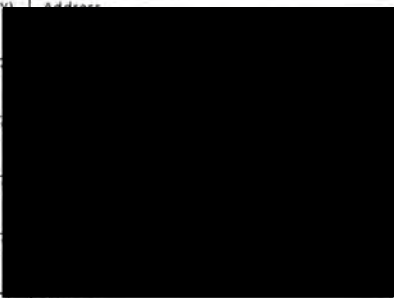
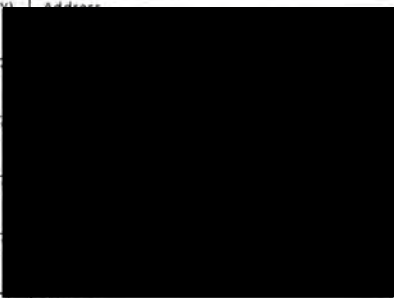
Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)

	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 The Pennsylvania State University		From - To (MM/YY - MM/YY) 08/09-05/13	
Address 201 Old Main	City University Park	State PA	Zip 16802
Diploma/Degree obtained, if any B.S. Engineering Science, Minors in Bioengineering & Economics			
School Name Unionville High School		From - To (MM/YY - MM/YY) 08/05-05/09	
Address 740 Unionville Rd	City Kennett Square	State PA	Zip 19348
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) 11/22-Present	Address 	City San Diego	State CA	Zip 
From - To (MM/YY - MM/YY) 12/2019-12/2022		City La Jolla	State CA	
From - To (MM/YY - MM/YY) 04/2018-12/2019		City Huntington Beach	State CA	
From - To (MM/YY - MM/YY) 05/2015-04/2018		City Arlington	State VA	
From - To (MM/YY - MM/YY) 05/2013-05/2015		City Arlington	State VA	
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	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 Catalent Pharma Solutions		From - To (MM/YY - MM/YY) 07/22-Present	
Business Address 8926 Ware Ct	City San Diego	State CA	Zip 92121
Phone 858-529-8000	Title Director of Operations, Site Lead	Number of Employed Hours 4,680	

Description of Duties
Responsible for maintaining and growing site operations and adhered to standard operating procedures (SOPs) for Clinical Supply Services in San Diego.

Business Name PCI Pharma Services		From - To (MM/YY - MM/YY) 12/19-06/22	
Business Address 6166 Nancy Ridge Dr.	City San Diego	State CA	Zip 92121
Phone 858-997-1490	Title Production Manager	Number of Employed Hours 5,216	

Description of Duties
Responsible for overseeing the execution of primary and secondary packaging and labeling operations for clinical trials

Business Name Axalta		From - To (MM/YY - MM/YY) 12/2017-12/2019	
Business Address 5361 Via Ricardo	City Riverside	State CA	Zip 92509
Phone 951-341-6500	Title Plant Manager	Number of Employed Hours 4,016	

Description of Duties
Accountable for all aspects of a 65-employee single unit, joint venture, high-hazard manufacturing facility including environmental, health, safety, security, quality assurance, distribution, maintenance, technology and purchasing.

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

Description of Duties

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

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

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

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

Business Name N/A		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 # 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)

28 Oct 2024
Date

I, Brian David Avison, certify that as the designated representative for
Catalent Pharma Solutions, LLC - 8926 Ware Ct, San Diego, CA 92121

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

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

Brian Avison

Print Name (First, Last)


Original Signature (electronic, copies or stamps not accepted)

28 Oct 2024
Date

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

Brian Avison

Print Name (First, Last)

Brian Avison
Original Signature (electronic, copies or stamps not accepted)

28 Oct 2024
Date

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

State of California, ss. County of San Diego

I, Brian Avison, 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.

Brian Avison
Original Signature

01 Nov 2024
Date

Subscribed and Sworn to before me this 1 day of November 2024

Gabriel C Dulle
Notary Public Signature



(Seal)

GOVERNMENT CODE § 8202

Signature of Document Signer No. 1

State of California
County of SAN DIEGO

on this 1 day of November, 2024
by Date Month Year

(and (2) _____),
Name(s) of Signer(s)

Signature Gabriel o. Zelle
Signature of Notary Public



OPTIONAL

Title or Type of Document: _____ Document Date: _____

Number of Pages: _____ Signer(s) Other Than Named Above: _____

Attachment E- Employees List

Legal Name - Last Name	Legal Name - First Name	Job Title
Avison	Brian	Director of Operations, Site Lead
Davis Jr	Thomas	Distribution Associate
Diamond	Mikhala	Project Manager
Dinh	Thi Linh Trang	Financial Analyst
Gadia	Penelope	Process Engineer
Garcia	Melissa	Packaging Technician
Gonzalez	Pedro	Sr Packaging Specialist
Grajales Serna	Carolina	Packaging Technician
Hoang	Van	Distribution Project Coordinator
Jackson	Kristopher	Distribution Coordinator
Jimenez	Carlos	Packaging Technician II
Joussef	Sandra	Project Manager
Kelsey	Diana	Quality Assurance Associate, Clinical Supplies
Khoth	Sean	Quality Assurance Associate, Clinical Supplies
Lee	Annelise	Pre Production Project Lead
Loya	Marco	Packaging Technician
Macias	Mckinna	Associate Project Lead, Pre-production
Marines	Alysson	Associate Project Lead, Pre-production
Moore	Brandie	QA Lead
Morales	Jazmin	Packaging Technician
Morfin-Quezada	Vanessa	Quality Assurance Specialist
Nase	Nina Allaine	Quality Assurance Specialist II
Paczek	Gary	Facilities Engineer
Perez Rosario	Alexandra	Senior Manager, Quality Assurance
Pulmones	Kenneth	Project Lead
Saksa	Nathaniel	Project Manager
Willert	Timothy	Supply Chain Supervisor
Wittrock	Jared	Operations Manager

400

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>Exel Inc. dba DHL Supply Chain (USA)</u>		
Physical Address: <u>50 Stauffer Industrial Park</u>		
City: <u>Taylor</u> State: <u>PA</u> Zip: <u>18517</u>		
Mailing Address (if different from physical address): <u>360 Westar Blvd, Dept 555</u>		
City: <u>Westerville</u> State: <u>OH</u> Zip: <u>43082</u>		
Telephone: <u>570.562.7000</u> Website: <u>www.dhl.com</u>		
Name of Designated Representative (DR): <u>Joseph Roselli</u>		
Licensing Company Email: <u>dhl@iqvia.com</u> DR Email: <u>joseph.roselli@dhl.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>Gov Agencies, Clinics</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 # 3. Provide all the following where applicable:

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

Provide explanation below:

See Attached

→ Mark Smith
Original Signature (electronic, copies or stamps not accepted)

→ 7/23/25
Date



360 Westar Boulevard, Westerville, OH 43082

January 24, 2025

To Whom It May Concern,

Exel Inc. d/b/a DHL Supply Chain (USA) ("DHL") submits this correspondence in connection with its Initial application and as the detailed explanation required when the question pertaining to disciplinary action is answered "Yes."

Exel Inc. d/b/a DHL Supply Chain (USA) ("DHL") is a part of Deutsche Post DHL Group, the world's leading contract logistics provider, and has tens of thousands of employees across North America. At any given time, DHL is a named defendant in civil matters, including employment cases. Based on knowledge and belief of the respondent completing this application after reasonable inquiry, DHL is not involved in any pending criminal proceedings. Nor is DHL part of any pending malpractice claims, civil claims, or lawsuits in connection with drugs/devices.

Attached are notices from the State Board for the following items:

1. April 12, 2023: DHL received a notice from the California State Board of Pharmacy indicating that the Board issued a fine against DHL for its failure to notify the Board of a change in its Designated Representative. Please note that the issuance of a fine by the Board is not considered a disciplinary action or reportable and the fine was paid in full within the allotted time.
2. November 30, 2023: The Alabama Board of Pharmacy issued a complaint alleging that DHL's renewal applications failed to disclose a Stipulation and Final Agency Order DHL received from the Colorado Board of Pharmacy in 2019. The Colorado Board of Pharmacy's Stipulation and Final Agency Order alleged DHL had provided a late notice of change in its Designated Representative. Upon further review, it was discovered that DHL had made the proper disclosure to the Alabama Board of Pharmacy and the parties entered into a Deferral Agreement which is not considered a discipline.

DHL timely responded to all notices and has not received any response from the applicable Boards.

Please be assured that DHL takes these matters very seriously and has implemented corrective actions to prevent similar issues from occurring in the future. If you have any concerns regarding the matters set forth in this notice, please do not hesitate to contact DHL Regulatory Affairs at regulatory@dhl.com.

Respectfully,

John Kropczynski, BSE, MBA

John Kropczynski

Director, Regulatory Affairs, Americas

IN THE MATTER OF:	)	BEFORE THE ALABAMA STATE
	)	BOARD OF PHARMACY
	)	
EXEL, INC. d/b/a DHL SUPPLY CHAIN (USA)	)	CASE NO: 23-L-0050
	)	
Third Party Logistics	)	
Permit No. 195360	)	

DEFERRAL AGREEMENT

This Agreement is entered into by and between the Alabama State Board of Pharmacy (Board) and EXEL, Inc. d/b/a DHL Supply Chain (USA).

WHEREAS, EXEL, Inc. d/b/a DHL Supply Chain (USA) was timely served with a Statement of Charges and Notice of Hearing (Pending Charges) alleging violations of the Alabama Pharmacy Practice Act. A copy of the Pending Charges is attached hereto as Exhibit "A".

WHEREAS, the parties, through counsel, have engaged in discussions concerning an informal resolution of the Pending Charges.

WHEREAS, the parties have agreed to resolve this matter pursuant to Code of Alabama (1975) 41-22-12(f) by their approval of the following terms:

IT IS THEREFORE UNDERSTOOD AND AGREED BY THE PARTIES AS FOLLOWS:

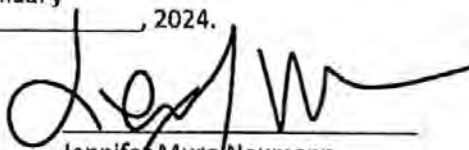
1. The Pending Charges against EXEL, Inc. d/b/a DHL Supply Chain (USA) shall be deferred until December 31, 2024 (Deferral Period).
2. As a condition to the Deferral described above, EXEL, Inc. d/b/a DHL Supply Chain (USA) shall pay costs in the amount of One Thousand Dollars (\$1,000.00) within thirty (30) days of the effective date of this Agreement, that being the date it is signed on behalf of the Board. Failure to pay this amount shall be considered a probable cause violation by EXEL, Inc. d/b/a DHL Supply Chain (USA) as defined below. Payments shall be made payable to Alabama State Board of Pharmacy and mailed to 111 Village Street, Birmingham, Alabama 35242.
3. In the event there are no probable cause violations of the Alabama Pharmacy Practice Act involving EXEL, Inc. d/b/a DHL Supply Chain (USA) during the Deferral Period set forth above, the Pending Charges shall be dismissed.
4. In the event there is a probable cause violation of the Alabama Pharmacy Practice Act involving EXEL, Inc. d/b/a DHL Supply Chain (USA) during the Deferral Period set forth above, both the Pending Charges and any new charges shall be noticed and scheduled for a hearing.
5. Neither the Pending Charges nor this Agreement shall be reported as discipline as long as EXEL, Inc. d/b/a DHL Supply Chain (USA) complies with the conditions of Paragraphs Two and Three of this Agreement.

6. That EXEL, Inc. d/b/a DHL Supply Chain (USA) expressly waives its rights pursuant to the Alabama Pharmacy Practice Act, and the Alabama Administrative Procedures Act and the Alabama Uniform Controlled Substances Act, including but not limited to Code of Alabama (1975), §34-23-92(12), Code of Alabama (1975), §41-22-12 and §41-22-20, and including but not limited to the opportunity for a hearing before the Board in connection with any charges against it and any judicial review. EXEL, Inc. d/b/a DHL Supply Chain (USA) further waives any objection to the attorney for the Board preparing, drafting, or making this Deferral Agreement, including the waiver of any objection or right pursuant to Code of Alabama (1975), §41-22-18.

7. By execution of this Deferral Agreement, EXEL, Inc. d/b/a DHL Supply Chain (USA) hereby releases the Board, its members, agents, representatives, servants, and employees from any and all liability, claims, damages, fees or expenses arising out of or made in connection with the matters relating to this Deferral Agreement and Pending Charges.

8. EXEL, Inc. d/b/a DHL Supply Chain (USA) acknowledges and agrees that it has read this Deferral Agreement and that it fully understands the terms, conditions, and contents of the same. EXEL, Inc. d/b/a DHL Supply Chain (USA) acknowledges and agrees that it voluntarily and of its own free will accepts the terms and conditions set out in this Deferral Agreement and is signing this Deferral Agreement on the advice of its attorney.

DONE this the 31 day of January, 2024.

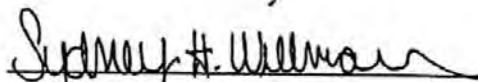


Jennifer Muro Neumann
Jennifer Muro Neumann, P.C.
Post Office Box 381082
Birmingham, Alabama 35238



Christy Garmon, Pharm D.
President
State Board of Pharmacy

DONE this the 1st day of February, 2024.

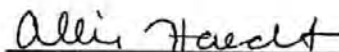


Jennifer Clark

Sydney Willmann

Counsel for EXEL, Inc. d/b/a

DHL Supply Chain (USA)



EXEL, Inc. d/b/a DHL Supply Chain (USA)

By: Allison Haedt

Its: Sr. Associate General Counsel

IN THE MATTER OF:	)	BEFORE THE ALABAMA STATE
	)	BOARD OF PHARMACY
	)	
EXEL, INC. d/b/a DHL SUPPLY CHAIN (USA)	)	CASE NO: 23-L-0050
	)	
Third Party Logistics	)	
Permit No. 195360	)	

NOTICE OF HEARING

TO: EXEL, INC. d/b/a DHL SUPPLY CHAIN (USA)
 1635 Stone Ridge Drive
 Stone Mountain, GA 30083

Pursuant to the provisions of Code of Alabama (1975), § 34-23-34, § 34-23-52, § 34-23-92(12), § 34-23-132 and § 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 Feb 20, 2024 at 8:00 a.m., at the State Board of Pharmacy Hearing 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 your permit should not be revoked, suspended, or otherwise disciplined based upon your failure to comply with all applicable laws and regulations of the State of Alabama. Disciplinary action may include administrative fines not to exceed \$1,000 per violation; and/or revocation, suspension, or denial of your license(s); and/or such other discipline as may be ordered by the Board. Code of Alabama (1975), § 34-23-33. You have the right to be represented by counsel at your own expense, to respond and present evidence and argument on all material issues, to cross-examine all witnesses who testify against you, and to request that witnesses and/or documents be subpoenaed on your behalf. Please refer to the enclosed Standard Scheduling Order for further information regarding responding to the charges, witnesses, exhibits, and prehearing matters.

STATEMENT OF CHARGES

COMES NOW Complainant Donna C. Yeatman, as Executive Secretary of the Alabama State Board of Pharmacy and, on behalf of the Board, charges Respondent EXEL, INC. d/b/a DHL SUPPLY CHAIN (USA) of as follows:

On October 30, 2019, on December 13, 2020, and on November 19, 2021, you submitted renewal applications and failed to disclose, when required to do so, that, on April 29, 2019, you entered into a Stipulation and Final Agency Order with the Colorado Board of Pharmacy after it was alleged that you submitted a late notice of change of representative in violation of Colorado law. This discipline was not reported to the Board until you submitted your renewal application on November 23, 2022. Said Stipulation and Final Agency Order is attached hereto as Exhibit A.

On October 18, 2022, you entered into a Deferral Agreement in a matter with this Board in case number 21-L-0277. The above-referenced matter constitutes a violation of the said Deferral Agreement. Said Deferral Agreement is attached hereto as Exhibit B.

VIOLATIONS

If proven true, you will be in violation of the following:

Code of Alabama (1975), §34-23-32(a) and Ala. Admin. Code r. 680-X-2-.25(a): by failing to submit applications that contain information as required by the Board and that conform with the requirements of all applicable laws and regulations.

Code of Alabama (1975), §34-23-32(a) and Ala. Admin. Code r. 680-X-2-.23(l)(3): by failing to comply with all applicable state laws and regulations.

PRAYER FOR RELIEF

WHEREFORE, Complainant, in her capacity as the Executive Secretary of the Alabama State Board of Pharmacy, requests that, upon hearing and proof, Respondent be found guilty of the aforementioned violations and that the Alabama State Board of Pharmacy take such disciplinary actions as it deems necessary.

Dated this the 30th day of Nov, 2023.

ALABAMA STATE BOARD OF PHARMACY

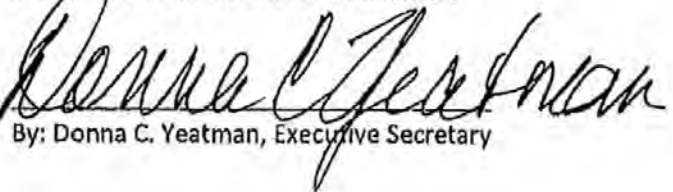

By: Donna C. Yeatman, Executive Secretary

EXHIBIT A

BEFORE THE STATE BOARD OF PHARMACY

STATE OF COLORADO

Case No. 2019-844

STIPULATION AND FINAL AGENCY ORDER

IN THE MATTER OF DISCIPLINARY PROCEEDINGS REGARDING THE OUT-OF-STATE PRESCRIPTION DRUG WHOLESALER REGISTRATION IN THE STATE OF COLORADO OF EXEL INC., DBA DHL SUPPLY CHAIN (USA), REGISTRATION NO. WHO 8288,

Respondent Outlet.

IT IS HEREBY STIPULATED AND AGREED by and between the Colorado State Board of Pharmacy ("Board") and Exel Inc., dba DHL Supply Chain (USA) ("Respondent Outlet") to resolve all matters pertaining to Board Case Number 2019-844, as follows:

FINDINGS AND CONCLUSIONS

1. The Board has jurisdiction over Respondent Outlet, its registration as an out-of-state prescription drug wholesaler, and the subject matter of this Stipulation and Final Agency Order ("Final Agency Order") pursuant to the Pharmacists, Pharmacy Businesses, and Pharmaceuticals Act at Title 12, Article 42.5, C.R.S. (2018).
2. Respondent Outlet was originally registered in the State of Colorado on or about November 19, 2010, being issued registration #WHO 8288, 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 1635 Stone Ridge Drive, Stone Mountain, Georgia.
4. Respondent Outlet admits these findings and hereby waives any further proof in this proceeding before the Board regarding the following facts.
5. Respondent Outlet failed to timely submit to the Board an application detailing a change in designated representative and fee. In this case, 320 days transpired between March 9, 2018, the date the previous designated representative ceased the position, and January 23, 2019, the date the application and fee were received.

6. On or about February 4, 2019, the Board initiated a complaint against Respondent Outlet because of the delay of 320 days in submitting an application detailing a change in designated representative and fee.
7. Respondent Outlet's conduct, as set forth above, constitutes violations of the following sections of the Colorado Revised Statutes and Board Regulations:

Colorado Revised Statutes

12-42.5-123. Unprofessional conduct - grounds for discipline.

(1) The board may suspend, revoke, refuse to renew, or otherwise discipline any license or registration issued by it, after a hearing held in accordance with the provisions of this section, upon proof that the licensee or registrant:

(c) Has violated:

(II) The lawful rules of the board.

12-42.5-303. Wholesaler license requirements.

(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.

* * *

Pharmacy Board Rules and Regulations

15.01.14 Change of name, location, or ownership, or designated representative.

c. Any change in the designated representative of a wholesaler shall be reported to the Board on a form supplied by the Board within thirty calendar days of such change. The incoming designated representative must undergo the required background check.

TERMS OF DISCIPLINE

8. Fine with Surcharge. Pursuant to section 12-42.5-124(5)(a)(I), C.R.S., Respondent Outlet shall pay a fine of One Thousand Dollars and No Cents (\$1,000.00). Respondent Outlet understands and acknowledges that, pursuant to section 24-34-108, C.R.S., the Executive Director of the Department of Regulatory Agencies may impose an additional surcharge of 15% of this fine. Respondent Outlet shall therefore pay a total amount of One Thousand One Hundred Fifty Dollars and No Cents (\$1,150.00). The total amount shall be payable to the State of Colorado and shall be remitted in one lump sum to be included when Respondent Outlet submits this signed Final Agency Order to the Board.
9. Compliance. Respondent Outlet shall submit all future applications and appropriate fees to the Board detailing changes in designated representative within the required time frame specified by Board rule or statute in effect at the time of such designated representative change.

10. Other Requirements. Respondent Outlet acknowledges and agrees that, as a condition of this Final Agency Order, Respondent Outlet shall:

- a. promptly pay all Respondent Outlet's own fees and costs associated with this Final Agency Order;
- b. comply fully with this Final Agency Order; and
- c. comply fully with the Pharmacists, Pharmacy Businesses and Pharmaceuticals Act, all Board rules and regulations, and any other state and federal laws and regulations related to pharmacists and pharmaceuticals in the State of Colorado.

11. Advisements and Waivers. Through its undersigned Authorized Representative, Respondent Outlet enters into this Final Agency Order freely and voluntarily, after having the opportunity to consult with legal counsel and/or choosing not to do so. Respondent Outlet acknowledges its understanding that it has the following rights:

- a. to have formal notice of hearing and charges served upon it;
- b. to respond to said formal notice of charges;
- c. to have a formal disciplinary hearing pursuant to sections 12-42.5-123 and 12-42.5-124, C.R.S.; and
- d. to appeal this Final Agency Order.

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

12. Acknowledgments. The undersigned Authorized Representative of Respondent Outlet has read this Final Agency Order in its entirety and acknowledges, after having the opportunity to consult with legal counsel and/or choosing not to do so, that Respondent Outlet understands the legal consequences and agrees that none of the terms or conditions herein is unconscionable. Respondent Outlet is not relying on any statements, promises or representations from the Board other than as may be contained in this Final Agency Order. Respondent Outlet further acknowledges that it is not entering into this Final Agency Order under any duress.

13. Violations. Time is of the essence in this Final Agency Order. It is the responsibility of Respondent Outlet to take all appropriate steps to comply fully with this Final Agency Order. Respondent Outlet acknowledges and agrees that any violation of this Final Agency Order shall constitute a willful violation of a lawful Board order, may be sanctioned as provided under section 12-42.5-124(4), C.R.S., and may be sufficient grounds for additional discipline, including but not limited to revocation of Respondent Outlet's registration. The pendency of any suspension

or disciplinary action arising out of an alleged violation of this Final Agency Order shall not affect the obligation of Respondent Outlet to comply with all terms and conditions of this Final Agency Order.

14. Integration and Severability. Upon execution by all parties, this Final Agency Order shall represent the entire and final agreement of and between the parties. In the event any provision of this Final Agency Order is deemed invalid or unenforceable by a court of law, it shall be severed and the remaining provisions of this Final Agency Order shall be given full force and effect.
15. Public Record. Upon execution by all parties, this Stipulation and Final Agency Order shall be a public record, maintained in the custody of the Board.
16. Effective Date. This Final Agency Order shall become effective upon (a) mailing by first-class mail to Respondent Outlet at Respondent Outlet's address of record with the Board, or (b) service by electronic means on Respondent Outlet at Respondent Outlet's electronic address of record. Respondent Outlet hereby consents to service by electronic means if Respondent Outlet has an electronic address on file with the Board.

ACCEPTED AND AGREED BY

Respondent Outlet

Mark A. Swait Dated: 4/18/19
Authorized Representative

Vice President, General Counsel and Secretary
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 25 day of April, 2019.

State Board of Pharmacy

BY: *Dmitry Kunin*
Dmitry Kunin
Program Director

CERTIFICATE OF SERVICE

This is to certify that I have duly served the within **STIPULATION AND FINAL AGENCY ORDER** upon all parties herein by electronic means or by depositing copies of same in the United States mail, first class postage prepaid, at Denver, Colorado, this 29th day of April 2019, addressed as follows:

By electronic mail:

Exel Inc. dba DHL Supply Chain USA
1635 Stone Ridge Dr
Stone Mountain, GA 30083-1118

Email: renewals@licenselogix.com; and andrew.post@dhl.com

Kinda Stanko
Agent of the Board

EXHIBIT B

IN THE MATTER OF:	)	BEFORE THE ALABAMA STATE
	)	
EXEL INC. dba DHL SUPPLY CHAIN (USA)	)	BOARD OF PHARMACY
	)	
THIRD PARTY LOGISTICS	)	CASE NO: 21-L-0277
Permit No. 195360	)	

DEFERRAL AGREEMENT

This Agreement is entered into by and between the Alabama State Board of Pharmacy (Board) and Exel Inc. dba DHL Supply Chain (USA).

WHEREAS, Exel Inc. dba DHL Supply Chain (USA) was timely served with a Statement of Charges and Notice of Hearing (Pending Charges) alleging violations of the Alabama Pharmacy Practice Act. A copy of the Pending Charges is attached hereto as Exhibit "A".

WHEREAS, the parties, through counsel, have engaged in discussions concerning an informal resolution of the Pending Charges.

WHEREAS, the parties have agreed to resolve this matter pursuant to Code of Alabama (1975) 41-22-12(f) by their approval of the following terms:

IT IS THEREFORE UNDERSTOOD AND AGREED BY THE PARTIES AS FOLLOWS:

1. The Pending Charges against Exel Inc. dba DHL Supply Chain (USA) shall be deferred until December 31, 2023 (Deferral Period).

2. As a condition to the Deferral described above, Exel Inc. dba DHL Supply Chain (USA) shall pay costs in the amount of Two Thousand Five Hundred Dollars (\$2,500.00) within thirty (30) days of the effective date of this Agreement, that being the date it is signed on behalf of the Board. Failure to pay this amount shall be considered a probable cause violation by Exel Inc. dba DHL Supply Chain (USA) as defined below.

3. In the event there are no probable cause violations of the Alabama Pharmacy Practice Act involving Exel Inc. dba DHL Supply Chain (USA) during the Deferral Period set forth above, the Pending Charges shall be dismissed.

4. In the event there is a probable cause violation of the Alabama Pharmacy Practice Act involving Exel Inc. dba DHL Supply Chain (USA) during the Deferral Period set forth above, both the Pending Charges and any new charges shall be noticed and scheduled for a hearing.

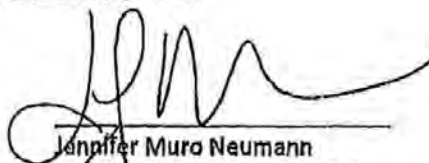
5. Neither the Pending Charges nor this Agreement shall be reported as discipline as long as Exel Inc. dba DHL Supply Chain (USA) complies with the conditions of Paragraphs Two and Three of this Agreement.

6. That Exel Inc. dba DHL Supply Chain (USA) expressly waives its rights pursuant to the Alabama Pharmacy Practice Act, and the Alabama Administrative Procedures Act and the Alabama Uniform Controlled Substances Act, including but not limited to Code of Alabama (1975), §34-23-92(12), Code of Alabama (1975), §41-22-12 and §41-22-20, and including but not limited to the opportunity for a hearing before the Board in connection with any charges against it and any judicial review. Exel Inc. dba DHL Supply Chain (USA) further waives any objection to the attorney for the Board preparing, drafting or making this Deferral Agreement, including the waiver of any objection or right pursuant to Code of Alabama (1975), §41-22-18.

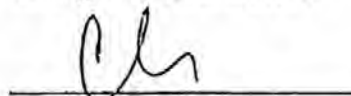
7. By execution of this Deferral Agreement, Exel Inc. dba DHL Supply Chain (USA) hereby releases the Board, its members, agents, representatives, servants and employees from any and all liability, claims, damages, fees or expenses arising out of or made in connection with the matters relating to this Deferral Agreement and Pending Charges.

8. Exel Inc. dba DHL Supply Chain (USA) acknowledges and agrees that it has read this Deferral Agreement and that it fully understands the terms, conditions and contents of the same. Exel Inc. dba DHL Supply Chain (USA) acknowledges and agrees that it voluntarily and of its own free will accepts the terms and conditions set out in this Deferral Agreement and is signing this Deferral Agreement on the advice of its attorney.

DONE this the 18th day of October, 2022.



Jennifer Muro Neumann
Jennifer Muro Neumann, P.C.
Post Office Box 381082
Birmingham, Alabama 35238



Chris Phung, R.Ph.,
President
State Board of Pharmacy

DONE this the 17th day of October, 2022.



Jennifer H. Clark, Attorney for

Exel Inc, dba DHL Supply Chain (USA)

Allison E. Hackett
Exel Inc, dba DHL Supply Chain (USA).

By: Allison Hackett

Its: Associate General Counsel

DHL Supply Chain
Regulatory Affairs



360 Westar Boulevard, Westerville, OH 43082

May 3, 2023

To whom it may concern,

Exel Inc. d/b/a DHL Supply Chain (USA) ("DHL") is submitting this letter in reference to the question on the application regarding pending complaint, investigation, or disciplinary actions.

Exel Inc. d/b/a DHL Supply Chain (USA) ("DHL") is a part of Deutsche Post DHL Group, the world's leading contract logistics provider, and has tens of thousands of employees across North America. At any given time, DHL is a named defendant in civil matters, including employment cases. Based on knowledge and belief of the respondent completing this application after reasonable inquiry, DHL is not involved in any pending criminal proceedings. Nor is DHL part of any pending malpractice claims, civil claims, or lawsuits in connection with drugs/devices.

Attached is a letter from the State Board for the following item:

On April 23, 2023, DHL received a notice from the California State Board of Pharmacy indicating that the Board issued a fine against DHL for its failure to notify the Board of a change in its Designated Representative for the site located at 5920 Corporate Drive, St. Joseph, MO 64507. Please note that the issuance of a fine by the Board is not considered a disciplinary action or reportable and the fine was paid for in full within the allotted time.

Please be assured that DHL takes these matters very seriously and has implemented corrective actions to prevent similar issues from occurring in the future. If you have any concerns regarding the matters set forth in this notice, please do not hesitate to contact DHL Regulatory Affairs at regulatory@dhl.com.

Respectfully,

John Kropczynski, BSE, MBA

John Kropczynski

Director, Regulatory Affairs, America's



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



April 12, 2023

DATED MATERIAL ENCLOSED

EXEL INC_DBA DHL SUPPLY CHAIN (USA)
ATTN: KENNETH SUREDDIN, CEO
5920 CORPORATE DRIVE
ST JOSEPH, MO 64507

RE: CI 2022 99663
EXEL INC_DBA DHL SUPPLY CHAIN (USA)
NPL 1001

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 12, 2023: Unless the Citation is contested payment of fine(s) must be received by the Board.
- April 26, 2023: Any contest of the Citation by request for an informal Office Conference must be received by the Board.
- May 12, 2023: Any contest of the Citation by request for a formal Appeal must be received by the Board.

Page two
EXEL INC_DBA DHL SUPPLY CHAIN
CI 2022 99663

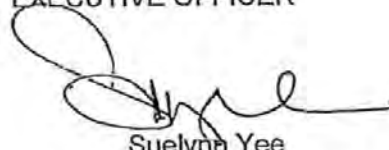
The issuance of a Citation by the Board of Pharmacy is considered an administrative action and substantiated resolution of a complaint and/or investigation. If a hearing is not requested to contest the Citation(s), payment of any fine(s) shall not constitute an admission of the violation(s) charged. 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 Suelynn Yee, Citation and Fine Analyst at (916) 518-3013.

Anne Sodergren
EXECUTIVE OFFICER

By:



Suelynn Yee

Citation and Fine Analyst

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 12, 2023**.
 - 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: Cashier
2720 Gateway Oaks Drive, Suite 100
Sacramento, CA 95833

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 April 26, 2023 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 12, 2023 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 any questions regarding any documents enclosed please contact Sue Lynn Yee, Citation and Fine Analyst at (916) 518-3013.

**BOARD OF PHARMACY
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA**

CITATION AND FINE

Citation Number	Name, License No
CI 2022 99663	EXEL INC_DBA DHL SUPPLY CHAIN (USA), NPL 1001

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 § 4160 subd. (g)	A third-party logistics provider shall notify the board in writing, on a form designated by the board, within 30 days of the date when a responsible manager ceases to act as the responsible manager, and shall on the same form propose another designated representative-3PL to take over and the responsible manager.	\$5,000.00

CONDUCT:

Business and Professions Code section 4160(g) requires a third-party logistics provider to notify the Board in writing, on a form designated by the Board, within 30 days of the date when a responsible manager ceases to act as the responsible manager and shall on the same form propose another designated representative-3PL to take over as the responsible manager. Specifically, on February 3, 2023, the Board received an Application for Change of Responsible Manager from Exel INC DBA DHL Supply Chain (USA), which had been signed under penalty of perjury by a corporate officer and the newly designated responsible manager-in-charge (RMG). The form indicated that the prior RMG, Donald Kragel (DRL 40449), dissociated on June 30, 2021 and that Ryan Stocking (DRL 40676) was designated as the new RMG the following day. Exel INC DBA DHL Supply Chain (USA) failed to notify the Board of their dissociated RMG for 583 days (June 30, 2021 – February 3, 2023). Similarly, Exel INC DBA DHL Supply Chain (USA) failed to notify the Board of their new RMG for 582 days (July 1, 2021 – February 3, 2023).

CITATION ISSUED ON: April 12, 2023	TOTAL AMOUNT OF FINE(S): \$5,000.00
PAYMENT OF FINE(S) DUE BY: May 12, 2023	

UPS CampusShip: View/Print Label

1. Ensure there are no other shipping or tracking labels attached to your package. Select the Print button on the print dialog box that appears. Note: If your browser does not support this function select Print from the File menu to print the label.
2. Fold the printed label at the solid line below. Place the label in a UPS Shipping Pouch. If you do not have a pouch, affix the folded label using clear plastic shipping tape over the entire label.
3. **GETTING YOUR SHIPMENT TO UPS**
 Customers with a Daily Pickup
 Your driver will pickup your shipment(s) as usual.

Customers without a Daily Pickup

Take your package to any location of The UPS Store®, UPS Access Point™ location, UPS Drop Box, UPS Customer Center, Staples® or Authorized Shipping Outlet near you. Items sent via UPS Return Services(SM) (including via Ground) are also accepted at Drop Boxes. To find the location nearest you, please visit the Resources area of CampusShip and select UPS Locations.

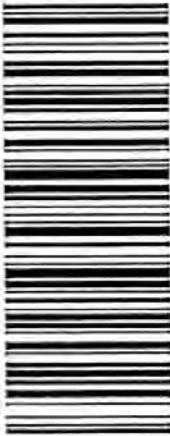
Schedule a same day or future day Pickup to have a UPS driver pickup all your CampusShip packages.
 Hand the package to any UPS driver in your area..

UPS Access Point™
 THE UPS STORE
 752 N STATE ST
 WESTERVILLE, OH 43082

UPS Access Point™
 CVS STORE # 6165
 145 S STATE ST
 WESTERVILLE, OH 43081

UPS Access Point™
 THE UPS STORE
 1491 POLARIS PKWY
 COLUMBUS, OH 43240

FOLD HERE

LEGAL DEPARTMENT 614-865-8405 SCSCL LEGAL DEPARTMENT 360 WESTAR BLVD. WESTERVILLE OH 43082		LTR		1 OF 1	
SHIP TO: ATTN: CASHIER CALIFORNIA STATE BOARD OF PHARMACY SUITE 100 2720 GATEWAY OAKS DRIVE SACRAMENTO CA 95833-3500		CA 958 9-02			
		UPS NEXT DAY AIR SAVER 1P		TRACKING #: 1Z X80 486 13 9746 4449	
					
		BILLING: P/P		COST CENTER (19 DIGITS): 01.9481.9016.8255.33.000 CS 23.000. WNTNVS0 18.0A.04/2023*	
					

DHL Supply Chain



Legal Department
360 Westar Boulevard
Westerville, Ohio 43082

May 3, 2023

via UPS

California State Board of Pharmacy
Attn: Cashier
2720 Gateway Oaks Drive, Suite 100
Sacramento, CA 95833

RE: Exel dba DHL Supply Chain – CI 2022 99663
Settlement - \$5,000.00

To whom it may concern:

Enclosed please find the following settlement payments:

- a check payable to California State Board of Pharmacy in the amount of \$5,000.00.

Please contact the undersigned if you have any questions.

Yours sincerely,

A handwritten signature in black ink, appearing to read 'Michal Armstrong', is written over a horizontal line.

Michal Armstrong
Senior Legal Operations Analyst
Legal Services - Americas
Legal-Services@dhl.com
614.865.8415

Enclosures

CC: Lori Hill
Elaine Darr
John Kropczynski

DHL Supply Chain – Excellence. Simply delivered.

DHL Supply Chain
360 Westar Boulevard
Westerville, Ohio 43082
USA

www.dhl-usa.com/supplychain

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:	Sanofi			
Address:	55 Corporate Drive	City:	Bridgewater	State: NJ Zip: 08807
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:	Massachusetts		
Parent Company (if any):	DPWN Holdings, Inc.		
Corporation/Organization Name:	Exel Inc.		
Mailing Address:	360 Westar Blvd, Dept 555		
City:	Westerville	State:	OH Zip: 43082
Telephone:	614.865.8500	Email:	regulatory@dhl.com
Contact Person Name:	Mark A. Smolik		

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/bopnv.gov/content/Services/newapps/Fingerprint%20Submission%20Instructions%20-%20Effective%2001.01.2024.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.

Exel Inc. dba DHL Supply Chain (USA)

Facility Name

Mark Smolik

Print Name of Authorized Person Submitting Application

Mark Smolik

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

7/24/25

→ Date

Board Use Only

Date Received:

8/6/25

Amount:

\$1000-CH 6/6/9/12



Exel Inc. dba DHL Supply Chain (USA)

Business Description

Exel Inc. dba DHL Supply Chain (USA) has been at the forefront of innovative supply chain solutions for the life sciences and healthcare industries for 20 years. As a trusted global partner we create agile, highly responsive supply chains capable of transporting critical, sensitive and valuable products, even to the world's most rugged and remote locations.

Our extensive experience of supplying logistical solutions to the life sciences and healthcare sector has enabled us to develop specific expertise in the following areas: Vaccines, Generic Pharmaceuticals, Controlled Substances, Over The Counter (OTC) Medication, and Animal Health. For each of these areas we have experts working with our customers to optimize their supply chains.

A connected global footprint and industry expertise

With over 120 sites in 40 countries and 4,500 dedicated healthcare staff, serving 250 life sciences and healthcare customers worldwide, we're always there to offer a safe pair of hands. We have the scale and experience to implement healthcare logistics solutions across the world.

Quality and regulatory compliance

For our customers, deep sector expertise is vital to track, comprehend, and comply with essential and increasing rules and regulations for the storage, transportation and delivery of pharmaceuticals, medical equipment and patient-specific treatments.

With our Global Quality Assurance group of over 100 individuals driving operational consistency and governance we're always up to date with the latest changes in local and international regulations. Our global network provides highly controlled environments and we ensure full GxP (Good Practice) compliance from origin to destination.

Health, safety and security

We help to achieve high standards on health, safety and security through extensive training and timely monitoring. We offer consulting on global safety regulations and conduct regular inspections and process audits of our facilities.

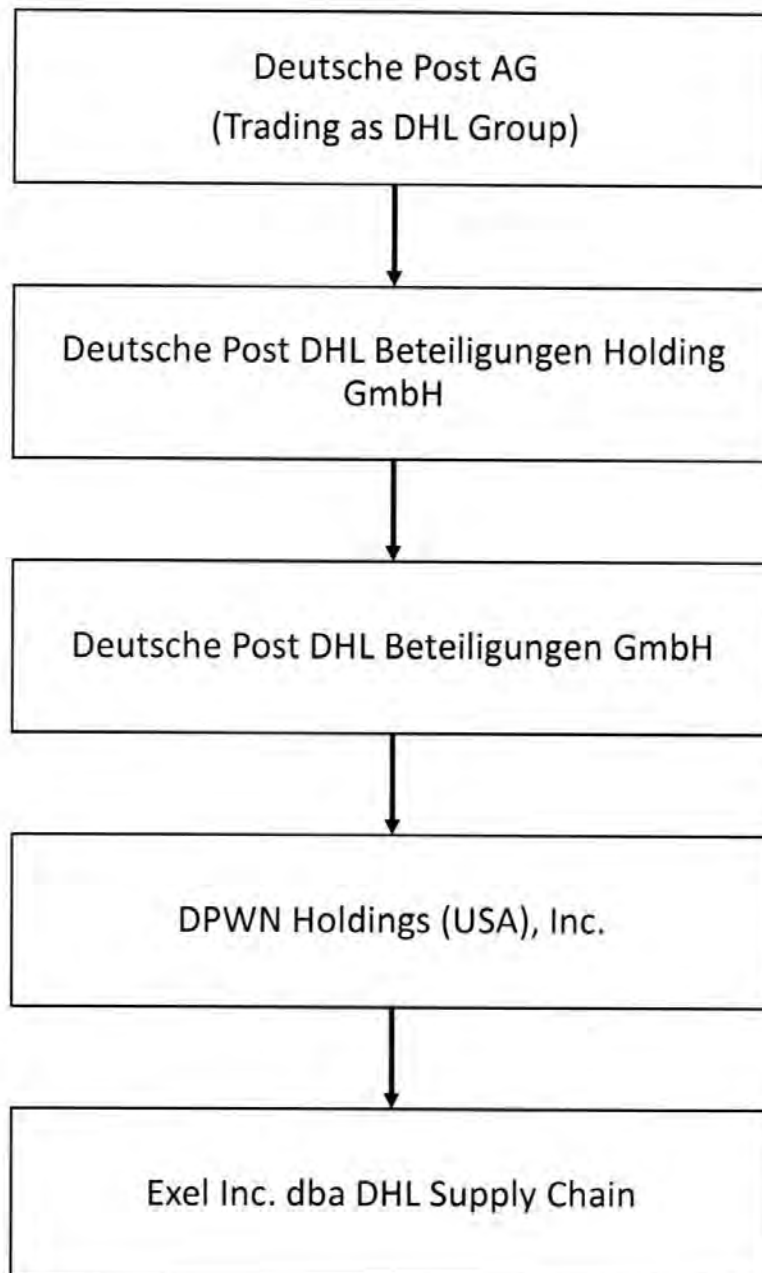
Exel Inc.

d/b/a DHL Supply Chain (USA)
360 Westar Blvd, Westerville, OH 43082
State of Incorporation: MA
Date of Incorporation: 6/1/1983
EIN: 04-2801160

Title	*Name of Officer	Address	Telephone
Chief Executive Officer and President	Mark Kunar	360 Westar Boulevard, Westerville, OH 43082	614-865-8500
Chief Legal Officer and Secretary	Mark Andrew Smolik	360 Westar Boulevard, Westerville, OH 43082	614-865-8500

**No percentages owned.*







William Francis Galvin
Secretary of the
Commonwealth

The Commonwealth of Massachusetts
Secretary of the Commonwealth
State House, Boston, Massachusetts 02133

Date: January 30, 2025

To Whom It May Concern :

I hereby certify that according to the records of this office,

EXEL INC.

is a domestic corporation organized on **June 01, 1983** , under the General Laws of the Commonwealth of Massachusetts. I further certify that there are no proceedings presently pending under the Massachusetts General Laws Chapter 156D section 14.21 for said corporation's dissolution; that articles of dissolution have not been filed by said corporation; that, said corporation has filed all annual reports, and paid all fees with respect to such reports, and so far as appears of record said corporation has legal existence and is in good standing with this office.



In testimony of which,
I have hereunto affixed the
Great Seal of the Commonwealth
on the date first above written.

William Francis Galvin

Secretary of the Commonwealth

Certificate Number: 25010531650

Verify this Certificate at: <http://corp.sec.state.ma.us/CorpWeb/Certificates/Verify.aspx>

Processed by: hng



Certificate of Registration

Certificate No. 3000010751

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

Category:

Distributor (Prescription)

**EXEL INC. DBA DHL SUPPLY CHAIN (USA)
50 STAUFFER INDUSTRIAL PARK
TAYLOR, PA 18517**

Drug & Device Registration

2525 N. 7th Street
Suite 210D
HARRISBURG, PA 17110
(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: May 13, 2025

Expiration Date: The Last Day of May, 2026

Jeanne Parisi
Deputy Secretary for Quality Assurance



Pennsylvania
Department of Health

Debra L. Bogen, MD, FAAP
Secretary of Health

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

RIDER

To be attached to and form part of:

Bond Number 016075066
dated April 15, 2017
issued by the LIBERTY MUTUAL INSURANCE COMPANY
in the amount of \$ 100,000.00
on behalf of EXEL, INC. DBA DHL SUPPLY CHAIN (USA)
 (Principal)
and in favor of THE STATE OF NEVADA
 (Obligee)

Now therefore, it is agreed that in consideration of the premium charged, the attached bond shall be amended as follows:

The following site location to be added:

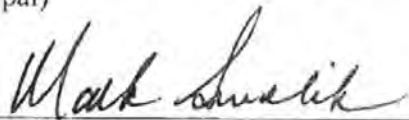
- **50 Stauffer Industrial Park, Taylor, PA 18517**

It is further understood and agreed that all other terms and conditions of this bond shall remain unchanged.

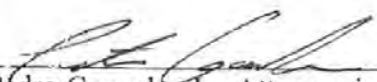
This Rider is to be Effective this 1st day of July, 2025.

Signed, Sealed & Dated this 1st day of July, 2025.

EXEL, INC. DBA DHL SUPPLY CHAIN (USA)
(Principal)

By: 

LIBERTY MUTUAL INSURANCE COMPANY
(Surety)

By: 
Pedro Gonzalez Jr., Attorney-in-Fact



POWER OF ATTORNEY

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

Certificate No: 8213642-016018

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, Pedro Gonzalez, Jr.

all of the city of Miami state of FL 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 8th day of April, 2025.



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

By:

Nathan J. Zangerle
Nathan J. Zangerle, Assistant Secretary

State of PENNSYLVANIA ss
County of MONTGOMERY

On this 8th day of April, 2025, before me personally appeared Nathan J. Zangerle, 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, 2029
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 Nathan J. Zangerle, 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 1st day of July, 2025.



By:

Renee C. Llewellyn
Renee C. Llewellyn, Assistant Secretary

NEVADA STATE BOARD OF PHARMACY

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

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler InformationName of Pharmacy/Wholesaler Exel Inc. dba DHL Supply Chain (USA)Pharmacy/Wholesaler License # (if applicable) N/APhysical Address 50 Stauffer Industrial ParkCity TaylorState PAZip 18517Mailing Address (if different from physical address) 360 Westar Blvd, Dept 555City WestervilleState OHZip 43082Telephone 570.562.7000Website www.dhl.comLicensing Company Email dhl@iqvia.com**Section 2: Personal Information**First JosephMiddle PatrickLast Roselli

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

Date of Birth _____

SSN or ITIN _____

Sex ☒ M ☐ F ☐ XMailing Address 50 Stauffer Industrial ParkCity TaylorState PAZip 18517

Telephone _____

Email joseph.roselli@dhl.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)

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 Pleasant Valley High School		From - To (MM/YY – MM/YY) 1989-1993	
Address 1671 Route 209	City Brodheads ville	State PA	Zip 18322
Diploma/Degree obtained, if any HS Diploma			
School Name Monroe County Career and Technical Institute		From - To (MM/YY – MM/YY) 1990-1993	
Address 194 Laurel Lake Rd	City Bartonsville	State PA	Zip 18321
Diploma/Degree obtained, if any Data Processing and Computer Programming			
School Name		From - To (MM/YY – MM/YY)	
Address	City	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) 2016-Present	Address [REDACTED]	City Exeter	State PA	Zip [REDACTED]
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	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 Exel Inc. dba DHL Supply Chain (USA)		From - To (MM/YY – MM/YY) 06/2025-Present	
Business Address 50 Stauffer Industrial Park		City Taylor	State PA
Phone 570-562-7025	Title Operations Manager		Zip 18517
Number of Employed Hours			
Description of Duties Lead, motivate and develop a diverse team of Supervisors and indirect reports by providing coaching, guidance, and support as needed, while also developing a strong team culture of inclusion and belonging. Develop and implement efficient workflows, labor plan, standardize processes, and introduce best practices to enhance productivity, reduce costs, and improve overall operational efficiency. Take proactive measures to consistently uphold compliance with health and safety regulations, fostering a culture of heightened safety awareness throughout the organization.			
Business Name Sanofi		From - To (MM/YY – MM/YY) 5/1998-6/2025	
Business Address 50 Stauffer Industrial Park		City Taylor	State PA
Phone 570-562-7025	Title Site Support Manager		Zip 18517
Number of Employed Hours 6000+			
Description of Duties Provide backup and support to HSE Manager in all aspects of Sanofi's Health, Safety, and Environmental programs and reporting tools. Own the relationship of procure to pay activity for Taylor ensuring vendor relationships are managed and on time bill payment terms are met. Collaborate with suppliers and internal buying partners to maintain business continuity. Record Retention Management: Main point of contact for all record retention programs for the site. Enter all records into the Sanofi records management system. Coordinate all transfers and retrieval requests of archived records.			
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 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?		✓

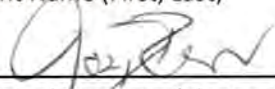
I, Joseph Roselli, certify that as the designated representative for
Exel Inc. dba DHL Supply Chain (USA),

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

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

Joseph Roselli

Print Name (First, Last)



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

7/21/2025

→ 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 Roselli

Print Name (First, Last)

Joseph Roselli

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

7/21/2025

→ Date

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

State of Pennsylvania, ss. County of Lackawanna

I, Joseph Roselli, 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.

Joseph Roselli

→ Original Signature

7/21/2025

→ Date

Subscribed and Sworn to before me this 21 day of July, 2025

Lucia Maria Murphy

Notary Public Signature

Commonwealth of Pennsylvania - Notary Seal
Lucia Maria Murphy, Notary Public
Lackawanna County
My commission expires April 5, 2029
Commission number 1309983
Member, Pennsylvania Association of Notaries

(Seal)

DHL Corporate Officers

Mark Kunar: CEO

Mark Smolik: Chief Legal & Secretary

List of Facility Employees

Joseph Roselli
James Fitzmaurice

4PP

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 (05/12/2022)

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>Excelsior Medical, LLC</u>		
Physical Address: <u>1470 Shafto Rd.</u>		
City: <u>Tinton Falls</u> State: <u>NJ</u> Zip: <u>07712</u>		
Mailing Address (if different from physical address): <u>Three Lakes Drive - 3D</u>		
City: <u>Northfield</u> State: <u>IL</u> Zip: <u>60093</u>		
Telephone: <u>732-643-6169</u> Website: <u>www.medline.com</u>		
Name of Designated Representative (DR): <u>Sofi Clark</u>		
Licensing Company Email: <u>ralicensing@medline.com</u> DR Email: <u>sofi.clark@medline.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: Assisted living, nursing homes, surgical centers.	☒ 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)?		☒

Q3. - *This facility has not received any discipline, please see attached corporate discipline history of Managing Member Medline Industries, LP
Wholesaler Application 2 of 7

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

Name: Pfizer, Inc.
Address: 235 E. 42nd St. City: New York City State: NY Zip: 10017
Name: ICU Medical
Address: 951 Calle Amanecer City: San Clemente State: CA Zip: 92673
Name: Baxter Healthcare
Address: 1 Baxter Parkway City: Deerfield State: IL Zip: 60015
Name: B Braun Medical Inc.
Address: 824 12th Ave. City: Bethlehem State: PA Zip: 18018

Section 4: Publicly Traded Corporation

State of Incorporation: _____
Parent Company (if any): _____
Corporation Name: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
Telephone: _____ Email: _____
Contact Person Name: _____
Date of SEC Registration: _____ SEC Registration Number: _____ Stock Exchange Symbol: _____

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Illinois
Parent Company (if any): Managing Member - Medline Industries, LP
Corporation/Organization Name: Excelsior Medical, LLC
Mailing Address: Three Lakes Drive - 3D
City: Northfield State: IL Zip: 60093
Telephone: 847-643-3801 Email: ralicensing@medline.com
Contact Person Name: Mark Callow - Regulatory Licensing Specialist Sr.

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. 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/boprivgov/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/ .		✓	✓	✓

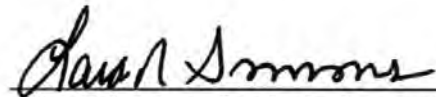
I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application 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.

Excelsior Medical, LLC

Facility Name

Lara N. Simmons - Chief Quality Officer (POA)

Print Name of Authorized Person Submitting Application



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

10/09/2025

Date

Board Use Only

Date Received: 10/15/25

Amount: \$1000.00 2891233

POWER OF ATTORNEY

EXCELSIOR MEDICAL, LLC, an Illinois limited liability company, having a principal place of business at 3 Lakes Drive, Northfield, Illinois, 60093 (the "Company"), herewith authorize and entrust a Power of Attorney to **LARA N. SIMMONS**, United States citizen, Division President Quality & Regulatory, with permanent residence at 22411 60th St, Bristol, WI 53104 with full signatory rights on behalf of the Company as follows:

To be our true and lawful Agent with as full as legally necessary powers to submit, execute and prosecute applications in the name of the Company, for permits, registrations and other governmental authorizations, relating in any way to the quality assurance, quality control, regulatory, warehousing and sterilizing functions of the Company, and to represent the Company and take all necessary actions in legal matters and all other matters towards all third parties and all public authorities, federal, state or municipal, and towards all other divisions, subdivisions, departments, units or all secretariats of the above, relating in any way to the quality assurance, quality control, regulatory, warehousing and sterilizing functions of the Company.

This power of Attorney is valid until revoked in writing by the Company.

Dated: September 10, 2021

Excelsior Medical, LLC

By: Medline Industries, LP (f/k/a Medline Industries, Inc.)
Its: Manager

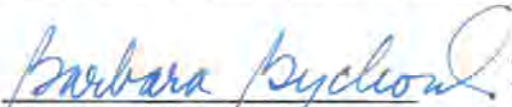
By: Mozart GP, LLC
Its: General Partner

By: 
Name: Alexander M. Liberman
Title: Assistant Secretary

ACKNOWLEDGEMENT

STATE OF ILLINOIS
COUNTY OF COOK

This instrument was acknowledged before me on September 10, 2021 by Alexander M. Liberman, as Assistant Secretary of Mozart GP, LLC, as General Partner of Medline Industries, LP (f/k/a Medline Industries, Inc.), as Manager of Excelsior Medical, LLC.


(Signature of Notary Public)

(Seal)





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Establishment:

EXCELSIOR MEDICAL LLC

1470 Shafto Road

Tinton Falls, NJ 07712

Registration Number: 3038706541

FEI Number*: 3036706541

Status: Active

Date Of Registration Status: 2025

Owner/Operator:

[Medline Industries, LP](#)⁶

One Medline Place

Mundelein, IL US 60060

Owner/Operator Number: 9000300⁷

Official Correspondent:

Stephanie Augsburg

One Medline Place

Mundelein, IL 60060

Phone: 847-6433690

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

Verified
M.H 10/22/25

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start_search=1&establishmentName=@Num=&StateName=&CountryName=&RegistrationNumber=&OwnerOperatorNumber=9000300&OwnerOperator](/scripts/cdrh/cfdocs/cfRL/rl.cfm?start_search=1&establishmentName=@Num=&StateName=&CountryName=&RegistrationNumber=&OwnerOperatorNumber=9000300&OwnerOperator)
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start_search=1&establishmentName=@Num=&StateName=&CountryName=&RegistrationNumber=&OwnerOperatorNumber=9000300&OwnerOperator](/scripts/cdrh/cfdocs/cfRL/rl.cfm?start_search=1&establishmentName=@Num=&StateName=&CountryName=&RegistrationNumber=&OwnerOperatorNumber=9000300&OwnerOperator)

Page Last Updated: 10/06/2025

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U.S. Department of Health & Human Services

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start_search=1&establishmentName=@Num=&StateName=&CountryName=&RegistrationNumber=&OwnerOperatorNumber=9000300&OwnerOperator](/scripts/cdrh/cfdocs/cfRL/rl.cfm?start_search=1&establishmentName=@Num=&StateName=&CountryName=&RegistrationNumber=&OwnerOperatorNumber=9000300&OwnerOperator)
7. [/scripts/cdrh/cfdocs/cfRL/rl.cfm?
start_search=1&establishmentName=@Num=&StateName=&CountryName=&RegistrationNumber=&OwnerOperatorNumber=9000300&OwnerOperator](/scripts/cdrh/cfdocs/cfRL/rl.cfm?start_search=1&establishmentName=@Num=&StateName=&CountryName=&RegistrationNumber=&OwnerOperatorNumber=9000300&OwnerOperator)

Excelsior Medical, LLC

FEIN: 32-0473772

An Illinois Limited Liability Company

Contact Information:

Three Lakes Drive

Attn: RA Licensing – 3D

Northfield, IL 60093

Ralicensing@medline.com

847-949-5500

Member and Manager of LLC:

Medline Industries, LP

FEIN: 36-2596612

Officers:

Name	Title	Home Address	SSN	DOB
James M. Boyle	Chief Executive Officer			
James M. Pigott	President			
Stephen L. Miller	Chief Operating Officer			
Michael B. Drazin	Chief Financial Officer			
Alexander M. Liberman	General Counsel, Secretary			
Lara N. Simmons	Chief Quality Officer*			

Excelsior Medical, LLC is a member managed LLC with the sole member and manager being Medline Industries, LP. Medline Industries, LP is a limited partnership and does not appoint corporate officers. Medline reports the officers for its general partner, Mozart GP, LLC, which retains 100% control of Medline Industries, LP.

*Chief Quality Officer - senior executive responsible for overseeing quality management, licensing, and compliance. Note - this role is not an appointed officer.

Medline Industries, LP
FEIN: 36-2596612
An Illinois Limited Partnership

Contact Information:

Three Lakes Drive
Attn: RA Licensing – 3D
Northfield, IL 60093
Ralicensing@medline.com
847-949-5500

Partners:

Partner	General or Limited	Business Address	% of Ownership	FEIN
Medline Borrower, LP	Limited	Three Lakes Drive, Northfield, IL 60093	100%	87-2530238
Mozart GP, LLC	General	Three Lakes Drive, Northfield, IL 60093	0%	87-2508203

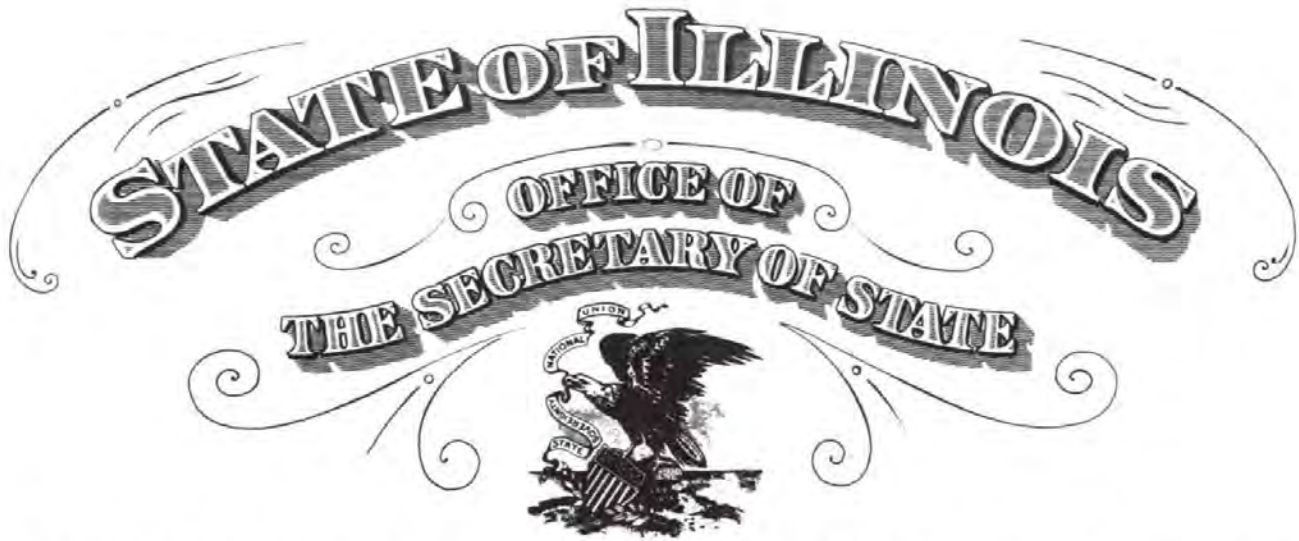
Officers of General Partner - Mozart GP, LLC:

Name	Title	Home Address	SSN	DOB
James M. Boyle	Chief Executive Officer			
James M. Pigott	President			
Stephen L. Miller	Chief Operating Officer			
Michael B. Drazin	Chief Financial Officer			
Alexander M. Liberman	General Counsel, Secretary			
Lara N. Simmons	Chief Quality Officer*			

*Chief Quality Officer - senior executive responsible for overseeing quality management, licensing, and compliance. Note - this role is not an appointed officer.

File Number

0543231-6



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

EXCELSIOR MEDICAL, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON SEPTEMBER 01, 2015, 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 28TH
day of MAY A.D. 2025 .

Authentication #: 2514802354 verifiable until 05/28/2026
Authenticate at: <https://www.ilsos.gov>

Alexi Giannoulas
SECRETARY OF STATE



**NEW JERSEY DEPARTMENT OF HEALTH
CONSUMER AND ENVIRONMENTAL HEALTH SERVICE**

P.O. Box 369, Trenton, New Jersey 08625-0369

0752691

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:

1933 HECK AVE NEPTUNE, NJ 07753-
1923 HECK AVE NEPTUNE, NJ 07753-
1930 HECK AVE NEPTUNE, NJ 07753-
1919 HECK AVE NEPTUNE, NJ 07753-

317 FAIRFIELD RD FREEHOLD, NJ 07728-

1470 SHAFTO RD TINTON FALLS, NJ 07712-

Reg. No.
5002666

EXCELSIOR MEDICAL, LLC
C/O RA LICENSING 3D
3 LAKES DR
NORTHFIELD, IL 60093-

**ISSUED PURSUANT TO
N.J.S.A. 24:6B**

EXPIRES: January 31, 2026

Establishment Copy



CERTIFICATE OF LIABILITY INSURANCE

 DATE (MM/DD/YYYY)
07/14/2025

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

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

PRODUCER MARSH USA LLC 155 N. WACKER, SUITE 1200 CHICAGO, IL 60661 CN101705524-Stnd-GAWUP-25-26 USA	CONTACT NAME: Medline Industries, LP PHONE (A/C, No, Ext): FAX (A/C, No): E-MAIL: riskmanagement@medline.com ADDRESS: INSURER(S) AFFORDING COVERAGE NAIC # INSURER A: Safety National Casualty Corporation 15105 INSURER B: N/A N/A INSURER C: See Acord 101 for Carrier Participation INSURER D: INSURER E: INSURER F:
INSURED Medline Industries LP Excelsior Medical, LLC Attn: Risk Management Three Lakes Drive Northfield, IL 60093	

COVERAGES **CERTIFICATE NUMBER:** CHI-010831218-28 **REVISION NUMBER:** 7

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:			GL 4065036	07/01/2025	07/01/2026	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 2,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 4,000,000 PRODUCTS - COMP/OP AGG \$ SEE BELOW \$
A	AUTOMOBILE LIABILITY ☒ ANY AUTO ☐ OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☐ HIRED AUTOS ONLY ☐ NON-OWNED AUTOS ONLY			CA 6675933	07/01/2025	07/01/2026	COMBINED SINGLE LIMIT (Ea accident) \$ 2,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB ☐ OCCUR EXCESS LIAB ☐ CLAIMS-MADE DED RETENTION \$						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			LDS 4065032 (AOS) PS 4065034 (WI)	07/01/2025 07/01/2025	07/01/2026 07/01/2026	☒ 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	Products/Completed Operations Liability			LSR-PCO-00613-25	07/01/2025	07/01/2026	Limit \$ 2,000,000

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

RE: Locations: Excelsior Medical, LLC 317 Fairfield Road Freehold, NJ 07728 ; Excelsior Medical, LLC 1470 Shafto Rd. Tinton Falls, NJ 07712

Evidence of Insurance. SIR applies per policy terms & conditions. The products/completed operations policy evidenced above is subject to self-insured retentions for various perils covered.

CERTIFICATE HOLDER

 Excelsior Medical, LLC
 1933 Heck Avenue
 Neptune, NJ 07753

CANCELLATION

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

AUTHORIZED REPRESENTATIVE

Marsh USA LLC

© 1988-2016 ACORD CORPORATION. All rights reserved.

AGENCY CUSTOMER ID: CN101705524

LOC #: Chicago

**ADDITIONAL REMARKS SCHEDULE**Page 2 of 2

AGENCY MARSH USA LLC.		NAMED INSURED Medline Industries LP Excelsior Medical, LLC Attn: Risk Management Three Lakes Drive Northfield, IL 60093
POLICY NUMBER		
CARRIER	NAIC CODE	
EFFECTIVE DATE:		

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

Products/Completed Operations Liability Carrier Participation:

57.86% of the layer is insured by Lloyds of London

17.14% of the layer is insured by AXA XL UK Ltd. (A+)

25% of the layer is insured by Harleysville Insurance Company of NY (A)

GENERAL SURETY RIDER

To be attached and form a part of

Type of Bond: License & Permit

Bond No. : 105625536

Dated effective: 7/20/2015

(MONTH, DAY, YEAR)

executed by: Medline Industries, LP, as Principal,
(PRINCIPAL)

and by: Travelers Casualty and Surety Company of America, 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

Add Location: Excelsior Medical, LLC, 1470 Shafto Road, Tinton Falls, NJ 07712

Nothing herein contained shall vary, alter or extend any provision or condition of this bond except as herein expressly stated.

This rider is effective 8/05/2025

(MONTH, DAY, YEAR)

Signed and Sealed 8/05/2025

(MONTH, DAY, YEAR)

BY: Peter S. Forke Travelers Casualty and Surety Company of America
Peter S. Forke, 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 **Peter S Forker** of **ROLLING MEADOWS, Illinois**, their true and lawful Attorney(s)-in-Fact to sign, execute, seal and acknowledge any and all bonds, recognizances, conditional undertakings and other writings obligatory in the nature thereof on behalf of the Companies in their business of guaranteeing the fidelity of persons, guaranteeing the performance of contracts and executing or guaranteeing bonds and undertakings required or permitted in any actions or proceedings allowed by law.

IN WITNESS WHEREOF, the Companies have caused this instrument to be signed, and their corporate seals to be hereto affixed, this 21st day of April, 2021.



State of Connecticut

City of Hartford ss.

By: 
 Robert L. Raney, Senior Vice President

On this the 21st day of April, 2021, before me personally appeared **Robert L. Raney**, who acknowledged himself to be the Senior Vice President of each of the Companies, and that he, as such, being authorized so to do, executed the foregoing instrument for the purposes therein contained by signing on behalf of said Companies by himself as a duly authorized officer.

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

My Commission expires the 30th day of June, 2026




 Anna P. Nowik, Notary Public

This Power of Attorney is granted under and by the authority of the following resolutions adopted by the Boards of Directors of each of the Companies, which resolutions are now in full force and effect, reading as follows:

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

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

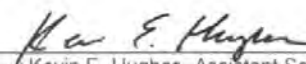
FURTHER RESOLVED, that any bond, recognizance, contract of indemnity, or writing obligatory in the nature of a bond, recognizance, or conditional undertaking shall be valid and binding upon the Company when (a) signed by the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President, 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 5th day of August, 2025.




 Kevin E. Hughes, Assistant Secretary

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

ACKNOWLEDGMENT BY SURETY

STATE OF Illinois }
County of Cook } ss.

On this 5th day of August, 2025, before me personally
appeared Peter S. Forker, known to, me to be the Attorney-in-Fact of
Travelers Casualty and Surety Company of America, the corporation
that executed the within instrument, and acknowledged to me that such corporation executed the same.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal, at my office in the aforesaid County, the day and
year in this certificate first above written.



Oscar F Rincon
Notary Public in the State of Illinois
County of Cook



08/5/2025 UPDATED

List of Facilities for **Nevada Surity Bond #105625536**

Location 1: (B01)
Medline Industries, LP
One Medline Place
Mundelein, IL 60060

Location 3: (B49)
Medline Industries, LP
42500 Winchester Road
Temecula, CA 92590

Location 5: (C02)
Medline Industries, LP
2200 Cornerstone Parkway
Grayslake, IL 60030

Location 7: (C05)
Medline Industries, LP
1062 Old Dixie Highway
Auburndale, FL 33823

Location 9: (C32)
Medline Industries, LP
29895 US HWY 90 BUS
Katy, TX 77494

Location 11: (C40)
Medline Industries, LP
81 Campanelli Drive
Uxbridge, MA 01569

Location 13: (C42)
Medline Industries, LP
3446 Highway 51N
Southaven, MS 38672

Location 2: (B06)
Medline Industries, LP
1 Medline Drive
Wilmer, TX 75172

Location 4: (C71)
Medline Industries, LP
264 S 5750 W
Salt Lake City, UT 84104

Location 6: (C03)
Medline Industries, LP
1500 Medline Place
McDonough, GA 30253

Location 8: (C09)
Medline Industries, LP
1960 W Miro Way
Rialto, CA 92376

Location 10: (C37)
Medline Industries, LP
5000 Premier Parkway
Saint Peters, MO 63376

Location 12: (C41)
Medline Industries, LP
1040 Enterprise Parkway South
West Jefferson, OH 43162

Location 14: (C46)
Medline Industries, LP
5701 Promontory Pky, Ste 100
Tracy, CA 95377

Continued, List of Facilities for **Nevada Surety Bond #105625536**
Page 2

Location 15: (C47)
Medline Industries, LP
239 Belvidere Road
Perryville, MD 21903

Location 17: (C54)
Medline Industries, LP
494 St Route 416
Montgomery, NY 12549

Location 19: (C59)
Medline Industries, LP
2100 Industrial Park Road
Hammond, LA 70401

Location 21: (C89)
Medline Industries, LP
251 Hilton Drive
Jeffersonville, IN 47130

Location 23: (ANG)
Medline Industries, LP
10 Glen Falls Technical Park
Glen Falls, NY 12801

Location 16: (C50)
Medline Industries, LP
8787 W Buckeye Road
Tolleson, AZ 85353

Location 18: (C57)
Medline Industries, LP
5511 W Ten Road
Mebane, NC 27302

Location 20: (C75)
Medline Industries, LP
3770 Hogum Bay Road NE
Lacey, WA 98516

Location 22: (MXC)
Medline Industries, LP
16415 Cosmos Street
Moreno Valley, CA 92551

Location 24: : (EXC-TF)
Excelsior Medical, LLC
1470 Shafto Road
Tinton Falls, NJ 07712

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 Excelsior Medical, LLC MDEG License # (if applicable) N/A
Physical Address 1470 Shafto Rd.
City Tinton Falls State NJ Zip 07712
Mailing Address (if different from physical address) Three Lakes Drive - 3D
City Northfield State IL Zip 60093
Telephone 732-643-6169 Website www.medline.com
Licensing Company Email ralicensing@medline.com

Section 2: Personal Information

First Sofi Middle Enroth Last Clark
Alias(es, nicknames, name changes, etc.) N/A
Date of Birth [REDACTED] SSN or ITIN [REDACTED] Sex ☐ M ☒ F ☐ X
Mailing Address [REDACTED]
City Whitehouse Station State NJ Zip [REDACTED]
Telephone 732-643-6169 Email sofi.clark@medline.com
Are you a citizen of the United States? ☒ Yes ☐ No

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

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

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)				
School Name Villanova University		From - To (MM/YY - MM/YY) 2012-2014		
Address 800 E. Lancaster Ave.	City Villanova	State PA	Zip 19085	
Diploma/Degree obtained, if any MBA				
School Name University of Michigan		From - To (MM/YY - MM/YY) 1999-2003		
Address 500 S. State St.	City Ann Arbor	State MI	Zip 48109	
Diploma/Degree obtained, if any Bachelors of Science - Mechanical Engineering				
School Name West Windsor Plainsboro High School South		From - To (MM/YY - MM/YY) 1995-1999		
Address 346 Clarksville Rd.	City Princeton Junction	State NJ	Zip 08550	
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) 2015 - Current	Address [REDACTED]	City Whitehouse Station	State NJ	Zip [REDACTED]
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip

Section 7: An MDEG Administrator must provide proof that he or she has least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler. Beginning with the most current, list your hours of employment related to the above. (NAC 639.694)				
Business Name			From - To (MM/YY – MM/YY)	
Excelsior Medical, LLC			02/25 - Current	
Business Address		City	State	Zip
1470 Shafto Rd.		Tinton Falls	NJ	07712
Phone	Title	Number of Employed Hours		
732-643-6169	Sr. Director of Manufacturing Operations	1,200		
Description of Duties				
As Sr. Director of Manufacturing Operations, I oversee the facility and am involved in the training of all employees, decision making procedures, policies, record keeping and inventory. I am responsible for the accuracy of all transactions and monitor processes to ensure that all products are moved correctly from trailers to racks to shipping.				
Business Name			From - To (MM/YY – MM/YY)	
Excelsior Medical, LLC			04/18 - 02/25	
Business Address		City	State	Zip
1933 Heck Ave.		Neptune	NJ	07753
Phone	Title	Number of Employed Hours		
732-776-7525	Director of Manufacturing Operations	11,000+		
Description of Duties				
As Director of Manufacturing Operations, I oversee the facility and am involved in the training of all employees, decision making procedures, policies, record keeping and inventory. I am responsible for the accuracy of all transactions and monitor processes to ensure that all products are moved correctly from trailers to racks to shipping.				
Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title	Number of Employed Hours		
Description of Duties				
Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title	Number of Employed Hours		
Description 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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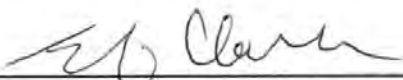
Section 8: Personal and Professional History		Yes	No
1.	Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		X
2.	Have you been charged, arrested or convicted 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: N/A

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

Provide explanation below:


 Original Signature (electronic, copies or stamps not accepted)

10-1-25
 Date

I, Sofi Clark, certify that as the MDEG Administrator for
Excelsior Medical, LLC

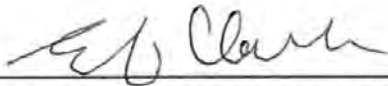
that I (initial that you have read and meet the following requirements):

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

Sofi, Clark

Print Name (First, Last)



Original Signature (electronic, copies or stamps not accepted)

10-1-25

Date

Board Use Only

Date Received: 10/15/25

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 Excelsior Medical, LLC
Pharmacy/Wholesaler License # (if applicable) Pending
Physical Address 1470 Shafto Rd.
City Tinton Falls State NJ Zip 07712
Mailing Address (if different from physical address) Three Lakes Drive - 3D
City Northfield State IL Zip 60093
Telephone 732-643-6169 Website www.medline.com
Licensing Company Email ralicensing@medline.com

Section 2: Personal Information

First Sofi Middle Enroth Last Clark
Alias(es, nicknames, name changes, etc.) N/A
Date of Birth [REDACTED] SSN or ITIN [REDACTED] Sex ☐ M ☒ F ☐ X
Mailing Address [REDACTED]
City Whitehouse Station State NJ Zip [REDACTED]
Telephone 732-643-6169 Email sofi.clark@medline.com
Are you a citizen of the United States? ☒ Yes ☐ No

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

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

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)				
School Name Villanova University			From - To (MM/YY - MM/YY) 2012-2014	
Address 800 E. Lancaster Ave.		City Villanova	State PA	Zip 19085
Diploma/Degree obtained, if any MBA				
School Name University of Michigan			From - To (MM/YY - MM/YY) 1999-2003	
Address 500 S. State St.		City Ann Arbor	State MI	Zip 48109
Diploma/Degree obtained, if any Bachelors of Science - Mechanical Engineering				
School Name West Windsor Plainsboro High School South			From - To (MM/YY - MM/YY) 1995-1999	
Address 346 Clarksville Rd.		City Princeton Junction	State NJ	Zip 08550
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) 2015 - Current	Address [REDACTED]	City Whitehouse Station	State NJ	Zip [REDACTED]
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	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 Excelsior Medical, LLC		From - To (MM/YY – MM/YY) 02/25 - Current	
Business Address 1470 Shafto Rd.		City Tinton Falls	State NJ
Phone 732-643-6169	Title Sr. Director of Manufacturing Operations	Number of Employed Hours 1,200	

Description of Duties
As Sr. Director of Manufacturing Operations, I oversee the facility and am involved in the training of all employees, decision making procedures, policies, record keeping and inventory. I am responsible for the accuracy of all transactions and monitor processes to ensure that all products are moved correctly from trailers to racks to shipping.

Business Name Excelsior Medical, LLC		From - To (MM/YY – MM/YY) 04/18 - 02/25	
Business Address 1933 Heck Ave.		City Neptune	State NJ
Phone 732-776-7525	Title Director of Manufacturing Operations	Number of Employed Hours 11,000+	

Description of Duties
As Director of Manufacturing Operations, I oversee the facility and am involved in the training of all employees, decision making procedures, policies, record keeping and inventory. I am responsible for the accuracy of all transactions and monitor processes to ensure that all products are moved correctly from trailers to racks to shipping.

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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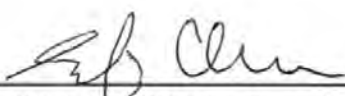
Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (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: N/A

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

Provide explanation below:


Original Signature (electronic, copies or stamps not accepted)

10-1-25
Date

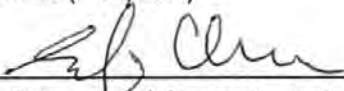
I, Sofi Clark, certify that as the designated representative for
Excelsior Medical, LLC,

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

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

Sofi, Clark

Print Name (First, Last)



Original Signature (electronic, copies or stamps not accepted)

10-1-25

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.

Sofi, Clark

Print Name (First, Last)

[Signature]
Original Signature (electronic, copies or stamps not accepted)

10-1-25
Date

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

State of Illinois, ss. County of Lake

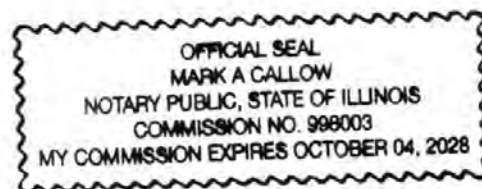
I, Sofi Clark, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation 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

10-1-25
Date

Subscribed and Sworn to before me this 1 day of October 2025

[Signature]
Notary Public Signature



(Seal)

SOFI ENROTH CLARK

Whitehouse Station, NJ [REDACTED]

EXPERIENCE

EXCELSIOR MEDICAL, LLC., Medline Industries, LP, Neptune, NJ

2014 – Present

Senior Director of Manufacturing Operations

March 2023 – Present

Director of Manufacturing Operations

May 2018 – March 2023

- Leading expansion project to implement three automated syringe manufacturing lines resulting in 48% labor reduction
- Consolidating manufacturing operations from five to one building, including transferring manufacturing, warehousing and distribution operations and reorganization of staff
- Prioritized continuous improvement initiatives and resources to achieve 19% reduction in yield loss
- Managed budget to identify and implement material and labor savings to reduce department spending by 6%
- Used lean principles to implement pull schedule, reducing changeover, WIP, handling, downtime, and increasing throughput
- Motivated team to achieve production, quality, and financial goals via daily and monthly meetings
- Reduced manufacturing non-conformances by 54% via process improvements
- Ensured minimum 98% on time completion of company-wide training requirements
- Represented manufacturing in three FDA/ISO/Health Canada audits with zero non-conformances found
- Ensured compliance to OSHA regulations including Lock Out Tag Out, noise exposure, and hazardous material storage
- Established succession plan and coached successor on budgeting, time management and resource allocation
- Oversaw daily activities of 300 manufacturing, engineering, facilities, warehouse and distribution personnel including five managers and continuous improvement engineer
- Drove company-wide restructure of responsibilities after reduction in force
- Collaborated with Engineering, Finance, and GM to streamline facilities and operational

Director of Product Development

August 2014 – May 2018

- Led product development team for on-time completion of 16 material qualification projects per ISO 13485 and FDA 21 CFR 820
- Implemented new syringe supplier by developing vendor relationship and completing FAT and SAT of high-speed assembly line and mold validations
- Negotiated quality requirements with new suppliers by designing tests to establish acceptable quality levels
- Completed design and implementation of syringe for EO sterilization via design controls
- Ensured timely completion and validation at mold builder of custom compression molds for silicone rubber parts
- Restructured department to meet product development needs of high-volume manufacturer after acquisition by Medline

THERAKOS INC., West Chester, PA**2013 – 2014***Engineering Program Manager**June 2013 – August 2014*

- Established R&D department after divestiture from J&J, including talent acquisition and training
- Coached R&D team on PD process, including user requirements, design verification, transfer to manufacturing and product labeling of single use EO sterilized consumable devices
- Drove design improvement of injection molded, sterile, single use CellEx™ Procedural Kit and interfaced with FDA to launch on four-month timeline

ANIMAS CORPORATION, J&J, West Chester, PA**2010 – 2013***Staff Mechanical Engineer**April 2013 – June 2013**Senior Mechanical Engineer**September 2011 – April 2013**Level II Mechanical Engineer**December 2010 – September*

- Managed project schedule and daily activities of global team and development partner to develop two medical devices (infusion line set and Finesse™ insulin pump)
- Led product development activities including design for manufacturing, functional, clinical, and biocompatibility testing

EXCELSIOR MEDICAL CORPORATION, Neptune, NJ**2005 – 2010***Manager of Product Integration**February 2009 – December 2010*

- Scaled up formulation and established manufacturing process in six months of steam sterilized ethanol and sodium citrate pre-filled syringe
- Managed ten-person team for on-time start-up manufacturing for gamma sterilized valve disinfectant medical device (SwabCap™)
- Correctly determined root cause of catheter/solution compatibility failure via five whys and fishbone analysis
- Established manufacturing processes for two new medical device products including cleanroom build, IOPQ, risk management activities, and SOP writing

*Manufacturing Manager**April 2008 – February 2009*

- Increased production capacity by expanding from four to thirteen packaging lines and onboarding and start-up of two additional shifts
- Managed packaging department per cGMP, including SOP writing, and training and development of supervisors

*Production Supervisor**January 2005 – April 2008*

- Balanced manufacturing schedule, decreasing in-process materials and downtime

EDUCATION**VILLANOVA UNIVERSITY, Villanova, PA****August 2014***Villanova School of Business*

MBA - Specializations in Healthcare Economics and Marketing

UNIVERSITY OF MICHIGAN, Ann Arbor, MI**May 2003***College of Engineering*

B.S.E, Mechanical Engineering - Concentration in Manufacturing

CERTIFICATIONS Six Sigma Green Belt Certified (Institute of Industrial & Systems Engineers)**2019**

Implementing Winning Strategies (Colombia Business School Executive Education)

Communicating Persuasively & Building Trust (Stanford University Graduate School of Business)

Accelerating Change Readiness (UC Berkley Executive Education)

Leading with Courage (The Ivey Academy at Ivey Business School)

MED HCM - Employee by Location

Margarita R. Bautista B	MFG- Tinton Falls, NJ	Machine Operator II
Sofi Clark	MFG- Tinton Falls, NJ	Sr. Director of Manufacturing Operations
Jafar Lewis	MFG- Tinton Falls, NJ	Supv Production
Angelica Sanchez	MFG- Tinton Falls, NJ	Machine Operator I
Janeth Perez	MFG- Tinton Falls, NJ	Production Lead
Martha Elena Garcia	MFG- Tinton Falls, NJ	Warehouse Ld
Maria N Ventura Granados	MFG- Tinton Falls, NJ	Machine Operator II
Jose D Negron-Santiago	MFG- Tinton Falls, NJ	Maintenance Tech II
Shella Ganthier	MFG- Tinton Falls, NJ	Machine Operator II
Malcolm Donahue Hylton	MFG- Tinton Falls, NJ	Logistics Coord
Ryan Anthony Deveau	MFG- Tinton Falls, NJ	Maintenance Tech II
Giovany Zuniga-Bautista	MFG- Tinton Falls, NJ	Machine Operator II
Ducarmel Lebrun	MFG- Tinton Falls, NJ	Machine Operator I
Johanna A Perez Rosario	MFG- Tinton Falls, NJ	Machine Operator I
Odalys G Figueroa	MFG- Tinton Falls, NJ	Machine Operator I
Todd J. Gest	MFG- Tinton Falls, NJ	Supv Maintenance
Elizabeth Cabrera	MFG- Tinton Falls, NJ	Building & Grounds Custodian
Diana Alaniz	MFG- Tinton Falls, NJ	Machine Operator I

**OPERATING AGREEMENT OF
EXCELSIOR MEDICAL, LLC**

THIS OPERATING AGREEMENT (this "Agreement") is entered into on September 1, 2015, by and between Excelsior Medical, LLC, an Illinois limited liability company (the "Company"), and Medline Industries, Inc., an Illinois corporation (the "Manager"), the Company's sole member and manager.

RECITALS

A. The Company was formed as an Illinois limited liability company on September 1, 2015, by the filing of Articles of Organization with the Secretary of State of Illinois.

B. The parties hereto desire to provide certain agreements governing the business and affairs of the Company.

AGREEMENTS

1. **Name.** The name of the Company is Excelsior Medical, LLC; provided that the Manager may, from time to time, change the name of the Company to any name permitted by the Illinois Limited Liability Company Act, as the same may be amended from time to time (the "Act").

2. **Company's Office, Registered Office and Registered Agent.** The mailing office and street address of the principal place of business of the Company is One Medline Place, Mundelein, Illinois 60060. The name and address of the Company's registered agent is Richard M. Horwood, 500 W. Madison Street, Suite 3700, Chicago, Illinois 60661. The Manager may, from time to time, change the location of the Company's principal office, the location of the registered office and the name of the registered agent of the Company.

3. **Term.** The term of the Company commenced as of the filing of Articles of Organization with the Secretary of State of Illinois on September 1, 2015, and shall be perpetual, unless the Company is earlier dissolved in accordance with the provisions of this Agreement. The filing of the Articles of Organization of the Company by Kenneth A. Goldstein as an authorized person is hereby ratified, confirmed, and approved.

4. **Business of the Company.** The business of the Company shall be to engage in any lawful businesses and activities for which limited liability companies may be organized under the Act.

5. **Ownership.** As of the date hereof, the Manager owns all of the limited liability company interests in the Company. The Manager may transfer all or any portion of the limited liability company interests in the Company, and, unless the transfer document expressly provides otherwise, such assignee or transferee shall automatically be admitted as a member of the Company.

6. Distributions and Holding of Assets. The Manager may make distributions of the Company's assets to the Manager at any time and from time to time, upon dissolution and liquidation of the Company or otherwise. The Company's assets may be held in such accounts as are designated by the Manager from time to time, which accounts may also hold assets of other affiliates of the Company or the Manager for purposes of consolidating cash management or otherwise. The holding of Company assets in accounts that also hold assets of other affiliates of the Company or the Manager shall not change their character as assets of the Company.

7. Manager-Managed. The business and affairs of the Company shall be managed exclusively by the Manager. The Manager shall have full and complete authority, power and discretion to direct, manage and control the business, affairs and properties of the Company. Only the Manager, and those officers and agents of the Company authorized by the Manager, shall have the authority to bind the Company.

8. Powers and Authority of the Manager. Without limiting the generality of Paragraph 7, all decisions relating to the management and control of the conduct of the business of the Company and its affairs shall be made by the Manager, including, but not limited to, decisions relating to any of the following: (i) the selection of representatives of the Company to serve on the management, supervisory or other governing boards or bodies of any company or other organization in which the Company owns an interest; (ii) the hiring and termination of employees of the Company; (iii) distributions to the Manager as a member of the Company; (iv) the opening of bank accounts, the making of loans to any third party, the incurrence or refinancing of indebtedness of the Company, and the encumbering of Company property; (v) the selection of attorneys, accountants, appraisers and agents; and (vi) the entry into or performance of, on behalf of the Company, all other contracts, agreements and other undertakings and the taking of any other action as may be necessary or advisable in the judgment of the Manager or incident to carrying out the business of the Company. Any contract, agreement, instrument or other document to which the Company is a party and which is duly authorized by the Manager may be signed by the Manager or an authorized officer of the Company, and no other signatures shall be required.

9. Compensation to Manager. The Manager shall be reimbursed for all reasonable expenses incurred in managing the Company and shall be entitled to reasonable compensation for all services rendered on behalf of the Company.

10. Officers. The Manager, in the Manager's sole discretion, may appoint such officers and agents as it shall deem necessary, who shall hold their offices for such terms and shall exercise such powers and perform such duties as shall be determined from time to time by the Manager.

11. No Exclusive Duty to the Company. The Manager shall not be required to manage the Company as its sole and exclusive business, and the Manager may have other business interests and engage in other activities in addition to those relating to the Company. The creation of the Company and the assumption by the Manager of its duties hereunder shall be without prejudice to the rights of the Manager and its affiliates to maintain such other interests and activities, and to receive and enjoy profits or compensation from such other interests and activities.

12. Conflicts of Interest. The Manager shall be entitled to enter into transactions that may be considered competitive with, or a business opportunity that may be beneficial to, the Company. The Manager may enter into transactions similar to transactions into which the Company may enter. The Manager may lend money to, or transact business with, the Company, in which case its rights and obligations shall be the same as a person who is not a member, subject to applicable law. No transaction shall be voidable solely because the Manager has a direct or indirect interest in the transaction.

13. Indemnification and Exculpation. The Company (to the extent of all of its assets and without any obligation on the part of any member to contribute funds to the Company, but subject to any lien or security interests held by any person) shall indemnify the Manager and hold the Manager harmless from any loss or damage incurred by the Manager by reason of any act performed by the Manager for and on behalf of the Company and in furtherance of the Company's interest, provided such act or acts were done in good faith and without malfeasance, gross negligence or willful misconduct on the part of the Manager. Except as otherwise expressly and specifically provided herein, a Manager shall have no obligation or liability to any member or, except as otherwise expressly provided by the Act, to any other person or entity, in such Manager's capacity as a Manager.

14. Dissolution. The Company shall be dissolved at the written direction of the Manager.

15. Inconsistencies. In the event of any inconsistency between this Agreement and the Act, to the extent permitted by applicable law, the terms of this Agreement shall govern.

16. Applications of Illinois Law. This Agreement and its interpretation shall be governed exclusively by its terms and by the laws of the State of Illinois (without respect to its conflict of laws principles).

17. Amendments. This Agreement may not be amended except in writing by the Manager.

18. Heirs, Successors and Assigns. This Agreement shall be binding upon and inure to the benefit of the parties hereto and their respective legal representatives, successors and assigns.

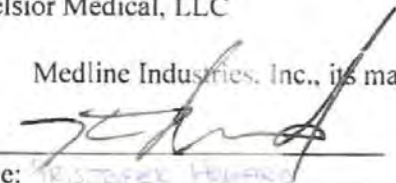
19. Creditors. None of the provisions of this Agreement shall be for the benefit of or enforceable by any creditors of the Company.

IN WITNESS WHEREOF, the undersigned have executed this Agreement as of the date first written above.

COMPANY:

Excelsior Medical, LLC

By: Medline Industries, Inc., its manager

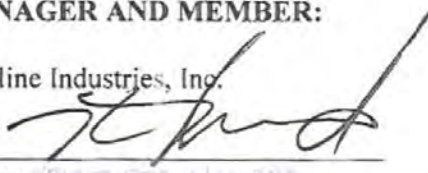
By: 

Name: CHRISTOPHER HOWARD

Title: CFO

MANAGER AND MEMBER:

Medline Industries, Inc.

By: 

Name: CHRISTOPHER HOWARD

Title: CFO

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*:

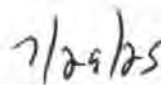
Date of Event/Arrest 08/03/2005	Disposition Date	State MO	City Kansas City	County Jackson
Case # 2003031660	Governing, licensing, Arresting Presiding Body/Agency/Court			
Reason/Charge Failure to renew license on time and temperature control procedures.				
Plaintiff/Defendant/Claimant/Respondent MO Board of Pharmacy			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity Medline Industries, Inc.				

Provide explanation below:

Medline was placed on probation for 5 years. Throughout the probationary period, the state conducted multiple inspections of the facility and found Medline to be in compliance with all the requirements. The probationary period closed in August 2010.



Original Signature (electronic, copies or stamps not accepted)



Date

Jeremiah W. (Jay) Nixon
Governor
State of Missouri

Lara Simon

Jane A. Rackers, Division Director
DIVISION OF PROFESSIONAL REGISTRATION

Department of Insurance
Financial Institutions
and Professional Registration
John M. Huff, Director

MISSOURI BOARD OF PHARMACY
3605 Missouri Boulevard
P.O. Box 625
Jefferson City, MO 65102-0625
573-751-0091 PHONE
573-526-3464 FAX
800-735-2966 TTY Relay Missouri
800-735-2466 Voice Relay Missouri

Kimberly A. Grinston
Executive Director
www.pr.mo.gov/pharmacists.asp
e-mail: pharmacy@pr.mo.gov

08/03/2010

Charlie Mills
One Medline Place
Mundelein, IL 60060-4486

Dear Mr. Mills,

This is official notification that you have completed your terms of Probation with the Missouri Board of Pharmacy as of August 2, 2010.

If you have any questions, or if we can be of assistance in the future, feel free to contact this office. Thank you for complying.

Sincerely,



Jason Menken
Compliance Coordinator
Missouri Board of Pharmacy



Matt Blunt, Governor
State of Missouri

Alison Craighead, Director
Division of Professional Registration

Gregory A. Steinhoff, Director
Department of Economic Development

BOARD OF PHARMACY
3605 Missouri Boulevard
P.O. Box 625
Jefferson City, MO 65102-0625
573-751-0091
573-526-3464 FAX
800-735-2966 TTY Relay Missouri
800-735-2466 Voice Relay Missouri

Kevin E. Kinkade, R.Ph.
Executive Director

CERTIFIED MAIL
RETURN RECEIPT REQUESTED
7160 3901 9848 6160 3154

www.pr.mo.gov/pharmacists.asp
e-mail: pharmacy@pr.mo.gov

August 4, 2005

Mr. Pete Furlong, Corporate Vice President
Quality Assurance/Regulatory Affairs
Medline Industries, Inc.
One Medline Place
Mundelein, IL 60060-4486

Dear Mr. Furlong:

Enclosed is an executed copy of the **Settlement Agreement Between State Board of Pharmacy and Medline Industries, Inc.** A permanent drug distributor license, numbered 2003031660, has been issued to Medline Industries, Inc., 1401 N Universal Avenue, Kansas City, MO, and is being mailed to the facility with a copy of this letter. That license has been placed on probation August 3, 2005, through August 2, 2010.

A 2005-2007 Drug Distributor Renewal Application will be mailed to the facility within the next two weeks. This form must be completed and returned with the \$400.00 fee before October 31, 2005.

You should review each term of this Agreement and comply with the requirements as set forth. Compliance is your responsibility; reminders will not be sent from this office. Licensee Report of Discipline Compliance forms are being included with the mailing to the facility and should be completed and submitted to the Board office within six months from the beginning of the probation period and every six months following that for the duration of the probation. Failure to comply with the terms of this Agreement may result in a violation hearing before the Board.

If you have any questions, please feel free to contact this office at 573-751-9056.

Sincerely,

A handwritten signature in black ink that reads "Don Walker".

DON WALKER
Drug Distributor Coordinator

Enclosures

cc: Rob Angstead, Attorney
Scott C Barbour, Manager-in-Charge

**SETTLEMENT AGREEMENT BETWEEN STATE BOARD OF
PHARMACY AND MEDLINE INDUSTRIES, INC.**

Come now Medline Industries, Inc. ("Respondent") and the Missouri Board of Pharmacy ("Board" or "Petitioner") and enter into this Settlement Agreement for the purpose of resolving the question of whether Respondent's license as a drug distributor will be subject to discipline.

Pursuant to the terms of § 536.060, RSMo (2000), the parties hereto waive the right to a hearing by the Administrative Hearing Commission of the State of Missouri and, additionally, the right to a disciplinary hearing before the Board under § 621.110, RSMo (2000), and stipulate and agree that a final disposition of this matter may be effectuated as described below.

Respondent acknowledges that it understands the various rights and privileges afforded it by law, including the right to a hearing of the charges against it; the right to appear and be represented by legal counsel; the right to have all charges against it proved upon the record by competent and substantial evidence; the right to cross-examine any witnesses appearing at the hearing against it; the right to a decision upon the record by a fair and impartial administrative hearing commissioner concerning the charges pending against it and, subsequently, the right to a disciplinary hearing before the Board at which time it may present evidence in mitigation of discipline; and the right to recover attorney's fees incurred in defending this action against its license. Being aware of these rights provided it by operation of law, Respondent knowingly and voluntarily waives each and every one of these rights and freely enters into this Settlement Agreement and agrees to abide by the terms of this document, as they pertain to it.

Respondent acknowledges that it has received a copy of the draft complaint to be filed with the Board, the investigative report, and other documents relied upon by the Board in determining there was cause for discipline against Respondent's license. For the purpose of settling this dispute, Respondent stipulates that the factual allegations contained in this

Settlement Agreement are true and stipulates with the Board that Respondent's temporary license as a drug distributor, License Number DD2003031660, is subject to disciplinary action by the Board in accordance with the provisions of Chapter 621 and Chapter 338, RSMo 2000. The parties agree that this Settlement Agreement and any statements contained herein may not be used for or constitute an admission for any purposes other than to settle the disputes between the parties.

Joint Stipulation of Facts

1. Petitioner, the Missouri Board of Pharmacy ("the Board"), is an agency of the State of Missouri created and established by § 338.110, RSMo (2000), for the purpose of administering and enforcing the provisions of Chapter 338, RSMo.

2. Respondent, Medline Industries, Inc., located at 4700 Deramus, Kansas City, Missouri, is licensed by the Board as a drug distributor under the laws of Missouri, License Number DD2003031660. The license is current and active.

3. On or about April 16, 1996, Wilson Winch, an inspector for the Board, conducted an inspection at the facility located at 1691 N. Topping, Kansas City, Missouri.

4. Inspector Winch noted on the Drug Distributor Inspection Observation Report that Respondent needed temperature/humidity recording equipment and that the results must be logged daily.

5. On or about August 8, 1997, Tom Glenski, an inspector for the Board, conducted an inspection at the facility located at 1250 N. Southern, Kansas City, Missouri.

6. Inspector Glenski noted on the Drug Distributor Inspection Observation Report that Respondent needed a temperature and humidity daily log.

7. On or about September 3, 1997, the Board received a written response dated August 27, 1997, from Lara Simmons, Respondent's Director of Regulatory Affairs, explaining that a temperature and humidity monitoring device was being purchased and the temperature and humidity will be recorded daily during days of operation.

8. Ms. Simmons indicated that she anticipated the temperature and humidity monitoring device would be in place and the recordkeeping started by the first of September, 1997.

9. On or about July 31, 1998, Inspector Tom Glenski conducted an inspection at the facility located at 1250 N. Southern, Kansas City, Missouri.

10. Inspector Glenski noted on the Drug Distributor Inspection Observation Report that Respondent needed to keep daily temperature and humidity recordings.

11. Respondent failed to purchase the temperature and humidity monitoring device as Ms. Simmons indicated would be purchased.

12. Respondent's failure to provide an appropriate temperature and humidity monitoring device is in violation of 21 CFR § 211.46(b) which states:

(b) Equipment for adequate control over air pressure, micro-organisms, dust, humidity, and temperature shall be provided when appropriate for the manufacture, processing, packing, or holding of a drug product.

13. On September 9, 1998, the Board sent a Compliance Letter to Respondent for a number of non-compliance issues found on the July 31, 1998 inspection, one of which was "temperature/humidity daily log documentation".

14. On or about September 2, 1999, Inspector Glenski conducted an inspection at the facility located at 1250 N. Southern, Kansas City, Missouri.

15. Inspector Glenski noted on the Drug Distributor Inspection Observation Report that the warehouse temperature exceeded the manufacturer's recommended storage temperature of 86 degrees Fahrenheit.

16. On or about October 4, 2000, Inspector Glenski conducted an inspection at the facility located at 1250 N. Southern, Kansas City, Missouri.

17. Inspector Glenski noted on the Drug Distributor Inspection Observation Report that the temperature exceeded 86 degrees on various days between July, 2000 and September, 2000.

18. On or about September 20, 2001, Frank Van Fleet, an inspector for the Board, conducted a change-of-location inspection at the facility located at 4700 Deramus, Kansas City, Missouri.

19. Inspector Van Fleet noted on the Observation Report that the temperature exceeds 86 degrees on not less than 32 occasions between June 8, 2001 and September 5, 2001.

20. On or about May 21, 2003, Inspector Van Fleet conducted an inspection at the facility located at 4700 Deramus, Kansas City, Missouri.

21. Inspector Van Fleet noted on the Observation Report that the temperature exceeded 86 degrees on not less than 41 occasions between June 3, 2002 and September 30, 2002.

22. On or about August 19, 2003, Inspector Van Fleet conducted a follow-up inspection at the facility located at 4700 Deramus, Kansas City, Missouri.

23. Inspector Van Fleet monitored storage temperatures with a digital thermometer at various locations where prescription product was stored.

24. Three additional occasions were identified between September 30, 2002 and August 19, 2003 where the temperature exceeded 86 degrees.

25. Inspector Van Fleet found that storage temperatures were much higher than the temperatures Respondent had recorded on its log.

26. Inspector Van Fleet's digital thermometer registered a range from 89.1 degrees in one area where Respondent stored bulk prescription hydrating/electrolyte solutions to as high as 94.5 degrees in Respondent's over the counter storage area, but Respondent's temperature log records a temperature of 89 degrees for this date.

27. Inspector Van Fleet presented at the 4700 Deramus facility on March 2, 2004 for the purpose of conducting a new facility inspection.

28. Inspector Van Fleet found 16 occasions between October 31, 2003 and February 27, 2004 where the temperature in the warehouse dropped below 59 degrees.

29. Respondent's warehouse is divided into three areas by breezeways.

30. Respondent has only one digital monitor for 120,000 square feet of warehouse.

31. The warehouse is not air-conditioned, and even though it is heated, logs show product was stored at less than 59 degrees.

32. Respondent has a history of noncompliance regarding the storage of prescription product.

33. Monitoring temperature and/or storing product at manufacturer's recommended/required humidity and storage temperature has been an issue on every inspection since 1996 involving three different locations and three different inspectors.

34. Respondent has been in at least three different warehouses in the last six years and

has failed each time to choose a warehouse that is temperature controlled.

35. Drugs must be stored in accordance with manufacturer or USP guidelines and must be free of contamination, deterioration and adulteration.

36. Drugs stored outside of manufacturer or USP guidelines can become contaminated, deteriorated and adulterated.

37. A drug shall be deemed adulterated pursuant to 21 USC 351(a)(2)(B) which states:

A drug or device shall be deemed to be adulterated –

(B) if it is a drug and the methods used in, or the facilities or controls used for, its manufacture, processing, packing, or holding do not conform to or are not operated or administered in conformity with current good manufacturing practice to assure that such drug meets the requirements of this chapter as to the safety and has the identity and strength, and meets the quality and purity characteristics, which it purports or is represented to possess . . .

38. Respondent's failure to maintain a facility where temperature is controlled and humidity is maintained is in violation of 4 CSR 220-5.030(3)(B) which states in pertinent parts:

(3) Minimum standards of practice for drug distributors shall include the following:

(B) The temperature of the facility where drugs are stored must be maintained within temperature requirements as provided for by the manufacturer or the latest edition of the *United States Pharmacopeia* (USP). Appropriate manual, electromechanical, or electronic temperature and humidity recording equipment, devices, logs, or all of these, shall be utilized to document proper storage of prescription drugs.

(C) Appropriate housekeeping, sanitation, lighting, ventilation and humidity of all areas where drugs are stored must be maintained.

39. On or about April 16, 1997, Inspector Winch attempted an inspection at the facility located at 1691 N. Topping, Kansas City, Missouri and observed that Respondent had changed locations without notifying the Board.

40. Respondent's failure to timely notify the Board of its change of location and continue its operation as a wholesale drug distributor is in violation of 4 CSR 220-5.020(6) which states:

(6) If an individual or business entity operating a drug distributor facility changes the location of the facility either within the existing facility (structure) or to a new facility (structure), the facility shall not open for business at the new location until the board, its duly authorized agent or the Food and Drug Administration has inspected the premises of the new location and approved it and the facility has been in compliance with all state and federal drug laws pertaining to drug distribution. Upon the approval and receipt of a change of location fee, the board shall issue a permit authorizing operation of a facility at the new location and the permit shall bear the same number as the previous license. However, the license remains valid if the facility address changes, but not the location, and an amended license will be issued without charge under these circumstances.

41. On or about August 8, 1997, Inspector Glenski conducted an inspection at the facility.

42. The inspector noted on the Drug Distributor Inspection Observation Report that Respondent needed a complete policy and procedure manual.

43. On or about September 2, 1999, Inspector Glenski conducted an inspection at the facility located at 1250 N. Southern, Kansas City, Missouri.

44. Inspector Glenski noted on the Drug Distributor Inspection Observation Report

that Respondent's policy and procedure manual could not be located.

45. Respondent's failure to establish and maintain a completed policy and procedure manual is in violation of 4 CSR 220-5.030(3)(M) which states in pertinent parts:

(3) Minimum standards of practice for drug distributors shall include the following:

(M) Wholesale drug and pharmacy distributors shall establish, maintain and adhere to written policies and procedures, which shall be followed for the receipt, security, storage, inventory and distribution of prescription drugs, including policies and procedures for identifying, recording and reporting losses or thefts and for correcting all errors and inaccuracies in inventories.

46. On October 31, 2003, Respondent's drug distributor license expired.

47. Respondent failed to renew its license by the renewal deadline of November 30, 2003.

48. Respondent's license became null and void on November 30, 2003.

49. The Board received a new application from Respondent on or about December 16, 2003.

50. The Board issued Respondent temporary license number 2003031660 on December 29, 2003.

51. From the time Respondent's license became null and void on November 30, 2003, until the Board's issuance of Respondent's temporary license on December 29, 2003, Respondent failed to display a valid license.

52. Respondent's failure to display a valid license is in violation of 4 CSR 220-5.020(8)(B) which states:

(B) A license must be posted in a conspicuous place in the

facility to which it is issued.

53. Respondent's invoice number 1016623706 shows the distribution of several Irrigation Solutions to Heart of America Surgery Center in Kansas City, Kansas on December 4, 2003.

54. Respondent's invoice number 1016626229 shows the distribution of an Irrigation Solution and Lactated Ringers IV Solution to Physician's Surgery Center in Rolla, Missouri on December 4, 2003.

55. Respondent's invoice number 1016648194 shows the distribution of Dextrose in Normal Saline IV Solution to Logan Manor Nursing Home in Logan, Kansas on December 6, 2003.

56. Respondent failed to renew its distributor license on or before November 30, 2003 and it became null and void at that time.

57. Respondent continued to distribute prescription only product while its license was expired.

58. Respondent's failure to renew its license by the renewal deadline of November 30, 2003 and to continue to distribute prescription only product while its license was expired is in violation of Section 338.333.1, RSMo (2000) states in pertinent part:

1. No person or distribution outlet shall act as a wholesale drug distributor or pharmacy distributor without first obtaining license to do so from the Missouri board of pharmacy and paying the required fee. . . . No license shall be issued or renewed for a wholesale drug distributor or pharmacy distributor to operate unless the same shall be operated in a manner prescribed by law and according to the rules and regulations promulgated by the board of pharmacy with respect thereto. Separate licenses shall be required for each distribution site owned or operated by a wholesale drug distributor or pharmacy distributor.

59. Respondent's opening for business its operation as a wholesale drug distributor in a new location prior to inspection and approval of the Board is in violation of 4 CSR 220-5.020(6) which states:

(6) If an individual or business entity operating a drug distributor facility changes the location of the facility either within the existing facility (structure) or to a new facility (structure), the facility shall not open for business at the new location until the board, its duly authorized agent or the Food and Drug Administration has inspected the premises of the new location and approved it and the facility has been in compliance with all state and federal drug laws pertaining to drug distribution. Upon the approval and receipt of a change of location fee, the board shall issue a permit authorizing operation of a facility at the new location and the permit shall bear the same number as the previous license. However, the license remains valid if the facility address changes, but not the location, and an amended license will be issued without charge under these circumstances.

Joint Conclusions of Law

60. Cause exists for Petitioner to take disciplinary action against Respondent's license under § 338.353(1), RSMo (Supp. 2002) which provides:

1. The board of pharmacy is hereby authorized and empowered, when complaints, examinations or inspection of wholesale drug distributor or pharmacy distributor disclose to the board that a wholesale drug distributorship or pharmacy distributorship is not being operated or conducted according to such legal rules and regulations and the laws of Missouri or any other state or the federal government with respect thereto, to cause a complaint to be filed before the administrative hearing commission pursuant to chapter 621, RSMo, charging the holder of a license to operate a drug distributorship or pharmacy wholesale operation constituting grounds for discipline in accordance with section 338.055.

61. Cause exists to discipline Respondent's license as a drug distributor pursuant to the

provisions of § 338.055, RSMo (Supp. 2002) which provides in pertinent part:

2. The board may cause a complaint to be filed with the administrative hearing commission as provided by chapter 621, RSMo, against any holder of any certificate of registration or authority, permit or license required by this chapter or any person who has failed to renew or has surrendered his certificate of registration or authority, permit or license for any one or any combination of the following causes:

* * *

(6) Violation of, or assisting or enabling any person to violate, any provision of this chapter, or of any lawful rule or regulation adopted pursuant to this chapter.

* * *

(12) Failure to display a valid certificate or license if so required by this chapter or any rule promulgated hereunder.

* * *

(15) Violation of the drug laws or rules and regulations of this state, any other state or the federal government.

Joint Agreed Disciplinary Order

Based upon the foregoing, the parties mutually agree and stipulate that the following shall constitute the disciplinary order entered by the Board in this matter under the authority of §621.045.3, RSMo (2000):

1. Respondent's drug distributor license shall be placed on PROBATION for five (5) years pursuant to the provisions of Chapters 338 and 620, RSMo. During the period of

probation, Respondent will be entitled to operate as a drug distributor pursuant to Chapter 338, RSMo provided Respondent adheres to the following terms of probation:

A. Respondent shall report to the Board, on a preprinted form supplied by the Board office, once every six (6) months, beginning six (6) months after this Order/Agreement becomes effective, stating truthfully whether or not it has complied with all terms and conditions of this disciplinary order.

B. Respondent shall pay all required fees for licensing to the Board and shall renew its license prior to October 31 for each licensing year.

C. Respondent shall comply with all provisions of Chapter 338, Chapter 195, and all applicable federal and state drug laws, rules and regulations and with all federal and state criminal laws. "State" here includes the State of Missouri and all other states and territories of the United States.

D. If, after disciplinary sanctions have been imposed, Respondent ceases to keep its Missouri license current, the period of unlicensed status shall not be deemed or taken as any part of the time of discipline so imposed.

E. The parties to this Order/Agreement understand that the Board of Pharmacy will maintain this Order/Agreement as an open record of the Board as provided in Chapters 338, 610 and 620, RSMo.

2. Upon the expiration of said discipline, Respondent's license as a drug distributor in Missouri shall be fully restored if all other requirements of law have been satisfied; provided, however, that in the event the Board determines that the Respondent has violated any term or condition of this Settlement Agreement, the Board may, in its discretion, after an evidentiary

hearing, vacate and set aside the discipline imposed herein and may suspend, revoke, or otherwise lawfully discipline the Respondent.

3. No order shall be entered by the Board pursuant to the preceding paragraph of this Settlement Agreement without notice and an opportunity for hearing before the Board in accordance with the provisions of Chapter 536, RSMo.

4. If the Board determines that Respondent has violated a term or condition of this Settlement Agreement, which violation would also be actionable in a proceeding before the Administrative Hearing Commission or the circuit court, the Board may elect to pursue any lawful remedies or procedures afforded it and is not bound by this Settlement Agreement in its determination of appropriate legal actions concerning that violation. If any alleged violation of this Settlement Agreement occurred during the disciplinary period, the Board may choose to conduct a hearing before it either during the disciplinary period, or as soon thereafter as a hearing can be held to determine whether a violation occurred and, if so, it may impose further discipline. The Board retains jurisdiction to hold a hearing to determine if a violation of this Settlement Agreement has occurred.

5. The terms of this Settlement Agreement are contractual, legally enforceable, binding, and not merely recitals. Except as otherwise contained herein, neither this Settlement Agreement nor any of its provisions may be changed, waived, discharged, or terminated, except by an instrument in writing signed by the party against whom the enforcement of the change, waiver, discharge, or termination is sought.

6. Respondent hereby waives and releases the Board, its members and any of its employees, agents, or attorneys, including any former board members, employees, agents, and

attorneys, of, or from, any liability, claim, actions, causes of action, fees, costs and expenses, and compensation, including, but not limited to, any claims for attorney's fees and expenses, including any claims pursuant to § 536.087, RSMo, or any claim arising under 42 U.S.C. § 1983, which may be based upon, arise out of, or relate to any of the matters raised in this litigation, or from the negotiation or execution of this Settlement Agreement. The parties acknowledge that this paragraph is severable from the remaining portions of this Settlement Agreement in that it survives in perpetuity even in the event that any court of law deems this Settlement Agreement or any portion thereof void or unenforceable.

RESPONDENT, AS EVIDENCED BY THE INITIALS ON THE APPROPRIATE LINE,

<u> </u>	REQUESTS
<u> <i>PA</i> ✓ </u>	DOES NOT REQUEST

THE ADMINISTRATIVE HEARING COMMISSION TO DETERMINE IF THE FACTS SET FORTH HEREIN ARE GROUNDS FOR DISCIPLINING RESPONDENT'S LICENSE TO OPERATE AS A DRUG DISTRIBUTOR.

If Respondent has requested review, Respondent and Board jointly request that the Administrative Hearing Commission determine whether the facts set forth herein are grounds for disciplining Respondent's license and issue findings of fact and conclusions of law stating that the facts agreed to by the parties are grounds for disciplining Respondent's license. Effective the date the Administrative Hearing Commission determines that the Settlement Agreement sets forth cause for disciplining Respondent's license, the agreed upon discipline set forth herein shall go into effect.

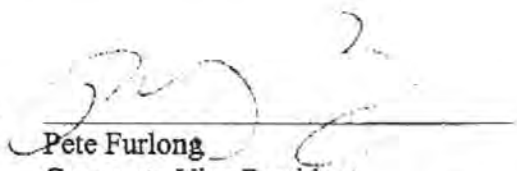
If Respondent has not requested review by the Administrative Hearing Commission, the

Settlement agreement goes into effect 15 days after the document is signed by the Board's Executive Director.

RESPONDENT

MEDLINE INDUSTRIES, INC.

By:


Pete Furlong
Corporate Vice President
Quality Assurance/Regulatory Affairs

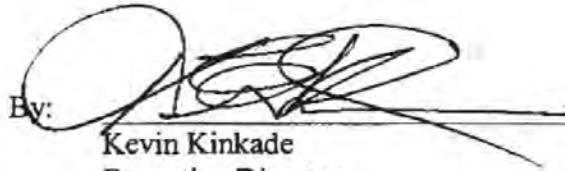
Date:

July 1, 2005

PETITIONER

MISSOURI BOARD OF
PHARMACY

By:


Kevin Kinkade
Executive Director

Date:

7-19-05

HUSCH & EPPENBERGER, LLC

By:


Harvey M. Tettebaum
235 East High Street
P.O. Box 1251
Jefferson City, MO 65102-1251
Telephone: 573/635-9118
Fax: 573/634-7854

Attorneys for Medline Industries, Inc.

NEWMAN, COMLEY & RUTH
P.C.

By:


Robert K. Angstead #37795
601 Monroe, Suite 301
P.O. Box 537
Jefferson City, MO 65102-0537
Telephone: 573/634-2266
Fax: 573/636-3306

Attorneys for Missouri Board of
Pharmacy

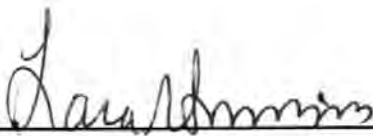
Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement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

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

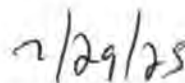
Date of Event/Arrest 12/07/2006	Disposition Date	State GA	City Lithia Springs	County Douglas
Case # N/A	Governing, licensing, Arresting Presiding Body/Agency/Court			
Reason/Charge Medline's Florida Certified Designated Representative at our Georgia facility resigned unexpectedly.				
Plaintiff/Defendant/Claimant/Respondent State of FL Dept. of Health			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity Medline Industries, Inc.				

Provide explanation below:

The State of Florida suspended Medline's Florida Out of State Rx Drug Wholesale Distributor Permit (#23:1470) until a new licensed Designated Representative was hired at the facility.



Original Signature (electronic, copies or stamps not accepted)



Date



Medline Industries, Inc.

One Medline Place
Mundelein, Illinois 60060-44861.800.950.0128
Fax 1.847.949.2643

Corporate Quality Assurance/Regulatory Affairs

December 11, 2006

Ms. Rebecca R. Poston, R.Ph.
Executive Director
Drugs, Devices & Cosmetics Program
Florida Department of Health
4052 Bald Cypress Way
Tallahassee, FL 32399

RE: Prescription Drug Wholesaler Permit No. 23:01470

Dear Ms. Poston,

We have received the communication regarding the suspension of Prescription Drug Wholesaler Permit N. 23:01470. Pursuant to our communication with Rebecca Burnett on November 28, we have blocked applicable shipments from this location into Florida and they are being supplied by a properly permitted facility.

We are in the process of qualifying a replacement designated representative for this location. We hope to have this completed within the next 60 days.

Please note that Mr. Andy Stolarski is retiring and should no longer be listed as a contact for this location. Please direct any questions regarding this facility to

Ms. Lara Simmons
Corporate Director, Regulatory Affairs
One Medline Place
Mundelein, IL 60060
Phone: 847.837.2759
Fax: 847.837.2787
Email: L.Simmons@Medline.com.

Sincerely,

Lara N. Simmons
Corporate Director, Regulatory Affairs



Dynacore Division
ISO 9001
QUAL 1998/103873
EN 46001
MED 2001 47065



MedSonic Division
ISO 9001
QUAL 1998/103873
EN 46001
MED 2001 47065



QMI
Pharmaceutical Division
QUAL 1998/103873
EN 46001
MED 2001 47065



CERTIFIED MAIL/RETURN RECEIPT REQUESTED

December 7, 2006

Andrew Stolarski
Vice President of Operations
Medline Industries, Inc.
9101 Riverside Parkway
Lithia Springs, GA 30122

RE: Prescription Drug Wholesaler Permit No. 23:01470

Dear Mr. Stolarski:

This letter serves as notification that the department intends to suspend permit no. 23:01470 issued to Medline Industries, Inc. as an Out of State Prescription Drug Wholesaler based upon the following facts, grounds and considerations:

Section 499.067(1)(a), Florida Statutes (F.S.), authorizes the department to deny, suspend, or revoke a permit if it finds that there has been substantial failure to comply with § 499.001-499.081, F.S., or Chapter 465, Chapter 501, or Chapter 893, the rules adopted under any of those sections or chapters, any final order of the department, or applicable federal laws or regulations or other state laws or rules governing drugs, devices, or cosmetics. The department may also suspend a permit if the applicant has not met the requirements for the permit.

Pursuant to s. 499.012(11)(a), F.S., each establishment that is issued an initial or renewal permit as a prescription drug wholesaler or an out-of-state prescription drug wholesaler must designate in writing to the department at least one natural person to serve as the designated representative of the wholesaler. Such person must have an active certification as a designated representative from the department and must also meet the requirements of Section 499.012 (11) (d) F.S.

Pursuant to s. 499.012(11)(f), F.S., a wholesale distributor may not operate under a prescription drug wholesaler permit or an out-of-state prescription drug wholesaler permit for more than 10 business days after the designated representative leaves the employ of the wholesale distributor, unless the wholesale distributor employs another designated representative and notifies the department within 10 business days of the identity of the new designated representative. Mr. David L. Magruder, the designated representative identified for permit no. 23:01470 has resigned his position. We have not received a "Notification of Designated Representative" form identifying a certified individual to replace him. As a result Medline Industries, Inc. does not have a designated representative as required by s. 499.012(11), F.S.

Pursuant to s. 499.012(11)(b)4., F.S., to be certified as a designated representative, a person must receive a passing score of at least 75 percent on an examination given by the department regarding federal laws governing distribution of prescription drugs and ss. 499.001-499.081 and the rules adopted by the department governing the wholesale distribution of prescription drugs.

Accordingly, and pursuant to the above referenced facts and law, the department hereby intends to suspend permit no. 23:01470 issued to Medline Industries, Inc. as an Out of State Prescription Drug Wholesaler because you have not complied with s. 499.012(11)(f), F.S. and otherwise do not have a designated certified representative on file with the Department that meets the requirements of Section 499.012 (11) F.S. which is a substantial failure to comply with ss. 499.001 – 499.081, F.S. and is a failure to meet the requirements for the permit, for which the suspension is authorized pursuant to Sections 499.067 (1) (a); 499.067 (1) (b) 2. F.S.

Therefore, the department concludes that Medline Industries, Inc. no longer meets the requirements to continue to operate as an Out of State Prescription Drug Wholesaler in Florida and the permit will be suspended until you have designated in writing to the department a person with an active certification to serve as a designated representative who meets the requirements of Section 499.012 (11) F.S.

NOTICE OF RIGHTS TO HEARING AND APPEAL

You have the right to request an administrative hearing pursuant to sections 120.569 and 120.57, F.S., if you wish to challenge the intended agency action to suspend your permit. Such proceedings are governed by sections 120.569 and 120.57, F.S., and Rules 28-106 and 28-107, Florida Administrative Code. Request for a hearing, formal or informal, must comply with Rule 28-107.004, Florida Administrative Code.

You have the right to be represented by counsel or other qualified representative, at your expense; to present evidence and argument; to call and cross-examine witnesses; and to have subpoena and subpoena duces tecum issued on your behalf if a hearing is requested.

A petition for administrative hearing must be in writing and must be received by the Agency Clerk for the Department, within twenty-one (21) days from the receipt of this complaint. The address of the Agency Clerk is 4052 Bald Cypress Way, BIN # A02, Tallahassee FL 32399-1703. The Agency Clerk's facsimile number is 850-410-1448.

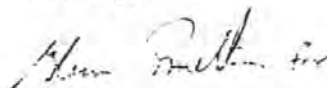
Mediation is not available as an alternative remedy.

Your failure to submit a petition for hearing within 21 days from receipt of this complaint will constitute a waiver of your right to an administrative hearing, under Florida Administrative Code Rule 28-106.111 and this complaint shall become a "final order".

December 7, 2006

Should this correspondence become a final order, a party who is adversely affected by it is entitled to judicial review pursuant to s 120.68, F.S. Review proceedings are governed by the Florida Rules of Appellate Procedure. Such proceedings may be commenced by filing one copy of a Notice of Appeal with the Agency Clerk of the Department of Health and a second copy, accompanied by the filing fees required by law, with the Court of Appeal in the appropriate District Court. The notice must be filed within 30 days of rendition of the final order.

Sincerely,



Rebecca R. Poston, R.Ph.
Executive Director
Drugs, Devices, & Cosmetics Program

RP/rb

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*:

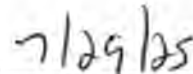
Date of Event/Arrest 02/08/2008	Disposition Date	State FL	City Gainesville	County Alachua
Case # 2007-37412	Governing, licensing, Arresting Presiding Body/Agency/Court			
Reason/Charge Medline Industries' FL license (#22:1022) was suspended for violations identified during a Florida BoP facility inspection.				
Plaintiff/Defendant/Claimant/Respondent State of FL Dept. of Health			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity Medline Industries, Inc.				

Provide explanation below:

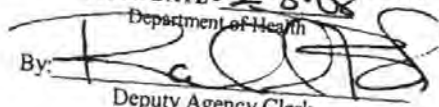
Medline, through Counsel, addressed the issues raised in the inspection and established that the suspension was unjustified. The suspension was lifted 3 days later on January 22, 2008 (Case #2007-37412). In 2010, Medline made an unrelated business decision to close this facility.



Original Signature (electronic, copies or stamps not accepted)



Date

Final Order No. DOH-08-0203-⁵-MOA
FILED DATE - 2-8-08
Department of Health
By: 
Deputy Agency Clerk

STATE OF FLORIDA
DEPARTMENT OF HEALTH

DEPARTMENT OF HEALTH,

Petitioner,

Case No.: 2007-37412

vs.

MEDLINE INDUSTRIES, INC.,

Respondent.

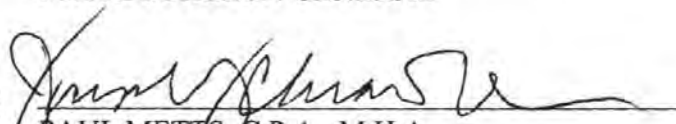
FINAL ORDER

In this matter, the Florida Department of Health is proceeding under the Florida Drug and Cosmetics Act, Chapter 499, Florida Statutes. The Parties request a final order adopting their settlement agreement.

Being fully advised, the Parties' request is granted. On or about February 8, 2008, the Parties fully executed their "Settlement Agreement for Final Order", which is incorporated by reference. The "Settlement Agreement for Final Order" is approved, and the parties are directed to comply with it.

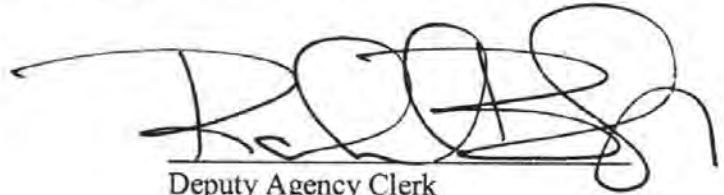
DONE and ORDERED this 8th day of February 2008, in Tallahassee, Leon County, Florida.

ANA M. VIAMONTE ROS, M.D., M.P.H.
STATE SURGEON GENERAL

By: 
for PAUL METTIS, C.P.A., M.H.A.
DEPUTY SECRETARY

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that a true and correct copy of the foregoing Final Order has been furnished via U.S. Mail, or fax delivery to: Edwin Bayo, Esq., Attorney for MEDLINE INDUSTRIES, INC., at Metzger, Grossman, Furlow & Bayo, L.L.C , 1408 North Piedmont Way, Tallahassee, Florida 32308, 850.385.4240 (facsimile) and via interoffice mail to Lynne A. Quimby-Pennock, Assistant General Counsel, Department of Health, 4052 Bald Cypress Way, Bin #C-65, Tallahassee, Florida 32399-3265 this 8 day of February 2008.

A handwritten signature in black ink, appearing to read 'J. ROSS', is written over a horizontal line.

Deputy Agency Clerk
Department of Health
4052 Bald Cypress Way, Bin C-01
Tallahassee, Fl. 32399-3251

2007
10-20-07

DELEGATION OF AUTHORITY
to
Deputy Secretaries and Chief of Staff

A. In accordance with the authority created in Sections 20.05(1)(a) and (b) and 20.43, Florida Statutes and vested in me as State Surgeon General for the Department of Health, the following authority is delegated:

1. Take all actions required for the effective direction and administration of the Department of Health in accordance with applicable Florida Statutes (F.S.), Florida Administrative Code (F.A.C.), and department policies.
2. In the absence of the State Surgeon General, each deputy is delegated authority to sign as the agency head or represent the State Surgeon General at any meetings within their respective areas, unless there is a specific delegation of authority.
3. In the absence of a deputy, the other deputies are delegated the authority to take all actions required for the effective administration and operation of that respective area, unless there is a specific delegation of authority.
4. Act as a hearing officer in proceedings required by Section 120.54(3)(c), F.S., (Hearings) and to enter any order in connection therewith.
5. Enter final orders in proceedings under Section 120.57, F.S. (Additional Procedures Applicable to Hearings).
6. Authorize policies and procedures within your respective areas; however, all department-wide policy and procedure changes that affect or have an impact on other areas such as statewide computer systems, standard audit practices, and workload for the Division of Administration, shall be coordinated with the appropriate division director. **The State Surgeon General approves and signs all department policies.**
7. Approve contracts (revenue and expenditure) and purchase orders \$1 million or more. This authority may not be redelegated. **Exception: Fixed Capital Outlay contracts, change orders and additional FCO services authorizations are delegated to the Director of Administration, who may only redelegate to the Chief of General Services or Administrator of Design and Construction.**
8. Approve all grant applications and carryover requests greater than \$250,000. Bureau of Revenue Management approval required for Central Office grant applications prior to submission to the awarding agency.
9. Approve the hiring of Senior Management Service and Selected Exempt Service employees at a bureau chief level or higher pursuant to Chapter 60L-33, F.A.C., and department policy.
10. Grant Career Service employees salary additives in excess of 10% in accordance with Rule 60L-32.0011, F.A.C., and department policy.
11. Grant employees an increase to base rate of pay in excess of 10% in accordance with Rule 60L-32.0011, F.A.C., and department policy.

12. Approve appointments of employees previously dismissed from the department or other state agency. Approve appointments of employees who resigned from the department or other state agency while under investigation; or pursuant to a settlement agreement; or in lieu of dismissal.

13. Approve exemptions under Section 435.07, F.S., for persons disqualified from employment under Section 435.04, F.S.

14. Issue decisions on collective bargaining grievances at Step 2, in accordance with the Florida Statutes, department policy, and the applicable collective bargaining agreement.

15. Authorize and approve out-of-state travel.

16. Approve Emergency Suspension Orders and Emergency Restriction Orders during the absence of the State Surgeon General.

17. Approve core contracts under Chapter 154, F.S., with the local Board of County Commissioners.

B. Exceptions to this authority, which require the approval of the State Surgeon General are:

1. All changes to organization structure, functions, and programs involving the moving of positions or units between budget entities and divisions, or any action requiring the Department of Management Services and the Governor's Office of Policy and Budget approval.

2. Appointment or dismissal of county health department directors/administrators, children's medical services medical directors, division directors, or office directors.

C. This authority may be modified for specified periods of time as desired by the State Surgeon General.

D. These delegations may not be redelegated without the approval of the State Surgeon General.

8/6/07
Effective Date

Ana M. Viamonte Ros
Ana M. Viamonte Ros, M.D., M.P.H.
State Surgeon General
Department of Health

**STATE OF FLORIDA
FLORIDA DEPARTMENT OF HEALTH
Medline Industries, Inc.
Case #2007-37412**

SETTLEMENT AGREEMENT FOR FINAL ORDER

IT IS AGREED and STIPULATED by and between the State of Florida, Department of Health and MEDLINE INDUSTRIES, INC., that:

1. The Department of Health, through its Division of Medical Quality Assurance, Drugs, Devices and Cosmetics Program, (referred to as "the Department", 4052 Bald Cypress Way, Bin C-04, Tallahassee, Florida 32399 is responsible for, among other duties, under the Florida Drug and Cosmetic Act, Chapter 499, Florida Statutes (the Act) and the rules adopted there under, Rule 64F12 Florida Administrative Code, the regulation and permitting of prescription drug manufacturing and wholesaling within and into Florida.

2. The Department has investigated MEDLINE INDUSTRIES, INC., (referred to as "Medline") which holds a prescription drug wholesale permit, permit number 22:1022, located at 2708 NE Waldo Road, Gainesville, Florida 32609-3323.

3. The Department investigated Medline during the week of November 26, 2007, and found Medline to be operating in violation of Chapter 499, Florida Statutes (F.S.). The specific violations alleged include:

a. s. 499.005(1), & (4) F.S., and 499.069(1), F.S. in violation of s. 499.0121(1) F.S., and Rule 64F-12.014(4) Florida Administrative Code (F.A.C.) - holding or offering for sale any drug, device or cosmetic that is adulterated or

misbranded or has otherwise been rendered unfit for human or animal use. Establishment to be maintained in a clean and orderly manner to prevent the product from becoming contaminated with filth or injurious to health. (The surplus warehouse was unclean with spiders, spider webs, dead insect bodies, bird feces/droppings and feathers therein.)

b. ss. 499.005(1) & (4), F.S., in accordance to s. 499.006(9), F.S., holding for sale adulterated medical devices on its inventory shelves through a failure to quarantine outdated medical devices.

c. ss. 499.005(4), 499.0121, F.S. & Rules 64F-12.013, & 64F-12.015(7)(a) F.A.C., - Improper Prescription drug storage, lack of climate control.

d. s. 499.0121(3), F.S. – Failure to notify the Department of all prescription drug sources.

e. s. 499.005(14), F.S. – Receiving prescription drugs from an unauthorized source.

f. ss. 499.005(18), 499.0121(6), F.S., and Rules 64F-12.012(5), 64F12.001(2), and 64F-12.012(3)(a), F.A.C., – failure to have pedigrees readily available for inspection.

g. s. 499.0121(7), F.S., inadequate SOP (standard operating procedures) or P&P (policy and procedures), or failing to follow them.

h. s. 499.005(24), F.S., distribution of legend devices to the ultimate user without a prescription or order from practitioner.

i. s. 499.005(4), F.S., in violation of s. 499.0121(2), F.S.,- unrestricted access to prescription drugs in that prescription drugs, devices and/or cosmetics are left on a loading dock for pick-up/delivery, but the area does not have restricted access.

4. On or about November 27 and/or 28, 2007, seizure orders were placed on numerous items in Medline's surplus warehouse and one pallet of product within the climate-controlled warehouse.

5. On January 22, 2008, an Order of Emergency Restriction of Permit was issued by State Surgeon General, Ana M. Viamonte Ros, M.D., M.P.H., restricting the specific use of the facility.

6. A Final Order in this case will incorporate the following agreed upon terms and conditions:

a. All items under the seizure order that contain prescription drug products shall be destroyed at Medline's expense at a Florida Chapter 499, F.S., permitted facility; all other seized items shall be destroyed by Medline at Medline's expense. Within ten (10) days of the destruction, Medline shall submit documentation detailing the destruction of said items to the Compliance Officer of the Florida Drug, Device and Cosmetic Program, at 4042 Bald Cypress Way, MQA/HSE, Tallahassee, Florida 32399.

b. All products remaining at Medline's facility that were received from J & L Medical, Inc., located at 784 Old Checker Ct.,

Buffalo Grove, Illinois, between June 2007 through November 27, 2007, shall be destroyed at Medline's expense at a Florida Chapter 499, F.S., permitted facility, or if the products do not contain prescription drugs shall be destroyed by Medline at Medline's expense. Within ten (10) days of the destruction, Medline shall submit documentation detailing the destruction to the Compliance Officer of the Florida Drug, Device and Cosmetic Program, at 4042 Bald Cypress Way, MQA/HSE, Tallahassee, Florida 32399.

c. Medline shall pay a fine of FIFTY THOUSAND DOLLARS (\$50,000.00) to the Florida Drug, Device and Cosmetic Trust Fund. Said payment shall be by certified check, cashier check or money, and shall accompany this executed Settlement Agreement. Said check shall be made payable to the Florida Drug, Device and Cosmetic Trust Fund.

d. The Order of Emergency Restriction, entered by the Department on January 22, 2008, shall be lifted upon the filing of the Final Order adopting and accepting the terms of this Settlement Agreement.

e. Medline shall undergo quarterly inspections by the Department at Medline's expense for one (1) year from the issuance of the Final Order, to ensure proper compliance with Chapter 499, Florida Statutes and the rules thereto. The Department shall provide an invoice for the inspection that shall be paid within thirty (30) days of receipt by Medline. Said payment shall be sent to the Compliance Officer of the

Florida Drug, Device and Cosmetic Program, at 4042 Bald Cypress Way, MQA/HSE, Tallahassee, Florida 32399. The Department retains the authority to enter the permitted facility/warehouse at any time to conduct inspections/investigations as authorized by Florida law.

f. Medline shall conduct a training program, within thirty (30) days of the execution of this Settlement Agreement For Final Order, for its facility employees educating the employees on the requirements of Chapter 499, Florida Statutes and the applicable rules. Within ten (10) days of the training, Medline shall submit documentation detailing the training to the Compliance Officer of the Florida Drug, Device and Cosmetic Program, at 4042 Bald Cypress Way, MQA/HSE, Tallahassee, Florida 32399.

g. Medline shall comply with all applicable Federal and state law and rules, including but not limited to Chapter 499 Florida Statutes, and its applicable rules. Medline shall comply with all pedigree and audit trail requirements for all prescription drugs purchased, held and /or distributed by Medline, including the authentication of any prescription drugs received. Medline shall ensure that any automated pedigree system employed, shall satisfy the requirements of Chapter 499, F.S. and the applicable rules thereto.

h. Medline shall maintain its facility in a clean, orderly and pest/bird free environment.

7. By execution of this Settlement Agreement For Final Order and by the filing of the subsequent Final Order in this cause, the Department and Medline intend to and do resolve all issues pertaining to the above referenced investigation.

8. Medline neither admits nor denies the violations allege in the inspection/investigation reports generated by the Department's investigators in this cause.

9. Upon entry of the Final Order adopting this Agreement, the Department will not seek further disciplinary action against Medline based on any of the alleged violations described in the above listed case number. However, if there are future violations of Chapter 499, F.S., or the rules adopted thereto, the above listed case will be considered aggravating circumstances and will be construed as previous violations for purposes of assessing the amount of the fine to be levied pursuant to section 499.066(3)(c), F.S.

10. Medline voluntarily enters into this Settlement Agreement for Final Order and waives the right to a hearing in this matter and all further proceedings to which it may be entitled by law or administrative rules. Medline hereby knowingly and voluntarily waives all right to challenge or to contest this Settlement Agreement or the Final Order issued by the Department in any forum now or in the future available to them, including the right to any administrative proceeding,

circuit or federal court action, or any appeal. Both parties agree not to appeal this Settlement Agreement or the Final Order to be issued in this matter.

11. The signatories hereto represent that they have read this Agreement and are authorized to execute it on behalf of their respective principals and as duly designated representatives, to fully bind such principals, as well as the Parties successors and assigns. The terms of this Agreement are effective on the date of the last signature below. The original will be filed with a Final Order with the Department Clerk. Each signer will receive a copy of this Agreement.

12. This document is a public record and contains information that is routinely published by the Department. Upon the filing of this Agreement and entry of a Final Order by the Department the existence of the above reference case number and all matters therein are no longer confidential and exempt from public disclosure. All documents or records created or submitted for compliance issues shall be a public record when filed with the Department.

13. Each party to this proceeding shall bear its own costs and attorney fees.

14. The absences of a prohibition specifically listed in this Agreement shall not be construed as permission to engage in any activity that otherwise is in violation of section 499.001-499.081, Florida Statutes, or the rules promulgated thereunder.

15. Upon the filing of this Settlement Agreement for Final Order, the parties, as well as any person who may claim by or through them, hereby waive,

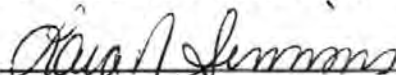
release and discharge the other, and any of their employees, attorneys, agents or representatives from all claims arising out of any act or omission related to the investigation and settlement of this matter. This release applies to any and all claims of any kind, whether known or unknowns and whether direct, indirect or derivative.

16. Upon execution of this Agreement the State Surgeon General or her designee will issue a Final Order incorporating the terms hereof.

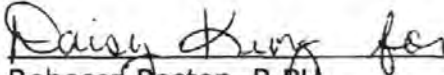
17. The parties agree that should any legal dispute arise concerning enforcing the terms of this Agreement, venue shall be in Leon County, Florida and this Agreement shall be interpreted in accordance with applicable Florida law.

WHEREFORE the Parties request a final order adopting this Agreement as final agency action.

For: Medline Industries, Inc.,

 February 7 2008
Lara N. Simmons
Corporate VP for QA and RA
Authorized Representative, Medline Industries, Inc.,

For the Department of Health - Drug, Device and Cosmetic Program
4052 Bald Cypress Way,
Tallahassee, Florida 32399, 850.245.4031 , 850.245.4682 Fax

 February 8 2008
Rebecca Boston, R.Ph.
Executive Director
Florida Drug, Device & Cosmetic Program
Department of Health

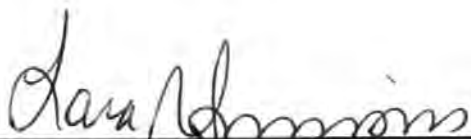
Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement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

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

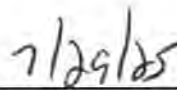
Date of Event/Arrest 03/05/2008	Disposition Date	State LA	City Covington	County St. Tammany Parish
Case # 2008006	Governing, licensing, Arresting Presiding Body/Agency/Court			
Reason/Charge Medline Industries' license #4318 was cited for failure to properly maintain copies of current customer licenses on site.				
Plaintiff/Defendant/Claimant/Respondent Louisiana Board of Wholesale Drug Distributors			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity Medline Industries, Inc.				

Provide explanation below:

Medline was assessed and paid a fine.



Original Signature (electronic, copies or stamps not accepted)



Date

LOUISIANA BOARD OF
WHOLESALE DRUG DISTRIBUTORS

MEDLINE INDUSTRIES, INC.
Covington, LA

LICENSE NO. 4318

CONSENT ORDER

ADMINISTRATIVE CASE
NO. 2008006

In review of evidence presented to the Louisiana Board of Wholesale Drug Distributors (the "Board") addressing specific violation(s) of the Louisiana Revised Statutes and Louisiana Administrative Codes for Wholesale Drug Distributors by MEDLINE INDUSTRIES, INC., Covington LA facility (the "Respondent", "Licensee"), acting herein by its authorized agent, to-wit: "Copies of current licenses for customers who are authorized by law or regulation to procure or possess drugs or devices shall be maintained for all customers that are shipped or sold drugs or devices. If customer licenses are maintained off site, a list of customer names, addresses, licenses numbers, and license expiration dates shall be maintained for all customers that are shipped or sold drugs or devices.", La. R.S. Title 37, Chapter 54, Section 3467, and LAC Title 46, Part XCI, Section 311.D and "violating provisions of the Louisiana Revised Statutes and Louisiana Administrative Codes for Wholesale Drug Distributors", La. R.S. Title 37, Chapter 54, Section 3474.1 and LAC Title 46, Part XCI, Section 101.

Upon consideration of the evidence presented to the Board, this Consent Order is voluntarily entered into by and between Respondent and the Board. Respondent acting through its authorized agent, hereby waives formal Notice of and its attendance at the Evidentiary Hearing for presentation of the Consent Order to the Board. However, as a condition precedent to submission of the proposed Consent Order to the Board, Respondent hereby acknowledges and understands that information may be presented to the Board with regards to the details of the case for the Board to understand the circumstances. It is further acknowledged and understood by Respondent that in the event the Board is not agreeable to enter into the proposed Consent Order and an Administrative Hearing is ultimately conducted, the Board which will be presiding over the case will possibly have heard information which may later be submitted at the scheduled hearing. If such hearing occurs, Respondent waives any right that it may have to recuse or remove any or all members of the Board for the purposes of an Administrative Hearing in the event the proposed Consent Order is not accepted by the Board, or if Respondent withdraws his consent to the proposed Consent Order prior to its final approval by the Board. Furthermore, Respondent has had the opportunity to, or has in fact consulted with, legal counsel with regards to the Consent Order and the waivers contained herein.

FINDINGS OF FACTS

1. Respondent possesses Louisiana License No. 4318 issued by the Board to wholesale distribute legend drugs and devices in the State of Louisiana. Such license was in effect on 3/5/2008 through the date of the evidentiary hearing in this matter.

2. Pursuant to LAC 46:XCI.311.D, a licensee is required to maintain copies of current licenses for customer who are authorized by law or regulation to procure or possess legend drugs or devices for all customers that are shipped or sold legend drugs or devices; if these license copies are maintained off site, a list of customers with customer names, addresses, license number, and license expiration dates shall be maintained on site for all customers shipped or sold legend drugs or devices.
3. On 3/5/2008, an inspection was conducted by the Board's representative which revealed that copies of customer licenses were not at the Covington LA facility. A verbal request to provide a customer listing which should be maintained at the Covington LA facility was made. The customer license list was not available.
4. Information was thereafter submitted by Respondent to the Board's inspector as per the inspector's request. In review of a customer listing ("Pedigree List") as provided by the Respondent, the inspector requested copies of customer licenses for 15 of the customers listed. Verbal explanation was given was that customer licenses are verified and the customer is entered electronically into the system as an authorized recipient but that no hard copy of the customer license is being maintained.
5. Respondent's conduct in failing to maintain customer license documents and/or a customer listing at the Covington LA site is in violation of the Louisiana Revised Statutes and Louisiana Administrative Codes for Wholesale Drug Distributors, specifically LAC 46:XCI.311.D.
6. Disciplinary sanctions and/or fines are applicable against Respondent in accordance with the Louisiana Revised Statutes and Louisiana Administrative Codes for Wholesale Drug Distributors.

CONCLUSIONS OF LAW

1. It is unlawful for Respondent, as a licensee to wholesale distribute legend drugs and devices, to not maintain current customer license documents and/or a current customer listing on-site. LAC 46:XCI.311.D.
2. It is unlawful for Respondent, as a licensee to wholesale distribute legend drugs and devices, to violate any of the provisions of the Louisiana Revised Statutes and Louisiana Administrative Codes for Wholesale Drug Distributors. La. R.S. 37:3474.1 and LAC 46:XCI.101
3. Respondent's violations of the provisions of the Louisiana Revised Statutes and Louisiana Administrative Codes for Wholesale Drug Distributors constitute lawful grounds for the Louisiana Board of Wholesale Drug Distributors, upon due notice of hearing and proof of such violations, to assess a fine, revoke, suspend, or otherwise discipline Respondent's license as provided by law. La. R.S. 37:3474.1 and LAC 46:XCI.701 et seq.

DECISION

4. Respondent is hereby assessed a fine in the amount of \$2,000 for its failure to properly maintain copies of current licenses for customers shipped or sold legend drugs or devices and/or a customer listing on site. Said fine to be paid on the effective date of

this Consent Order. No practice restrictions are placed on Respondent's license issued by the Board.

5. The existence and terms of this Consent Order will not be confidential or privileged information in accordance with the laws regarding public records.
6. Respondent hereby releases the Board, its representative, and attorney from any obligations or liability in their endeavors to administer this Consent Order.
7. The effective date of this Consent Order shall be such date it is accepted by the Board.
8. Respondent, through its authorized agent, declares that, before signing this Consent Order, it has carefully read this document, and it knows and understands the contents thereof, it signs it as an act of its own free will, it understands its meaning and effect, it has been given the opportunity to consult with an attorney, it voluntarily waives all rights to formal notice and a formal public hearing, as well as its appearance at the proceedings, and it consents to this Consent Order.

THIS DONE AND PASSED, on the 1 date of May, 2008, at the City of Metairie, Parish/County of Iberville, Louisiana/Illinois, in the presence of the two undersigned competent witnesses, who hereunto sign their names with Appearer and me, Notary, after due reading of the whole.

WITNESSES

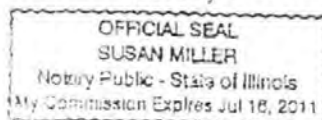
Bruce Klump
Debra Klump

MEDLINE INDUSTRIES, INC.
Covington LA

Paul Klump
Signature of Authorized Agent

Lara R. Simmons
Print Name of Authorized Agent

Susan Miller
Notary Public





LOUISIANA BOARD OF WHOLESALE DRUG DISTRIBUTORS

12046 Justice Avenue, Suite C
Baton Rouge, LA 70816
(225) 295-8567 Fax (225) 295-8568 lsbwdd@bellsouth.net www.lsbwdd.org

April 28, 2008

Lara N. Simmons, VP-QA/RA
MEDLINE INDUSTRIES, INC.
One Medline Place
Mundelein, IL 60060

RE: Louisiana License No. 4318
Administrative Docket No. 2008006

CERTIFIED MAIL
No. 1009 3020 ECCC 1431 0031
Return Receipt Requested

Dear Lara Simmons:

As you may recall, the Board is mandated by law to license and regulate the wholesale distribution of legend drugs and devices in Louisiana in accordance with the Louisiana Revised Statutes and Louisiana Administrative Codes for wholesale drug distributors. This letter will acknowledge receipt of your response dated 4/3/2008. This letter is also intended to respond to any inquiries you may have regarding the deficiencies found during the inspection which occurred on 3/5/2008 at MEDLINE INDUSTRIES, INC.'s Covington LA distribution facility.

Pursuant to the Louisiana Revised Statutes and Louisiana Administrative Codes, specifically LAC 46:XCL311.D, a licensee should maintain copies of current licenses which authorizes a customer to procure and possess legend drugs and devices. If these customer licenses are maintained off-site, a list of customers including customer names, addresses, license number, and the license expiration dates shall be maintained for all customers that are shipped or sold drugs or devices.

On 3/5/2008, the Board's inspector discovered that copies of customer licenses which authorize the customer to procure and possess legend drugs/devices or a listing of customers' license information were not being maintained at the Covington LA facility.

A verbal request was made by the inspector of a customer list which should have been maintained at the Covington LA facility. After receiving and reviewing a copy of the customer list, as referred to by Medline as their "Pedigree List", the inspector requested copies of 30 customer licenses from the listing. Of the requested customer license copies, the inspector found that 70% of the licenses requested were either not acceptable licenses or were not available.

It is evident that MEDLINE INDUSTRIES, INC. was in violation of LAC 46:XCL311.D at the time of the inspection on 3/5/2008. The Louisiana Revised Statutes and Louisiana Administrative Codes for wholesale drug distributors, more particularly LA RS 37:3474.1, provides that, after due notice and hearing, MEDLINE INDUSTRIES, INC.'s license may be sanctioned and/or it may be assessed a fine for its actions or omissions. Fines alone may include an assessment of \$1,000 per violation

Bob Brondino Chairman	William Crates Vice-Chairman	Randall Brooks Secretary/Treasurer	John Liggio Executive Director/Inspector
Darshel Paul Board Member	Avery Villiger Board Member	Wayne Greenhill Board Member	Eric Vidrine Board Member
			Kimberly D. Barden Executive Assistant

per day. It is the Board's objective to regulate the industry by correcting behavior. Such is accomplished by imposing sanctions for wrongful conduct.

It is hoped that the above detailed violation(s) as corrected will not occur in the future. Therefore, in an effort to amicably resolve the issues regarding the violation(s) which did occur, I, as the Board's appointed investigating/compliance officer, extend an offer to you which would impose a total fine of \$2,000. This proposed sanction does not impose any restrictions on MEDLINE INDUSTRIES, INC.'s license.

If MEDLINE INDUSTRIES, INC. is agreeable to these terms, I have enclosed a Consent Order for your review and execution. Please have an authorized representative for your company sign the Consent Order in front of a Notary and two witnesses. Return the original, executed Consent Order along with a check made to the Louisiana Board of Wholesale Drug Distributors in the amount of the \$2,000 fine to the Board's office within fifteen (15) days of receipt of this letter. You and/or a company representative will not be required to attend the evidentiary hearing at which the executed Consent Order will be presented to the full Board for acceptance, however, you and/or another representative are welcome to attend.

In the event MEDLINE INDUSTRIES, INC. is not agreeable to this amicable resolution and wishes to contest the investigative findings in a hearing before the full Board, it has the right to do so. If such occurs, the current offer being proposed in this letter will no longer be viable.

We would like to bring this matter to disposition either by this amicable resolution or the pursuit of a formal hearing against MEDLINE INDUSTRIES, INC. before the Board at the next scheduled Board meeting. To do so, either way, we will need to prepare the necessary paperwork with all resolution documents. Again, please respond to this offer either by returning the executed Consent Order and fine payment or by written request for an administrative hearing. If your response is not received at the Board office within fifteen (15) days of receipt of this letter, the Board will begin steps towards the formal hearing with the issuance of subpoenas for witnesses and records.

We wish to keep an open line of communication with you. Please contact the Board office in the event you have any questions. Thank you for your cooperation in this matter.

Respectfully



Wayne Gremillion
Board Member/Compliance Officer

kkb

Encl: Consent Order

File

CC: J. Gregg, T. Stoecker, Covington LA

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.

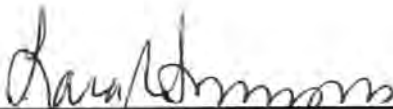
This is in response to Question # 3. Provide all the following where applicable:

Date of Event/Arrest 09/29/2008	Disposition Date	State FL	City Orlando / Oldsmar / Clearwater	County Orange / Pinellas / Pinellas
Case # Multiple, See Below	Governing, Licensing, Arresting Presiding Body/Agency/Court			
Reason/Charge Multiple, See Below				
Plaintiff/Defendant/Claimant/Respondent State of FL Dept. of Health			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity Medline Industries, Inc.				

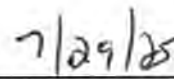
Provide explanation below:

Case #2007-11789; #2007-36555; #2007-38894; #2007-38895; #2007-38896; #2007-39073; #2008-02011 and #2008-11215. Medline Industries was cited for several violations including; failure to pass and maintain a pedigree that met Florida's specific requirements; having the wrong type of permit for activities being performed (in addition to the manufacturing permit that we had, Florida required that we also have a repacker permit); distribution of saline to an unauthorized recipient; and an Rx drug item was found at an unlicensed raw materials storage facility.

Several of the violations were challenged and reduced substantially or removed during the settlement process. Medline was assessed and paid a fine for these violations. All issues were addressed and resolved to the satisfaction of the FL DoH. Medline made an unrelated business decision to close the Oldsmar, FL and Clearwater, FL facilities.



Original Signature (electronic, copies or stamps not accepted)



Date

Final Order No. DOH-08-2129-³-MOA
FILED DATE - 9-19-08
Department of Health
By: [Signature]
Deputy Agency Clerk

STATE OF FLORIDA
DEPARTMENT OF HEALTH

DEPARTMENT OF HEALTH,

Petitioner,

Case No.: 2007-11783; 2007-36555;
2007-38894; 2007-38895;
2007-38896; 2007-39073;
2008-02011; 2008-11215

vs.

MEDLINE, INDUSTRIES, INC.,

Respondent.

FINAL ORDER

A Notice of Violation letter was sent to the Respondent by the Department on May 14, 2008. Having received an Offer of Settlement, which is attached hereto as Exhibit A, this matter is before the Department of Health for the entry of a final order.

The Offer of Settlement was executed on or about September 19, 2008 and submitted together with the payment.

The Offer of Settlement is accepted and incorporated by reference. The parties are directed to comply with the terms of the Agreement.

It is, therefore, ORDERED that this matter and proceeding be CLOSED.

DONE and ORDERED this 26 day of September 2008, in Tallahassee, Leon County, Florida.

ANA M. VIAMONTE ROS, M.D., M.P.H.
State Surgeon General

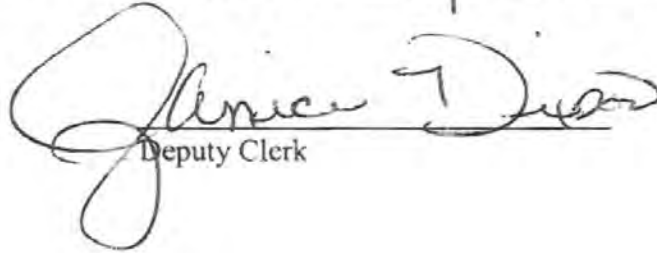
By:

[Signature]

Rebecca R. Poston, R.Ph.
Executive Director
Drugs, Devices and Cosmetics

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that a true and correct copy of the foregoing Final Order has been furnished via U.S. mail to: **Edwin Bayo, Esq., Attorney for MEDLINE INDUSTRIES, INC., at Metzger, Grossman, Furlow & Bayo, L.L.C., 1408 North Piedmont Way, Tallahassee, Florida 32308**, this 21 day of September, 2008.


Deputy Clerk

cc: Lynne Quimby-Pennock, DOH 4052 Bald Cypress Way, Bin #C-65 Tallahassee, FL 32399
Richard Sands, DOH 4052 Bald Cypress Way, Bin #C-70

SETTLEMENT AGREEMENT

**Medline Industries, Inc., Case No.: 2007-11783, Permit No.: 22:596;
Case No.: 2007-36555, Permit No.: No valid permit since 12.21.2006;
Case No. 2007-38894, Permit No. 20:168; Case No. 2007-38895, Permit No.: 21:166;
Case No. 2007-38896, Permit No.: 07:545; Case No.: 2007-39073, Permit No.: None;
Case No. 2008-02011, Permit No.: None;
Case No. 2008-11215, Medline Manufacturing & Services, LLC Permit No.: None**

Pursuant to Section 120.57(4), Florida Statutes (2007), the above named parties hereby enter into this global stipulation as disposition of the attached administrative action, in lieu of any other administrative proceedings authorized in Chapter 120, Florida Statutes. The terms herein become effective upon rendition of the final order which shall incorporate the Settlement Agreement.

STIPULATED FACTS

- 1) Medline Industries Inc., and Medline Manufacturing & Services, LLC, (hereinafter collectively known as "Medline") neither admit nor deny the alleged violations in the attached Notice of Violation.
- 2) During the time the alleged violations occurred, Medline held certain Florida permits including: Permit No.: 22:596, a prescription drug wholesaler; Permit No.:20:168, a prescription drug manufacturer; Permit No.: 21:166 an Over the Counter Manufacturer; and Permit No.: 07:545 a device manufacturer within the state of Florida; however Medline is alleged to have failed to have certain other permits in the Notice of Violation.
- 3) The Department is charged with regulating Drugs, Devices, and Cosmetics pursuant to Section 20.43, Florida Statutes (2007), and Chapter 499, Florida Statutes (2007).



CONCLUSIONS OF LAW

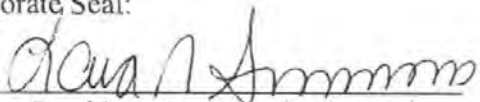
- 4) Medline, by and through its undersigned agent, admits that it is subject to the provisions of Chapter 499, Florida Statutes (2007), and the jurisdiction of the Department.
- 5) Medline admits that the findings set forth in the Notice of Violation, if proven, would constitute violations of Chapter 499, Florida Statutes (2007).
- 6) Medline agrees that the Department's acceptance of the Settlement Agreement constitutes disciplinary action within the meaning of Section 499.066, Florida Statutes (2007), and Rule 64F-12.024, Florida Administrative Code.

SETTLEMENT

- 7) Medline agrees to pay a fine of ONE HUNDRED FIFTY THOUSAND DOLLARS (\$150,000.00), and acknowledges that payment, made payable to the Florida Drug, Device and Cosmetic Trust Fund, is enclosed with this agreement.
- 8.) Medline affirms the violations cited the Notice of Violation letter issued under these case numbers have been corrected or are being corrected immediately. Medline shall provide written documentation of the return of the seized products to a licensed reverse distributor within thirty (30) days of the execution of this agreement. The documentation shall be sent to the Florida Drug Device and Cosmetic Program Office, Department of Health, 4052 Bald Cypress Way, Bin C04, Tallahassee, FL 32399-3255. Upon receipt of documentation demonstrating the return of the seized products, the seizure order shall automatically be lifted.
- 9) Medline affirms that it shall comply with all provisions of the Florida Drug and Cosmetic Act, Chapter 499, Florida Statutes, and the rules adopted thereunder.
- 10) It is expressly understood that a violation of the terms of this Settlement Agreement shall be considered a violation of Chapter 499, Florida Statutes, for which disciplinary actions may be taken.

- 11) Medline expressly waives all further procedural steps and expressly waives all rights to seek judicial review of, or to otherwise challenge or contest the validity of, this Settlement Agreement incorporated in the Final Order.
- 12) Medline waives the right to seek any attorney's fees or costs from the Department in connection with this disciplinary proceeding.

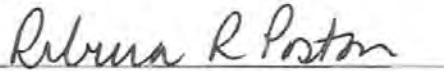
Corporate Seal:

By: 
President (or authorized agent)

9/19/08
Date

Attested by: _____
Corporate Secretary

Date

By: 
Authorized DOH Representative

9/26/08
Date

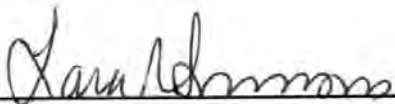
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This is in response to Question # 3. Provide all the following where applicable:

Date of Event/Arrest 08/21/2008	Disposition Date	State HI	City Waipahu	County Honolulu
Case # PHA 2008-17-L	Governing, licensing, Arresting Presiding Body/Agency/Court			
Reason/Charge Medline Industries' license (PWD 115) was fined \$5,000 and placed on probation for 5 years for failure to report the Florida and Missouri disciplinary actions within 30 days. While Medline filed the required reports, the 30 day deadline was missed.				
Plaintiff/Defendant/Claimant/Respondent Hawaii Board of Pharmacy			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity Medline Industries, Inc.				

Provide explanation below:

Medline paid the fine and the probationary period ended August 2013.


Original Signature (electronic, copies or stamps not accepted)

7/29/25
Date



LINDA LINGLE
GOVERNOR

JAMES R. AIONA, JR.
LT. GOVERNOR

LAWRENCE M. REIFURTH
DIRECTOR
DEPARTMENT OF COMMERCE AND
CONSUMER AFFAIRS

JO ANN M. UCHIDA
COMPLAINTS AND
ENFORCEMENT OFFICER

STATE OF HAWAII
REGULATED INDUSTRIES COMPLAINTS OFFICE
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS
LEIOPAPA A KAMEHAMEHA BUILDING
235 SOUTH BERETANIA STREET, NINTH FLOOR
HONOLULU, HAWAII 96813
FAX: (808) 586-2670
TELEPHONE: (808) 586-2660

HILO OFFICE
345 KEKUAHADA STREET, SUITE 12
HILO, HAWAII 96720

KONA OFFICE
KEAUHOU SHOPPING CENTER, ROOM
134A
78-6831 ALI DR VE
KAILUA-KONA, HAWAII 96740

MAUI OFFICE
1063 LOWER MAIN STREET, SUITE C-210
WAILUKU, HAWAII 96753

KAUAI OFFICE
3060 EIWA STREET, ROOM 204
LIHUE, HAWAII 96766

July 8, 2008

Ms. Dianna J. Wolfe
Regulatory Affairs Specialist
Medline Industries, Inc.
One Medline Place
Mundelein, Illinois 60060

Re: RICO Case No. PHA 2008-71-L

Dear Ms. Wolfe:

I received the signed Settlement Agreement. One correction had to be made, and I apologize that we did not notice this earlier. On page 3, paragraph 5, the citation to HRS section 436B-19(13) was changed to HRS section 436B-19(15) which is the correct citation. Enclosed is a copy of the corrected replacement page. I will now forward the document to the executive officer of the Board of Pharmacy, and we will be notified as to whether it gets approved or not by the Board.

Very truly yours,

Bobbi W. Y. Lum-Mew
Bobbi W.Y. Lum-Mew
Staff Attorney

/BLM
Enclosure

DARIA A. LOY-GOTO 6175
BOBBI W.Y. LUM-MEW 6299
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

Attorney for Department of Commerce
and Consumer Affairs

BOARD OF PHARMACY
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS
STATE OF HAWAII

In the Matter of the Wholesale Prescription) PHA 2008-17-L
Drug Distributor's License of)
) SETTLEMENT AGREEMENT PRIOR TO
MEDLINE INDUSTRIES INC.,) FILING OF PETITION FOR DISCIPLINARY
) ACTION AND BOARD'S FINAL ORDER;
Respondent.) EXHIBITS "1" THROUGH "5"

241092407

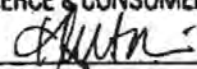
SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION
FOR DISCIPLINARY ACTION AND BOARD'S FINAL ORDER

Petitioner, DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS'
REGULATED INDUSTRIES COMPLAINTS OFFICE (hereinafter "RICO" or "Petitioner"),
through its undersigned attorneys, and Respondent MEDLINE INDUSTRIES INC. (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 licensed by the Board of Pharmacy
(hereinafter the "Board") as a wholesale prescription drug distributor under License 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.



PWD 115. The license was issued on or about October 3, 2005. The license will expire on or about December 31, 2009.

2. Respondent's mailing address for purposes of this action is One Medline Place, Mundelein, Illinois 60060.

3. RICO received information that disciplinary action had been taken against Respondent's licenses by the States of Missouri and Florida. Specifically, RICO received information regarding the following:

a). Respondent entered into a Settlement Agreement with the Missouri State Board of Pharmacy. Pursuant to the terms of a Joint Agreed Disciplinary Order, Respondent's Missouri drug distributor's license was placed on probation and Respondent was ordered to comply with certain terms and conditions. A true and correct copy of the Settlement Agreement and Joint Agreed Disciplinary Order dated July 19, 2005 in Settlement Agreement Between State Board of Pharmacy and Medline Industries, Inc., is attached as Exhibit "1";

b). Respondent was issued a Letter of Warning and Notice of Serious Violations by the Missouri State Board of Pharmacy. A true and correct copy of the Letter of Warning and Notice of Serious Violations dated February 15, 2007 regarding Medline Industries, Inc., is attached as Exhibit "2";

c). Respondent was issued an Order of Emergency Suspension of Permit by the State of Florida's Department of Health. Pursuant to the terms of the Order, Respondent's Florida prescription drug wholesaler's permit was immediately suspended. A true and correct copy of the Order of Emergency Suspension of Permit by the State of Florida's Department of Health dated January 14, 2008 in In Re: Emergency Suspension of the Permit of Medline Industries, Inc., is attached as Exhibit "3";

d). Respondent was issued an Order of Emergency Restriction of Permit by the State of Florida's Department of Health. Pursuant to the terms of the Order, Respondent's Florida prescription drug wholesaler's permit was immediately restricted. A true and correct copy of the Order of Emergency Restriction of Permit by the State of Florida's Department of Health dated January 22, 2008 in In Re: Emergency Restriction of the Permit of Medline Industries, Inc., is attached as Exhibit "4";

e). Respondent entered into a Settlement Agreement with the State of Florida's Department of Health. Pursuant to the terms of a Final Order, Respondent was, among other things, ordered to undergo quarterly inspections and pay a \$50,000.00 fine. A true and correct copy of the Settlement Agreement for Final Order dated February 8, 2008 in Settlement Agreement for Final Order regarding Medline Industries, Inc., is attached as Exhibit "5."

4. RICO alleges that although Respondent reported the actions on a December 5, 2007 renewal application, Respondent failed to report the disciplinary actions within thirty (30) days as required by Hawaii law.

5. 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(15) (failure to report disciplinary action within thirty days) and § 436B-19(17) (violating applicable laws or rules).

6. 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 licensed as a wholesale prescription drug distributor by the Board acknowledges that Respondent is subject to penalties including but not limited to, revocation, suspension or limitation of the license and administrative fines, if the foregoing allegations are proven at hearing.

5. 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 license.

6. 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.

7. Respondent agrees that this Settlement Agreement is intended to resolve the issues raised in RICO's investigation in RICO Case No. PHA 2008-17-L.

C. TERMS OF SETTLEMENT:

1. Probation. Respondent's wholesale prescription drug distributor's license is hereby placed on probation for a period of five (5) years. During the probationary period, Respondent agrees to comply with the following terms of the probation as set forth in paragraphs C.2, C.3, and C.4 below:

2. Comply with Terms of Missouri Probation. Respondent shall comply with the terms of its probation in the July 19, 2005 Settlement Agreement Between State Board of Pharmacy and Medline Industries, Inc. During the probationary period, Respondent shall report to the Hawaii Board of Pharmacy, in writing, any additional action by the State of Missouri within ten (10) days of such action. During the probationary period, Respondent shall deliver to the Hawaii Board proof of Respondent's compliance with the Missouri Settlement Agreement.

3. Comply with Terms of Florida Final Order. Respondent shall comply with the terms of the February 8, 2008 Settlement Agreement for Final Order. During the probationary period, Respondent shall report to the Hawaii Board of Pharmacy, in writing, any additional action by the State of Florida within ten (10) days of such action. During the probationary period, Respondent shall deliver to the Hawaii Board proof of Respondent's compliance with the Florida Settlement Agreement.

4. Administrative fine. Respondent agrees to pay a fine 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: Bobbi Lum-Mew, Esq., 235 S. Beretania Street, 9th Floor, Honolulu, Hawaii 96813. Payment of the fine shall be due at the time this fully executed Settlement Agreement is returned to RICO.

5. 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, C.2, C.3 and C.4 above, Respondent's license 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 license 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 license until the expiration of at least five (5) years after the effective date of the revocation. Respondent understands that if Respondent desires to become licensed again, Respondent must apply to the Board for a new license pursuant to and subject to HRS §§ 92-17, 436B-21, and all other applicable laws and rules in effect at the time.

6. 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 wholesale prescription drug distributors in the State of Hawaii, or if Respondent fails to abide by the terms of this Settlement Agreement.

7. Approval of the Board. Respondent agrees that, except for the representations, agreements and covenants contained in Paragraphs C.8, C.9, C.10 and C.11 below, this Settlement Agreement shall not be binding on any of the parties unless and until it is approved by the Board.

8. 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.

9. 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.

10. 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.

11. 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: July 8, 2008

MEDLINE INDUSTRIES INC.

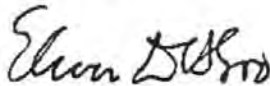
By: [Signature]
Its [Signature]

DATED: Honolulu, Hawaii, JUL 08 2008

[Signature]
DARIA A. LOY-GOTO
BOBBI W.Y. LUM-MEW
Attorneys for Department of Commerce and
Consumer Affairs

IN THE MATTER OF THE WHOLESALE PRESCRIPTION DRUG DISTRIBUTOR'S
LICENSE OF MEDLINE INDUSTRIES INC.; SETTLEMENT AGREEMENT PRIOR TO
FILING OF PETITION FOR DISCIPLINARY ACTION AND BOARD'S FINAL ORDER;
PHA 2008-17-L; EXHIBITS "1" THROUGH "5"

APPROVED AND SO ORDERED:
BOARD OF PHARMACY
STATE OF HAWAII



ELWIN D.H. GOO
Chairperson



MARK E. BROWN
Vice-Chairperson



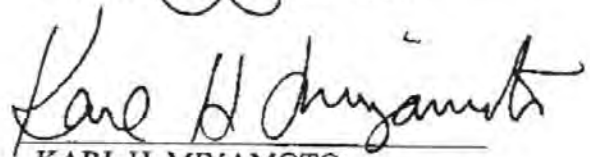
KENT KIKUCHI

PATRICK ADAMS

DATE



LAURIE H. Y. KAWAMURA



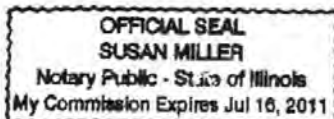
KARL H. MIYAMOTO

STANLEY M. CHOW

PVL 09/05/07

STATE OF Illinois)
COUNTY OF Lake) SS.

On this 3 day of July, 2008, before me personally appeared
Lisa S. Jones, to me known to be the person described, and who executed the
foregoing instrument on behalf of Medline Industries as
Corporate Secy of C-3/27, and acknowledged that he/she executed the same as
his/her free act and deed.



Susan Miller

Name:
Notary Public, State of

My Commission expires: 7-16-2011

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.

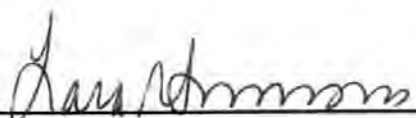
This is in response to Question # 3. Provide all the following *where applicable*:

Date of Event/Arrest 05/09/2008	Disposition Date	State WI	City Wausau	County Marathon
Case # 08 PHM 037	Governing, licensing, Arresting Presiding Body/Agency/Court			
Reason/Charge See Below				
Plaintiff/Defendant/Claimant/Respondent WI Dept. of Regulation & Licensing			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity Medline Industries, Inc.				

Provide explanation below:

Medline Industries' license (#1116-045) was cited and fined by the Wisconsin Dept. of Regulation & Licensing during an inspection. Medline managed a portion of a Wisconsin hospital's warehouse. The inspector cited Medline for failure to have a dividing fence between the Medline managed portion of the facility and the hospital portion of the facility - even though all of the products were owned by the hospital. Medline was also cited for failure to access several policies and procedures during the inspection.

Corrections were made and the facility was re-inspected, to the satisfaction of the state.


Original Signature (electronic, copies or stamps not accepted)

7/29/25
Date

Jim Doyle
Governor

Celia M. Jackson
Secretary

WISCONSIN DEPARTMENT OF
REGULATION & LICENSING



Attachment 7a.

1400 E Washington Ave
PO Box 8935
Madison WI 53708-8935

Email: web@drl.state.wi.us
Voice: 608-266-2112
FAX: 608-266-2264
TTY: 608-267-2416

November 18, 2008

Jan Hornick
Medline Industries Inc.
5450 W. Stewart Ave.
Wausau, WI 54401

Re: 08 PHM 037

Dear Ms. Hornick:

As you know, an inspector for the Department of Regulation and Licensing inspected Medline Industries on May 9, 2008. He found that several policies were missing, and the facility was storing prescription drugs in a non-secure location. It has been determined that these violations are grounds for discipline. I am the prosecuting attorney assigned to the case.

I have enclosed a proposed stipulation and order, which would resolve this matter without a hearing. If you are willing to resolve this case by agreement, please sign and return the stipulation and order by **December 9, 2008**. I will then present it to the Pharmacy Examining Board at its next meeting. The stipulation and order is not binding unless and until it is accepted by the board.

If you do not return the signed stipulation and order by December 9, 2008, I will file a formal complaint and initiate the hearing process. Please be aware that it is the policy of the Department to assess costs against respondents whenever any discipline is imposed. Your costs are presently \$100. If we have to take this matter through a hearing, they will escalate quickly and could reach several thousand dollars.

Please call if you have any questions.

Sincerely,

A handwritten signature in dark ink, appearing to read "Jeanette Lytle".

Jeanette Lytle
Attorney
Division of Enforcement
608-266-9840

STATE OF WISCONSIN
BEFORE THE PHARMACY EXAMINING BOARD

IN THE MATTER OF :
DISCIPLINARY PROCEEDINGS AGAINST :
MEDLINE INDUSTRIES INC. :
RESPONDENT. :

STIPULATION
LS# _____

Division of Enforcement Case # 08 PHM 037

Respondent Medline Industries Inc., by its manager Jan Hornick; and Jeanette Lytle, attorney for the Department of Regulation and Licensing, Division of Enforcement, stipulate:

1. This Stipulation is entered into as a result of a pending investigation of Respondent's licensure by the Division of Enforcement (case # 08 PHM 037). Jan Hornick represents, by her signature below, that she has authority to enter into this agreement on behalf of Respondent. Ms. Hornick, on behalf of Respondent, consents to the resolution of this investigation by stipulation.

2. Respondent's manager, Jan Hornick, understands that by signing this Stipulation she voluntarily and knowingly waives on behalf of Respondent its rights, including: the right to a hearing on the allegations against it, at which time the state has the burden of proving those allegations by a preponderance of the evidence; the right to confront and cross-examine witnesses; the right to call witnesses and to compel their attendance by subpoena; the right to testify; the right to file objections to any proposed decision and to present briefs or oral arguments to the officials who are to render the final decision; the right to petition for rehearing; and all other applicable rights afforded to it under the United States Constitution, the Wisconsin Constitution, the Wisconsin Statutes, the Wisconsin Administrative Code, and any other provisions of state or federal law.

3. Respondent has been provided an opportunity to obtain the advice of legal counsel prior to signing this stipulation.

4. Jan Hornick agrees, on behalf of Respondent, to the adoption of the attached Final Decision and Order by the Pharmacy Examining Board. The parties to the Stipulation consent to the entry of the attached Final Decision and Order without further notice, pleading, appearance or consent of the parties. Respondent waives all rights to any appeal of the Board's order, if adopted in the form as attached.

5. If the terms of this Stipulation are not acceptable to the Board, the parties shall not be bound by the contents of this Stipulation, and the matter shall be returned to the Division of Enforcement for further proceedings. In the event that this Stipulation is

not accepted by the Board, the parties agree not to contend that the Board has been prejudiced or biased in any manner by consideration of this attempted resolution.

6. The parties to this Stipulation agree that the attorney or other agent for the Division of Enforcement and any member of the Pharmacy Examining Board ever assigned as an advisor in this investigation may appear before the Board in open or closed session, without the presence of the Respondent or its attorney, for purposes of speaking in support of this agreement and answering questions that any member of the Board may have in connection with the Board's deliberations on the Stipulation. Additionally, any such Board advisor may vote on whether the Board should accept this Stipulation and issue the attached Final Decision and Order.

7. Respondent is informed that should the Board adopt this Stipulation, the Board's final decision and order is a public record and will be published in accordance with standard Department procedure.

8. The Division of Enforcement joins Jan Hornick in recommending the Board adopt this Stipulation and issue the attached Final Decision and Order.

Medline Industries Inc.

By: Jan Hornick
Jan Hornick, manager
5450 West Stewart Avenue
Wausau, WI 54401

11-24-08
Date

Jeanette Lytle
Attorney
Division of Enforcement
Department of Regulation and Licensing
P.O. Box 8935
Madison, WI 53708-8935

Date

STATE OF WISCONSIN
BEFORE THE PHARMACY EXAMINING BOARD

IN THE MATTER OF	:	
DISCIPLINARY PROCEEDINGS AGAINST	:	
	:	FINAL DECISION AND ORDER
MEDLINE INDUSTRIES INC.,	:	LS # _____
RESPONDENT.	:	

Division of Enforcement Case # 08 PHM 037

The parties to this action for the purposes of Wis. Stat. § 227.53 are:

Medline Industries Inc.
5450 W. Stewart Ave.
Wausau, WI 54401

Division of Enforcement
Department of Regulation and Licensing
1400 East Washington Avenue
P.O. Box 8935
Madison, WI 53708-8935

Pharmacy Examining Board
Department of Regulation & Licensing
1400 East Washington Avenue
P.O. Box 8935
Madison, WI 53708-8935

PROCEDURAL HISTORY

The parties in this matter agree to the terms and conditions of the attached Stipulation as the final decision of this matter, subject to the approval of the Pharmacy Examining Board. The Board has reviewed the attached Stipulation and considers it acceptable.

Accordingly, the Board in this matter adopts the attached Stipulation and makes the following:

FINDINGS OF FACT

1. Medline Industries Inc. is duly licensed as a wholesale distributor of prescription drugs in Wisconsin (license # 45-1116). This license was first granted on June 21, 1999.

2. Respondent's most recent address on file with the Wisconsin Pharmacy Examining Board is 5450 W. Stewart Avenue, Wausau, Wisconsin 54401.

3. The Department of Regulation and Licensing conducted an unannounced inspection on May 9, 2008. The following violations were noted:

- (a) The following policies were missing: Recall policy [Wis. Admin. Code § Phar 13.15(2)], Emergency plan [Wis. Admin. Code § Phar 13.15(3)], Outdated stock policy [Wis. Admin. Code § Phar 13.15(4)].
- (b) Respondent was storing Complete Delivery Systems (pre-packaged kits for surgeries, including various types and quantities of prescription drugs) in a warehouse it shared with another company. The CDS kits were not secured and employees of the other company had unhindered access to the kits, in violation of Wis. Admin. Code § Phar 13.10(3).

CONCLUSIONS OF LAW

1. The Wisconsin Pharmacy Examining Board has jurisdiction to act in this matter, pursuant to Wis. Stat. §450.10, and is authorized to enter into the attached Stipulation and Order, pursuant to Wis. Stat. § 227.44(5).

2. The conduct described in paragraph 3 above constitutes a violation of Wisconsin Administrative Code § Phar 13.10(3), Phar 13.15(2), (3) and (4), and Wis. Stat. § 450.10(1)(a)2 and 6 and subjects Respondent to discipline pursuant to Wis. Stat. § 450.10(1)(b)1.

ORDER

IT IS ORDERED:

- 1. Medline Industries Inc. is REPRIMANDED.
- 2. Respondent shall, within ninety (90) days from the date of this Order, pay a FORFEITURE in the amount of Two Thousand Dollars (\$2,000.00).
- 3. Respondent shall, within ninety (90) days from the date of this Order, pay costs of this proceeding in the amount of One Hundred Dollars (\$ 100.00). Payment shall be made payable to the Wisconsin Department of Regulation and Licensing, and mailed to:

Department Monitor
Division of Enforcement
Department of Regulation and Licensing
P.O. Box 8935

Madison, WI 53708-8935
Telephone (608) 267-3817
Fax (608) 266-2264

4. In the event Respondent fails to pay the forfeiture as ordered, or in the event it fails to pay costs as ordered, Respondent's license (#45-1116) SHALL BE SUSPENDED, without further notice or hearing, until Respondent has complied with the terms of this Order.

5. This Order is effective on the date of its signing.

Dated this __ day of _____, 2008.

PHARMACY EXAMINING BOARD

By: _____
A Member of the Board

STATE OF WISCONSIN
BEFORE THE PHARMACY EXAMINING BOARD

IN THE MATTER OF	:	
DISCIPLINARY PROCEEDINGS AGAINST	:	
MEDLINE INDUSTRIES INC.,	:	FINAL DECISION AND ORDER
RESPONDENT.	:	LS # <u>0902046PHM</u>

Division of Enforcement Case # 08 PHM 037

The parties to this action for the purposes of Wis. Stat. § 227.53 are:

Medline Industries Inc.
5450 W. Stewart Ave.
Wausau, WI 54401

Division of Enforcement
Department of Regulation and Licensing
1400 East Washington Avenue
P.O. Box 8935
Madison, WI 53708-8935

Pharmacy Examining Board
Department of Regulation & Licensing
1400 East Washington Avenue
P.O. Box 8935
Madison, WI 53708-8935

PROCEDURAL HISTORY

The parties in this matter agree to the terms and conditions of the attached Stipulation as the final decision of this matter, subject to the approval of the Pharmacy Examining Board. The Board has reviewed the attached Stipulation and considers it acceptable.

Accordingly, the Board in this matter adopts the attached Stipulation and makes the following:

FINDINGS OF FACT

1. Medline Industries Inc. is duly licensed as a wholesale distributor of prescription drugs in Wisconsin (license # 45-1116). This license was first granted on June 21, 1999.

2. Respondent's most recent address on file with the Wisconsin Pharmacy Examining Board is 5450 W. Stewart Avenue, Wausau, Wisconsin 54401.

3. The Department of Regulation and Licensing conducted an unannounced inspection on May 9, 2008. The following violations were noted:

- (a) The following policies were missing: Recall policy [Wis. Admin. Code § Phar 13.15(2)], Emergency plan [Wis. Admin. Code § Phar 13.15(3)], Outdated stock policy [Wis. Admin. Code § Phar 13.15(4)].
- (b) Respondent was storing Complete Delivery Systems (pre-packaged kits for surgeries, including various types and quantities of prescription drugs) in a warehouse it shared with another company. The CDS kits were not secured and employees of the other company had unhindered access to the kits, in violation of Wis. Admin. Code § Phar 13.10(3).

CONCLUSIONS OF LAW

1. The Wisconsin Pharmacy Examining Board has jurisdiction to act in this matter, pursuant to Wis. Stat. §450.10, and is authorized to enter into the attached Stipulation and Order, pursuant to Wis. Stat. § 227.44(5).

2. The conduct described in paragraph 3 above constitutes a violation of Wisconsin Administrative Code § Phar 13.10(3), Phar 13.15(2), (3) and (4), and Wis. Stat. § 450.10(1)(a)2 and 6 and subjects Respondent to discipline pursuant to Wis. Stat. § 450.10(1)(b)1.

ORDER

IT IS ORDERED:

- 1. Mediine Industries Inc. is REPRIMANDED.
- 2. Respondent shall, within ninety (90) days from the date of this Order, pay a FORFEITURE in the amount of Two Thousand Dollars (\$2,000.00).
- 3. Respondent shall, within ninety (90) days from the date of this Order, pay costs of this proceeding in the amount of One Hundred Dollars (\$ 100.00). Payment shall be made payable to the Wisconsin Department of Regulation and Licensing, and mailed to:

Department Monitor
Division of Enforcement
Department of Regulation and Licensing
P.O. Box 8935

Madison, WI 53708-8935
Telephone (608) 267-3817
Fax (608) 266-2264

4. In the event Respondent fails to pay the forfeiture as ordered, or in the event it fails to pay costs as ordered, Respondent's license (#45-1116) SHALL BE SUSPENDED, without further notice or hearing, until Respondent has complied with the terms of this Order.

5. This Order is effective on the date of its signing.

Dated this 4 day of February, 200⁹8.

PHARMACY EXAMINING BOARD

By:

Sharon C. Kelly
A Member of the Board

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:

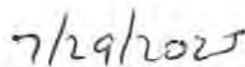
Date of Event/Arrest 05/19/2009	Disposition Date	State HI	City Waipahu	County Honolulu
Case # PHA 2009-7-L	Governing, licensing, Arresting Presiding Body/Agency/Court			
Reason/Charge: After duly notifying state authorities, as required for the Wisconsin discipline (Case #08 PHM 037), we were fined by the State of Hawaii (Case #PHA 2009-7-L).				
Plaintiff/Defendant/Claimant/Respondent Hawaii Board of Pharmacy			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity Medline Industries, Inc.				

Provide explanation below:

Medline paid a fine to the Hawaii Board of Pharmacy.



Original Signature (electronic, copies or stamps not accepted)



Date

BOBBI W.Y. LUM-MEW 6299
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

2009 MAY 22 A 9 24

2009 MAY 19 A 9 4

Attorney for Department of Commerce
and Consumer Affairs

BOARD OF PHARMACY
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS
STATE OF HAWAII

In the Matter of the Wholesale Prescription) PHA 2009-7-L
Drug Distributor's License of)
) SETTLEMENT AGREEMENT PRIOR TO
MEDLINE INDUSTRIES INC.,) FILING OF PETITION FOR DISCIPLINARY
) ACTION AND BOARD'S FINAL ORDER;
Respondent.) EXHIBIT "1"

241092407

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 attorneys, and Respondent MEDLINE INDUSTRIES INC. (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 licensed by the Board of Pharmacy
(hereinafter the "Board") as a wholesale prescription drug distributor under License Number
PWD 115. The license was issued on or about October 3, 2005. The license will expire on or
about December 31, 2009.

I HEREBY CERTIFY THAT THE ATTACHED
IS A TRUE AND CORRECT COPY OF THE
ORIGINAL ON FILE IN THE DEPARTMENT
OF COMMERCE & CONSUMER AFFAIRS.

[Signature]

2. Respondent's mailing address for purposes of this action is Dianna Wolfe, Corporate Regulatory Affairs Specialist, Medline Industries, Inc., One Medline Place, Mundelein, Illinois 60060.

3. Respondent timely reported that disciplinary action had been taken against Respondent by the State of Wisconsin. Respondent had entered into a Stipulation with the State of Wisconsin's Pharmacy Examining Board. Pursuant to the terms of a Final Order, Respondent was reprimanded and ordered to pay a forfeiture in the amount of \$2,000.00. This action was based on the results of an inspection which revealed that certain policies were missing and that Respondent was storing pre-packaged kits for surgeries (which included various types and quantities of prescription drugs) in a warehouse that was shared with another company. These kits were not secured and employees of the other company had access to the kits. A true and correct copy of the Stipulation and Final Decision and Order which was approved on February 4, 2009 is attached as Exhibit "1."

4. RICO alleges that Respondent was disciplined by another state for a reason provided by the licensing laws in Hawaii. Specifically, the Respondent was disciplined for professional misconduct.

5. 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) and § 461-21(a)(2) (professional misconduct). Per Hawaii Administrative Rules §§ 16-95-30(c)(6) and (9), a licensee's facility must be secure from unauthorized entry and entry into areas where prescription drugs are held must be limited to authorized personnel.

6. 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 licensed as a wholesale prescription drug distributor by the Board acknowledges that Respondent is subject to penalties including but not limited to, revocation, suspension or limitation of the license and administrative fines, if the foregoing allegations are proven at hearing.

5. 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 license.

6. 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.

7. Respondent agrees that this Settlement Agreement is intended to resolve the issues raised in RICO's investigation in RICO Case No. PHA 2009-7-L.

C. TERMS OF SETTLEMENT:

1. Administrative fine. Respondent agrees to pay a fine in the amount of ONE THOUSAND AND NO/100 DOLLARS (\$1,000.00). Payment shall be made by **cashier's check, company check, or money order made payable to "DCCA - Compliance Resolution Fund"** and mailed to the Regulated Industries Complaints Office, Attn: Bobbi Lum-Mew, Esq., 235 S. Beretania Street, 9th Floor, Honolulu, Hawaii 96813. Payment of the fine shall be due within thirty (30) days after this Settlement Agreement is approved by the Board.
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 license 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 license 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 license until the expiration of at least five (5) years after the effective date of the revocation. Respondent understands that if Respondent desires to become licensed again, Respondent must apply to the Board for a new license 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 wholesale prescription drug distributors 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: Mundelein, IL, 5/11/09
(CITY) (STATE) (DATE)

MEDLINE INDUSTRIES INC.

By: *Daria A. Loy-Goto*
Its PRES. of GAIRA

DATED: Honolulu, Hawaii, MAY 19 2009

Bobbi W. Y. Lum-Mew
DARIA A. LOY-GOTO
BOBBI W.Y. LUM-MEW
Attorneys for Department of Commerce and
Consumer Affairs

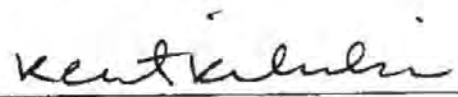
IN THE MATTER OF THE WHOLESALE PRESCRIPTION DRUG DISTRIBUTOR'S
LICENSE OF MEDLINE INDUSTRIES INC.; SETTLEMENT AGREEMENT PRIOR TO
FILING OF PETITION FOR DISCIPLINARY ACTION AND BOARD'S FINAL ORDER;
PHA 2009-7-L; EXHIBIT "1"

APPROVED AND SO ORDERED:
BOARD OF PHARMACY
STATE OF HAWAII

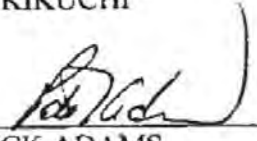
ELWIN D.H. GOO
Chairperson



MARK E. BROWN
Vice-Chairperson



KENT KIKUCHI

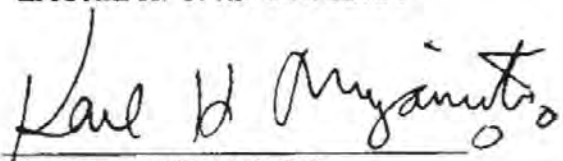


PATRICK ADAMS

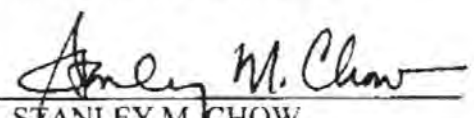
JUNE 18, 2009

DATE

LAURIE H. Y. KAWAMURA



KARL H. MIYAMOTO

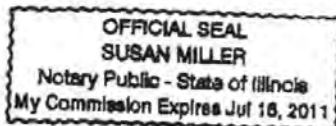


STANLEY M. CHOW

PVL 05/20/08

STATE OF Illinois)
) SS.
COUNTY OF Lake)

On this 11 day of May, 2009, before me personally appeared
Lara V. Somers, to me known to be the person described, and who executed the
foregoing instrument on behalf of Medline Industries as
President, GA/IA, and acknowledged that he/she executed the same as
his/her free act and deed.




Name: Susan Miller
Notary Public, State of IL

My Commission expires: July 18, 2011

STATE OF WISCONSIN
BEFORE THE PHARMACY EXAMINING BOARD

IN THE MATTER OF	:	
DISCIPLINARY PROCEEDINGS AGAINST	:	
	:	FINAL DECISION AND ORDER
MEDLINE INDUSTRIES INC.,	:	LS # <u>0902046PHM</u>
RESPONDENT.	:	

Division of Enforcement Case # 08 PHM 037

The parties to this action for the purposes of Wis. Stat. § 227.53 are:

Medline Industries Inc.
5450 W. Stewart Ave.
Wausau, WI 54401

Division of Enforcement
Department of Regulation and Licensing
1400 East Washington Avenue
P.O. Box 8935
Madison, WI 53708-8935

Pharmacy Examining Board
Department of Regulation & Licensing
1400 East Washington Avenue
P.O. Box 8935
Madison, WI 53708-8935

PROCEDURAL HISTORY

The parties in this matter agree to the terms and conditions of the attached Stipulation as the final decision of this matter, subject to the approval of the Pharmacy Examining Board. The Board has reviewed the attached Stipulation and considers it acceptable.

Accordingly, the Board in this matter adopts the attached Stipulation and makes the following:

FINDINGS OF FACT

1. Medline Industries Inc. is duly licensed as a wholesale distributor of prescription drugs in Wisconsin (license # 45-1116). This license was first granted on June 21, 1999.

EXHIBIT 1

2. Respondent's most recent address on file with the Wisconsin Pharmacy Examining Board is 5450 W. Stewart Avenue, Wausau, Wisconsin 54401.

3. The Department of Regulation and Licensing conducted an unannounced inspection on May 9, 2008. The following violations were noted:

- (a) The following policies were missing: Recall policy [Wis. Admin. Code § Phar 13.15(2)], Emergency plan [Wis. Admin. Code § Phar 13.15(3)], Outdated stock policy [Wis. Admin. Code § Phar 13.15(4)].
- (b) Respondent was storing Complete Delivery Systems (pre-packaged kits for surgeries, including various types and quantities of prescription drugs) in a warehouse it shared with another company. The CDS kits were not secured and employees of the other company had unhindered access to the kits, in violation of Wis. Admin. Code § Phar 13.10(3).

CONCLUSIONS OF LAW

1. The Wisconsin Pharmacy Examining Board has jurisdiction to act in this matter, pursuant to Wis. Stat. §450.10, and is authorized to enter into the attached Stipulation and Order, pursuant to Wis. Stat. § 227.44(5).

2. The conduct described in paragraph 3 above constitutes a violation of Wisconsin Administrative Code § Phar 13.10(3), Phar 13.15(2), (3) and (4), and Wis. Stat. § 450.10(1)(a)2 and 6 and subjects Respondent to discipline pursuant to Wis. Stat. § 450.10(1)(b)1.

ORDER

IT IS ORDERED:

- 1. Mediine Industries Inc. is REPRIMANDED.
- 2. Respondent shall, within ninety (90) days from the date of this Order, pay a FORFEITURE in the amount of Two Thousand Dollars (\$2,000.00).
- 3. Respondent shall, within ninety (90) days from the date of this Order, pay costs of this proceeding in the amount of One Hundred Dollars (\$ 100.00). Payment shall be made payable to the Wisconsin Department of Regulation and Licensing, and mailed to:

Department Monitor
Division of Enforcement
Department of Regulation and Licensing
P.O. Box 8935

Madison, WI 53708-8935
Telephone (608) 267-3817
Fax (608) 266-2264

4. In the event Respondent fails to pay the forfeiture as ordered, or in the event it fails to pay costs as ordered, Respondent's license (#45-1116) SHALL BE SUSPENDED, without further notice or hearing, until Respondent has complied with the terms of this Order.

5. This Order is effective on the date of its signing.

Dated this 4 day of February, 200⁹8.

PHARMACY EXAMINING BOARD

By: Gregory C. Kelly
A Member of the Board

STATE OF WISCONSIN
BEFORE THE PHARMACY EXAMINING BOARD

IN THE MATTER OF :
DISCIPLINARY PROCEEDINGS AGAINST :
 :
MEDLINE INDUSTRIES INC. :
RESPONDENT. :

STIPULATION
LS#0902046PHM

Division of Enforcement Case # 08 PHM 037

Respondent Medline Industries Inc., by its manager Jan Hornick; and Jeanette Lytle, attorney for the Department of Regulation and Licensing, Division of Enforcement, stipulate:

1. This Stipulation is entered into as a result of a pending investigation of Respondent's licensure by the Division of Enforcement (case # 08 PHM 037). Jan Hornick represents, by her signature below, that she has authority to enter into this agreement on behalf of Respondent. Ms. Hornick, on behalf of Respondent, consents to the resolution of this investigation by stipulation.

2. Respondent's manager, Jan Hornick, understands that by signing this Stipulation she voluntarily and knowingly waives on behalf of Respondent its rights, including: the right to a hearing on the allegations against it, at which time the state has the burden of proving those allegations by a preponderance of the evidence; the right to confront and cross-examine witnesses; the right to call witnesses and to compel their attendance by subpoena; the right to testify; the right to file objections to any proposed decision and to present briefs or oral arguments to the officials who are to render the final decision; the right to petition for rehearing; and all other applicable rights afforded to it under the United States Constitution, the Wisconsin Constitution, the Wisconsin Statutes, the Wisconsin Administrative Code, and any other provisions of state or federal law.

3. Respondent has been provided an opportunity to obtain the advice of legal counsel prior to signing this stipulation.

4. Jan Hornick agrees, on behalf of Respondent, to the adoption of the attached Final Decision and Order by the Pharmacy Examining Board. The parties to the Stipulation consent to the entry of the attached Final Decision and Order without further notice, pleading, appearance or consent of the parties. Respondent waives all rights to any appeal of the Board's order, if adopted in the form as attached.

5. If the terms of this Stipulation are not acceptable to the Board, the parties shall not be bound by the contents of this Stipulation, and the matter shall be returned to the Division of Enforcement for further proceedings. In the event that this Stipulation is

not accepted by the Board, the parties agree not to contend that the Board has been prejudiced or biased in any manner by consideration of this attempted resolution.

6. The parties to this Stipulation agree that the attorney or other agent for the Division of Enforcement and any member of the Pharmacy Examining Board ever assigned as an advisor in this investigation may appear before the Board in open or closed session, without the presence of the Respondent or its attorney, for purposes of speaking in support of this agreement and answering questions that any member of the Board may have in connection with the Board's deliberations on the Stipulation. Additionally, any such Board advisor may vote on whether the Board should accept this Stipulation and issue the attached Final Decision and Order.

7. Respondent is informed that should the Board adopt this Stipulation, the Board's final decision and order is a public record and will be published in accordance with standard Department procedure.

8. The Division of Enforcement joins Jan Hornick in recommending the Board adopt this Stipulation and issue the attached Final Decision and Order.

Medline Industries Inc.

By: Jan Hornick
Jan Hornick, manager
6450 West Stewart Avenue
Wausau, WI 54401

11-24-08
Date

Jeanette Lytle
Jeanette Lytle
Attorney
Division of Enforcement
Department of Regulation and Licensing
P.O. Box 8935
Madison, WI 53708-8935

12/10/08
Date

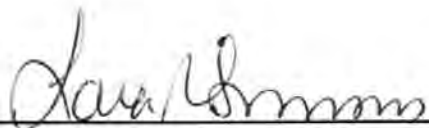
Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement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

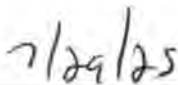
This is in response to Question # 3. Provide all the following where applicable:

Date of Event/Arrest 03/19/2010	Disposition Date	State MO	City Kansas City	County Jackson
Case # 2010-2994	Governing, licensing, Arresting Presiding Body/Agency/Court			
Reason/Charge Medline applied for a Colorado Out of State Wholesaler license for its Missouri distribution center and was issued a conditional license by the CO Board of Pharmacy until the facility's MO probation period ended (approximately 5 months).				
Plaintiff/Defendant/Claimant/Respondent Colorado Board of Pharmacy			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity Medline Industries, Inc.				

Provide explanation below:

The CO BoP was informed when the MO probationary period was completed, and subsequently removed the encumbered status of this facility's CO license.


Original Signature (electronic, copies or stamps not accepted)


Date



Dora
Department of Regulatory Agencies

Division of Registrations
Rosemary McCool
Director

State Board of Pharmacy
Wendy Anderson
Program Director

Bill Ritter, Jr.
Governor

Barbara J. Kelley
Executive
Director

March 24, 2010

MedLine Industries, Inc.
Attn: Scott C. Barbour, Designated Representative
1401 N. Universal Ave.
Kansas City, MO 64120

RE: Stipulation and Final Agency Order
Case #2010-2994

IN THE MATTER OF DISCIPLINARY PROCEEDINGS REGARDING THE LICENSE TO
PRACTICE AS A OUT-OF-STATE WHOLESALER IN THE STATE OF COLORADO OF
MEDLINE INDUSTRIES, INC.,

Dear Mr. Barbour:

Enclosed you will find a copy of the fully executed Stipulation and Final Agency Order (Stip/FAO) in the above mentioned matter, which became effective March 19, 2010.

Accordingly, and pursuant to Conditional Registration, item 9, of the Stip/FAO, MedLine Industries, Inc., at the above listed location, has been issued out-of-state prescription drug wholesaler registration #7713, with conditions, effective March 23, 2010.

Medline Industries, Inc., Colorado out-of-state wholesaler registration #7713 shall be probationary pending the Colorado State Board of Pharmacy's receipt of a request for discharge from Medline Industries, Inc., which must include documentation showing Medline Industries, Inc.'s release from the terms and conditions of the Missouri Settlement Agreement effective 8/3/05.

If you have any questions, or require additional information, please feel free to contact me at (303) 894-2989.

Respectfully,

FOR THE COLORADO STATE BOARD OF PHARMACY

Tia Johnson
Complaint Analyst
Enclosure

cc: Beth Thompson, Vice President, Regulatory Affairs, Medline Industries, Inc.
John Steele, Settlement Specialist, Office of Expedited Settlement
Jazell Carter, Licensing Specialist, Office of Licensing
File

1560 Broadway, Suite 1350
Fax 303.894.7692

Denver, Colorado 80202
www.dora.state.co.us

Phone 303.894.7800
V/TDD 711



BEFORE THE STATE BOARD OF PHARMACY

STATE OF COLORADO

Case No. 2010-002994

STIPULATION AND FINAL AGENCY ORDER

IN THE MATTER OF DISCIPLINARY PROCEEDINGS REGARDING THE LICENSE TO PRACTICE AS A OUT-OF-STATE WHOLESALER IN THE STATE OF COLORADO OF MEDLINE INDUSTRIES, INC.,

Wholesaler Applicant.

IT IS HEREBY STIPULATED AND AGREED by and between the Colorado State Board of Pharmacy ("Board") and Medline Industries, Inc. ("Wholesaler Applicant") to resolve all matters pertaining to Board Case Number 2010-002994 as follows:

FINDINGS AND CONCLUSIONS

1. The Board has jurisdiction over Wholesaler Applicant, its application for registration as an out-of-state wholesaler and the subject matter of this Stipulation and Final Agency Order ("Final Agency Order") pursuant to the provisions of the Pharmaceuticals and Pharmacists Act at Title 12, Article 22, C.R.S.
2. Wholesaler Applicant admits these findings and hereby waives any further proof in this proceeding before the Board regarding the following facts.
3. Wholesaler Applicant entered into a Settlement Agreement with the Missouri State Board of Pharmacy, which was effective on August 3, 2005 ("Missouri Settlement Agreement").
4. In the Missouri Settlement Agreement, Wholesaler Applicant was placed on probation for five (5) years for various violations of Missouri state and federal law involving recordkeeping, storage of prescription drugs, change of location without informing the Missouri Board of Pharmacy, lack of a policy and procedure manual, and distribution of prescription drugs under a lapsed registration.
5. Wholesaler Applicant's conduct, as set forth above, constitutes violations of the following sections of the Colorado Revised Statutes:

12-22-125. 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:

(III) Any state or federal law pertaining to drugs.

12-22-125.2. Disciplinary actions.

(1) The board may deny or discipline an applicant, licensee, or registrant when the board determines that such applicant, licensee, or registrant has engaged in activities that are grounds for discipline.

6. On January 14, 2010, Wholesaler Applicant submitted an out-of-state wholesaler application, which application was denied by the Board.
7. On March 1, 2010, Wholesaler Applicant submitted a written request asking that the Board accept its application by granting a conditional license.
8. The Board finds and concludes, and Wholesaler Applicant agrees, that based upon Wholesaler Applicant's above-described violations of the Pharmaceuticals and Pharmacists Act and relevant rules and regulations, the following discipline is just and appropriate under the circumstances as a condition of its registration as an out-of-state wholesaler.

DISPOSITION

**Conditional Registration / Probation /
Compliance / Terms**

9. **Conditional Registration.** Wholesaler Applicant shall be granted a registration as an out-of-state wholesaler upon execution of this Final Agency Order and satisfaction of the terms and conditions set forth herein.
10. **Probation.** Wholesaler Applicant's registration shall be placed on probation for a period of time equal to the time of probation remaining under the Missouri Settlement Agreement. Credit toward satisfying the period of probation under this Final Agency Order shall be given only during such periods of time that Respondent is in total compliance with all provisions of this Final Agency Order and the Missouri Settlement Agreement.

11. **Compliance.** Wholesaler Applicant shall at all times remain in compliance with §§12-22-801, *et seq.* C.R.S. and shall not at any time distribute prescription drugs into Colorado without being registered as an out-of-state wholesaler in the State of Colorado at the time of distribution.
12. **Other Requirements.** Wholesaler Applicant acknowledges and agrees that, as a condition of this Final Agency Order and probation, Wholesaler Applicant shall:
 - a. promptly pay all Wholesaler Applicant'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 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.
13. **Discharge.** Discharge from the requirements of this Final Agency Order must be requested in writing by Wholesaler Applicant. The Board will consider any request for discharge during the ordinary course of business. In any request for discharge it shall be Wholesaler Applicant's sole responsibility to establish, through written and other documentation, that Wholesaler Applicant has met all terms and conditions of this Final Agency Order and, in addition, has been released from probation by the Missouri Board of Pharmacy under the Missouri Settlement Agreement. Wholesaler Applicant's probation under this Final Agency Order shall continue until formally discharged by the Board by way of Board order.
14. **Advisements and Waivers.** Wholesaler Applicant enters into this Final Agency Order freely and voluntarily, whether or not Wholesaler Applicant has consulted with legal counsel. Wholesaler Applicant 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.

Wholesaler Applicant 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.

15. **Acknowledgments.** The undersigned authorized agent of Wholesaler Applicant has read this Final Agency Order in its entirety and acknowledges, whether or not Wholesaler Applicant has consulted with legal counsel, that Wholesaler Applicant

understands the legal consequences and agrees that none of the terms or conditions herein are unconscionable.

16. **Violations.** Time is of the essence to this Final Agency Order. It is the responsibility of Wholesaler Applicant to take all appropriate steps to comply fully with this Final Agency Order. Wholesaler Applicant 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 Wholesaler Applicant to comply with all terms and conditions of this Final Agency Order.
17. **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.
18. **Public Record.** Upon execution by all parties, this Final Agency Order shall be a public record, maintained in the custody of the Board.
19. **Effective Date.** This Final Agency Order shall become effective upon signature of a Board member or representative.

ACCEPTED AND AGREED BY

Paul N. Simmons

Authorized Agent of Wholesaler Applicant

Dated: 3/12/10

Subscribed and sworn to by Paul N. Simmons, in his/her capacity as an authorized agent of Medline Industries, Inc., before me in the County of Lake, State of Illinois, this 12 day of March, 2010.



Susan Miller
Notary Public

My commission expires: 7-16-2011

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 21st day of March, 2010.

State Board of Pharmacy

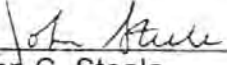
BY: Wendy Anderson
Wendy Anderson
Program Director

CERTIFICATE OF MAILING

This is to certify that I have duly mailed the within **STIPULATION AND FINAL AGENCY ORDER** upon all parties herein by depositing copies of same in the United States mail, first class postage prepaid, at Denver, Colorado, this 5th day of March 2010, addressed as follows:

Medline Industries, Inc.
Attn: Scott C. Barbour, Designated
Representative
1401 N. Universal Ave.
Kansas City, MO 64120

Beth Thompson
Vice President, Regulatory Affairs
Medline Industries, Inc.
1 Medline Pl.
Mundelein, IL 60060



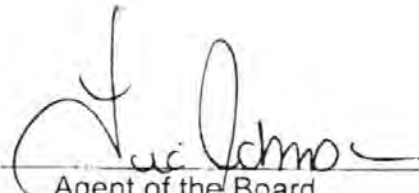
John C. Steele

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, first class postage prepaid, at Denver, Colorado, this 2nd day of March 2010, addressed as follows:

Medline Industries, Inc.
Attn: Scott C. Barbour, Designated
Representative
1401 N. Universal Ave.
Kansas City, MO 64120

Beth Thompson
Vice President, Regulatory Affairs
Medline Industries, Inc.
1 Medline Pl.
Mundelein, IL 60060



Agent of the Board



Dora

Department of Regulatory Agencies

Division of Registrations
Rosemary McCool
Director

State Board of Pharmacy
Wendy Anderson
Program Director

Bill Ritter, Jr.
Governor

Barbara J. Kelley
Executive
Director

August 25, 2010

MedLine Industries, Inc.
Attn: Scott C. Barbour, Designated Representative
1401 N. Universal Ave.
Kansas City, MO 64120

**RE: Stipulation and Final Agency Order (Stip/FAO), effective 3/19/10
Case #2010-2994**

Dear Mr. Barbour:

Staff for the Colorado State Board of Pharmacy ("Board") has reviewed the material concerning Medline Industries' request for release from the terms and conditions of the above listed Stip/FAO effective 3/19/10.

After due consideration, and pursuant to Board Policy 10-6, staff for the Board released Medline Industries, Inc., from the terms and conditions of the 3/19/10 Stip/FAO, and restored its out-of-state prescription drug wholesaler registration #7713 to unencumbered status, effective 8/25/10.

Your cooperation during the pendency of this matter is sincerely appreciated.

Sincerely,

FOR THE COLORADO STATE BOARD OF PHARMACY

Wendy L. Anderson
Program Director

cc: Beth Thompson, Vice President, Regulatory Affairs, Medline Industries, Inc.
File



Policy Number: 10-6
Title: Delegation of Authority to Program Director or Section Director
Date Issued: 11/16/2006
Dates Revised: 8/21/08, 10/16/08, 9/17/09, 1/21/10, 7/15/2010

PURPOSE: To clarify the authority which has been delegated to the Program Director, Section Director, or his/her designee

POLICY: The Board of Pharmacy has delegated to the Program Director, Section Director or his/her designee the authority to:

1. Sign Stipulations and Final Agency Orders ("Stipulations") and final orders issued subsequent to initial decisions entered after hearings held by administrative law judges ("Final Board Orders") on its behalf.
2. Issue Final Board Orders on its behalf when no exceptions are filed to the initial decision, the statutorily allowed time frame for the filing of exceptions has passed, the recommended sanction from the Administrative Law Judge is the same as that sought by the Board, and no further decisions are required by the Board.
3. Process reports of settlement of malpractice claims in the same manner as signed complaints are handled
4. Accept, on the Board's behalf, practice and treatment monitoring reports and any other such reports submitted as required by the Stipulation or Final Board Order, provided such reports are in compliance with the terms of the Stipulation or Final Board Order
5. Initiate complaints and issue 30-day letters to licensees or registrants currently under Stipulation or Final Board Order if, in the opinion of the Program Director or his/her designee, the licensee or registrant has failed to comply with any of the terms of his or her stipulation.
6. Sign Suspension Orders as required by the Child Support Enforcement Program
7. Subpoena documents and gather information in order to assist the Board in carrying out its duties
8. Approve practice monitors for licensees and registrants as required pursuant to Stipulations or Final Board Orders.
9. Sign suspension orders on its behalf
10. Sign cease and desist orders on its behalf.
11. Perform the initial review of complaints relating to the practice of licensees or registrants under the Board's jurisdiction and to issue 30-day letters relating to the complaints.
12. Initiate complaints and issue 30-day letters where otherwise authorized by the Board.
13. Determine non-substantive procedural matters relating to the rendering of initial decisions, including, but not limited to, granting extensions of time for the filing of exceptions, and granting requests for oral argument.
14. Perform additional delegated duties as set forth in Board policies.

15. Make referrals for assessment to the Pharmacy Peer Assistance Diversion Program
16. Suspend the licenses of individuals under Stipulation or Final Board Order if licensee is required to participate in the Pharmacy Peer Assistance Diversion Program as a requirement of his/her Stipulation or Final Board Order and fails to comply with his/her contract with the Rehabilitation Evaluation Committee. The Program Director or his/her designee may lift the Board suspension on such licenses when the licensee has resumed compliance.
17. Release licensees and registrants from the terms of their Stipulations or Final Board Orders provided the licensee submits satisfactory evidence of completion of all terms of the Stipulation or Final Board Order. The Program Director or his/her designee, at his/her discretion, may refer any request for discharge to the Board for review.
18. Deny requests from licensees and registrants for discharge from the terms of Stipulations or Final Board Orders when the licensee or registrant has not completed the terms of the Stipulation or Final Board Order. Requests for early discharge from Stipulations and Final Board Orders shall be denied.
19. Suspend the licenses or registrations of facilities which have been ordered to pay a fine pursuant to a Stipulation or Final Board Order and fail to remit the required payment. In the event the licensee or registrant is to pay the fine in installments, the Program Director or his/her designee may suspend the license or registration if the licensee or registrant fails to remit a required payment. The Program Director or his/her designee may lift the Board suspension on such licenses or registrations when the licensee or registrant has come into compliance with fine requirements.
20. Enter, on its behalf, written agreements with public or private entities whereby the Board may provide information from the Electronic Prescription Drug Monitoring Program that does not identify a patient, prescriber, or dispenser of a prescription drug. Such agreements may only be entered into for the purposes of bona fide research or education pursuant to CRS 12-22-705(5).
21. Notice, on its behalf, proposed rules or proposed amendments or deletions to rules for a hearing before the board pursuant to CRS 24-4-103.
22. In the absence of additional exculpatory evidence or information not previously before the board, reject any counteroffer from respondents with cases at the Office of Expedited Settlement that is not within the board's settlement parameters.
23. Issue on its behalf, the "Board Procedural Order regarding Review of Initial Decision" upon receipt of an Initial Decision from an Administrative Law Judge at the Office of Administrative Courts.

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:

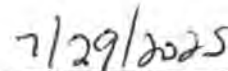
Date of Event/Arrest 07/18/2014	Disposition Date	State NY	City Middletown	County Orange
Case # 27278	Governing, licensing, Arresting Presiding Body/Agency/Court			
Reason/Charge Fined for out of state professional misconduct for discipline that took place in 2008 and 2009.				
Plaintiff/Defendant/Claimant/Respondent The NY State Education Department			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity Medline Industries, Inc.				

Provide explanation below:

Medline paid the \$5,000 fine for the 2008 and 2009 out of state discipline.



Original Signature (electronic, copies or stamps not accepted)



Date


THE STATE EDUCATION DEPARTMENT / THE UNIVERSITY OF THE STATE OF NEW YORK

 OFFICE OF PROFESSIONAL DISCIPLINE
 (212) 921-3872/3873

 1411 BROADWAY - TENTH FLOOR
 NEW YORK, NEW YORK 10018

July 18, 2014

 Medline Industries Inc., Pharmacy Wholesaler
 3301 Route 6
 Middletown, NY 10940

Re: License No. 028250

Dear Sir or Madam:

Enclosed please find Order No. 27278. This letter will explain when the Order regarding the above respondent goes into effect.

If the penalty imposed by the Order is an annulment, revocation, surrender, or an actual suspension (suspension which is not wholly stayed) of your license, you must deliver your license and registration to this Department within ten (10) days after the date of this letter.

In the event you are personally served with the Order, the Order is effective as of the date of the personal service. In the event you are served by certified mail and are not personally served with the Order, the Order is effective five (5) days after the date of this letter. The Order will take effect as indicated in this letter, even if you fail to meet the time requirement of delivering your license and registration to this Department.

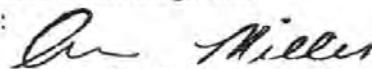
If the penalty imposed by the Order is a revocation or a surrender of your license, you may, pursuant to Rule 24.7 (b) of the Rules of the Board of Regents, a copy of which is attached, apply for restoration of your license after three years have elapsed from the effective date of the Order and the penalty. Please be advised that said application is not granted automatically.

The record and reports of a disciplinary proceeding or resulting voluntary settlement shall be considered matters of public information unless specifically excepted by law or applicable rule or regulation.

Very truly yours,

 DONALD DAWSON
 Director of Investigations

By:


 ARIANA MILLER
 Supervisor

 LJC/AM/nbm
 Enclosure

CERTIFIED MAIL - RRR

 cc: Judith A. Eisen, Esq.
 Garfunkel Wild, P.C.
 111 Great Neck Road
 Great Neck, NY 11021

VOTE AND ORDER

MEDLINE INDUSTRIES INC.

CALENDAR NO. 27278

NEW YORK STATE EDUCATION DEPARTMENT
OFFICE OF PROFESSIONAL DISCIPLINE
STATE BOARD OF PHARMACY

-----X

IN THE MATTER

of the

Disciplinary Proceeding

against

MEDLINE INDUSTRIES INC.

APPLICATION FOR
CONSENT ORDER

CAL. NO. 27278

which is currently registered to operate
as a pharmacy wholesaler in the State of
New York.

-----X

LARA N. SIMMONS states:

That I am President, Quality Assurance and Regulatory Affairs
of **MEDLINE INDUSTRIES INC.**, hereinafter referred to as the
Respondent, and make this application on Respondent's behalf.

That on or about February 21, 2007 Respondent was registered
to operate as a pharmacy wholesaler in the State of New York,
having been issued Registration No. 028250 by the New York State
Education Department.

Respondent is currently registered with the New York State
Education Department to operate as a pharmacy wholesaler in the
State of New York from an address at: 3301 Route 6, Middletown,
New York 10940.

Respondent has been charged with one (1) specification of
professional misconduct, a copy of which is annexed hereto, made
a part hereof, and marked as Exhibit "A". Respondent admits

MEDLINE INDUSTRIES INC.

guilt to the aforesaid specification of professional misconduct, charging it with having been found guilty of improper professional practice or professional misconduct by a duly authorized professional disciplinary agency of another state where the conduct upon which the finding was based would, if committed in New York State, constitute professional misconduct under the laws of New York State (findings of misconduct committed during the period 2008 to 2009 by three separate states which, if committed in New York, would constitute professional misconduct under the Education Law and Commissioner's Regulations).

Respondent hereby agrees to the penalty that it pay a fine in the amount of five thousand dollars (\$5,000.00), said fine to be paid by certified or cashier's check, made payable to the order of the New York State Education Department, to be delivered to the Director, Office of Professional Discipline, 1411 Broadway, 10th Floor, New York, New York 10018-3496, within thirty (30) days after the effective date of the Order to be issued in this matter.

Respondent hereby makes this application to the Board of Regents and requests that it be granted.

Respondent understands that in the event that the Board of Regents denies the application, nothing contained herein shall be binding upon it or construed to be an admission of any act of misconduct alleged or charged against it. Such application shall

MEDLINE INDUSTRIES INC.

not be used against it in any way and shall be kept in strict confidence during the pendency of the disciplinary proceeding, and such denial by the Board of Regents shall be without prejudice to the continuance of the disciplinary proceeding and the final determination by the Board of Regents pursuant to the provisions of the Education Law.

Respondent agrees that in the event the Board of Regents grants its application, as set forth herein, an Order may be issued in accordance with the same. Respondent understands that if and when the Board of Regents grants this application, the entire application shall become a matter of public record.

No promises of any kind were made to Respondent. Respondent is making this application of its own free will and accord and not under duress, compulsion, or restraint of any kind or manner.

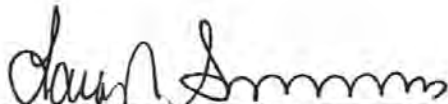

LARA N. SIMMONS

EXHIBIT "A"

MEDLINE INDUSTRIES INC.

SPECIFICATION OF PROFESSIONAL MISCONDUCT

Respondent is charged with having been found guilty of improper professional practice or professional misconduct by a duly authorized professional disciplinary agency of another state where the conduct upon which the finding was based would, if committed in New York State, constitute professional misconduct under the laws of New York State, within the purview and meaning of New York Education Law section 6509(5)(b), in that:

- (a) On or about September 26, 2008, the Department of Health of the State of Florida, a duly authorized disciplinary agency of said state, issued a Final Order against the Respondent (Case No. 2007-11783);
- (b) The conduct upon which said Final Order was based was that (1) Respondent failed to provide in a timely manner documents that were requested and (2) Respondent sold or transferred a legend drug to a person who was not authorized under the law of the jurisdiction in which the person received the drug to purchase or possess legend drugs from the Respondent;
- (c) Said conduct, if committed in New York, would constitute professional misconduct under Section 6509(13) of the Education Law and Part 63.6(c)(5)

of the Commissioner's Regulations;

- (d) On or about May 1, 2008, the Louisiana Board of Wholesale Drug Distributors, a duly authorized disciplinary agency of Louisiana, issued a Consent Order against the Respondent (Administrative Case No. 2008006);
- (e) The conduct upon which said Consent Order was based was that Respondent failed to maintain current customer license documents and/or a current customer listing on-site;
- (f) Said conduct, if committed in New York, would constitute professional misconduct under Part 63.6(c)(5) of the Commissioner's Regulations;
- (g) On or about February 4, 2009, the Wisconsin Pharmacy Examining Board, a duly authorized disciplinary agency of Wisconsin, issued a Final Decision and Order (Case #08-PHM 037);
- (h) The conduct upon which said Decision and Order was based was that when Respondent was inspected by the Wisconsin Department of Regulation and Licensing, it was found that certain policies were missing and that it was storing prescription drugs in a warehouse it shared with another company;
- (i) Said conduct, if committed in New York, would constitute professional misconduct under Part 63.6(c)(4) of the Commissioner's Regulations and

Title 21, Section 205.50, Code of Federal
Regulations (CFR).

NEW YORK STATE EDUCATION DEPARTMENT
OFFICE OF PROFESSIONAL DISCIPLINE
STATE BOARD OF PHARMACY

-----X
IN THE MATTER

of the

Disciplinary Proceeding

against

MEDLINE INDUSTRIES INC.

**APPLICATION FOR
CONSENT ORDER**

CAL. NO. 27278

which is currently registered to operate
as a pharmacy wholesaler in the State of
New York.

-----X
The undersigned agree to the above statement and to the
proposed penalty based on the terms and conditions thereof.

MEDLINE INDUSTRIES INC.

Dated: 2/14 , 2014

BY:

Respondent

Lara N. Simmons
Lara N. Simmons, President, Quality
Assurance and Regulatory Affairs

Dated: 2/18 , 2014

Judith Eisen
Attorney for Respondent

Dated: 2/27 , 2014

Mark B. Cup
Member, State Board of Pharmacy

Dated: 3/6 , 2014

Lawrence A. Mohr
Executive Secretary
State Board of Pharmacy

Dated: 4/23 , 2014

Ramin J. Carter
Director
Office of Professional Discipline

The undersigned, a member of the Board of Regents who has
been designated by the Chairman of the Regents Committee on
Professional Practice to review this Application for a Consent
Order, has reviewed said Application and recommends to the Board
of Regents that the Application be granted.

Dated: 5/2 , 2014

[Signature]
Member, Board of Regents

:ds

Section 24.7 (b) For individuals served prior to June 20, 1997 with an order of revocation, acceptance of surrender, or denial of an application for restoration or reinstatement by vote of the Board of Regents, at least one year shall have elapsed from the date of such service for the acceptance by the department of a petition to the Board of Regents for restoration of a license or certificate, except that a period of time during which the license was suspended during the pendency of the discipline proceeding may reduce the one-year waiting period. For individuals served on or after June 20, 1997 with an with an order of revocation, acceptance of surrender, or denial of an application for restoration or reinstatement by vote of the Board of Regents, at least three years shall have elapsed from the date of such service for the acceptance by the department of a petition to the Board of Regents for restoration of a license or certificate, except that a period of time during which the license was suspended during the pendency of the discipline proceeding may reduce the three-year waiting period. This section shall not apply to restoration of licenses which have been temporarily surrendered pursuant to Education Law, section 6510-b, or Public Health Law, section 230(13).

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:

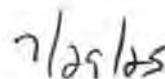
Date of Event/Arrest 12/03/2020	Disposition Date	State IL	City Libertyville	County Lake
Case # A-2020 - 0054 I-2019-0972-B	Governing, licensing, Arresting Presiding Body/Agency/Court			
Reason/Charge Medline was disciplined for making a sale to a customer who did not possess a valid license.				
Plaintiff/Defendant/Claimant/Respondent Ohio Board of Pharmacy			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity Medline Industries, Inc.				

Provide explanation below:

Medline paid the \$250 fine for the 2020 discipline.



Original Signature (electronic, copies or stamps not accepted)



Date



**STATE OF
OHIO**
BOARD OF PHARMACY

December 3, 2020

Medline Industries, Inc.
c/o Willis Ingalls
1501 Harris Rd
Libertyville, IL 60048

RE: Notice of Hearing /Settlement Agreement

Dear Mr. Ingalls,

Enclosed are two documents; review them carefully. The first document is a Notice of Opportunity for Hearing, the second is a Settlement Agreement. Your rights to an administrative hearing are set forth in the first. You may avail yourself of these rights by following the instructions therein. If you choose, you may execute the second document and resolve the issues according to the terms set forth therein. Whichever you choose, you should do so after careful consideration.

Please Note: If you choose to execute the Settlement Agreement, the document should either be scanned and emailed as a PDF to legal@pharmacy.ohio.gov or mailed to **State of Ohio Board of Pharmacy 77 South High Street, 17th Floor Columbus, Ohio 43215-6108**. The Board cannot accept photographs taken of the settlement that are then emailed; sending your document as a JPG will only delay acceptance and processing of the Settlement Agreement. The Settlement Agreement becomes effective upon the date of the Board President's signature, at which time the terms of the Settlement Agreement will also become effective, and the Board-imposed fine (if applicable) will be attached to your license.

If you have questions about your options, you may call the Board office. The office will not give you legal advice. However, we will answer questions you have about the documents.

If you have any questions or concerns, please do not hesitate to contact me.

Sincerely,

Ashley Gilbert, Esq
Senior Legal Counsel

Enclosures: Notice of Opportunity for Hearing
Settlement Agreement

CMRRR: 7020 1290 0001 7946 2853

77 South High Street, 17th Floor, Columbus, Ohio 43215

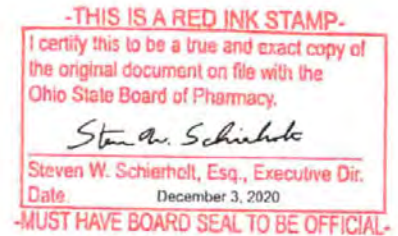
T: (614) 466.4143 | F: (614) 752.4836 | contact@pharmacy.ohio.gov | www.pharmacy.ohio.gov

1893





STATE OF
OHIO
BOARD OF PHARMACY



NOTICE OF OPPORTUNITY FOR HEARING
PROPOSAL TO TAKE DISCIPLINARY ACTION AGAINST LICENSEE

IN THE MATTER OF:

CASE No. A-2020-0054
I-2019-0972-B

Medline Industries, Inc.
c/o Willis Ingalls
1501 Harris Road
Libertyville, IL 60048

License No. 01-1985050

December 3, 2020

Dear Medline Industries, Inc. and Mr. Ingalls:

You are hereby notified, in accordance with the provisions of Section 119.07 of the Ohio Revised Code the State of Ohio Board of Pharmacy (Board) proposes to take action against your license as a Wholesale Distributor of Dangerous Drugs under authority of Section 4729.56 of the Revised Code.

JURISDICTION

1. Pursuant to Section 4729.56 of the Ohio Revised Code (ORC) and the rules adopted thereunder, the Board has the authority to suspend, revoke, or refuse to renew any registration certificate issued to a wholesale distributor of dangerous drugs (WDDD) pursuant to section 4729.52 of the Revised Code or may impose a monetary penalty of forfeiture not to exceed in the severity any fine designated under the Revised Code for a similar offense or \$2,500 if the acts committed have not been classified as an offense by the Revised Code.
2. Medline Industries, Inc., has a current WDDD license with the Board under license number 01-1985050, which lists Willis Ingalls as the Responsible Person.

ALLEGATIONS

1. Medline Industries, Inc., located at 1501 Harris Road, Libertyville, IL, made five illegal sales of dangerous drugs to Columbus Podiatry & Surgery, Inc., located at 117 Lazelle Road, Suite B, Columbus, Ohio, as set forth in Attachment A, attached hereto and incorporated as though fully set forth herein. The sales were made from on or about April 1, 2019 to on or about August 15, 2019, while Columbus Podiatry & Surgery, Inc. was operating without a Board-issued license.

77 South High Street, 17th Floor, Columbus, Ohio 43215

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POTENTIAL VIOLATIONS OF LAW

1. Such conduct as set forth in the Allegations Section, if proven, constitutes a violation of Section 4729.51(B)(1) of the ORC, no wholesale distributor shall possess for sale, sell, or distribute, at wholesale, dangerous drugs or investigational drugs or products to any person other than the following: Subject to division (D) of this section, a licensed terminal distributor of dangerous drugs, each sale being a first-degree misdemeanor, each punishable by a maximum fine of \$5,000 if committed by an organization.
2. Such conduct as set forth in the Allegations Section, if proven, each constitutes a violation of Section 4729.60(A)(1) of the ORC, Before a licensee identified in division (B)(1)(a) of section 4729.52 of the Revised Code may sell or distribute dangerous drugs at wholesale to any person, except as provided in division (A)(2) of this section, the licensee shall query the roster established pursuant to section 4729.59 of the Revised Code to determine whether the purchaser is a licensed terminal distributor of dangerous drugs, each punishable by a maximum fine of \$2,500 if committed by an organization.
3. Such conduct as set forth in the Allegations Section, if proven, each constitutes a violation of Rule 4729:6-3-04 of the OAC, as effective March 1, 2019, each violation punishable by a maximum penalty of \$2,500: Before a drug distributor may sell or distribute dangerous drugs to any person in this state, except as provided in paragraph (C) of this rule, the distributor shall conduct a documented query of a roster maintained by the board to determine if the purchaser is licensed as either:
 - a. A terminal distributor of dangerous drugs...For a limited terminal distributor of dangerous drugs license, a drug distributor shall also review a current version of the licensee's drug list to ensure the purchaser is authorized to possess the drug ordered, OAC Rule 4729:6-3-04(B)(1); and/or
 - b. A distributor of dangerous drugs, OAC Rule 4729:6-3-04(B)(2).
4. Such conduct as set forth in the Allegations Section, if proven, constitutes the following violations of Section 4729.56 of the ORC, each violation punishable by a maximum fine of \$2,500 if committed by an organization:
 - a. Violating any federal, state, or local drug law; any provision of chapter 4729. or Chapter 2925., 3715., or 3719. of the Revised Code; or any rule of the board, ORC Section 4729.56(A)(2)(b); and/or
 - b. Failing to satisfy the qualifications for registration under section 4729.53 of the Revised Code or the rules of the board or ceasing to satisfy the qualifications after the registration is granted or renewed, ORC Section 4729.56(A)(2)(d); and/or
 - c. Any other cause for which the board may impose sanctions as set forth in rules adopted under section 4729.26 of the Revised Code, 4729.56(A)(2)(g).
5. Such conduct as set forth in the Allegations Section, if proven, each constitutes a violation of the following sections of Rule 4729:6-4-01(B)(2) of the OAC, as effective March 1, 2019, violating any federal, state, or local drug law: any provision of chapter 2925., 3715., 3719., or 4729. of the Revised Code, or any rule of the Board, each violation punishable by a maximum penalty of \$1,000 if committed by an organization.

YOU ARE FURTHER NOTIFIED, in accordance with the provisions of Chapters 119. and 4729. of the Ohio Revised Code, that you are entitled to a hearing before the State of Ohio Board of Pharmacy, if you request such a hearing within thirty 30 days of the date of the mailing of this notice.

IF YOU DESIRE A HEARING, such request shall either be mailed to the State of Ohio Board of Pharmacy, Attn: Legal, 77 South High Street, 17th Floor, Columbus, Ohio 43215-6126 or an e-mail request may be sent to legal@pharmacy.ohio.gov (please note faxes will not be accepted). **YOUR REQUEST MUST BE RECEIVED ON OR PRIOR TO THE 30TH DAY FOLLOWING THE MAILING DATE OF THIS NOTICE.** Please note that if you submit a request via email, your request will be acknowledged within one business day of receipt. If you do not receive an acknowledgment, please contact the Board offices at 614-466-4143 and request the legal department. You may appear at such hearing in person, by your attorney, or by such other representative as is permitted to practice before the agency, or you may present your position, arguments or contentions in writing; and, at this hearing, you may also present evidence and examine any witnesses appearing for and against you. If you are a corporation, you must be represented at the hearing by an attorney licensed to practice in the state of Ohio.

YOU ARE FURTHER ADVISED that if there is no request for such a hearing received by the Board on or prior to the 30th day following the mailing of this notice, the State of Board of Pharmacy, upon consideration of the aforementioned allegations against you, may take action without such a hearing.

If you have questions regarding the Chapter 119. Administrative Hearing process, please e-mail your questions to legal@pharmacy.ohio.gov or call the Board office at 614-466-4143 and ask for the legal department.

BY ORDER OF THE STATE BOARD OF PHARMACY



Steven W. Schierholt, Esq., Executive Director

SWS/alg/pac

CMRRR: 7020 1290 0001 7946 2853

Columbus Podiatry & Surgery purchases from Medline							
Wholesaler	Date	Incoice Nubmer	Medication	Strength	Package Size	Quantity	Schedule
Medline	4/17/2019	711524763	Lidocaine	2%	50ML	25	
Medline	5/23/2019	712306555	Kenalog-40	40MG/ML	10ML	2	
Medline	6/10/2019	712686550	Silvadene Cream	1%	50Gm	4	
Medline	6/10/2019	712686550	Kenalog-40	40MG/ML	10ML	3	
Medline	7/10/2019	713344709	Kenalog-40	40MG/ML	10ML	3	
Medline	8/8/2019	714023640	Kenalog-40	40MG/ML	10ML	3	



IN THE MATTER OF:

**CASE No. A-2020-0054
I-2019-0972-B**

Medline Industries, Inc.
c/o Willis Ingalls
1501 Harris Road
Libertyville, IL 60048

License No. 01-1985050

SETTLEMENT AGREEMENT WITH THE STATE OF OHIO BOARD OF PHARMACY

This Settlement Agreement (Agreement) is entered into by the State of Ohio Board of Pharmacy (Board) and Medline Industries, Inc. for the purpose of resolving all issues between the parties relating to the Board investigation of a selling dangerous drugs to an unlicensed entity. Together, the Board and Medline Industries are referred to hereinafter as "the parties."

JURISDICTION

1. Pursuant to Section 4729.56 of the Ohio Revised Code and the rules adopted thereunder, the Board has the authority to suspend, revoke, or refuse to grant or renew any license issued pursuant to Section 4729.52 of the Ohio Revised Code.
2. Medline Industries, LLC, has an active WDDD license with the Board under license number 01-1985050, which lists Willis Ingalls as the Responsible Person.

FACTS

1. The Board initiated an investigation of Medline Industries, WDDD license number 01-1985050, related to the sale of dangerous drugs to an unlicensed entity.
2. On or about December 3, 2020, the Board sent a Notice of Opportunity for Hearing to Medline Industries, which outlined the allegations and provided notice of its right to a hearing, its rights in such hearing, and its right to submit contentions in writing.

WHEREFORE, the parties desire to resolve the issues relating to the above-referenced findings without resorting to further administrative or judicial proceedings.

77 South High Street, 17th Floor, Columbus, Ohio 43215

T: (614) 466.4143 | F: (614) 752.4836 | contact@pharmacy.ohio.gov | www.pharmacy.ohio.gov



TERMS

NOW THEREFORE, in consideration of the mutual promises herein expressed, the parties knowingly and voluntarily agree as follows:

1. The recitals set forth above are incorporated in this Settlement Agreement as though fully set forth herein.
2. Medline Industries neither admits nor denies the allegations stated in the Notice of Opportunity for Hearing letter dated December 3, 2020, however, the Board has evidence sufficient to sustain the allegations, finds them to violate Ohio's pharmacy law as set forth in the Notice, and hereby adjudicates the same.
3. Medline Industries agrees to pay to the Board a monetary penalty the amount of \$250.00. This fine will be attached to your license record and must be paid no later than 30 days from the effective date of this Order. To pay this fine you must login to www.elicense.ohio.gov and process the items in your cart.
4. Medline Industries agrees and acknowledges that this Board disciplinary action must be disclosed to the proper licensing authority of any state or jurisdiction, as required by any such state or jurisdiction, in which it currently holds a professional license, including the Board on renewal applications or applications for a new license.
5. Medline Industries agrees to comply with all federal and state requirements related to Wholesale Distributors of Dangerous Drugs, including but not limited to, Ohio Revised Code Chapter 4729, and the Rules adopted thereunder, Chapter 3719, and the Rules adopted thereunder, Chapter 3715, and the Rules adopted thereunder as well as the "Federal Food, Drug, and Cosmetic Act," 52 Stat. 1040 (1938), 21 U.S.C.A. 301 and Chapter 21, Section 360 of the United States Code, and Section 207.20 of the Code of Federal Regulations. Any violation by Medline Industries of the terms of one or more federal or state requirements may constitute sufficient grounds for further enforcement action related to any licenses granted to Medline Industries by the Board and will NOT discharge Medline Industries from any obligation under the terms of this Agreement.
6. Medline Industries agrees to pay all reasonable costs associated with the collection of any payment, and of the prosecution of any violation of this Agreement.
7. Medline Industries understands that it has the right to be represented by counsel for review and execution of this agreement.
8. This Agreement is binding upon any and all successors, assigns, affiliates, and subsidiaries of the parties or any other corporation through whom or with whom Medline Industries will operate.
9. Medline Industries expressly waives its opportunity to be heard pursuant to Chapter 119, of the Ohio Revised Code and waives any right to appeal.

10. This Agreement may be executed in counterparts or facsimiles, each of which shall be deemed an original, but all of which shall constitute one and the same instrument.
11. All parties to this Agreement understand that this document is a public record pursuant to Ohio Revised Code Section 149.43.
12. This Agreement contains the entire agreement between the parties, there being no other agreement of any kind, verbal or otherwise, which varies the terms of this Agreement.
13. This Agreement shall become effective upon the date of the Board President's signature below.

[SIGNATURE PAGE FOLLOWS]

IN WITNESS WHEREOF, the parties to this Agreement have executed it and/or cause it to be executed by their duly authorized representatives.

Approved by:

Willis A. Ingalls

Willis Ingalls, on behalf of,
Medline Industries, Respondent

1-5-21

Date of Signature

Attorney for Respondent (if applicable)

Date of Signature

Jennifer M. Rudell, RPh, President,
State of Ohio Board of Pharmacy

Date of Signature

Henry Appel, Ohio Assistant Attorney General

Date of Signature

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 11/01/2022	Disposition Date	State OH	City West Jefferson	County Madison
Case # A-2022-0333 I-2022-0624	Governing, licensing, Arresting Presiding Body/Agency/Court			
Reason/Charge See Below				
Plaintiff/Defendant/Claimant/Respondent Ohio Board of Pharmacy			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity Medline Industries, LP				

Provide explanation below:

Medline Industries, LP (OH License #01-30000190) was fined for the alleged sales of dangerous drugs to an unlicensed entity. Medline maintained a physicians license on file versus a Terminal Distributor (TDDD) license. The TDDD was added in May 2022 - prior to this investigation. During the period of July 2021 to March 2022, the customer's TDDD license lapsed and Medline was unaware.

Medline agreed to pay a fine of \$1,125.00 to the Ohio Board of Pharmacy.


Original Signature (electronic, copies or stamps not accepted)

7/29/25
Date



**STATE OF
OHIO**
BOARD OF PHARMACY

IN THE MATTER OF:

**CASE NO. A-2022-0333
I-2022-0624**

**Medline Industries, LP
c/o James Eveland
1040 Enterprise Parkway South
West Jefferson, OH 43162**

License No. 01-30000190

SETTLEMENT AGREEMENT WITH THE STATE OF OHIO BOARD OF PHARMACY

This Settlement Agreement (Agreement) is entered into by the State of Ohio Board of Pharmacy (Board) and Medline Industries, LP, for the purpose of resolving all issues between the parties relating to the Board investigation of illegal sales of dangerous drugs to an unlicensed entity. Together, the Board and Medline Industries, LP are referred to hereinafter as "the parties."

JURISDICTION

1. Pursuant to Section 4729.56 of the Ohio Revised Code and the rules adopted thereunder, the Board has the authority to suspend, revoke, restrict, limit, or refuse to grant or renew any license issued pursuant to Section 4729.52 of the Ohio Revised Code.
2. Medline Industries, LP, is a licensed Distributor of Dangerous Drug, License No. 01-30000190, which lists James Eveland, as the Responsible Person.

FACTS

1. The Board initiated an investigation of Medline Industries, LP, Distributor of Dangerous Drugs License No. 01-30000190, related to Medline Industries, LP's illegal sales of dangerous drugs to an unlicensed entity.
2. On or about September 28, 2022, the Board sent a Notice of Opportunity for Hearing to Medline Industries, LP, which outlined the allegations and provided notice of its right to a hearing, its rights in such hearing, and its right to submit contentions in writing.

WHEREFORE, the parties desire to resolve the issues relating to the above-referenced findings without resorting to further administrative proceedings.

77 South High Street, 17th Floor, Columbus, Ohio 43215

T: (614) 466-4143 | F: (614) 752-4836 | contact@pharmacy.ohio.gov | www.pharmacy.ohio.gov



TERMS

NOW THEREFORE, in consideration of the mutual promises herein expressed, the parties knowingly and voluntarily agree as follows:

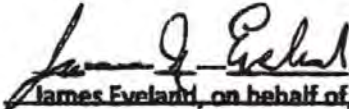
- 1. The recitals set forth above are incorporated in this Settlement Agreement as though fully set forth herein.**
- 2. Medline Industries, LP neither admits nor denies the allegations stated in the Notice of Opportunity for Hearing letter dated September 28, 2022; however, the Board has evidence sufficient to sustain the allegations, finds them to violate Ohio's pharmacy law as set forth in the Notice, and hereby adjudicates the same.**
- 3. Medline Industries, LP agrees to pay to the Board a monetary penalty in the amount of \$1,125.00. This fine will be attached to your license record and must be paid no later than 180 days from the effective date of this Order. To pay this fine you must login to www.elicense.ohio.gov and process the items in your cart.**
- 4. The Board hereby imposes a written reprimand on Medline Industries, LP's WDDD license, number 01-30000190.**
- 5. Medline Industries, LP agrees and acknowledges that this Board disciplinary action must be disclosed to the proper licensing authority of any state or jurisdiction, as required by any such state or jurisdiction, in which it currently holds a professional license, including the Board on renewal applications or applications for a new license.**
- 6. Medline Industries, LP agrees to comply with all federal and state requirements related to Distributors of Dangerous Drugs, including but not limited to, Ohio Revised Code Chapter 4729, and the Rules adopted thereunder, Chapter 3719, and the Rules adopted thereunder, Chapter 3715, and the Rules adopted thereunder as well as the "Federal Food, Drug, and Cosmetic Act," 52 Stat. 1040 (1938), 21 U.S.C.A. 301 and Chapter 21, Section 360 of the United States Code, and Section 207.20 of the Code of Federal Regulations. Any violation by Medline Industries, LP of the terms of one or more federal or state requirements may constitute sufficient grounds for further enforcement action related to any licenses granted to Medline Industries, LP by the Board and will NOT discharge Medline Industries, LP from any obligation under the terms of this Agreement.**
- 7. Medline Industries, LP agrees to pay all reasonable costs associated with the collection of any payment, and of the prosecution of any violation of this Agreement.**
- 8. Medline Industries, LP understands that it has the right to be represented by counsel for review and execution of this agreement.**
- 9. This Agreement is binding upon any and all successors, assigns, affiliates, and subsidiaries of the parties or any other corporation through whom or with whom Medline Industries, LP will operate.**

10. Medline Industries, LP waives its right to a hearing and an opportunity to be heard pursuant to Chapter 119. of the Ohio Revised Code and waives any right to an appeal.
11. This Agreement may be executed in counterparts or facsimiles, each of which shall be deemed an original, but all of which shall constitute one and the same instrument.
12. All parties to this Agreement understand that this document is a public record pursuant to Ohio Revised Code Section 149.43.
13. This Agreement contains the entire agreement between the parties, there being no other agreement of any kind, verbal or otherwise, which varies the terms of this Agreement.
14. If any of the provisions, terms, or clauses of this Agreement are declared illegal, unenforceable, or ineffective by an authority of competent jurisdiction, those provisions, terms, and clauses shall be deemed severable, such that all other provisions, terms, and clauses of this Agreement shall remain valid and binding upon both Parties.
15. This Agreement shall become effective upon the date of the Board President's signature below.

[SIGNATURE PAGE FOLLOWS]

IN WITNESS WHEREOF, the parties to this Agreement have executed it and/or cause it to be executed by their duly authorized representatives.

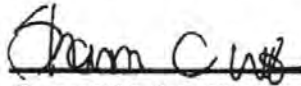
Approved by:


James Eveland, on behalf of,
Medline Industries, LP, Respondent

10-25-2022
Date of Signature

Attorney for Respondent (if applicable)

Date of Signature


Shawn Wilt, RPh, President,
State of Ohio Board of Pharmacy

11.1.2022
Date of Signature

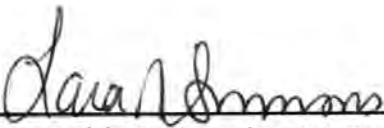
Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement 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 12/21/2022	Disposition Date	State FL	City Miami	County Miami-Dade
Case # 2022-031132	Governing, licensing, Arresting Presiding Body/Agency/Court			
Reason/Charge Accepting a physician license for a facility customer instead of the correct facility license and failure to include NDC numbers on outbound packing slips / invoices.				
Plaintiff/Defendant/Claimant/Respondent State of Florida, Department of Business and Professional Regulation			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity Medline Industries, LP				

Provide explanation below:

Medline Industries, LP (FL WDD #2220297) entered a settlement agreement and agreed to pay a fine of \$6,000 to the FL Dept. of Business and Professional Regulation.


Original Signature (electronic, copies or stamps not accepted)

7/29/25
Date



**STATE OF FLORIDA
DEPARTMENT OF BUSINESS & PROFESSIONAL REGULATION**

**DEPARTMENT OF BUSINESS &
PROFESSIONAL REGULATION,
DIVISION OF DRUGS, DEVICES,
AND COSMETICS,**

Petitioner,

v.

Case No.: 2022-031132

MEDLINE INDUSTRIES, LP,

Respondent,

_____ /

FINAL ORDER

The Department of Business & Professional Regulation, Division of Drugs, Devices, and Cosmetics ("the Department"), in accordance with the provisions of Section 120.57(4), Florida Statutes, hereby enters this Final Order incorporating and adopting, *in toto*, the Settlement Agreement entered into between Medline Industries, LP, and the Department, attached hereto and incorporated by reference.

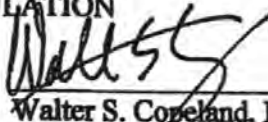
This Final Order is effective on the date it is filed with the Agency Clerk of the Department as indicated on this Final Order.

DONE and ORDERED this 19th day of December, 2022 in Tallahassee, Florida.

MELANIE S. GRIFFIN, SECRETARY

DEPARTMENT OF BUSINESS & PROFESSIONAL
REGULATION

By:


Walter S. Copeland, Director
Division of Drugs, Devices, and Cosmetics

Prepared by:

Anthony Coniglio
DDC Chief Attorney

NOTICE OF RIGHT TO APPEAL

Unless expressly waived, any party adversely affected by this Final Order may seek judicial review by filing an original Notice of Appeal with the Clerk of the Department of Business & Professional Regulation, and a copy of the Notice, accompanied by the filing fees prescribed by law, with the clerk of the appropriate District Court of Appeal within 30 days of the effective date of this order, in accordance with Florida Rule of Appellate Procedure 9.110, and Section 120.68, Florida Statutes.

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that a true and correct copy of this Final Order has been provided by regular US mail to: Corporation Service Company, Registered Agent for Medline Industries, LP, 1201 Hays Street, Tallahassee, Florida 32301 on this 21st day of December, 2022.

By: Brandon M. Nichols
Agency Clerk's Office

RECEIVED

10 09 2022

DRUGS, DEVICES AND COSMETICS

**STATE OF FLORIDA
DEPARTMENT OF BUSINESS & PROFESSIONAL REGULATION**

**DEPARTMENT OF BUSINESS &
PROFESSIONAL REGULATION,
DIVISION OF DRUGS, DEVICES,
AND COSMETICS,**

Petitioner,

Case No.: 2022-031132

v.

MEDLINE INDUSTRIES, LP,

Respondent.

SETTLEMENT AGREEMENT

Pursuant to Section 120.57(4), Florida Statutes, the above-named parties hereby enter into this Settlement Agreement (hereinafter, "this agreement") as disposition of the alleged violations described in the Notice of Violation in case number 2022-031132 (hereinafter, "the allegations"). The terms herein become effective upon rendition of the final order, which shall incorporate this agreement.

The State of Florida, Department of Business & Professional Regulation, Division of Drugs, Devices, and Cosmetics (hereinafter, "the Department") is charged with regulating Drugs, Devices, and Cosmetics pursuant to Section 20.165 and Chapter 499, Florida Statutes.

STIPULATED FACTS

1. Medline Industries, LP (hereinafter, "Respondent") is permitted by the Department as a prescription drug wholesale distributor, having been issued permit number 22:20297.
2. Respondent's address of record is 9670 Northwest 112th Avenue, Miami, Florida 33178.
3. Respondent was issued a Notice of Violation on October 26, 2022, alleging that it committed certain violations of Chapter 499, Florida Statutes, and the administrative rules adopted

pursuant thereto.

CONCLUSIONS OF LAW

4. Respondent, by and through its undersigned agent, admits that it is subject to the applicable provisions of Chapter 499, Florida Statutes, and the relevant jurisdiction of the Department.

5. Respondent neither admits nor denies the allegations in the Notice of Violation issued in case number 2022-031132, but enters into this agreement for the purpose of resolving the issues raised by the Department.

SETTLEMENT TERMS

6. Respondent affirms that it is currently in compliance with Chapter 499, Florida Statutes.

7. Respondent agrees to pay a settlement amount of six thousand dollars (\$6,000.00). Payment of the settlement amount shall be made only by corporate check, cashier's check, or money order to the Professional Regulation Trust Fund, and shall be remitted to The Florida Department of Business & Professional Regulation, Division of Drugs, Devices and Cosmetics, 2601 Blair Stone Road, Tallahassee, Florida 32399-1047, Attention: Kimberley Johnson, Senior Legal Assistant. Respondent acknowledges that payment is enclosed with this agreement. The payment and execution of this agreement by Respondent are absolute conditions precedent to the Department's execution of this agreement.

8. The acceptance of this agreement constitutes disciplinary action within the meaning of Section 499.066, Florida Statutes and Rule 61N-1.024, Florida Administrative Code.

STANDARD PROVISIONS

9. It is expressly understood that a violation of the terms of this agreement shall be considered a violation of Chapter 499, Florida Statutes, for which disciplinary action may be taken.

10. The parties agree that this agreement will be incorporated into a final order that will be filed with the Department agency clerk and will be a public document. The final order will contain no material terms other than those in this agreement. **The final order shall operate to close case number 2022-031132. The final order shall be the final disposition in this proceeding and shall constitute final agency action with respect thereto.**

11. Respondent expressly waives all further procedural steps and expressly waives all rights to seek judicial review of, or to otherwise challenge or contest the validity of, this agreement and the final order in which this agreement is incorporated, provided the final order does not conflict with this agreement.

12. Each party waives the right to seek any attorney's fees or costs from the other party in connection with this proceeding.

13. This agreement may be executed in any number of counterparts including, without limitation, telecopies and facsimile transmission copies, all of which together shall constitute a single document.

14. The parties agree that this agreement represents a fair, appropriate, and reasonable resolution to, and final disposition of, all disputes and matters made subject hereof.

15. The terms and provisions of this agreement are severable and, if any term or provision is declared or deemed void, invalid, illegal, or otherwise unenforceable, then all remaining terms and provisions shall remain in full force and effect.

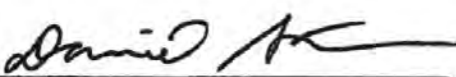
16. It is expressly understood that this agreement is subject to approval of the Division of Drugs, Devices, and Cosmetics, and has no force or effect until the Division accepts this

agreement and adopts it in a final order.

17. The signatories hereto are vested with the authority to execute this agreement on behalf of their respective principals and, as duly designated representatives, to fully bind such principals.

MEDLINE INDUSTRIES, LP,

**FLORIDA DEPARTMENT OF BUSINESS
& PROFESSIONAL REGULATION
DIVISION OF DRUGS, DEVICES,
AND COSMETICS,**

By: 

Name: Daniel Stevens

Title: Manager Regulatory Affairs

Date: 11/18/2022

By: 

Name: Walter Copeland

Title: Division Director

Date: 12.19.2022

Prepared by:

Anthony Coniglio
DDC Legal Chief
Division of Drugs, Devices, and Cosmetics

4QQ

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>Fedex Supply Chain, Inc.</u>		
Physical Address: <u>5885 Sierra Avenue, Suite 200</u>		
City: <u>Fontana</u> State: <u>CA</u> Zip: <u>92336</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>supplychain.fedex.com</u>		
Name of Designated Representative (DR): <u>Daniel Ramirez</u>		
Licensing Company Email: <u>FXS@SLSNY.COM</u> DR Email: <u>daniel.ramirez3@fedex.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: Patients	☒ Dangerous Drugs ☐ Controlled Substances ☒ *Medical devices, equipment, supplies, gases ☐ Others:	☐ Manufacturer ☐ Repacker ☐ Reverse Distributor ☐ Warehouse ☐ Retail pharmacy wholesale distributor ☒ Others: Third Party Logistics Provider

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

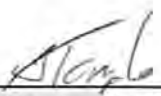
Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement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

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

Date of Event/Arrest	Disposition Date	State CO	City	County
Case # 2018-4829		Governing, licensing, Arresting Presiding Body/Agency/Court State of Colorado		
Reason/Charge Discipline for not submitting a Change of DR application				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity Fedex Supply Chain, Inc.				

Provide explanation below:

See attached supporting documents



 Scott Matthew Temple
 Original Signature (electronic, copies or stamps not accepted)

12/17/24

 Date

BEFORE THE STATE BOARD OF PHARMACY

STATE OF COLORADO

Case No. 2018-4829

STIPULATION AND FINAL AGENCY ORDER

IN THE MATTER OF DISCIPLINARY PROCEEDINGS REGARDING THE NON-RESIDENT WHOLESALER REGISTRATION IN THE STATE OF COLORADO OF FEDEX SUPPLY CHAIN, INC., REGISTRATION NO. WHO 7476,

Respondent Outlet.

IT IS HEREBY STIPULATED AND AGREED by and between the Colorado State Board of Pharmacy ("Board") and FedEx Supply Chain, Inc. ("Respondent Outlet") to resolve all matters pertaining to Board Case Number 2018-4829, 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. (2018).
2. Respondent Outlet was originally registered in the State of Colorado on or about January 13, 2009, being issued registration number WHO 7476, 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 1600 Ruffin Mill Rd., Bldg. E, Colonial Heights, VA 23834.
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, 524 days transpired between December 1, 2014, the date the previous designated representative ceased the position, and October 1, 2016, the date the application and fee were received.
6. On or about June 21, 2018, the Board initiated a complaint against Respondent Outlet because of the delay of 524 days in submitting an application for change in designated representative and fee.

7. Respondent Outlet's conduct, as set forth above, constitutes violations of the following sections of the Colorado Revised Statutes and Board Regulations:

Colorado Revised Statutes

12-42.5-123. Unprofessional conduct - grounds for discipline.

(1) The board may suspend, revoke, refuse to renew, or otherwise discipline any license or registration issued by it, after a hearing held in accordance with the provisions of this section, upon proof that the licensee or registrant:

(c) Has violated:

(II) The lawful rules of the board;

(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 (30) calendar days of such change. The incoming designated representative must undergo the required background check.

TERMS OF DISCIPLINE

8. **Fine with Surcharge.** Pursuant to section 12-42.5-124(5)(a)(I), C.R.S., Respondent Outlet shall pay a fine of One Thousand Dollars and No Cents (\$1,000.00). Respondent Outlet understands and acknowledges that, pursuant to section 24-34-108, C.R.S., the Executive Director of the Department of Regulatory Agencies 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 (WHO 7476) and the case number (2018-4829) on the check.

9. **Compliance.** Respondent Outlet shall report 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 change in designated representative.
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 wholesaler outlets and pharmaceuticals in the State of Colorado.
11. **Advisements and Waivers.** Through its undersigned Authorized Representative, Respondent Outlet enters into this Final Agency Order freely and voluntarily, after having the opportunity to consult with legal counsel and/or choosing not to do so. Respondent Outlet acknowledges its understanding that it has the following rights:
 - a. to have formal notice of hearing and charges served upon it;
 - b. to respond to said formal notice of charges;
 - c. to have a formal disciplinary hearing pursuant to sections 12-42.5-123 and 12-42.5-124, C.R.S.; and
 - d. to appeal this Final Agency Order.

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

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

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

13. **Violations.** Time is of the essence in this Final Agency Order. It is the responsibility of Respondent Outlet to take all appropriate steps to comply fully with this Final Agency Order. Respondent Outlet acknowledges and agrees that any violation of this Final Agency Order shall constitute a willful violation of a lawful Board order, may be sanctioned as provided under section 12-42.5-124(4), C.R.S., and may be sufficient grounds for additional discipline, including but not limited to revocation of Respondent Outlet's registration. The pendency of any suspension or disciplinary action arising out of an alleged violation of this Final Agency Order shall not affect the obligation of Respondent Outlet to comply with all terms and conditions of this Final Agency Order.
14. **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

B. P. Dated: 1/4/19
Authorized Representative
Brendly Pearson / SUP GC
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 10 day of January, 2019.

State Board of Pharmacy

BY: Dmitry Kunin

Dmitry Kunin
Program Director

CERTIFICATE OF SERVICE

This is to certify that I have duly served the within fully executed **STIPULATION AND FINAL AGENCY ORDER** upon all parties herein by electronic means or by depositing copies of same in the United States mail, first class postage prepaid, at Denver, Colorado, this 11th day of January 2019, addressed as follows:

By electronic mail to Respondent:
FedEx Supply Chain, Inc.
Attn: Outlet Manager
1600 Ruffin Mill Rd, Bldg. E
Colonial Heights, VA 23834
Email: FSC-pharmalicensing@fedex.com

John D. Kendzior, Esq.
Reed Smith LLP
Email: JKendzior@reedsmith.com


Agent of the Board

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 04/04/2015	Disposition Date	State OH	City	County
Case # 2015-1334	Governing, licensing, Arresting Presiding Body/Agency/Court OH Board of Pharmacy			
Reason/Charge Discipline				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity Fedex Supply Chain, Inc.				

Provide explanation below:

See attached supporting documents



Scott Matthew Temple

Original Signature (electronic, copies or stamps not accepted)

12/18/21
Date

Discipline (OH)

Steven W. Schlerhoit, Esq.
Executive Director



STATE OF
OHIO
BOARD OF PHARMACY

John R. Kasich
Governor

name prior
11/17

IN THE MATTER OF:

Genco I, Inc.
100 Papercraft Park
Pittsburgh, PA 15238

CASE NO. 2015-1334

WDDD License No. 01-2490200

SETTLEMENT AGREEMENT WITH THE STATE OF OHIO BOARD OF PHARMACY

This Settlement Agreement (Agreement) is entered into by the State of Ohio Board of Pharmacy (OSBP) and Genco I, Inc., for the purpose of resolving all issues between the parties relating to the OSBP investigation of Genco I, Inc. incorrectly answering "No" to the legal question on their WDDD application. Together, OSBP and Genco I, Inc. are referred to hereinafter as "the parties."

JURISDICTION

1. Pursuant to Section 4729.56 of the Ohio Revised Code and the rules adopted thereunder, the OSBP has the authority to suspend, revoke, or refuse to grant or renew any license issued pursuant to Section 4729.56 of the Ohio Revised Code to practice pharmacy the state of Ohio.
2. Genco I, Inc. is a licensed Wholesale Distributor of Dangerous Drugs under license number 01-2490200.

FACTS

1. On or about April 4, 2015, the OSBP initiated an investigation of Genco I, Inc., Wholesale Distributor of Dangerous Drugs license number 01-2490200, related to Genco I, Inc. incorrectly answering "No" to the legal question on their WDDD application.
2. On or about November 9, 2015, the OSBP sent a Notice of Opportunity for Hearing to Genco I, Inc., which outlined the allegations and provided notice of their right to a hearing, their rights in such hearing, and their right to submit contentions in writing.
3. On or about December 8, 2015, Genco I, Inc. timely requested an administrative hearing, which was subsequently scheduled for May 3, 2016.

WHEREFORE, the parties desire to resolve the issues relating to the above-referenced findings without resorting to further administrative or judicial proceedings.

77 South High Street, 17th Floor, Columbus, Ohio 43215



T: (614) 466-4143 | F: (614) 752-4836 | contact@pharmacy.ohio.gov | www.pharmacy.ohio.gov

TERMS

NOW THEREFORE, in consideration of the mutual promises herein expressed, the parties knowingly and voluntarily agree as follows:

1. The recitals set forth above are incorporated in this Settlement Agreement as though fully set forth herein.
2. Genco I, Inc. denies the allegations stated in the Notice of Opportunity for hearing letter dated November 9, 2015; however, the OSBP has evidence sufficient to sustain the allegations and hereby adjudicates the same.
3. Genco I, Inc. agrees to pay to the OSBP the amount of \$2,000.00, by means of a cashier's check made payable to "Treasurer, State of Ohio," mailed with the enclosed form to the OSBP, 77 South High Street, 17th Floor, Columbus, Ohio 43215-6126, no later than 30 days from the effective date of this Agreement.
4. Genco I, Inc. must submit a corrected application and pay the application fee.
5. Genco I, Inc. agrees and acknowledges that this OSBP disciplinary action must be disclosed to the proper licensing authority of any state or jurisdiction in which they currently hold a professional license, as required by law, including the OSBP on renewal applications or applications for a new license.
6. Genco I, Inc. agrees to comply with all federal and state requirements related to Wholesale Distributors of Dangerous Drugs, including but not limited to, Ohio Revised Code Chapter 4729 and the Rules adopted thereunder, Chapter 3719, and the Rules adopted thereunder, Chapter 3715 and the Rules adopted thereunder as well as the "Federal Food, Drug, and Cosmetic Act," 52 Stat. 1040 (1938), 21 U.S.C.A. 301 and Chapter 21, Section 360 of the United States Code, and Section 207.20 of the Code of Federal Regulations. Any violation by Genco I, Inc. of the terms of one or more federal or state requirements may constitute sufficient grounds for further enforcement action related to any licenses granted to Genco I, Inc. by the OSBP and will NOT discharge Genco I, Inc. from any obligation under the terms of this Agreement.
7. Genco I, Inc. agrees to pay all reasonable costs associated with the collection of any payment, and of the prosecution of any violation of this Agreement.
8. Genco I, Inc. understands that they have the right to be represented by counsel for review and execution of this agreement.
9. This Agreement is binding upon any and all successors, assigns, affiliates, and subsidiaries of the parties or any other corporation through whom or with whom Genco I, Inc. will operate.
10. This Agreement may be executed in counterparts or facsimiles, each of which shall be deemed an original, but all of which shall constitute one and the same instrument.

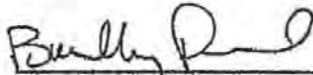
11. All parties to this Agreement understand that this document is a public record pursuant to Ohio Revised Code Section 149.43.

12. This Agreement contains the entire agreement between the parties, there being no other agreement of any kind, verbal or otherwise, which varies the terms of this Agreement.

13. This Agreement shall become effective upon the date of the Board President's signature below.

IN WITNESS WHEREOF, the parties to this Agreement have executed it and/or cause it to be executed by their duly authorized representatives.

Approved by:



Genco I, Inc., Respondent

4/28/16

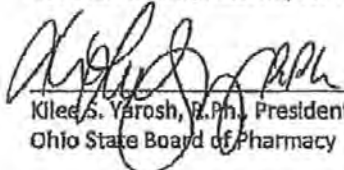
Date of Signature



Lisa Pierce Relsz, Attorney for Respondent

4/29/16

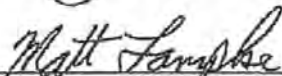
Date of Signature



Kilee S. Yarosh, R.Ph., President,
Ohio State Board of Pharmacy

5/2/16

Date of Signature



Matthew J. Lampke, Ohio Assistant Attorney General

5/2/16

Date of Signature

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: Philips
 Address: 222 Jacob Street City: Cambridge State: MA Zip: 02141
 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): FedEx Supply Chain Holdings, Inc.
 Corporation/Organization Name: Fedex Supply Chain, 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: FXS@SLSNY.COM
 Contact Person Name: Christine Cannon

Section 6: Partnership

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

Section 7: Sole Owner

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

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

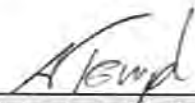
I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application 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.

Fedex Supply Chain, Inc.

Facility Name

Scott Matthew Temple

Print Name of Authorized Person Submitting Application



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

12/19/24

Date

Board Use Only	Date Received: 11/21/25	Amount: \$1000-CH 381
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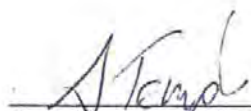


List of Officers

Scott Matthew Temple – CEO/President

Secretary/Vice President – Vacant

Treasurer – Vacant



Scott Matthew Temple 12/26/24
Date

Delaware

The First State

Page 1

I, CHARUNI PATIBANDA-SANCHEZ, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "FEDEX SUPPLY CHAIN, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE SEVENTH DAY OF MAY, A.D. 2025.

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.



2513710 8300

SR# 20252083386

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

A handwritten signature in cursive script, reading "C. P. Sanchez", is written over a horizontal line.

Charuni Patibanda-Sanchez, Secretary of State

Authentication: 203630772

Date: 05-07-25

BOARD OF PHARMACY
LICENSING DETAILS FOR: TPL 1427

NAME: FEDEX SUPPLY CHAIN INC
LICENSE TYPE: THIRD-PARTY LOGISTICS PROVIDER
LICENSE STATUS: CLEAR
ADDRESS
5885 SIERRA AVE STE 200
FONTANA CA 92336
SAN BERNARDINO COUNTY

ISSUANCE DATE
JANUARY 31, 2024
EXPIRATION DATE
JANUARY 1, 2026
CURRENT DATE / TIME
NOVEMBER 5, 2025
11:42:11 AM

LICENSE RELATIONSHIPS

NAME: RAMIREZ, DANIEL
LICENSE/REGISTRATION TYPE: DESIGNATED REPRESENTATIVE (THIRD-PARTY LOGISTICS PROVIDER)
LICENSE NUMBER: 40997 **PRIMARY STATUS:** CLEAR
ADDRESS NOT DISCLOSED



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/17/2025

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

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

PRODUCER MARSH USA, LLC. 6410 Poplar Avenue, Suite 540 Memphis, TN 38119 Attn: Memphis.Certs@marsh.com, P# 866-966-4664	CONTACT NAME: PHONE (A/C, No, Ext): E-MAIL ADDRESS:	FAX (A/C, No):
CN103054409-FedEx-GAW-25-26	INSURER(S) AFFORDING COVERAGE	
INSURED FedEx Supply Chain Distribution System, Inc. 50 Pennwood Place Warrendale, PA 15086	INSURER A: Old Republic Insurance Co	NAIC # 24147
	INSURER B: ACE American Insurance Company	22667
	INSURER C: Indemnity Ins Co Of North America	43575
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** ATL-006096265-01 **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 SUBR INSD WYD	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:		MWZY31577025	10/01/2025	10/01/2026	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 10,000,000 MED EXP (Any one person) \$ 1,000,000 PERSONAL & ADV INJURY \$ EXCLUDED GENERAL AGGREGATE \$ 10,000,000 PRODUCTS - COMPI/OP AGG \$ 10,000,000 \$
A	☒ AUTOMOBILE LIABILITY ☐ ANY AUTO ☐ OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☐ HIRED AUTOS ONLY ☐ NON-OWNED AUTOS ONLY		MWTB31576925	10/01/2025	10/01/2026	COMBINED SINGLE LIMIT (Ea accident) \$ 15,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	☐ UMBRELLA LIAB ☐ OCCUR ☐ EXCESS LIAB ☐ CLAIMS-MADE ☐ DED ☐ RETENTIONS					EACH OCCURRENCE \$ AGGREGATE \$ \$
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 ☐ A	WLRC72797620 (AOS) SCFC72797632 (WI)	10/01/2025 10/01/2025	10/01/2026 10/01/2026	☒ PER STATUTE ☐ OTH-ER E.L. EACH ACCIDENT \$ 5,000,000 E.L. DISEASE - EA EMPLOYEE \$ 5,000,000 E.L. DISEASE - POLICY LIMIT \$ 5,000,000
B	Excess Work Comp & Employers Liability		WCUC72797644 (Excess)(OH) (Self Insured Retention 450,000)	10/01/2025	10/01/2026	Statutory Comp STATUTORY Employers Liability: incls SIR 4,550,000

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

RE: FedEx Supply Chain, Inc. - 12121 Forest Park Drive, Olive Branch, MS 38654
FedEx Supply Chain, Inc. - 5425 Exploration Drive, Indianapolis, IN 46241
FedEx Supply Chain, Inc. - 2901 Black Bridge Road, York, PA 17406
FedEx Supply Chain, Inc. - 5885 Sierra Avenue Ste. 200, Fontana, CA 92336
FedEx Supply Chain, Inc. - 3955 E Holmes Road, Memphis, TN 38118

CERTIFICATE HOLDER NEVADA STATE BOARD OF PHARMACY 985 Damonte Ranch Parkway Suite 206 Reno, NV 89521	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 <i>Marsh USA LLC</i>
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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

09/12/2025

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

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

PRODUCER MARSH USA, LLC. 6410 Poplar Avenue, Suite 540 Memphis, TN 38119 Attn: Memphis.Certs@marsh.com, P# 866-966-4664	CONTACT NAME: PHONE (A/C, No, Ext): E-MAIL: ADDRESS:	FAX (A/C, No):
CN103054409-FedEx-GAW-25-26	INSURER(S) AFFORDING COVERAGE	
INSURED FedEx Supply Chain Distribution System, Inc. 50 Pennwood Place Warrendale, PA 15086	INSURER A: Old Republic Insurance Co	NAIC # 24147
	INSURER B: ACE American Insurance Company	22667
	INSURER C: Indemnity Ins Co Of North America	43575
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES**CERTIFICATE NUMBER:**

ATL-004737175-30

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 SUBR INSD WYD	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:		MWZY31577025	10/01/2025	10/01/2026	EACH OCCURRENCE \$ 10,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ EXCLUDED PERSONAL & ADV INJURY \$ 10,000,000 GENERAL AGGREGATE \$ 10,000,000 PRODUCTS - COMP/OP AGG \$ 10,000,000 \$
A	☒ AUTOMOBILE LIABILITY ☐ ANY AUTO ☐ OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☐ HIRED AUTOS ONLY ☐ NON-OWNED AUTOS ONLY		MWTB31576925	10/01/2025	10/01/2026	COMBINED SINGLE LIMIT (Ea accident) \$ 15,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	☐ UMBRELLA LIAB ☐ OCCUR ☐ EXCESS LIAB ☐ CLAIMS-MADE ☐ DED ☐ RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$
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	WLRC72797620 (AOS) SCFC72797632 (WI)	10/01/2025 10/01/2025	10/01/2026 10/01/2026	☒ PER ☐ OTH-ER E.L. EACH ACCIDENT \$ 5,000,000 E.L. DISEASE - EA EMPLOYEE \$ 5,000,000 E.L. DISEASE - POLICY LIMIT \$ 5,000,000
B	Excess Work Comp & Employers Liability		WCUC72797644 (Excess)(OH) (Self Insured Retention 450,000)	10/01/2025	10/01/2026	Statutory Comp STATUTORY Employers Liability: Inclis SIR 4,550,000

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

Re: Fontana, CA (Fulfillment - ReliefBand)

CERTIFICATE HOLDERNevada State Board of
Pharmacy
431 W. Plumb Lane
Reno, NV 89509**CANCELLATION**

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

AUTHORIZED REPRESENTATIVE

Marsh USA LLC

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Marsh USA Inc.
11001 Lakeline Blvd
Bldg. 1, Suite 200
Austin, TX 78717
Memphis.Certs@marsh.com

MEMO

TO: Whom It May Concern:
DATE: October 1, 2025
FROM: Marsh CSS
SUBJECT: FedEx Supply Chain Distribution System, Inc.
Certificates of Insurance
2025 - 2026 Policy Year

As a FedEx Supply Chain Distribution System, Inc. Certificate Holder, please find attached your company's renewal certificate for the 10/1/2025 – 10/1/2026 policy period.

If you do not require this Certificate of Insurance, we would greatly appreciate you advising such by marking "delete" on the certificate and returning it via email (Memphis.Certs@marsh.com) or fax to (212) 948 0503.

Best regards,

Marsh CSS

VERIFICATION CERTIFICATE FOR INDEFINITE TERM SURETY BOND

THIS IS TO CERTIFY that Bond Number SU1135289 issued by
Arch Insurance Company, as Surety, dated the 17th
day of November, 2017, in the amount of One Hundred Thousand & 00/100 (\$ 100,000.00 Dollars), on behalf
of FedEx Supply Chain, Inc., as Principal,
and in favor of State of Nevada and the Nevada State Board of Pharmacy, as Oblige,
covers a term which began on the 17th day of November, 2017,
and ends only with the cancellation of said bond or other legal termination thereof; and that the said bond
remains in effect, subject to all its agreements, conditions and limitations.

Signed, sealed and dated this 18th day of March, 2024.

Arch Insurance Company
Surety

By: Dana McCaskey
Dana McCaskey, Attorney-in-Fact

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. Not valid for Note, Loan, Letter of Credit, Currency Rate, Interest Rate or Residential Value Guarantees.

POWER OF ATTORNEY

Know All Persons By These Presents:

That the Arch Insurance Company, a corporation organized and existing under the laws of the State of Missouri, having its principal administrative office in Jersey City, New Jersey (hereinafter referred to as the "Company") does hereby appoint:

Adanna Brathwaite, Dana McCaskey and Erin M. Margelis of Washington, DC (EACH)

its true and lawful Attorney(s) in-Fact, to make, execute, seal, and deliver from the date of issuance of this power for and on its behalf as surety, and as its act and deed:

Any and all bonds, undertakings, recognizances and other surety obligations, in the penal sum not exceeding Ninety Million Dollars (90,000,000.00).

This authority does not permit the same obligation to be split into two or more bonds in order to bring each such bond within the dollar limit of authority as set forth herein.

The execution of such bonds, undertakings, recognizances and other surety obligations in pursuance of these presents shall be as binding upon the said Company as fully and amply to all intents and purposes, as if the same had been duly executed and acknowledged by its regularly elected officers at its principal administrative office in Jersey City, New Jersey.

This Power of Attorney is executed by authority of resolutions adopted by unanimous consent of the Board of Directors of the Company on September 15, 2011, true and accurate copies of which are hereinafter set forth and are hereby certified to by the undersigned Secretary as being in full force and effect:

"VOTED, That the Chairman of the Board, the President, or the Executive Vice President, or any Senior Vice President, of the Surety Business Division, or their appointees designated in writing and filed with the Secretary, or the Secretary shall have the power and authority to appoint agents and attorneys-in-fact, and to authorize them subject to the limitations set forth in their respective powers of attorney, to execute on behalf of the Company, and attach the seal of the Company thereto, bonds, undertakings, recognizances and other surety obligations obligatory in the nature thereof, and any such officers of the Company may appoint agents for acceptance of process."

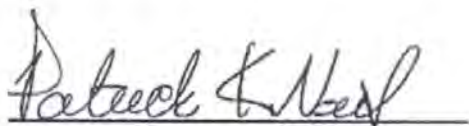
This Power of Attorney is signed, sealed and certified by facsimile under and by authority of the following resolution adopted by the unanimous consent of the Board of Directors of the Company on September 15, 2011:

VOTED, That the signature of the Chairman of the Board, the President, or the Executive Vice President, or any Senior Vice President, of the Surety Business Division, or their appointees designated in writing and filed with the Secretary, and the signature of the Secretary, the seal of the Company, and certifications by the Secretary, may be affixed by facsimile on any power of attorney or bond executed pursuant to the resolution adopted by the Board of Directors on September 15, 2011, and any such power so executed, sealed and certified with respect to any bond or undertaking to which it is attached, shall continue to be valid and binding upon the Company.

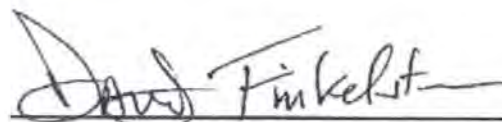
In Testimony Whereof, the Company has caused this instrument to be signed and its corporate seal to be affixed by their authorized officers, this 18th day of March, 2020

Attested and Certified

Arch Insurance Company



Patrick K. Nails, Secretary

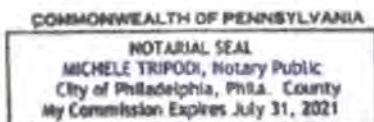
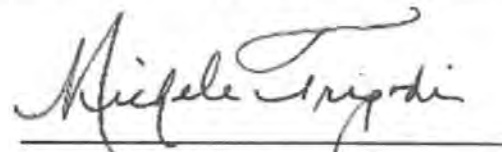



David M. Finkelstein, Executive Vice President

STATE OF PENNSYLVANIA SS

COUNTY OF PHILADELPHIA SS

I, Michele Tripodi, a Notary Public, do hereby certify that Patrick K. Nails and David M. Finkelstein personally known to me to be the same persons whose names are respectively as Secretary and Executive Vice President of the Arch Insurance Company, a Corporation organized and existing under the laws of the State of Missouri, subscribed to the foregoing instrument, appeared before me this day in person and severally acknowledged that they being thereunto duly authorized signed, sealed with the corporate seal and delivered the said instrument as the free and voluntary act of said corporation and as their own free and voluntary acts for the uses and purposes therein set forth.

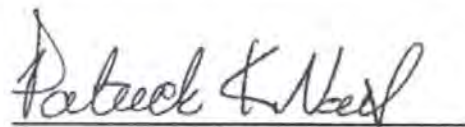



Michele Tripodi, Notary Public
My commission expires 07/31/2021

CERTIFICATION

I, Patrick K. Nails, Secretary of the Arch Insurance Company, do hereby certify that the attached Power of Attorney dated March 18, 2020 on behalf of the person(s) as listed above is a true and correct copy and that the same has been in full force and effect since the date thereof and is in full force and effect on the date of this certificate; and I do further certify that the said David M. Finkelstein, who executed the Power of Attorney as Executive Vice President, was on the date of execution of the attached Power of Attorney the duly elected Executive Vice President of the Arch Insurance Company.

IN TESTIMONY WHEREOF, I have hereunto subscribed my name and affixed the corporate seal of the Arch Insurance Company on this 18th day of March, 2020.



Patrick K. Nails, Secretary

This Power of Attorney limits the acts of those named therein to the bonds and undertakings specifically named therein and they have no authority to bind the Company except in the manner and to the extent herein stated.

PLEASE SEND ALL CLAIM INQUIRIES RELATING TO THIS BOND TO THE FOLLOWING ADDRESS:

Arch Insurance – Surety Division
3 Parkway, Suite 1500
Philadelphia, PA 19102



SURETY RIDER

DUPLICATE

To be attached to and form a part of

Bond No. SU1135289dated
effective November 17, 2017

(MONTH-DAY-YEAR)

executed by FedEx Supply Chain, Inc.

(PRINCIPAL)

, as Principal,

and by Arch Insurance Company

, as Surety,

in favor of State of Nevada and the Nevada State Board of Pharmacy

(OBLIGEE)

in consideration of the mutual agreements herein contained the Principal and the Surety hereby consent to changing

TO ADD THE FOLLOWING LOCATIONS TO THE BOND:

FedEx Supply Chain, Inc. - 1750 Shenango Road, New Galilee, PA 16141
FedEx Supply Chain, Inc. - 2086 Corporate Center Drive W., Tobyhanna, PA 18466
FedEx Supply Chain, Inc. - 3955 E. Holmes Road, Memphis, TN 38118
FedEx Supply Chain, Inc. - 6750 Legacy Blvd., Suite 101, Olive Branch, MS 38654
FedEx Supply Chain, Inc. - 12200 Presidents Ct., Jacksonville, FL 32200
FedEx Supply Chain, Inc. - 5620 Inner Park Drive, Edwardsville, IL 62025
FedEx Supply Chain, Inc. - 700 Commerce Parkway West Dr., Greenwood, IN 46143
FedEx Supply Chain, Inc. - 5885 Sierra Ave., Fontana, CA 92336
FedEx Supply Chain, Inc. - 25300 Globe St., Moreno Valley, CA 92551
FedEx Supply Chain, Inc. - 9570 Logistics Ct., Columbus, OH 43217

Nothing herein contained shall vary, alter or extend any provision or condition of this bond except as herein expressly stated.

This rider
is effectiveOctober 12, 2020

(MONTH-DAY-YEAR)

Signed and Sealed

October 12, 2020

(MONTH-DAY-YEAR)

FedEx Supply Chain, Inc.

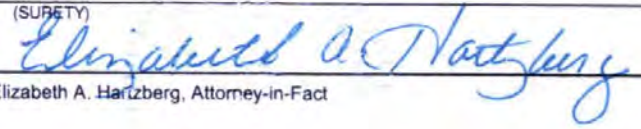
(PRINCIPAL)

By: 

(PRINCIPAL)

Arch Insurance Company

(SURETY)

By: 

Elizabeth A. Hartzberg, Attorney-in-Fact

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. Not valid for Note, Loan, Letter of Credit, Currency Rate, Interest Rate or Residential Value Guarantees.

POWER OF ATTORNEY

Know All Persons By These Presents:

That the Arch Insurance Company, a corporation organized and existing under the laws of the State of Missouri, having its principal administrative office in Jersey City, New Jersey (hereinafter referred to as the "Company") does hereby appoint:

Elizabeth A. Hartzberg, Pamela A. Beelman and Sandra L. Ham of Pittsburgh, PA (EACH)

its true and lawful Attorney(s)-in-Fact, to make, execute, seal, and deliver from the date of issuance of this power for and on its behalf as surety, and as its act and deed. Any and all bonds, undertakings, recognizances and other surety obligations, in the penal sum not exceeding One Hundred Fifty Million Dollars (\$150,000,000.00). This authority does not permit the same obligation to be split into two or more bonds in order to bring each such bond within the dollar limit of authority as set forth herein.

The execution of such bonds, undertakings, recognizances and other surety obligations in pursuance of these presents shall be as binding upon the said Company as fully and amply to all intents and purposes, as if the same had been duly executed and acknowledged by its regularly elected officers at its principal administrative office in Jersey City, New Jersey.

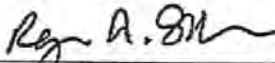
This Power of Attorney is executed by authority of resolutions adopted by unanimous consent of the Board of Directors of the Company on August 31, 2022, true and accurate copies of which are hereinafter set forth and are hereby certified to by the undersigned Secretary as being in full force and effect:

"VOTED, That the Chairman of the Board, the President, or the Executive Vice President, or any Senior Vice President, of the Surety Business Division, or their appointees designated in writing and filed with the Secretary, or the Secretary shall have the power and authority to appoint agents and attorneys-in-fact, and to authorize them subject to the limitations set forth in their respective powers of attorney, to execute on behalf of the Company, and attach the seal of the Company thereto, bonds, undertakings, recognizances and other surety obligations obligatory in the nature thereof, and any such officers of the Company may appoint agents for acceptance of process."

This Power of Attorney is signed, sealed and certified by facsimile under and by authority of the following resolution adopted by the unanimous consent of the Board of Directors of the Company on August 31, 2022:

VOTED, That the signature of the Chairman of the Board, the President, or the Executive Vice President, or any Senior Vice President, of the Surety Business Division, or their appointees designated in writing and filed with the Secretary, and the signature of the Secretary, the seal of the Company, and certifications by the Secretary, may be affixed by facsimile on any power of attorney or bond executed pursuant to the resolution adopted by the Board of Directors on August 31, 2022, and any such power so executed, sealed and certified with respect to any bond or undertaking to which it is attached, shall continue to be valid and binding upon the Company. In Testimony Whereof, the Company has caused this instrument to be signed and its corporate seal to be affixed by their authorized officers, this 25th day of March, 2024.

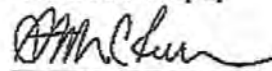
Attested and Certified


Regan A. Shulman, Secretary

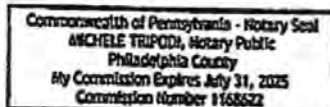
STATE OF PENNSYLVANIA SS
COUNTY OF PHILADELPHIA SS

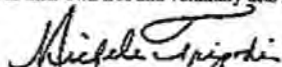


Arch Insurance Company


Stephen C. Ruschak, Executive Vice President

I, Michele Tripodi, a Notary Public, do hereby certify that Regan A. Shulman and Stephen C. Ruschak personally known to me to be the same persons whose names are respectively as Secretary and Executive Vice President of the Arch Insurance Company, a Corporation organized and existing under the laws of the State of Missouri, subscribed to the foregoing instrument, appeared before me this day in person and severally acknowledged that they being thereunto duly authorized signed, sealed with the corporate seal and delivered the said instrument as the free and voluntary act of said corporation and as their own free and voluntary acts for the uses and purposes therein set forth.




Michele Tripodi, Notary Public
My commission expires 07/31/2025

CERTIFICATION

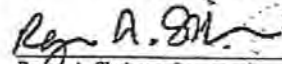
I, Regan A. Shulman, Secretary of the Arch Insurance Company, do hereby certify that the attached Power of Attorney dated March 25, 2024 on behalf of the person(s) as listed above is a true and correct copy and that the same has been in full force and effect since the date thereof and is in full force and effect on the date of this certificate; and I do further certify that the said Stephen C. Ruschak, who executed the Power of Attorney as Executive Vice President, was on the date of execution of the attached Power of Attorney the duly elected Executive Vice President of the Arch Insurance Company.

IN TESTIMONY WHEREOF, I have hereunto subscribed my name and affixed the corporate seal of the Arch Insurance Company on this 20TH day of October, 2020.

This Power of Attorney limits the acts of those named therein to the bonds and undertakings specifically named therein and they have no authority to bind the Company except in the manner and to the extent herein stated.

PLEASE SEND ALL CLAIM INQUIRIES RELATING TO THIS BOND TO THE FOLLOWING ADDRESS:

Arch Insurance - Surety Division
3 Parkway, Suite 1500
Philadelphia, PA 19102


Regan A. Shulman, Secretary



To verify the authenticity of this Power of Attorney, please contact Arch Insurance Company at SuretyAuthentic@archinsurance.com
Please refer to the above named Attorney-In-Fact and the details of the bond to which the power is attached.

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 Fedex Supply Chain, Inc. MDEG License # (if applicable) _____

Physical Address 5885 Sierra Avenue, Suite 200

City Fontana State CA Zip 92336

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 supplychain.fedex.com

Licensing Company Email FXS@SLSNY.COM

Section 2: Personal Information

First Daniel Middle _____ Last Ramirez

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

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

Mailing Address c/o State License Servicing 1751 State Route 17A, Suite 3

City Florida State NY Zip 10921

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

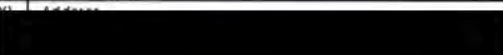
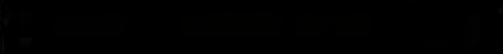
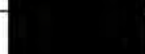
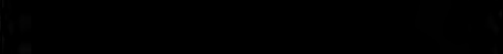
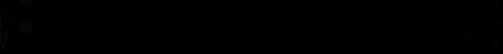
Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)

	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?		

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 Henry J. Kaiser High School		From - To (MM/YY - MM/YY) 06/06 - 05/10	
Address 11155 Almond Ave	City Fontana	State CA	Zip 92337
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) 6/2022-present	Address 	City Fontana	State CA	Zip 
From - To (MM/YY - MM/YY) 11/2015-6/2022	Address 	City Grand Terrace	State CA	Zip 
From - To (MM/YY - MM/YY) 10/2014-11/2015	Address 	City Fontana	State CA	Zip 
From - To (MM/YY - MM/YY) 09/13 - 09/14	Address 	City Rancho Cucamonga	State CA	Zip 
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	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 Fedex Supply Chain, Inc.		From - To (MM/YY - MM/YY) 12/2019-Present	
Business Address 5885 Sierra Avenue, Suite 200		City Fontana	State CA
Phone (951) 337-0512	Title Designated Representative		Zip 92336
Description of Duties Ensure compliant operation of Philips' personal healthcare and medical devices. This is not limited to receiving, processing, audit, loading, and shipping.		Number of Employed Hours 9,440 hours (236 weeks @40 hours/week)	
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	
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: 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:

N/A

Original Signature (electronic, copies or stamps not accepted)

N/A

Date

I, Daniel Ramirez, certify that as the MDEG Administrator for
Fedex Supply Chain, Inc.

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

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

Daniel Ramirez
 Print Name (First, Last)


 Original Signature (electronic, copies or stamps not accepted)

7/9/24
 Date

Board Use Only	Date Received: <u>11/21/25</u>
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NEVADA STATE BOARD OF PHARMACY

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

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler InformationName of Pharmacy/Wholesaler Fedex Supply Chain, Inc.Pharmacy/Wholesaler License # (if applicable) NAPhysical Address 5885 Sierra Avenue, Suite 200City FontanaState CAZip 92336Mailing Address (if different from physical address) c/o State License Servicing 1751 State Route 17A, Suite 3City FloridaState NYZip 10921Telephone (845) 544-2482Website supplychain.fedex.comLicensing Company Email FXS@SLSNY.COM**Section 2: Personal Information**First Daniel

Middle _____

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

Date of Birth _____

SSN or ITIN _____

Sex ☒ M ☐ F ☐ X

Mailing Address _____

City FontanaState CA

Zip _____

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 <u>Henry J. Kaiser High School</u>		From - To (MM/YY - MM/YY) <u>06/05 - 05/10</u>	
Address <u>1155 Almond Ave.</u>	City <u>Fontana</u>	State <u>CA</u>	Zip <u>92337</u>
Diploma/Degree obtained, if any <u>High School Diploma</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			
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
6/2022 - present	[REDACTED]	Fontana	CA	[REDACTED]
11/2015 - 6/2022	[REDACTED]	Grand Terrace	CA	[REDACTED]
10/2014 - 11/2015	[REDACTED]	Fontana	CA	[REDACTED]
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	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 Fedex Supply Chain, Inc.		From - To (MM/YY - MM/YY) 12/2019-Present	
Business Address 5885 Sierra Avenue, Suite 200		City Fontana	State CA
Phone (951) 337-0512	Title Designated Representative		Zip 92336
Description of Duties <i>Oversee the facilities inbound, processing, inventory, and shipping for compliance and performance management.</i>		Number of Employed Hours ~ 9,440 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	
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			

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 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 N/A	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

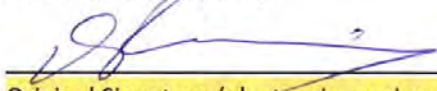
I, Daniel Ramirez, certify that as the designated representative for
Fedex Supply Chain, Inc.

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

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

Daniel Ramirez

Print Name (First, Last)



Original Signature (electronic, copies or stamps not accepted)

10/1/24

Date

General Manager	Seth Reynoso
Assistant General Manager	Daniel Ramirez
Operations Manager	Natalia Vallejo Salvatierra
Operations Manager	Jose Renderos
People Operations Partner	Kerri Martinez
Inventory Supervisor	Daisy Llamas
Quality Supervisor	Thessa Urquia
Data Analyst	Yolanda Liro
Customer Service Spe.	Suni Mejia
Engineer II	David Garcia
1st Shift Supervisor	Julia Morales
1st Shift Supervisor	Braulio Chavez
Lead	Juan Larios
Lead	Norma Flores
Lead	Julian Flores
Shipping & Receiving Clerk	Nora Lopez
Shipping & Receiving Clerk	Estefany Pineda
Shipping & Receiving Clerk	Erika Diaz Ortiz
Shipping & Receiving Clerk	Elizabeth Macedo Brito
Workflow Planner	Nora Lopez
Quality Lead	Tita Panganiban
QA Tech	Abril Otero
Quality Assurance II	Sergio Carcamo
Quality Assurance I	Jesus Montes
Quality Assurance I	Desery Ayala
Safety Coordinator	Jorge Valdez
Continuous Improvement Coor.	Gabriela Duran Martinez
Trainer	William Marroquin
Admin Assistant	Sarai Mercado
People Operations Assistant	Karla Campos Miranda
System Admin	Brian Bargay
Maintenance Tech III	Jeffrey Lethin
Maintenance Tech I	Oscar Mendoza
Warehouse Worker II	Carmen Nunez Rubio
Warehouse Worker I	Dora Medina
Warehouse Worker II	Blanca Gonzalez De Perez
Warehouse Worker II	Alejandra Hernandez
Warehouse Worker II	Ronald Bojorquez
Warehouse Worker II	Mery Degollar Castellares
Warehouse Worker II	Aubrey Bell
Forklift Operator II	Lorenzo Maldonado (
Forklift Operator II	Estela Fuentes
Forklift Operator II	Christian Celis Arcos
Forklift Operator II	Issac Ruelas
Forklift Operator II	Jose Santos
Forklift Operator II	Marisela Reyes
Forklift Operator II	Martin Torres Barrera
Forklift Operator II	Darien Pamplona

Forklift Operator II	Fernando Salas
Forklift Operator II	Oscar Cruzado Munoz
Forklift Operator I	Antonio Jaimes
S&R Clerk (Inbound)	Monica Garcia
Warehouse Worker II	Roxana Ortega
Warehouse Worker II	Esther Espinoza
FLOII (Inbound)	Mayra Melena
FLOII (Inbound)	Juan Serrano
FLOII (Inbound)	Agustin Alvarez
FLOII (Inbound)	Josefina Aguilar
FOII (Inbound)	Jefferson Keefer
FLOII (Inbound)	Luis Brito
Lead IC	Dawn Calvert
Forklift Operator II	Jennifer Beltran
Forklift Operator II	Ronald Pampaloma
Supervisor	German Reyes
Lead	Pablo Ramon
Lead	Sylvia Castellano
Shipping & Receiving Clerk	Liseht Topete
Shipping & Receiving Clerk	Faye Talia
Quality Assurance 1	Elaine Miller
Quality Assurance 1	Telma Valenzuela
Quality Assurance 1	Sandy Cano
Warehouse Worker II	Ikishia Matthews
Warehouse Worker II	Juana Escalante Flores
Warehouse Worker II	Martha Gutierrez DeJaime
Warehouse Worker II	Tracy Grayson
Warehouse Worker II	Maria Cortez Juarez
Warehouse Worker II	Maria Garcia Hurtado
Warehouse Worker II	Emma Anzaldo
Forklift Operator II	Steven Orona
Forklift Operator II	Miguel Vargas
Forklift Operator II	Rosie Delgado
Forklift Operator II	Jaime Lobo Cortez
Forklift Operator II	Monica Aguilar Pacheco
Forklift Operator II	Elizabeth Garibay
Forklift Operator II	Daisy Gonzalez
Forklift Operator II	Charles La Rue
Lead	Reggie Roberts
FLOII	Robert Gabriel
Supervisor	Elizabeth Lopez
Lead	Ethan Pardee
Quality Assurance 1	Valentin Cisneros
S&R Clerk	Jessica Rivera Cervantes
S&R Clerk	Kimberly Verdin
Forklift Operator II	Jesus Miranda Enriquez
Forklift Operator II	Tomasa Gonzalez
Forklift Operator II (INV)	Laura Lopez Vasquez

Warehouse Worker II	Maria Vega
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4RR

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>FedEx Supply Chain, Inc.</u>		
Physical Address: <u>12121 Forest Park Dr</u>		
City: <u>Olive Branch</u> State: <u>MS</u> Zip: <u>38656</u>		
Mailing Address (if different from physical address): <u>145 Lt. George W. Lee Ave.</u>		
City: <u>Memphis</u> State: <u>TN</u> Zip: <u>38103</u>		
Telephone: <u>901-949-6515</u> Website: <u>www.fedex.com</u>		
Name of Designated Representative (DR): <u>Joshua Kurlander</u>		
Licensing Company Email: <u>fsc-pharmalicensing@fedex.com</u> DR Email: <u>joshua.kurlander@fedex.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 # 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 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: N/A - New Facility

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): FedEx Supply Chain Holdings, Inc.

Corporation/Organization Name: FedEx Supply Chain, Inc.

Mailing Address: 145 Lt. George W. Lee Ave.

City: Memphis State: TN Zip: 38103

Telephone: 800-677-3110 Email: fsc-pharmalicensing@fedex.com

Contact Person Name: Joey Yopp

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)	✓	✓	✓	✓
• *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/Fingerprint%20Submission%20Instructions%20-%20Effective%2001.01.2024.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/ .		✓	✓	✓

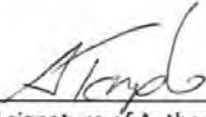
I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application 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.

FedEx Supply Chain, Inc.

Facility Name

Scott M. Temple

Print Name of Authorized Person Submitting Application



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

7/24/2025
Date

Board Use Only	Date Received: <u>8/13/25</u>	Amount: <u>\$1000.00 0001132897</u>
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FedEx Supply Chain, Inc.

FEIN: 25-1766580

Incorporated in the State of Delaware on June 7, 1995

FedEx Supply Chain Holdings, Inc.

Address: 145 Lt. George W, Lee Ave, Memphis, TN 38103

Ownership: 100%

Scott Temple, CEO/President (Effective 01/14/2019)

Business Address: 145 Lt. George W. Lee Ave, Memphis, TN 38103

Business Phone: 800-677-3110

Courtney Keen, CFO/Vice President (Effective 01/01/2024)

Business Address: 145 Lt. George W. Lee Ave, Memphis, TN 38103

Business Phone: 800-677-3110

Secretary - Vacant

Delaware

The First State

Page 1

I, CHARUNI PATIBANDA-SANCHEZ, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "FEDEX SUPPLY CHAIN, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE SEVENTH DAY OF MAY, A.D. 2025.

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.



2513710 8300

SR# 20252083386

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

A handwritten signature in cursive script, reading "C. P. Sanchez".

Charuni Patibanda-Sanchez, Secretary of State

Authentication: 203630772

Date: 05-07-25



MISSISSIPPI

Board of Pharmacy



Permit #
19104 / 16.3a

Drug Facility

3rd Party Logistics (Non-Resident)

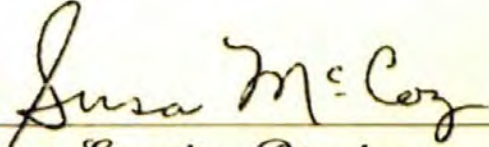
FedEx Supply Chain, Inc.

Permit Holder:
Joshua Steven Kurlander

12121 Forest Park Ave
Olive Branch, MS 38654
DeSoto

This permit is not transferable or assignable.

Issued: 06/18/2025
Renewed: 06/18/2025
Expires: 12/31/2025


Executive Director

Mississippi Board of Pharmacy | 6360 I-55 North | Suite 400 | Jackson, MS 39211
Phone: 601-899-8880 | Fax: 601-899-8851



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
10/17/2025

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

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

PRODUCER MARSH USA, LLC. 6410 Poplar Avenue, Suite 540 Memphis, TN 38119 Attn: Memphis.Certs@marsh.com, P# 866-966-4664 CN103054409-FedEx-GAW-25-26	CONTACT NAME: PHONE (A/C, No, Ext): E-MAIL ADDRESS: INSURER(S) AFFORDING COVERAGE INSURER A: Old Republic Insurance Co INSURER B: ACE American Insurance Company INSURER C: Indemnity Ins Co Of North America INSURER D: INSURER E: INSURER F:	FAX (A/C, No): NAIC # 24147 22667 43575
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COVERAGES **CERTIFICATE NUMBER:** ATL-006096265-01 **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 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:		MWZY31577025	10/01/2025	10/01/2026	EACH OCCURRENCE \$ 10,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ EXCLUDED PERSONAL & ADV INJURY \$ 10,000,000 GENERAL AGGREGATE \$ 10,000,000 PRODUCTS - COMP/OP AGG \$ 10,000,000
A	☒ AUTOMOBILE LIABILITY ☒ ANY AUTO ☐ OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☐ HIRED AUTOS ONLY ☐ NON-OWNED AUTOS ONLY		MWTB31576925	10/01/2025	10/01/2026	COMBINED SINGLE LIMIT (Ea accident) \$ 15,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	☐ UMBRELLA LIAB ☐ OCCUR ☐ EXCESS LIAB ☐ CLAIMS-MADE DED RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$
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	WLRC72797620 (AOS) SCFC72797632 (WI)	10/01/2025 10/01/2025	10/01/2026 10/01/2026	☒ PER STATUTE ☐ OTH-ER E L EACH ACCIDENT \$ 5,000,000 E L DISEASE - EA EMPLOYEE \$ 5,000,000 E L DISEASE - POLICY LIMIT \$ 5,000,000
B	Excess Work Comp & Employers Liability		WCUC72797644 (Excess)(OH) (Self Insured Retention 450,000)	10/01/2025	10/01/2026	Statutory Comp STATUTORY Employers Liability: Incis SIR 4,550,000

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

RE: FedEx Supply Chain, Inc. - 12121 Forest Park Drive, Oliva Branch, MS 38654
FedEx Supply Chain, Inc. - 5425 Exploration Drive, Indianapolis, IN 46241
FedEx Supply Chain, Inc. - 2901 Black Bridge Road, York, PA 17406
FedEx Supply Chain, Inc. - 5885 Sierra Avenue Ste. 200, Fontana, CA 92336
FedEx Supply Chain, Inc. - 3955 E Holmes Road, Memphis, TN 38118

CERTIFICATE HOLDER

NEVADA STATE BOARD OF PHARMACY
985 Damonite Ranch Parkway Suite 206
Reno, NV 89521

CANCELLATION

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

AUTHORIZED REPRESENTATIVE

Marsh USA LLC

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NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane

Reno, NV 89509

(775) 850-1440

Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. 108296179

Application/License No. _____

Federal Express Corporation, doing or intending to do business as a
Applicant/Principal
pharmaceutical wholesaler, whose address for purposes of service is
12121 Forest Park Drive, Olive Branch, MS 38654, as

PRINCIPAL, and Travelers Casualty and Surety Company of America, a
Address of Applicant/Principal
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 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 July 14, 2025.
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
14 day of July, 2025.

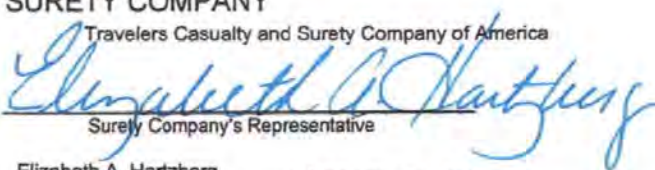
APPLICANT/PRINCIPAL

Federal Express Corporation


Authorized Representative

SURETY COMPANY

Travelers Casualty and Surety Company of America


Surety Company's Representative

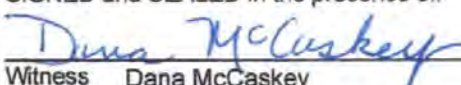
Elizabeth A. Hartzberg, Attorney-in-fact
print name

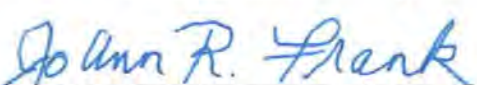
SIGNED and SEALED in the presence of:

Witness

Witness

SIGNED and SEALED in the presence of:


Witness Dana McCaskey


Witness JoAnn R. Frank

Countersigned by:

N/A

Nevada Resident Agent

N/A

TRAVELERS
Travelers Casualty and Surety Company of America
Travelers Casualty and Surety Company
St. Paul Fire and Marine Insurance Company
POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS: That Travelers Casualty and Surety Company of America, Travelers Casualty and Surety Company, and St. Paul Fire and Marine Insurance Company are corporations duly organized under the laws of the State of Connecticut (herein collectively called the "Companies"), and that the Companies do hereby make, constitute and appoint Elizabeth A. Hartzberg of Pittsburgh, Pennsylvania, 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.

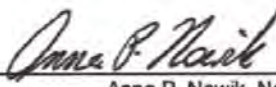
By: 

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 14th day of July, 2025.

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.



POWER OF ATTORNEY

Certificate No. 8204886

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

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, Elizabeth A. Hartzberg

all of the city of Pittsburgh state of Pennsylvania each individually if there be more than one named, its true and lawful attorney-in-fact to make, execute, seal, acknowledge and deliver, for and on its behalf as surety and as its act and deed, any and all undertakings, bonds, recognizances and other surety obligations, in pursuance of these presents and shall be as binding upon the Companies as if they have been duly signed by the president and attested by the secretary of the Companies in their own proper persons

IN WITNESS WHEREOF, this Power of Attorney has been subscribed by an authorized officer or official of the Companies and the corporate seals of the Companies have been affixed thereto this 1st day of July, 2024



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

By: Nathan J. Zangerle
Nathan J. Zangerle, Assistant Secretary

STATE OF PENNSYLVANIA ss
COUNTY OF MONTGOMERY

On this 1st day of July, 2024, before me personally appeared Nathan J. Zangerle, 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, 2029
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 Nathan J. Zangerle, 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 25th day of July, 2025



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

431 W Plumb Lane

Reno, NV 89509

(775) 850-1440

Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. 108296179

Application/License No. _____

Federal Express Corporation, doing or intending to do business as a
Applicant/Principal
pharmaceutical wholesaler, whose address for purposes of service is
12121 Forest Park Drive, Olive Branch, MS 38654, 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 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 July 14, 2025.

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 imposed pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

THIS BOND is subject to the following conditions:

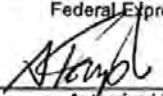
- (1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability 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 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
14 day of July, 2025.

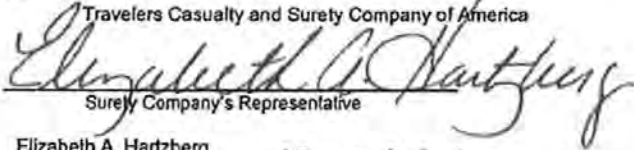
APPLICANT/PRINCIPAL

Federal Express Corporation


Authorized Representative

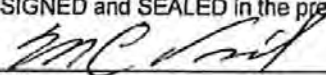
SURETY COMPANY

Travelers Casualty and Surety Company of America


Surety Company's Representative

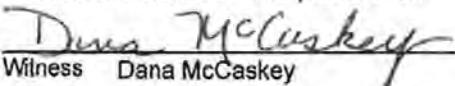
Elizabeth A. Hartzberg, Attorney-in-fact
print name

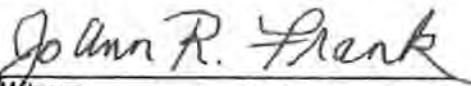
SIGNED and SEALED in the presence of:


Witness


Witness

SIGNED and SEALED in the presence of:


Witness Dana McCaskey


Witness JoAnn R. Frank

Countersigned by:

N/A

Nevada Resident Agent

N/A

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 FedEx Supply Chain, Inc. MDEG License # (if applicable) _____
Physical Address 12121 Forest Park Dr.
City Olive Branch State MS Zip 38654
Mailing Address (if different from physical address) 145 Lt. George W. Lee Ave.
City Memphis State TN Zip 38103
Telephone 800-677-3110 Website www.fedex.com
Licensing Company Email fsc-pharmalicensing@fedex.com

Section 2: Personal Information

First Joshua Middle Steven Last Kurlander
Alias(es, nicknames, name changes, etc.) _____
Date of Birth _____ SSN or ITIN _____ Sex ☒ M ☐ F ☐ X
Mailing Address _____
City Byhalia State MS Zip _____
Telephone _____ Email joshua.kurlander@fedex.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 MERRIMACK High School		From - To (MM/YY - MM/YY) 03/94 - 06/97	
Address 38 McELWAIN ST	City MERRIMACK	State NH	Zip 03054
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) 06/20 -	Address [REDACTED]	City BYALATA	State MS	Zip [REDACTED]
From - To (MM/YY - MM/YY) 11/19 - 06/20	[REDACTED]	City OLIVE BRANCH	State MS	[REDACTED]
From - To (MM/YY - MM/YY) 08/17 - 11/19	[REDACTED]	City STOCKBRIDGE	State GA	[REDACTED]
From - To (MM/YY - MM/YY) 05/17 - 08/17	[REDACTED]	City McDONOUGH	State GA	[REDACTED]
From - To (MM/YY - MM/YY) 05/06 - 05/17	[REDACTED]	City LARGO	State FL	[REDACTED]
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip

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

Business Name		From - To (MM/YY – MM/YY)	
See attached resume.			
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			
Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			
Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			
Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			
Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			
Continue on next page if additional space is needed.			

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

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

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

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

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

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)

7/15/2025
Date

I, Joshua Kurlander, certify that as the MDEG Administrator for
FedEx Supply Chain, Inc.

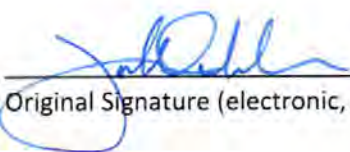
that I (initial that you have read and meet the following requirements):

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

Joshua Kurlander

Print Name (First, Last)



Original Signature (electronic, copies or stamps not accepted)

7/15/2025

Date

Board Use Only

Date Received: 8/13/25

Josh Kurlander

Operations Manager

Dynamic and skillful inventory management professional with nearly 15 years of experience supporting operations in a busy retail environment. Communicative and personable with an aptitude for monitoring analytics to resolve issues and improve performance. Motivational mentor, trusted partner, and strategic planner adept at leading diverse teams of individuals to meet and exceed organizational goals. *Proven expertise in:*

- Inventory Control & Management
 - Cross-Functional Leadership
 - Strategic Planning & Forecasting
 - Stakeholder Communication
 - Root Cause Analysis
 - Staff Training & Development
 - Performance Management
 - Customer Service
-

PROFESSIONAL EXPERIENCE

FedEx Supply Chain

November 2019 to Current

Assistant General Manager: Healthcare, 05-2021 to Present.

Oversee all daily operations for the four Healthcare Customers through consistent monitoring utilization of the Operational Leadership team consisting of four operational managers and one Inventory Control Manager.

Work with the operational team and existing customers to develop plans of continuous improvements to the processes to meet SLA metrics. Identify Gaps in contracts and address to ensure SLA metrics are agreed to and attainable for each business unit.

Assist in implementation of New Business to FSC, representing operations as a subject matter expert for the Healthcare vertical.

Coordinate trainings over multiple areas to develop and identify potential growth and cross training opportunities for the business.

Operations Manager: Healthcare, 11-2019 to 05-2021.

Oversee all daily operations for the W.L. Gore customer through utilization of a team of Supervisors for both Domestic and International Shipping, including all Inbound Receiving Partner with customer for planning of continuous business improvements over all operational areas of the business unit

Develop plans for execution of processes to meet SLA metrics

Assist in implementation of Change Control request from customer to FSC over multiple aspects of the business

Coordinate trainings over multiple areas to develop and identify potential growth and cross training opportunities for the business.

...continued...

Key Contributions:

- Optimized processes, decreasing SLA impact, doubling monthly achieved KPI average from 4 per month to 8 per month.
- Received Bravo Zulu Award for Leading IFU VAS Project through to completion as acting Project Manager overseeing members from IT, Quality and Operations.
- Developed additional Work Instructions to solution facility wide gaps in afterhours escalation process.
- Addressed Inbound and Domestic Outbound Flow/Layouts to increase productivity through streamlining processes and removal of additional steps.

GEODIS AMERICAS

April 2019 to November 2019

Assistant Operations Manager, 2019 to Present

Coordinates distribution and warehousing in a cross-dock operation
Confers with customers and representatives of associated industries to evaluate and promote improved and expanded services in the area
Develops plans for efficient use of materials, equipment and employees
Reviews costs and makes changes/recommendations to maintain and enhance profitable operation of divisions

Key Contributions:

- Optimized picking process increasing productivity from 35% weekly to average 85% or above weekly picker average monitored through Red Prairie
- Increased outbound load output through picker cubing increasing loaders performance to average 120% performance from 50% performance standards.

The Home Depot

March 2005 to November 2018

Operations Manager, Key 1, 2017 to 2018

Own responsibility for implementing process improvements to increase productivity of the warehouse in McDonough, Georgia.

Oversee activities of 10 warehouse supervisors and 103 general warehouse associates. Work closely with third-party contractors to ensure proper functioning of equipment and facilities. Interface with human resources department to identify staffing needs and contribute to hiring and onboarding process. Monitor worker's compensation cases to mitigate risks.

Key Contributions:

- Optimized scanline process increasing productivity 75% over previous fiscal year.

- Direct the turnover of over \$700M worth of inventory per year.
- Conduct reviews of recycling program to increase overall dividends.

Operations Manager, 2013 to 2017

Supervised a team of and designed business methods, procedures, and systems to enhance operations for the store in Saint Petersburg, Florida.

Led training sessions covering hazardous material handling and systems management. Ensured staff complied with company standard operating procedures. Forecasted freight trends to maintain staffing requirements and prepare for busy seasons.

Key Contributions:

- Managed a rotating 10 million dollars of inventory for the eighth busiest store in the nation.
- Led cross-functional teams in the development of solutions to resolve recurring issues.
- Optimized in-stock status and increased annual sales from \$66M to \$100M.

Freight Team Supervisor, 2005 to 2013

Directed freight handling, product storage, and event coordination while fulfilling all opening and closing duties.

Collaborated with management teams to conduct annual reviews of employee performance. Trained new hires in company policies and procedures. Supervised all clean ups to verify compliance with OSHA standards.

Key Contributions:

- Restructured receiving processes to increase department productivity by 50%.
- Promoted to position after just three months as Freight Team Associate.

CERTIFICATIONS & TRAINING

HAZMAT Procedures Annual Training 2005-2019

Forklift/Lift Operator & Trainer

Yard Management Systems

WMS (Warehouse Management Systems)

Red Prairie

Web Synapse

Citrix

Manhattan

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 FedEx Supply Chain, Inc.

Pharmacy/Wholesaler License # (if applicable) _____

Physical Address 12121 Forest Park Dr.

City Olive Branch

State MS

Zip 38654

Mailing Address (if different from physical address) 145 Lt. George W. Lee Ave.

City Memphis

State TN

Zip 38103

Telephone 800-677-3110

Website www.fedex.com

Licensing Company Email fsc-pharmalicensing@fedex.com

Section 2: Personal Information

First Joshua

Middle Steven

Last Kurlander

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

Date of Birth _____

SSN or ITIN _____

Sex ☒ M ☐ F ☐ X

Mailing Address _____

City Byhalia

State MS

Zip _____

Telephone _____

Email joshua.kurlander@fedex.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 McKIMMACK High School		From - To (MM/YY - MM/YY) 09/94 - 06/97	
Address 38 McELWAIN ST	City McKIMMACK	State NY	Zip 03054
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY - MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY - MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY - MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY - MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

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

From - To (MM/YY - MM/YY) 06/20 -	Address	City BYHALIA	State MS	Zip
From - To (MM/YY - MM/YY) 11/19 - 06/20	Address	City OLIVE BRANCH	State MS	
From - To (MM/YY - MM/YY) 08/17 - 11/19	Address	City STOCKBRIDGE	State GA	
From - To (MM/YY - MM/YY) 05/17 - 08/17	Address	City McDONOUGH	State GA	
From - To (MM/YY - MM/YY) 05/06 - 05/17	Address	City LARGO	State FL	
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	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 See attached resume.		From - To (MM/YY – MM/YY)	
Business Address		City	State Zip
Phone	Title	Number of Employed Hours	
Description of Duties			
Business Name		From - To (MM/YY – MM/YY)	
Business Address		City	State Zip
Phone	Title	Number of Employed Hours	
Description of Duties			
Business Name		From - To (MM/YY – MM/YY)	
Business Address		City	State Zip
Phone	Title	Number of Employed Hours	
Description of Duties			
Business Name		From - To (MM/YY – MM/YY)	
Business Address		City	State Zip
Phone	Title	Number of Employed Hours	
Description 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: 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)

7/15/2025
Date

I, Joshua Kurlander, certify that as the designated representative for
FedEx Supply Chain, Inc.

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

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

Joshua Kurlander

Print Name (First, Last)


Original Signature (electronic, copies or stamps not accepted)

Date

7/15/2025

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

Joshua Kurlander

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

Date

7/15/2025

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

State of Mississippi, ss. County of Desoto

I, Joshua Kurlander, 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

7/15/2025

Subscribed and Sworn to before me this 15th day of July.

Notary Public Signature



(Seal)

FedEx Supply Chain, Inc.
12121 Forest Park Dr.
Olive Branch, MS 38654

List of Employees

Joshua Kurlander, General Manager, DR

*Note: this facility is not open and has not been staffed yet.

4SS

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>Giving Home Medical Equipment, LLC</u>		
Physical Address: <u>8601 Cross Park Dr. Ste 200</u>		
City: <u>Austin</u> State: <u>TX</u> Zip: <u>78754</u>		
Mailing Address (if different from physical address): _____		
City: _____ State: _____ Zip: _____		
Telephone: <u>888-718-7772</u> Website: <u>www.givinghomehealthcare.com/giving-hme</u>		
Name of Designated Representative (DR): <u>Price Wooding</u>		
Licensing Company Email: <u>price.wooding@givinghme.com</u> DR Email: <u>price.wooding@givinghme.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>Intra-company</u>	☐ Dangerous Drugs ☐ Controlled Substances ☒ ^a 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: McKesson
Address: 6555 State Highway 161 City: Irving State: TX Zip: 75039
Name: Drive Devilbiss Healthcare
Address: 99 Seaview Boulevard City: Port Washington State: NY Zip: 11050
Name: Pride Mobility
Address: 401 York Ave City: Duryea State: PA Zip: 18642
Name: React Health
Address: 5475 Rings Rd Ste 550 City: Dublin State: OH Zip: 43017

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): New Giving Aquisitions, Inc
Corporation/Organization Name: Giving Home Medical Equipment, LLC
Mailing Address: 835 W 6th St Ste 1450
City: Austin State: TX Zip: 78703
Telephone: 888-718-7772 Email: admin@givinghme.com
Contact Person Name: Price Wooding

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/bopnv.gov/content/Services/newapps/Fingerprint%20Submission%20Instructions%20-%20Effective%2001.01.2024.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/ .		✓	✓	✓

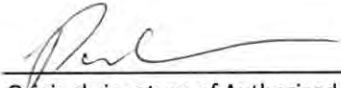
I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application 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.

Giving Home Medical Equipment, LLC

Facility Name

Price Wooding

Print Name of Authorized Person Submitting Application



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

08/20/2025

Date

Board Use Only

Date Received: 8/26/25

Amount: 100000

Responsible Party Listing

Executive Officers of Applicant - Giving Home Medical Equipment, LLC

First Name: Lew

Last Name: Little, Jr.

Social Security Number: [REDACTED]

Title: President and Chief Executive Officer

Mailing Address: [REDACTED]

City, State, and Zip Code: [REDACTED]

Phone Number: [REDACTED]

Email Address: lewl@givinghmc.com

Ownership: ~3.4% of New Giving Acquisition, Inc. (parent of applicant)

First Name: Stefanie

Last Name: Cavanaugh

Social Security Number: [REDACTED]

Title: Chief Financial Officer

Mailing Address: [REDACTED]

City, State, and Zip Code: [REDACTED]

Phone Number: [REDACTED]

Email Address: stefaniec@givinghmc.com

Ownership: ~1.4% of New Giving Acquisition, Inc. (parent of applicant; not fully vested)

First Name: Benjamin

Last Name: Hanson

Social Security Number: [REDACTED]

Title: Chief Operating Officer

Mailing Address: [REDACTED]

City, State, and Zip Code: [REDACTED]

Phone Number: [REDACTED]

Email Address: bhanson@givinghnc.com

Ownership: ~3.3% of New Giving Acquisition, Inc. (parent of applicant)

First Name: Price

Last Name: Wooding

Social Security Number: [REDACTED]

Title: Executive Director

Mailing Address: [REDACTED]

City, State, and Zip Code: [REDACTED]

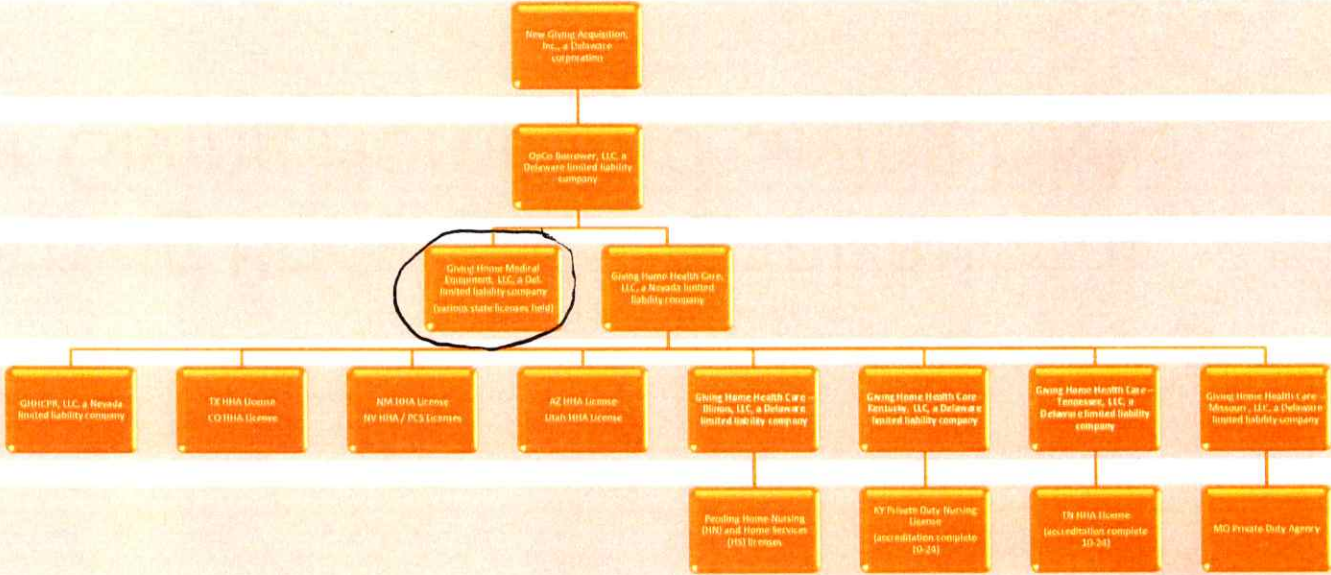
Phone Number: [REDACTED]

Email Address: price.wooding@givinghme.com

Ownership: None



Executive Compliance Committee reports to Governing Board



Delaware

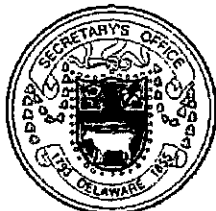
The First State

Page 1

I, CHARUNI PATIBANDA-SANCHEZ, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "GIVING HOME MEDICAL EQUIPMENT, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE EIGHTEENTH DAY OF AUGUST, A.D. 2025.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "GIVING HOME MEDICAL EQUIPMENT, LLC" WAS FORMED ON THE TWENTIETH DAY OF JUNE, A.D. 2024.

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



4001655 8300

SR# 20253701234

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

A handwritten signature in cursive script, reading "C. B. Sanchez", is written over a horizontal line.

Charuni Patibanda-Sanchez, Secretary of State

Authentication: 204500538

Date: 08-18-25

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 **Giving Home Medical Equipment, LLC** as a FOREIGN LIMITED-LIABILITY COMPANY duly organized or formed and existing, or duly qualified or registered, as applicable, under and by virtue of the laws of the State of Nevada since 07/02/2024, and in good standing in this State.



Certificate Number: B202508186006948

You may verify this certificate

online at <https://www.nvsilverflume.gov/home>

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of this State, at my office on 08/18/2025.

FRANCISCO V. AGUILAR
Secretary of State

- ★ Please contact Drugs and Food Safety Licensing Branch at (512) 834-6727 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 <https://www.dshs.texas.gov/medical-device-manufacturers-distributors>.
- ★ Please submit written notice if you close or sell your business. You can email us at drugs-foodsafety@dshs.texas.gov.
- ★ If you have any questions or desire additional information concerning the application process or this license, please contact the Drugs and Food Safety Licensing Branch 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.

GIVING HOME MEDICAL EQUIPMENT LLC
8601 CROSS PARK DR STE 200
AUSTIN TX 78754

TEXAS DEPARTMENT OF STATE HEALTH SERVICES
REGULATORY LICENSING UNIT

GIVING HOME MEDICAL EQUIPMENT LLC

8601 CROSS PARK DR STE 200
AUSTIN, TX 78754

Pursuant to Health and Safety Code Chapter 481a (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:

DEVICE DISTRIBUTOR

License # 1003514
Expires: September 8, 2026

NON-TRANSFERABLE

Commissioner

2003

514573



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
9/25/2025

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 Alliant Insurance Services, Inc. 353 N. Clark St., 11th Fl Chicago IL 60654	CONTACT NAME: Tyler Takahashi PHONE (A/C, No, Ext): FAX (A/C, No): E-MAIL ADDRESS: Tyler.Takahashi@alliant.com
INSURED Giving Home Medical Equipment LLC 835 W 6th Street, Suite 1450 Austin, TX 78703	License#: 0C36861 NEWGM-01
INSURER(S) AFFORDING COVERAGE	
INSURER A: Technology Insurance Company I	
INSURER B: Lloyd's of London	
INSURER C: Security National Insurance Co	
INSURER D:	
INSURER E:	
INSURER F:	

COVERAGES

CERTIFICATE NUMBER: 2131123118

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
B	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: ☒ POLICY ☐ PRO-JECT ☐ LOC OTHER:		TBD	9/26/2025	9/26/2026	EACH OCCURRENCE \$2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$250,000 MED EXP (Any one person) \$5,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$4,000,000 PRODUCTS - COMP/OP AGG \$4,000,000 \$
B	☐ AUTOMOBILE LIABILITY ☐ ANY AUTO ☐ OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☒ HIRED AUTOS ONLY ☒ NON-OWNED AUTOS ONLY		TBD	9/26/2025	9/26/2026	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 \$					EACH OCCURRENCE \$ AGGREGATE \$ \$
C 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	TBD TWC4669097	9/26/2025 9/26/2025	9/26/2026 9/26/2026	☒ 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
B	Professional Liab.		TBD	9/26/2025	9/26/2026	Each Claim/Agg. \$1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Austin, Texas Headquarters: 835 West Sixth Street, Ste. 1450 Austin, Texas 78703
Austin, Texas Main Warehouse Location: 8601 Cross Park Drive, Ste. 200 Austin, Texas 78754
Las Vegas, Nevada Local Warehouse Location: 51 North Pecos Road, Ste. 106 Las Vegas, Nevada 89101

CERTIFICATE HOLDER

CANCELLATION

Nevada State Board of Pharmacy
985 Damonte Ranch Parkway, Suite 206
Reno NV 89521

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

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. 1118197

Application/License No. _____

Giving Home Medical Equipment, LLC., doing or intending to do business as a

Applicant/Principal

pharmaceutical wholesaler, whose address for purposes of service is

8601 Cross Park, Ste. 200, Austin, TX 78754

Address of Applicant/Principal

PRINCIPAL, and The Hanover Insurance Company, a

Surety Company

corporation organized under the laws of the state of NH

State of Incorporation

and authorized to transact a general surety business in the State of

Nevada, whose address for purposes of service is

440 Lincoln Street, Worcester, MA 01653

Address of Surety

as

SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the perial sum of ONE HUNDRED THOUSAND DOLLARS (\$100,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on August 12, 2025.

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.

Posted February 20, 2020

THIS BOND is subject to the following conditions:

- (1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
- (2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and 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
12th day of August, 2025.

APPLICANT/PRINCIPAL

Giving Home Medical Equipment, LLC.
COMPANY

By:



Authorized Representative

BENJAMIN M. HANSON
CHIEF OPERATING OFFICER

SURETY

The Hanover Insurance Company

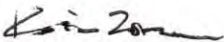
By:



Surety Company's Representative

Josefina Rojo, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:



Witness



Witness

SIGNED and SEALED in the presence of:

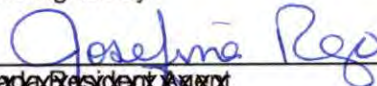


Witness John P. Harney



Witness Matthew Labno

Countersigned by:



~~Nevada Resident Agent~~

Nevada Non Resident Agent Josefina Rojo

Posted February 20, 2020

THE HANOVER INSURANCE COMPANY
MASSACHUSETTS BAY INSURANCE COMPANY
CITIZENS INSURANCE COMPANY OF AMERICA

POWER OF ATTORNEY

THIS Power of Attorney limits the acts of those named herein, and they have no authority to bind the Company except in the manner and to the extent herein stated.

KNOW ALL PERSONS BY THESE PRESENTS:

That THE HANOVER INSURANCE COMPANY and MASSACHUSETTS BAY INSURANCE COMPANY, both being corporations organized and existing under the laws of the State of New Hampshire, and CITIZENS INSURANCE COMPANY OF AMERICA, a corporation organized and existing under the laws of the State of Michigan, (hereinafter individually and collectively the "Company") does hereby constitute and appoint,

John P. Harney, Jacquelyn M. Norstrom, Josefina Rojo, Haley Anderson, Melissa Heffernan, Jessica Hernandez, Rebecca Sanford, Christina L. Sandoval, Nicholas Pantazis, and/or Matthew Labno

Of Alliant Insurance Services of Chicago, IL each individually, if there be more than one named, as its true and lawful attorney(s)-in-fact to sign, execute, seal, acknowledge and deliver for, and on its behalf, and as its act and deed any place within the United States, any and all surety bonds, recognizances, undertakings, or other surety obligations. The execution of such surety bonds, recognizances, undertakings or surety obligations, in pursuance of these presents, shall be as binding upon the Company as if they had been duly signed by the president and attested by the secretary of the Company, in their own proper persons. Provided however, that this power of attorney limits the acts of those named herein; and they have no authority to bind the Company except in the manner stated and to the extent of any limitation stated below:

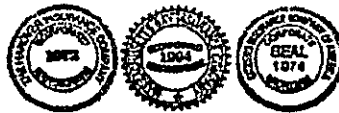
Any such obligations in the United States, not to exceed Ten Million and No/100 (\$10,000,000) in any single instance

That this power is made and executed pursuant to the authority of the following Resolutions passed by the Board of Directors of said Company, and said Resolutions remain in full force and effect:

RESOLVED: That the President or any Vice President, in conjunction with any Vice President, be and they hereby are authorized and empowered to appoint Attorneys-in-fact of the Company, in its name and as it acts, to execute and acknowledge for and on its behalf as surety, any and all bonds, recognizances, contracts of indemnity, waivers of citation and all other writings obligatory in the nature thereof, with power to attach thereto the seal of the Company. Any such writings so executed by such Attorneys-in-fact shall be binding upon the Company as if they had been duly executed and acknowledged by the regularly elected officers of the Company in their own proper persons.

RESOLVED: That any and all Powers of Attorney and Certified Copies of such Powers of Attorney and certification in respect thereto, granted and executed by the President or Vice President in conjunction with any Vice President of the Company, shall be binding on the Company to the same extent as if all signatures therein were manually affixed, even though one or more of any such signatures thereon may be facsimile. (Adopted October 7, 1981 - The Hanover Insurance Company; Adopted April 14, 1982 - Massachusetts Bay Insurance Company; Adopted September 7, 2001 - Citizens Insurance Company of America and affirmed by each Company on March 24, 2014)

IN WITNESS WHEREOF, THE HANOVER INSURANCE COMPANY, MASSACHUSETTS BAY INSURANCE COMPANY and CITIZENS INSURANCE COMPANY OF AMERICA have caused these presents to be sealed with their respective corporate seals, duly attested by two Vice Presidents, this 22nd day of April 2025



The Hanover Insurance Company
Massachusetts Bay Insurance Company
Citizens Insurance Company of America

James H. Kawiecki
James H. Kawiecki, Vice President

The Hanover Insurance Company
Massachusetts Bay Insurance Company
Citizens Insurance Company of America

Joellen M. Mendoza
Joellen M. Mendoza, Vice President

STATE OF CONNECTICUT)
COUNTY OF HARTFORD)

) ss.

On this 22nd day of April, 2025 before me came the above named Executive Vice President and Vice President of The Hanover Insurance Company, Massachusetts Bay Insurance Company and Citizens Insurance Company of America, to me personally known to be the individuals and officers described herein, and acknowledged that the seals affixed to the preceding instrument are the corporate seals of The Hanover Insurance Company, Massachusetts Bay Insurance Company and Citizens Insurance Company of America, respectively, and that the said corporate seals and their signatures as officers were duly affixed and subscribed to said instrument by the authority and direction of said Corporations.

**KATHLEEN M. SIRARD**
Notary Public
Commonwealth of Massachusetts
My Commission Expires
September 2, 2027

Kathleen M. Sirard
Kathleen M. Sirard, Notary Public
My commission expires, September 2, 2027

I, the undersigned Vice President of The Hanover Insurance Company, Massachusetts Bay Insurance Company and Citizens Insurance Company of America, hereby certify that the above and foregoing is a full, true and correct copy of the Original Power of Attorney issued by said Companies, and do hereby further certify that the said Powers of Attorney are still in force and effect.

GIVEN under my hand and the seals of said Companies, at Worcester, Massachusetts, this 12th day of August 2025

CERTIFIED COPY

The Hanover Insurance Company
Massachusetts Bay Insurance Company
Citizens Insurance Company of America

John Rowedder
John Rowedder, Vice President

2007

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 Giving Home Medical Equipment MDEG License # (if applicable) _____
 Physical Address 8601 Cross Park Dr Ste 200
 City Austin State TX Zip 78754
 Mailing Address (if different from physical address) _____
 City _____ State _____ Zip _____
 Telephone 888-71 Website _____
 Licensing Company Email Admin@GivingHME.com

Section 2: Personal Information

First Price Middle _____ Last Wooding
 Alias(es, nicknames, name changes, etc.) _____
 Date of Birth _____ SSN or ITIN _____ Sex ☒ M ☐ F ☐ X
 Mailing Address _____
 City _____ State TX Zip _____
 Telephone _____ Email Price.Wooding@GivingHME.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 Mesa College		From - To (MM/YY - MM/YY) 09/06 - 03/08	
Address 7250 Mesa College Dr	City San Diego	State CA	Zip 92111
Diploma/Degree obtained, if any N/A			

School Name Claremont High School		From - To (MM/YY - MM/YY) 09/02 - 06/06	
Address 4150 Vtc Dr	City San Diego	State CA	Zip 92117
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)	Address	City	State	Zip
09/24 -			TX	
08/19 - 08/24			CO	
10/18 - 07/19			TX	
05/18 - 09/18			TX	
07/16 - 04/18			CA	
05/15 - 06/16			CA	
From - To (MM/YY - MM/YY)			Address	
From - To (MM/YY - MM/YY)	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 Giving Home Medical Equipment		From - To (MM/YY - MM/YY) 10/24 -	
Business Address 8601 Cross Park Dr Ste 200		City Austin	State TX
Phone 888-718-7772	Title Executive Director	Number of Employed Hours 1744	
Description of Duties Managing all aspects of business development and patient fulfillment, Including record keeping, policy/procedure adherence, and compliance.			

Business Name Brace Yourself, LLC		From - To (MM/YY - MM/YY) 9/20 - 10/22	
Business Address 730 17th St Ste 900		City Denver	State CO
Phone 888-958-7505	Title Owner-Operator	Number of Employed Hours 5224	
Description of Duties Policy/Procedure development, Legend Equipment Managing/Tracking, Patient fulfillment, Billing and accounting.			

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.

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 # 2. Provide all the following where applicable:

Date of Event/Arrest	Disposition Date	State	City	County
06/23/2020	06/24/2020	CO	Lakewood	Jefferson
Case #	Governing, Licensing, Arresting Presiding Body/Agency/Court			
L679917	City of Lakewood			
Reason/Charge				
9.50.040				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Successfully completed early pre-trial diversion following arrest for domestic assault/harassment.


Original Signature (electronic, copies or stamps not accepted)

08/16/2025
Date

MUNICIPAL COURT, JEFFERSON COUNTY,
STATE OF COLORADO

Court Address: **Lakewood Municipal Court**
Public Safety Building
445 S Allison Parkway
Lakewood, Colorado 80226
Phone Number: (303) 987-7400

σ COURT USE ONLY σ

Case Number: L679917

CITY OF LAKEWOOD, STATE OF COLORADO,

CR Number: LK20023096

v. Price Wooding

Defendant: [REDACTED]

Division: B

Date of Birth: [REDACTED]

PETITION AND ORDER TO SEAL CRIMINAL JUSTICE RECORDS

I, Price Wooding, petition the court to seal my criminal justice records, except for basic identifying information, of this case pursuant to 24-72-702.5 C.R.S.

I request that the Court send an Order to Seal the Criminal Justice Records in the custody of the following governmental agencies:

- ☒ Lakewood Police Department
☒ Colorado Bureau of Investigation (CBI)
☒ Lakewood Municipal Prosecutor's Office

☐ _____
☐ _____
☐ _____

Please mark and complete the following that apply:

- ☐ I was found not guilty of all charges.
- ☐ The case was dismissed on and the dismissal was not part of a plea agreement in a separate case.
- ☒ I completed a diversion program.
- ☐ I completed a deferred judgment and sentence.
- ☒ The records in this case do not pertain solely to a traffic offense or traffic infraction.
- ☒ I paid the \$65 Municipal Court sealing fee (the Court can waive if determined indigent). In addition, to this fee, the Colorado Bureau of Investigation (CBI) is authorized under state law to charge "any costs related to the sealing of ... criminal justice records subject to the order."
- ☒ If the case you are requesting to be sealed has a victim protected under 24-4.1.303(11)(b.7) of the Colorado Revised Statutes (C.R.S.), then the victim has a right to be heard in a hearing within 42 days to contest your sealing request.
- ☒ Municipal court employees cannot provide legal advice and you should seek legal counsel if you have questions regarding this process.

I swear or affirm that I have read this Petition and that the statements contained in this Petition are true to the best of my knowledge and belief.

Signature of Attorney (if applicable) Date

The foregoing Petition to Seal is granted.

Price Wooding

Price Wooding (Oct 22, 2021 10:08 MDT)

Signature of Defendant

Date

Address (street)

Address (city, state and zip code)

Telephone & Email

[Signature]
Municipal Judge

11/8/21

Date



Lakewood
Colorado

Municipal Court

445 South Allison Parkway
Lakewood, Colorado 80226
303.987.7400 Voice
303.987.7447 Fax

YOUR RIGHTS & RESPONSIBILITIES SEALING CRIMINAL RECORDS FOR DISMISSED CASES

A criminal and arrest record, even for a minor offense, can have far-reaching implications. In Colorado, custodians of criminal justice records may allow any person to inspect those records except under limited circumstances.

You may ask the Court to immediately seal your case and that any criminal justice records, except for identifying information, pursuant to 24-72-702.5, C.R.S. if;

- ☒ You were found not guilty of all charges.
- ☒ The case was dismissed, and the dismissal was not part of a plea agreement in a separate case.
- ☒ You completed a diversion program.
- ☒ You completed a deferred judgment and sentence and the deferred judgment and sentence does not pertain to any of the following offenses: An offense concerning the holder of a commercial driver's license or the operator of a commercial motor vehicle pursuant to 42-2-402, C.R.S.
- ☒ The records in this case do not pertain solely to a traffic offense or traffic infraction.
- ☒ You have paid any and all restitution, fines and court costs, late fees, or other fees ordered by the Court, or the Court has vacated such order(s).
- ☒ You have paid the \$65 Municipal Court sealing fee (the Court can waive if determined indigent). In addition, to this fee, the Colorado Bureau of Investigation (CBI) is authorized under state law to charge "any costs related to the sealing of ... criminal justice records subject to the order."
- ☒ If the case you are requesting to be sealed has a victim protected under 24-4.1.303(11)(b.7) of the Colorado Revised Statutes (C.R.S), then the victim has a right to be heard in a hearing within 42 days to contest your sealing request.

Additional information:

- For additional directions and information please refer to the CBI website:
<https://www.colorado.gov/pacific/cbi/disposition-update-and-sealing-arrest-record>.
- If any other agencies, criminal justice or otherwise, have information related to your case, please provide the Court with the names of those agencies and the Court will send a copy of the Court's Order to Seal to each of those agencies.
- If the Court grants your Motion to Seal, you may legally say that these records do not exist.

Municipal court employees cannot provide legal advice and you should seek legal counsel if you have any questions regarding this process.

I, Price Wooding, certify that as the MDEG Administrator for
Giving Home Medical Equipment,

that I (initial that you have read and meet the following requirements):

1. PW Have a high school diploma or its equivalent;
2. PW 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. PW 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. PW 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.

Price Wooding
Print Name (First, Last)

PW
Original Signature (electronic, copies or stamps not accepted)

08116/2025
Date

Board Use Only	Date Received: _____
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NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler Giving Home Medical Equipment, LLC
Pharmacy/Wholesaler License # (if applicable) _____
Physical Address 8601 Cross Park Dr. Ste 200
City Austin State TX Zip 78754
Mailing Address (if different from physical address) _____
City _____ State _____ Zip _____
Telephone 888-718-7772 Website www.givinghomehealthcare.com/giving-hme
Licensing Company Email admin@givinghme.com

Section 2: Personal Information

First Price Middle _____ Last Wooding
Alias(es, nicknames, name changes, etc.) _____
Date of Birth _____ SSN or ITIN _____ Sex ☒ M ☐ F ☐ X
Mailing Address _____
City _____ State TX Zip _____
Telephone _____ Email price.wooding@givinghme.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.)		✓

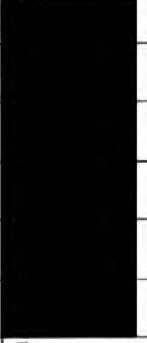
Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)

	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 Mesa College		From - To (MM/YY - MM/YY) 09/06-03/08	
Address 7250 Mesa College Dr	City San Diego	State CA	Zip 82111
Diploma/Degree obtained, if any N/A			
School Name Clairemont High School		From - To (MM/YY - MM/YY) 09/02-06/06	
Address 4150 Ute Dr	City San Diego	State CA	Zip 92117
Diploma/Degree obtained, if any High School Diploma			
School Name		From - To (MM/YY - MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY - MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY - MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY - MM/YY)	Address	City	State	Zip
09/24 -			TX	
08/19-08/24			CO	
10/18-7/19			TX	
05/18-9/18			TX	
7/16-4/18			CA	
05/15-05/16			CA	
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	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 Giving Home Medical Equipment LLC		From - To (MM/YY - MM/YY) 10/24 -	
Business Address 8601 Cross Park Dr Ste 200	City Austin	State TX	Zip 78754
Phone 888-718-7772	Title Executive Director	Number of Employed Hours 1744	
Description of Duties Managing all aspects record keeping and equipment tracking (serial number, lot number, expiration date), patient fulfillment and product purchase. Overseeing policy/procedure adherence and compliance.			
Business Name Brace Yourself, LLC		From - To (MM/YY - MM/YY) 04/20 - 10/22	
Business Address 730 17th St Ste 900	City Denver	State CO	Zip 80202
Phone 888-958-7505	Title Owner/Operator	Number of Employed Hours 5224	
Description of Duties Policy/Procedure creation and development, legend equipment management and tracking (serial number, lot number, expiration date), patient fulfillment, product procurement, billing and accounting.			
Business Name		From - To (MM/YY - MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			
Business Name		From - To (MM/YY - MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			
Business Name		From - To (MM/YY - MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			
Continue on next page if additional space is needed.			

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)	✓	
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✓
3. Have you ever had a civil or criminal record expunged or sealed by a court order?	✓	
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 1 & 3. Provide all the following where applicable:

Date of Event/Arrest 6/23/2020	Disposition Date 6/24/2020	State CO	City Lakewood	County Jefferson
Case # L679917		Governing, licensing, Arresting Presiding Body/Agency/Court City of Lakewood		
Reason/Charge 9.50.040				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

A loud argument between my then significant other and I caused enough concern for the police to be called, I was arrested for domestic harrasment. I successfully completed an early pretrial diversion and qualified to have my record sealed.


Original Signature (electronic, copies or stamps not accepted)

08/20/2025
Date

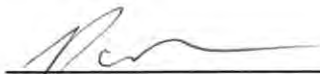
I, Price Wooding, certify that as the designated representative for
Giving Home Medical Equipment

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. PW I am at least 21 years of age;
3. PW 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. PW I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. PW I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. PW 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. PW I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Price Wooding

Print Name (First, Last)



Original Signature (electronic, copies or stamps not accepted)

08/20/2025

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.

Price Wooding
Print Name (First, Last)

[Signature]
Original Signature (electronic, copies or stamps not accepted)

08/21/2025
Date

Please have this section completed in the presence of a Notary Public.

State of Texas, ss. County of TRANS

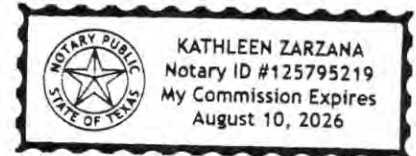
I, Price Wooding, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation 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

08/21/2025
Date

Subscribed and Sworn to before me this 21st day of August 2025

[Signature]
Notary Public Signature



(Seal)

MUNICIPAL COURT, JEFFERSON COUNTY,
STATE OF COLORADO

Court Address: **Lakewood Municipal Court**
Public Safety Building
445 S Allison Parkway
Lakewood, Colorado 80226
Phone Number: (303) 987-7400

σ COURT USE ONLY σ

Case Number: L679917

CITY OF LAKEWOOD, STATE OF COLORADO,

v. Price Wooding

Defendant:

Date of Birth:

CR Number: LK20023096

Division: B

PETITION AND ORDER TO SEAL CRIMINAL JUSTICE RECORDS

I, Price Wooding, petition the court to seal my criminal justice records, except for basic identifying information, of this case pursuant to 24-72-702.5 C.R.S.

I request that the Court send an Order to Seal the Criminal Justice Records in the custody of the following governmental agencies:

☒ Lakewood Police Department

☒ Colorado Bureau of Investigation (CBI)

☒ Lakewood Municipal Prosecutor's Office

☐ _____

☐ _____

☐ _____

Please mark and complete the following that apply:

☐ I was found not guilty of all charges.

☐ The case was dismissed on and the dismissal was not part of a plea agreement in a separate case.

☒ I completed a diversion program.

☐ I completed a deferred judgment and sentence.

☒ The records in this case do not pertain solely to a traffic offense or traffic infraction.

☒ I paid the \$65 Municipal Court sealing fee (the Court can waive if determined indigent). In addition, to this fee, the Colorado Bureau of Investigation (CBI) is authorized under state law to charge "any costs related to the sealing of ... criminal justice records subject to the order."

☒ If the case you are requesting to be sealed has a victim protected under 24-4.1.303(11)(b.7) of the Colorado Revised Statutes (C.R.S.), then the victim has a right to be heard in a hearing within 42 days to contest your sealing request.

☒ Municipal court employees cannot provide legal advice and you should seek legal counsel if you have questions regarding this process.

I swear or affirm that I have read this Petition and that the statements contained in this Petition are true to the best of my knowledge and belief.

Signature of Attorney (if applicable) _____ Date _____

The foregoing Petition to Seal is granted.

Price Wooding

Price Wooding (Oct 22, 2021 10:08 MDT)

Signature of Defendant _____

Date _____

Address (street) _____

Address (city, state and zip code) _____

Telephone & Email _____


Municipal Judge

11/8/21

Date



Lakewood
Colorado

Municipal Court

445 South Allison Parkway
Lakewood, Colorado 80226
303.987.7400 Voice
303.987.7447 Fax

YOUR RIGHTS & RESPONSIBILITIES SEALING CRIMINAL RECORDS FOR DISMISSED CASES

A criminal and arrest record, even for a minor offense, can have far-reaching implications. In Colorado, custodians of criminal justice records may allow any person to inspect those records except under limited circumstances.

You may ask the Court to immediately seal your case and that any criminal justice records, except for identifying information, pursuant to 24-72-702.5, C.R.S. if;

- ☒ You were found not guilty of all charges.
- ☒ The case was dismissed, and the dismissal was not part of a plea agreement in a separate case.
- ☒ You completed a diversion program.
- ☒ You completed a deferred judgment and sentence and the deferred judgment and sentence does not pertain to any of the following offenses: An offense concerning the holder of a commercial driver's license or the operator of a commercial motor vehicle pursuant to 42-2-402, C.R.S.
- ☒ The records in this case do not pertain solely to a traffic offense or traffic infraction.
- ☒ You have paid any and all restitution, fines and court costs, late fees, or other fees ordered by the Court, or the Court has vacated such order(s).
- ☒ You have paid the \$65 Municipal Court sealing fee (the Court can waive if determined indigent). In addition, to this fee, the Colorado Bureau of Investigation (CBI) is authorized under state law to charge "any costs related to the sealing of ... criminal justice records subject to the order."
- ☒ If the case you are requesting to be sealed has a victim protected under 24-4.1.303(11)(b.7) of the Colorado Revised Statutes (C.R.S), then the victim has a right to be heard in a hearing within 42 days to contest your sealing request.

Additional information:

- For additional directions and information please refer to the CBI website:
<https://www.colorado.gov/pacific/cbi/disposition-update-and-sealing-arrest-record>.
- If any other agencies, criminal justice or otherwise, have information related to your case, please provide the Court with the names of those agencies and the Court will send a copy of the Court's Order to Seal to each of those agencies.
- If the Court grants your Motion to Seal, you may legally say that these records do not exist.

Municipal court employees cannot provide legal advice and you should seek legal counsel if you have any questions regarding this process.

Giving Home Medical Equipment

List of Current Employees

Price Wooding

Lucrecia Hernandez

Aldo Holguin

Debra Downey

Courtney Smith

Le’Nae Davis

Abby Gros

Alexander Rodriguez

Ruben Ruiz

Esteban Casas

Nathan Wilson

Frankie Stanford

Laura Escamilla

4TT

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application Non-Refundable \$1,000 Fee

Rev (08/17/2022)

Where is the facility located?		☐ Nevada ☒ Out-of-State
Type of Application (check applicable box)		Wholesaler Business Type (check applicable box)
☒ New Wholesaler	* If making a change, provide current license number: WH _____	☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9)
☐ Ownership Change*		☒ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9)
☐ Name Change*		☐ Partnership (complete sections 1, 2, 3, 6, 8, 9)
☐ Location Change* (in-state only)		☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: identifeye HEALTH Inc.

Physical Address: 530 Old Whitfield Street

City: Guilford State: CT Zip: 06437

Mailing Address (if different from physical address): 530 Old Whitfield Street

City: Guilford State: CT Zip: 06437

Telephone: 860-356-4645 Website: www.identifeye.health

Name of Designated Representative (DR): Brian R. Sawin

Licensing Company Email: statelicense@identifeye.health DR Email: bsawin@identifeye.health

Entities the Wholesaler will Serve (✓ all applicable)	Products to be Handled or Wholesaled (✓ all applicable)	Type of Wholesaling (✓ all applicable)
☐ Pharmacies	☐ Dangerous Drugs	☒ Manufacturer
☒ Practitioners	☐ Controlled Substances	☐ Repacker
☒ Hospitals	☒ *Medical devices, equipment, supplies, gases	☐ Reverse Distributor
☐ Wholesalers	☐ Others:	☐ Warehouse
☐ Veterinarians		☐ Retail pharmacy wholesale distributor
☐ Others:		☐ Others:

Section 2: History of Company

	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		☒
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		☒
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		☒
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		☒
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		☒

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #	Governing, licensing, Arresting Presiding Body/Agency/Court			
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:



Original Signature (electronic, copies or stamps not accepted)

3/12/2025
Date

Wholesaler Application 3 of 7

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: Within the last year - zero. identifeye is applying to states where it is required to be licensed.
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): NONE
Corporation/Organization Name: identifeye HEALTH Inc.
Mailing Address: 530 Old Whitfield Street
City: Guilford State: CT Zip: 06437
Telephone: 860-356-4645 Email: statelicense@identifeye.health
Contact Person Name: Brian R. Sawin

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/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.

identifeye HEALTH Inc.

Facility Name

Vasiliki (Vicky) Demas

Print Name of Authorized Person Submitting Application

Vasiliki Demas

Original signature of Authorized Person (copies or stamps not accepted)

03/12/2025

Date

Board Use Only	Date Received: <u>3/17/25</u>	Amount: <u>CR II 004610</u>
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Wholesaler Application 6 of 7

**Attachment to identifeye HEALTH Inc.'s Out-of-State Wholesaler Application
(Nevada Board of Pharmacy)**

Description of Operations

identifeye HEALTH Inc. ("identifeye") is a virtual manufacturer selling exempt and 510(k) Class 2 devices to healthcare professionals where healthcare is provided (e.g. physicians, hospitals, and clinics).

Identifeye does not manufacture, maintain or warehouse its prescription devices at its Guilford, Connecticut, facility. Manufacturing is provided by a contract manufacturing organization and distribution and warehousing is performed by a third-party logistics company. The Guilford, Connecticut, facility is identifeye's research and development and corporate headquarters.

identifeye's hours of operations are typical business hours, Monday through Friday from 9:00 a.m. to 5:00 p.m.

Officer List

Name	Title
Vasiliki (Vicky) Demas	Chief Executive Officer

Shareholders (5%+)

Name	Address	% Owned
Jonathan M. Rothberg Children's Trust 2021		37%
Foresite Capital Fund	900 Larkspur Landing Circle, Suite 150 Larkspur, CA 94939	13%
Numerous other Shareholder/Investors with less than 5%		50%

List of Employees

Vasiliki (Vicky) Demas, Chief Executive Officer
Brian R. Sawin, Head of Quality Assurance and Regulatory Affairs

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "IDENTIFEYE 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 ELEVENTH DAY OF SEPTEMBER, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "IDENTIFEYE HEALTH INC." WAS INCORPORATED ON THE TWENTY-SECOND DAY OF SEPTEMBER, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.



5830816 8300

SR# 20243653288

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: 204361345

Date: 09-11-24

**STATE OF CONNECTICUT
DEPARTMENT OF CONSUMER PROTECTION**

This is your registration certificate for your records. Such registration shall be shown to any properly interested person on request. Do not attempt to make any changes or alter this certificate in any way. This registration is not transferable. Questions can be emailed to the Drug Control Division at dcp.drugmanufacturers@ct.gov.

In an effort to be more efficient and Go Green, the department asks that you keep your email information with our office current to receive correspondence. All renewal notifications and certificates will only be emailed to your last reported email on record. You can update your email, mailing address or print a duplicate certificate by logging into your account with your User ID and Password at www.elicense.ct.gov. Visit our website at www.ct.gov/dcp.

Mailing address:

**IDENTIFEYE HEALTH INC
530 OLD WHITFIELD ST
GUILFORD, CT 06437-3441**

Email on file to be used for receiving all notices from this office:

statelicense@identifeye.health

STATE OF CONNECTICUT ♦ DEPARTMENT OF CONSUMER PROTECTION

1059347

Be it known that

**IDENTIFEYE HEALTH INC
530 OLD WHITFIELD ST
GUILFORD, CT 06437-3441**

has satisfied the qualifications required by law and is hereby issued a

MANUFACTURER OF DRUGS, COSMETICS & MEDICAL DEVICES

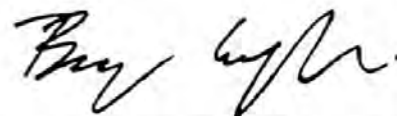
Controlled Substances: No Rx Legend Drugs: No Non Rx Legend Drugs: No Medical Devices: Yes Cosmetics: No
Medical Gases and Oxygen: No Durable Medical Equipment (DME): No Number of Chemists: 0

Registration #: CSM.0002824

Effective Date: 10/30/2024

Expiration Date: 06/30/2025

verify online at www.elicense.ct.gov



Bryan T. Cafferelli, Commissioner

Declarations

Named Insured and Mailing Address

IDENTIFEYE HEALTH INC.
530 OLD WHITFIELD STREET
GUILFORD, CT 06437

Chubb Group of Insurance Companies
202B Hall's Mill Road
Whitehouse Station, NJ 08889

Policy Number 3606-42-97 NEU

Effective Date DECEMBER 28, 2024

Issued by the stock insurance company
indicated below, herein called the company.

FEDERAL INSURANCE
COMPANY

Producer No. 0060153

Producer V F MCNEIL & CO INC.
500 EAST MAIN STREET
BRANFORD, CT 06405-0000

Incorporated under the laws of
INDIANA

Policy Period

From: DECEMBER 28, 2024 To: DECEMBER 28, 2025
12:01 A.M. standard time at the Named Insured's mailing address shown above.

Liability Coverage

Limit Of Insurance

PRODUCTS/COMPLETED OPERATIONS -
CLAIMS MADE

PRODUCTS/COMPLETED OPERATIONS AGGREGATE LIMIT	\$ 10,000,000	
EACH OCCURRENCE PRODUCTS-COMPLETED OPERATIONS LIMIT	\$ 10,000,000	
BODILY INJURY AND PROPERTY DAMAGE DEDUCTIBLE - EACH EVENT		\$ 10,000
RETROACTIVE DATE		DECEMBER 28, 2020

LIABILITY GLOBAL EXTENSION

GLOBAL AGGREGATE LIMIT \$ 10,000,000

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. K40659158

Application/License No. _____

Identifeye Health, Inc., doing or intending to do business as a
Applicant/Principal
pharmaceutical wholesaler, whose address for purposes of service is
530 OLD WHITFIELD ST, Guilford, CT, 06437-3441, US, as
Address of Applicant/Principal
PRINCIPAL, and Westchester Fire Insurance Company, a
Surety Company
corporation organized under the laws of the state of PA
State of Incorporation
and authorized to transact a general surety business in the State of

Nevada, whose address for purposes of service is
436 Walnut Street, WA10H, PHILADELPHIA, PA, 19106-3703 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 April 15, 2025
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

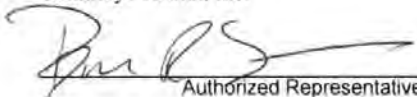
21st day of April, 2025.

APPLICANT/PRINCIPAL

SURETY

COMPANY

Identifeye Health, Inc.

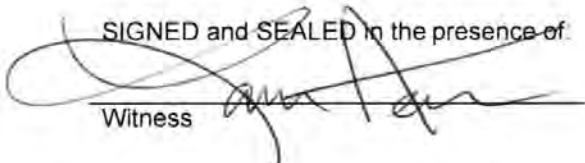

Authorized Representative

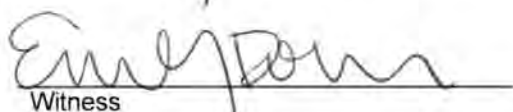
Westchester Fire Insurance Company


Surety Company's Representative

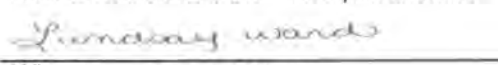
Barbara Duggan, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:


Witness


Witness

SIGNED and SEALED in the presence of:


Witness Lindsay Ward

Witness

Countersigned by:

N/A
Nevada Resident Agent



ACKNOWLEDGEMENTS
SURETY ACKNOWLEDGEMENT

Commonwealth of Pennsylvania

County of Philadelphia

On April 21, 2025, before me personally came Barbara Duggan

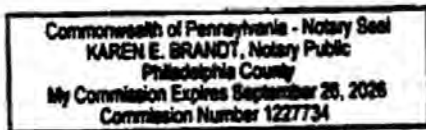
to me known who being by me duly sworn did depose and say that he/she resides in

Philadelphia, Pennsylvania

that he/she is Attorney-in-Fact of Westchester Fire Insurance Company

the corporation described in and which executed the above instrument; that he/she knows the seal of said corporation; that the seal affixed to said instrument is such corporate seal; that it was so affixed by order of the Board of Directors of said corporation, and that he/she signed his/her name thereto by like order; and the affiant did further depose and say that the Superintendent of Financial Services of the State of New York, has, pursuant to Section 1111 of the Insurance Law of the State of New York, issued to Barbara Duggan

his/her certificate of qualification, evidencing the qualification of said Company and its sufficiency under any law of the State of New York as surety and guarantor, and the propriety of accepting and approving it as such, and that such certificate has not been revoked.




Notary Public, Karen E. Brandt



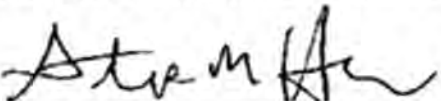
SURETY BOND CORPORATE SEAL NOTICE AND ADDENDUM

In an effort to facilitate the use of our respective corporate seals during the COVID-19 pandemic, WESTCHESTER FIRE INSURANCE COMPANY ("WESTCHESTER FIRE") has authorized its respective Attorneys-in-Fact to affix WESTCHESTER FIRE'S corporate seal to any surety bond executed on behalf of WESTCHESTER FIRE by any such Attorney-in-Fact by attaching this Notice and Addendum to said bond.

To the extent this Notice and Addendum is attached to a surety bond that is executed on behalf of WESTCHESTER FIRE by its Attorney-in-Fact, WESTCHESTER FIRE hereby agrees that the corporate seal below for WESTCHESTER FIRE shall be deemed affixed to said bond to the same extent as if its raised corporate seal was physically affixed to the face of the bond.

Dated this 30th day of March, 2020.

WESTCHESTER FIRE INSURANCE COMPANY

By: 
Stephen M. Haney, Vice President



WESTCHESTER FIRE INSURANCE COMPANY
STATEMENT OF ASSETS, LIABILITIES AND SURPLUS TO POLICYHOLDERS

Statutory Basis

December 31, 2024

(in thousands)

ASSETS		LIABILITIES AND SURPLUS TO POLICYHOLDERS	
Cash, Cash Equivalents, and ST Investments	\$ 8,573	Outstanding Losses and Loss Expenses	\$ -
United States Government, State and Municipal Bonds	54,582	Reinsurance Payable on Losses and Expenses	-
Other Bonds	9,682	Unearned Premiums	-
Stocks	-	Ceded Reinsurance Premiums Payable	-
Other Invested Assets	<u>3,684</u>	Other Liabilities	<u>203,693</u>
TOTAL INVESTMENTS	<u>76,521</u>	TOTAL LIABILITIES	<u>203,693</u>
Investments in Affiliates	-	Capital Stock	5,000
Premiums Receivable	-	Paid-In Surplus	40,960
Other Assets	<u>184,587</u>	Unassigned Funds	<u>11,455</u>
TOTAL ADMITTED ASSETS	<u>\$ 261,108</u>	SURPLUS TO POLICYHOLDERS	<u>57,415</u>
		TOTAL LIABILITIES AND SURPLUS	<u>\$ 261,108</u>

Investments are valued in accordance with requirements of the National Association of Insurance Commissioners. At December 31, 2024, investments with a carrying value of \$11,871,045 were deposited with government authorities as required by law.

STATE OF PENNSYLVANIA
COUNTY OF PHILADELPHIA

John Taylor, being duly sworn, says that he is Senior Vice President of Vigilant Insurance Company and that to the best of his knowledge and belief the foregoing is a true and correct statement of the said Company's financial condition as of the 31 st day of December, 2024.

Sworn before me this March 20, 2025

[Signature]
Senior Vice President

[Signature]
Notary Public

August 8, 2027
My commission expires

Commonwealth of Pennsylvania - Notary Seal
John Taylor, Notary Public
Philadelphia County
My commission expires August 8, 2027
Commission Number 1235745
Member, Pennsylvania Association of Notaries



Power of Attorney

Federal Insurance Company | Vigilant Insurance Company | Pacific Indemnity Company
Westchester Fire Insurance Company | ACE American Insurance Company

Know All by These Presents, that **FEDERAL INSURANCE COMPANY**, an Indiana corporation, **VIGILANT INSURANCE COMPANY**, a New York corporation, **PACIFIC INDEMNITY COMPANY**, a Delaware corporation, **WESTCHESTER FIRE INSURANCE COMPANY** and **ACE AMERICAN INSURANCE COMPANY** corporations of the Commonwealth of Pennsylvania, do each hereby constitute and appoint Donna Barchman, Frances Bonner, Karen Brandt, Sharon Dean, Barbara Duggan, Rashidah Hasan, Craig Gortner, Alexis Miller, Maria Siu, Rupert Swindells and Lindsay Ward of Philadelphia, Pennsylvania and Mary-Ann Goglia of Bradenton, Florida—

each as their true and lawful Attorney-in-Fact to execute under such designation in their names and to affix their corporate seals to and deliver for and on their behalf as surety thereon or otherwise, bonds and undertakings and other writings obligatory in the nature thereof (other than bail bonds) given or executed in the course of business, and any instruments amending or altering the same, and consents to the modification or alteration of any instrument referred to in said bonds or obligations.

In Witness Whereof, said **FEDERAL INSURANCE COMPANY**, **VIGILANT INSURANCE COMPANY**, **PACIFIC INDEMNITY COMPANY**, **WESTCHESTER FIRE INSURANCE COMPANY** and **ACE AMERICAN INSURANCE COMPANY** have each executed and attested these presents and affixed their corporate seals on this **25th** day of **September, 2024**.

Rupert H.D. Swindells, Assistant Secretary



Warren Eichhorn, Vice President



STATE OF NEW JERSEY
County of Hunterdon

SS

On this **25th** day of **September, 2024** before me, a Notary Public of New Jersey, personally came Rupert H.D. Swindells and Warren Eichhorn, to me known to be Assistant Secretary and Vice President, respectively, of **FEDERAL INSURANCE COMPANY**, **VIGILANT INSURANCE COMPANY**, **PACIFIC INDEMNITY COMPANY**, **WESTCHESTER FIRE INSURANCE COMPANY** and **ACE AMERICAN INSURANCE COMPANY**, the companies which executed the foregoing Power of Attorney, and the said Rupert H.D. Swindells and Warren Eichhorn, being by me duly sworn, severally and each for himself did depose and say that they are Assistant Secretary and Vice President, respectively, of **FEDERAL INSURANCE COMPANY**, **VIGILANT INSURANCE COMPANY**, **PACIFIC INDEMNITY COMPANY**, **WESTCHESTER FIRE INSURANCE COMPANY** and **ACE AMERICAN INSURANCE COMPANY** and know the corporate seals thereof, that the seals affixed to the foregoing Power of Attorney are such corporate seals and were thereto affixed by authority of said Companies; and that their signatures as such officers were duly affixed and subscribed by like authority.

Notarial Seal



Albert Contursi
NOTARY PUBLIC OF NEW JERSEY
No 50202369
Commission Expires August 22, 2027

Notary Public

CERTIFICATION

Resolutions adopted by the Boards of Directors of **FEDERAL INSURANCE COMPANY**, **VIGILANT INSURANCE COMPANY**, and **PACIFIC INDEMNITY COMPANY** on August 30, 2016; **WESTCHESTER FIRE INSURANCE COMPANY** on December 11, 2006; and **ACE AMERICAN INSURANCE COMPANY** on March 20, 2009:

"RESOLVED, that the following authorizations relate to the execution, for and on behalf of the Company, of bonds, undertakings, recognizances, contracts and other written commitments of the Company entered into in the ordinary course of business (each a "Written Commitment")

- (1) Each of the Chairman, the President and the Vice Presidents of the Company is hereby authorized to execute any Written Commitment for and on behalf of the Company, under the seal of the Company or otherwise.
- (2) Each duly appointed attorney-in-fact of the Company is hereby authorized to execute any Written Commitment for and on behalf of the Company, under the seal of the Company or otherwise, to the extent that such action is authorized by the grant of powers provided for in such person's written appointment as such attorney-in-fact.
- (3) Each of the Chairman, the President and the Vice Presidents of the Company is hereby authorized, for and on behalf of the Company, to appoint in writing any person the attorney-in-fact of the Company with full power and authority to execute, for and on behalf of the Company, under the seal of the Company or otherwise, such Written Commitments of the Company as may be specified in such written appointment, which specification may be by general type or class of Written Commitments or by specification of one or more particular Written Commitments.
- (4) Each of the Chairman, the President and the Vice Presidents of the Company is hereby authorized, for and on behalf of the Company, to delegate in writing to any other officer of the Company the authority to execute, for and on behalf of the Company, under the Company's seal or otherwise, such Written Commitments of the Company as are specified in such written delegation, which specification may be by general type or class of Written Commitments or by specification of one or more particular Written Commitments.
- (5) The signature of any officer or other person executing any Written Commitment or appointment or delegation pursuant to this Resolution, and the seal of the Company, may be affixed by facsimile on such Written Commitment or written appointment or delegation.

FURTHER RESOLVED, that the foregoing Resolution shall not be deemed to be an exclusive statement of the powers and authority of officers, employees and other persons to act for and on behalf of the Company, and such Resolution shall not limit or otherwise affect the exercise of any such power or authority otherwise validly granted or vested."

I, Rupert H.D. Swindells, Assistant Secretary of **FEDERAL INSURANCE COMPANY**, **VIGILANT INSURANCE COMPANY**, **PACIFIC INDEMNITY COMPANY**, **WESTCHESTER FIRE INSURANCE COMPANY** and **ACE AMERICAN INSURANCE COMPANY** (the "Companies") do hereby certify that

- (i) the foregoing Resolutions adopted by the Board of Directors of the Companies are true, correct and in full force and effect,
- (ii) the foregoing Power of Attorney is true, correct and in full force and effect.

Given under my hand and seals of said Companies at Whitehouse Station, NJ, this


Rupert H.D. Swindells, Assistant Secretary

IN THE EVENT YOU WISH TO VERIFY THE AUTHENTICITY OF THIS BOND OR NOTIFY US OF ANY OTHER MATTER, PLEASE CONTACT US AT
Telephone (908) 903-3493 Fax (908) 903-3656 e-mail: surety@chubb.com

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

**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 identifeye HEALTH Inc. MDEG License # (if applicable) _____
Physical Address 530 Old Whitfield Street
City Guilford State CT Zip 06437
Mailing Address (if different from physical address) (Same)
City _____ State _____ Zip _____
Telephone 860-356-4645 Website www.identifeye.health
Licensing Company Email statelicensess@identifeye.health

Section 2: Personal Information

First Brian Middle Raymond Last Sawin
Alias(es, nicknames, name changes, etc.) N/A
Date of Birth [REDACTED] SSN or ITIN [REDACTED] Sex ☒ M ☐ F ☐ X
Mailing Address identifeye HEALTH Inc., 530 Old Whitfield Street
City Guilford State CT Zip 06437
Telephone 860-356-4645 Email statelicensess@identifeye.health
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 Connecticut College		From - To (MM/YY - MM/YY) 09/87 - 05/91	
Address 270 Mohegan Ave	City New London	State CT	Zip 06320
Diploma/Degree obtained, if any BS			
School Name Canton High School		From - To (MM/YY - MM/YY) 09/83 - 06/87	
Address 76 Simonds Ave	City Collinsville	State CT	Zip 06019
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) 06/2004 - present	Address [REDACTED]	City Storington	State CT	Zip [REDACTED]
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	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 <i>Identifeye Health</i>		From - To (MM/YY - MM/YY) <i>01/22 - Present</i>	
Business Address <i>530 Old Whitfield St</i>		City <i>Guilford</i>	State <i>CT</i>
Phone <i>800-356-4645</i>	Title <i>Head of Quality Assurance & Regulatory</i>	Zip <i>06437</i>	
Description of Duties <i>Resp for quality assurance and regulatory affairs and licensing for class II (FDA) medical device.</i>		Number of Employed Hours <i>3+ years FTE</i>	

Business Name <i>Butterfly Network</i>		From - To (MM/YY - MM/YY) <i>01/2015 - 01/2022</i>	
Business Address <i>530 Old Whitfield St</i>		City <i>Guilford</i>	State <i>CT</i>
Phone	Title <i>Dir QARA</i>	Zip <i>06437</i>	
Description of Duties <i>Resp for managing quality assurance and regulatory affairs and licensing for a Class II (FDA) medical device. Company acquired and moved to MA.</i>		Number of Employed Hours <i>7+ years FTE</i>	

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: 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)

07/29/2025
 Date

I, Brian R. Sawin, certify that as the MDEG Administrator for identifeye HEALTH Inc.

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.

Brian R. Sawin

Print Name (First, Last)



Original Signature (electronic, copies or stamps not accepted)

07/29/2025
Date

Board Use Only

Date Received: 7/31/25

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 identifeye HEALTH Inc.
Pharmacy/Wholesaler License # (if applicable) N/A
Physical Address 530 Old Whitfield Street
City Guilford State CT Zip 06437
Mailing Address (if different from physical address) SAME
City _____ State _____ Zip _____
Telephone 860-356-4645 Website www.identifeye.health
Licensing Company Email statelicense@identifeye.health

Section 2: Personal Information

First Brian Middle Raymond Last Sawin
Alias(es, nicknames, name changes, etc.) N/A
Date of Birth [REDACTED] SSN or ITIN [REDACTED] Sex ☒ M ☐ F ☐ X
Mailing Address 530 Old Whitfield Street
City Guilford State CT Zip 06437
Telephone 860-356-4645 Email statelicense@identifeye.health
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>Connecticut College</i>		From - To (MM/YY - MM/YY) <i>1987 - 1991</i>	
Address <i>270 Mahogan</i>	City <i>New London</i>	State <i>CT</i>	Zip
Diploma/Degree obtained, if any			
School Name <i>Canton High School</i>		From - To (MM/YY - MM/YY) <i>1984 - 1987</i>	
Address <i>76 Simonds Ave.</i>	City <i>Canton</i>	State <i>CT</i>	Zip <i>06022</i>
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>6/2024 - Present</i>	Address [REDACTED]	City <i>Stonington</i>	State <i>CT</i>	Zip [REDACTED]
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	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>prescription medical devices</i> <i>Identifeye Health</i>		From - To (MM/YY - MM/YY) <i>01/2020 - 03/2025</i>	
Business Address <i>530 Old Whitfield St</i>		City <i>Gaithersburg</i>	State <i>CT</i> Zip <i>06437</i>
Phone	Title	Number of Employed Hours <i>6000</i>	
Description of Duties <i>see Administrator form</i>			

Business Name <i>Butterfly Network</i>		From - To (MM/YY - MM/YY) <i>01/2015 - 01/2020</i>	
Business Address <i>506 Old Whitfield St</i>		City <i>Gaithersburg</i>	State <i>CT</i> Zip <i>06437</i>
Phone	Title	Number of Employed Hours	
Description of Duties <i>see Administrator form</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			

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: 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?		✓

Designated Representative Application

(Applicant's Initials

HS)

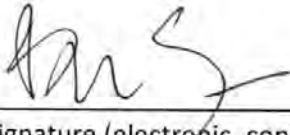
6 of 9

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)

3/12/2025
Date

Designated Representative Application

(Applicant's Initials



7 of 9

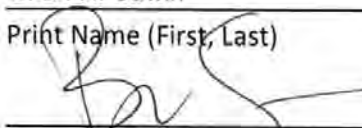
I, Brian R. Sawin, certify that as the designated representative for
identifeye HEALTH Inc.

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. ☒ I am at least 21 years of age;
3. ☒ I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription ~~drugs~~ *medical devices*;
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.

Brian R. Sawin

Print Name (First, Last)


Original Signature (electronic, copies or stamps not accepted)

3/12/2025
Date

Designated Representative Application (Applicant's Initials BS) 8 of 9

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Brian R. Sawin

Print Name (First, Last)



Original Signature (electronic, copies or stamps not accepted)

3/12/25

Date

Please have this section completed in the presence of a Notary Public.

State of CONNECTICUT, ss. County of NEW HAVEN

I, Brian R. Sawin, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

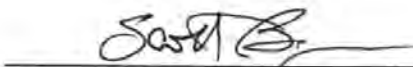


Original Signature

3/12/25

Date

Subscribed and Sworn to before me this 12th day of MARCH, 2025.



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 identifeye HEALTH Inc.
Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable) N/A
Physical Address 530 Old Whitfield Street
City Guilford State CT Zip 06437
Mailing Address (if different from physical address) SAME
City _____ State _____ Zip _____
Telephone 860-356-4645 Website www.identifeye.health
Licensing Company Email statelicensess@identifeye.health

Section 2: Personal Information

First Vasiliki (Vicky) Middle _____ Last Demas
Alias(es, nicknames, name changes, etc.) N/A
Date of Birth [REDACTED] SSN or ITIN [REDACTED] Sex ☐ M ☒ F ☐ X
Mailing Address identifeye HEALTH Inc., 530 Old Whitfield Street
City Guilford State CT Zip 06437
Telephone 860-356-4645 Email statelicensess@identifeye.health
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 <u>University of California - Berkeley</u>		From - To (MM/YY - MM/YY) <u>08/2001 - 12/06</u>	
Address <u>200 Centennial Dr</u>	City <u>Berkeley</u>	State <u>CA</u>	Zip <u>94720</u>
Diploma/Degree obtained, if any <u>PhD</u>			
School Name <u>University of Illinois - Urbana Champaign</u>		From - To (MM/YY - MM/YY) <u>08/99 - 05/01</u>	
Address <u>610 East John Street</u>	City <u>Champaign</u>	State <u>IL</u>	Zip <u>61820</u>
Diploma/Degree obtained, if any <u>BS</u>			
School Name <u>2nd High School - Amaliada</u>		From - To (MM/YY - MM/YY) <u>09/92 - 07/97</u>	
Address <u>Amaliada, GREECE 27200</u>	City <u>Amaliada</u>	State <u>n/a</u>	Zip <u>n/a</u>
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>11/23 - present</u>	Address 	City <u>Oakland</u>	State <u>CA</u>	Zip 
From - To (MM/YY - MM/YY) <u>06/16 - 11/23</u>		City <u>San Francisco</u>	State <u>CA</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
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 identige HEALTH / tesseraact health		From - To (MM/YY - MM/YY) 08/21 - Present	
Business Address 530 Old Whitfield St		City Guilford	State CT
Phone (650) 505 5565	Title CEO		
Description of Duties CEO			

Business Name GRAIL		From - To (MM/YY - MM/YY) 12/16 - 08/21	
Business Address 1525 O'Brien Dr		City Menlo Park	State CA
Phone 833 464 7245	Title Platform Product Manager, New Products Lead		
Description of Duties shaped foundation of Galleri, GRAIL's multiscancer screening test led development of new products			

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.)		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 # 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:

Varlita Deuan

Original Signature (electronic, copies or stamps not accepted)

03/12/2025

Date

Personal History Application

(Applicant's Initials VD)

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.

Vasiliki (Vicky) Demas
Print Name (First, Last)

Vasiliki Demas
Original Signature (electronic, copies or stamps not accepted)

03/12/2025
Date

Please have this section completed in the presence of a Notary Public.

State of CONNECTICUT, ss. County of NEW HAVEN

I, Vasiliki (Vicky) Demas, 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.

Vasiliki Demas
Original Signature

03/12/2025
Date

Subscribed and Sworn to before me this 12th day of MARCH, 2025.

Scott B.
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 identifeye HEALTH Inc.
Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable) N/A
Physical Address 530 Old Whitfield Street
City Guilford State CT Zip 06437
Mailing Address (if different from physical address) SAME
City _____ State _____ Zip _____
Telephone 860-356-4645 Website www.identifeye.health
Licensing Company Email statelicensess@identifeye.health

Section 2: Personal Information

First Jonathan Middle M. Last Rothberg
Alias(es, nicknames, name changes, etc.) N/A
Date of Birth [REDACTED] SSN or ITIN [REDACTED] Sex ☒ M ☐ F ☐ X
Mailing Address [REDACTED]
City Miami Beach State FL Zip [REDACTED]
Telephone 860-356-4645 Email statelicensess@identifeye.health
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?		

Personal History Application

(Applicant's Initials )

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 YALE UNIVERSITY		From - To (MM/YY - MM/YY) 1991	
Address 38 HILLHOUSE AVE	City NEW HAVEN	State CT	Zip 06520
Diploma/Degree obtained, if any MS, MPHIL, PHD			
School Name CARNEGIE MELLON UNIVERSITY		From - To (MM/YY - MM/YY) 1985	
Address 5000 FORBES AVE	City PITTSBURGH	State PA	Zip 15213
Diploma/Degree obtained, if any BS			
School Name		From - To (MM/YY - MM/YY)	
Address	City	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) 2002 - PRESENT	Address [REDACTED]	City GUILFORD	State CT	Zip [REDACTED]
From - To (MM/YY - MM/YY) 2021 - PRESENT	Address [REDACTED]	City MIAMI BEACH	State FL	Zip [REDACTED]
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	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 4CATALYZER		From - To (MM/YY – MM/YY) 2010 - PRESENT	
Business Address 530 OLD WHITFIELD STREET	City GUILFORD	State CT	Zip 06437
Phone	Title FOUNDER AND BOARD CHAIR		
Description of Duties Lead the board of directors, sets meeting agendas, facilitates discussions, ensures effective governance, and support the CEO while maintaining oversight of company strategy			

Business Name IDENTIFEYE HEALTH		From - To (MM/YY – MM/YY) 2018 - PRESENT	
Business Address 530 OLD WHITFIELD STREET	City GUILFORD	State CT	Zip 06437
Phone	Title FOUNDER AND BOARD CHAIR		
Description of Duties Lead the board of directors, sets meeting agendas, facilitates discussions, ensures effective governance, and support the CEO while maintaining oversight of company strategy			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	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.)		X
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		X
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		X
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		X
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		X
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		X
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		X
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		X
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		X



Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following where applicable:

Date of Event/Arrest	Disposition Date	State	City	County
Case #	Governing, licensing, Arresting Presiding Body/Agency/Court			
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

Date

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.

Jonathan M. Rothberg

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

Date

06/26/2025

Please have this section completed in the presence of a Notary Public.

State of Massachusetts, ss. County of Suffolk

I, Jonathan M. Rothberg, 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.

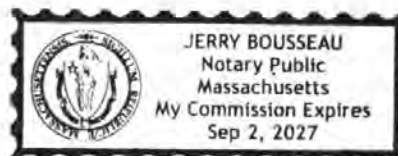
Original Signature

Date

06/26/2025

Subscribed and Sworn to before me this 26th day of JUNE 2025

Notary Public Signature



(Seal)

Personal History Application

(Applicant's Initials)

7 of 7

4UU

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>Mark Cuban Cost Plus Wholesale LLC</u>		
Physical Address: <u>2909 Taylor Street, Suite B</u>		
City: <u>Dallas</u> State: <u>TX</u> Zip: <u>75226</u>		
Mailing Address (if different from physical address): <u>2909 Taylor Street, Suite A</u>		
City: <u>Dallas</u> State: <u>TX</u> Zip: <u>75226</u>		
Telephone: <u>(682) 291-9694</u> Website: <u>N/A</u>		
Name of Designated Representative (DR): <u>Matthew Callesen</u>		
Licensing Company Email: <u>licensing@costplusdrugs.com</u> DR Email: <u>matthew.callesen@costplusdrugs.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 # 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

Wholesaler Application 3 of 7

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: Delaware

Parent Company (if any): _____

Corporation/Organization Name: Mark Cuban Cost Plus Wholesale LLC

Mailing Address: 2909 Taylor Street, Suite A

City: Dallas State: TX Zip: 75226

Telephone: (682) 291-9694 Email: licensing@costplusdrugs.com

Contact Person Name: Emily Hildebrand

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	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/bopnv.gov/content/Services/newapps/Fingerprint%20Submission%20Instructions%20-%20Effective%2001.01.2024.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.

Mark Cuban Cost Plus Wholesale LLC

Facility Name

Alexander Oshmyansky

Print Name of Authorized Person Submitting Application


Original signature of Authorized Person (copies or stamps not accepted)

7/20/2025
Date

Board Use Only

Date Received:

7/31/25

Amount:

waived by Mark



Mark Cuban Cost Plus Wholesale LLC

2909 Taylor St., Suite B

Dallas, Texas 75226

(682) 291-9694

<https://markcubancostplusdrugcompany.com>

CORPORATE OFFICER(S)

NAME AND TITLE	ADDRESS
Alexander Oshmyansky, CEO	Business: 2909 Taylor Street, Suite A, Dallas, TX 75226



Mark Cuban Cost Plus Wholesale LLC

2909 Taylor St., Suite B

Dallas, Texas 75226

(682) 291-9694

<https://markcubancostplusdrugcompany.com>

OWNERSHIP INFORMATION

NAME AND TITLE	ADDRESS	PHONE NO.	OWNERSHIP PERCENTAGE
Alexander Oshmyansky, CEO/Owner	Business: 2909 Taylor Street, Suite A, Dallas, TX 75226	Business: (682) 291-9694	10%
Radical Investments III, LP	Business: 1229 Slocum St., Dallas, TX 75207	Business: (214) 478-9440	90%

Delaware

The First State

Page 1

I, CHARUNI PATIBANDA-SANCHEZ, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MARK CUBAN COST PLUS WHOLESALE 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 FIFTH DAY OF MAY, A.D. 2025.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MARK CUBAN COST PLUS WHOLESALE LLC" WAS FORMED ON THE NINETEENTH DAY OF JANUARY, A.D. 2023.



7245918 8300

SR# 20251984611

You may verify this certificate online at corp.delaware.gov/authver.shtml

C. B. Sanchez

Charuni Patibanda-Sanchez, Secretary of State

Authentication: 203604462

Date: 05-05-25



Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Application for Registration for Mark Cuban Cost Plus Wholesale LLC (file number 804905521), a DELAWARE, USA, Foreign Limited Liability Company (LLC), was filed in this office on January 30, 2023.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on March 07, 2025.



A handwritten signature in black ink that reads "Jane Nelson".

Jane Nelson
Secretary of State

- ★ Please contact Drugs and Food Safety Licensing Branch at (512) 834-6727 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 <https://www.dshs.texas.gov/drug-manufacturers-distributors/applications-forms-drug-manufacturers-distributor>
- ★ Please submit written notice if you close or sell your business. You can email us at drugs-foodsafety@dshs.texas.gov.
- ★ If you have any questions or desire additional information concerning the application process or this license, please contact the Drugs and Food Safety Licensing Branch 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.

MARK CUBAN COST PLUS WHOLESALE LLC
2909 TAYLOR ST STE B
DALLAS TX 75226



**TEXAS DEPARTMENT OF STATE HEALTH SERVICES
REGULATORY LICENSING UNIT**



MARK CUBAN COST PLUS WHOLESALE LLC
2909 TAYLOR ST STE B
DALLAS, TX 75226

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 # 1003685
Expires: May 1, 2027

NON-TRANSFERABLE

[Signature]

Commissioner

519756

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. GM214913

Application/License No. _____

Mark Cuban Cost Plus Wholesale LLC, doing or intending to do business as a
Applicant/Principal
pharmaceutical wholesaler, whose address for purposes of service is
2909 Taylor Street, Suite B, Dallas, TX 75226, as
Address of Applicant/Principal
PRINCIPAL, and Great Midwest Insurance Company, a
Surety Company
corporation organized under the laws of the state of Texas
State of Incorporation
and authorized to transact a general surety business in the State of

Nevada, whose address for purposes of service is
800 Gessner Rd, Suite 600, Houston, TX 77024 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 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.

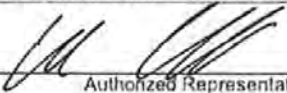
THIS BOND is subject to the following conditions:

- (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 September, 2023.

APPLICANT/PRINCIPAL
Mark Cuban Cost Plus Wholesale LLC


Authorized Representative

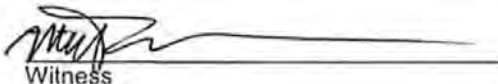
SURETY COMPANY
Great Midwest Insurance Company


Surety Company's Representative

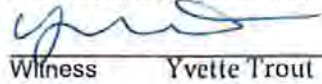
Denise Raker, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:


Witness

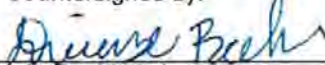

Witness

SIGNED and SEALED in the presence of:


Witness Yvette Trout


Witness Sandra Villegas

Countersigned by:


Nevada Resident Agent

POWER OF ATTORNEY
Great Midwest Insurance Company

KNOW ALL MEN BY THESE PRESENTS, that GREAT MIDWEST INSURANCE COMPANY, a Texas Corporation, with its principal office in Houston, TX, does hereby constitute and appoint:

Denise Raker, Chris Kolkhorst, Sandra Villegas, Michael Maddux

its true and lawful Attorney(s)-In-Fact to make, execute, seal and deliver for, and on its behalf as surety, any and all bonds, undertakings or other writings obligatory in nature of a bond.

This authority is made under and by the authority of a resolution which was passed by the Board of Directors of GREAT MIDWEST INSURANCE COMPANY, on the 1st day of October, 2018 as follows:

Resolved, that the President, or any officer, be and hereby is, authorized to appoint and empower any representative of the Company or other person or persons as Attorney-In-Fact to execute on behalf of the Company any bonds, undertakings, policies, contracts of indemnity or other writings obligatory in nature of a bond not to exceed Ten Million dollars (\$10,000,000.00), which the Company might execute through its duly elected officers, and affix the seal of the Company thereto. Any said execution of such documents by an Attorney-In-Fact shall be as binding upon the Company as if they had been duly executed and acknowledged by the regularly elected officers of the Company. Any Attorney-In-Fact, so appointed, may be removed in the Company's sole discretion and the authority so granted may be revoked as specified in the Power of Attorney.

Resolved, that the signature of the President and the seal of the Company may be affixed by facsimile on any power of attorney granted, and the signature of the Secretary, and the seal of the Company may be affixed by facsimile to any certificate of any such power and any such power or certificate bearing such facsimile signature and seal shall be valid and binding on the Company. Any such power so executed and sealed and certificate so executed and sealed shall, with respect to any bond of undertaking to which it is attached, continue to be valid and binding on the Company.

IN WITNESS THEREOF, GREAT MIDWEST INSURANCE COMPANY, has caused this instrument to be signed by its President, and its Corporate Seal to be affixed this 11th day of February, 2021.



GREAT MIDWEST INSURANCE COMPANY

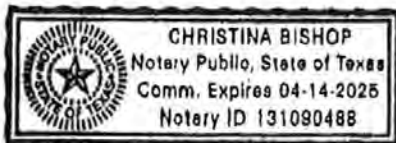
BY

Mark W. Haushill

Mark W. Haushill
President

ACKNOWLEDGEMENT

On this 11th day of February, 2021, before me, personally came Mark W. Haushill to me known, who being duly sworn, did depose and say that he is the President of GREAT MIDWEST INSURANCE COMPANY, the corporation described in and which executed the above instrument; that he executed said instrument on behalf of the corporation by authority of his office under the By-laws of said corporation.



BY

Christina Bishop

Christina Bishop
Notary Public

CERTIFICATE

I, the undersigned, Secretary of GREAT MIDWEST INSURANCE COMPANY, A Texas Insurance Company, DO HEREBY CERTIFY that the original Power of Attorney of which the foregoing is a true and correct copy, is in full force and effect and has not been revoked and the resolutions as set forth are now in force.

Signed and Sealed at Houston, TX this 19th Day of September, 2023



BY

Leslie K. Shaunty

Leslie K. Shaunty
Secretary

"WARNING: Any person who knowingly and with intent to defraud any insurance company or other person, files and application for insurance of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

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 Mark Cuban Cost Plus Wholesale LLCPhysical Address 2909 Taylor St, Suite BCity DallasState TXZip 75226Mailing Address (if different from physical address) 2909 Taylor St, Suite ACity DallasState TXZip 75226Telephone (682) 291-9694

Website _____

Licensing Company Email licensing@costplusdrugs.com**Section 2: Personal Information**First MatthewMiddle LawrenceLast Callesen

Alias(es, nicknames, name changes, etc.) _____

Date of Birth _____

SSN or ITIN _____

Sex ☒ M ☐ F ☐ XMailing Address 2909 Taylor St, Suite BCity DallasState TXZip 75226Telephone _____ Email licensing@costplusdrugs.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 mc

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	The University of Texas at Arlington		From - To (MM/YY - MM/YY)	08/04 - 5/11	
Address	701 S. Nedderman Dr.	City	Arlington	State	TX 76019
Diploma/Degree obtained, if any	Bachelor of Science in Mechanical Engineering And Master of Engineering in Mechanical Engineering				
School Name	Tarrant County College Northeast Campus		From - To (MM/YY - MM/YY)	08/02 - 07/04	
Address	828 W. Harwood Rd, ^{entry error} Hurst 76122	City	Hurst	State	TX 76054
Diploma/Degree obtained, if any	N/A - Coursework towards degrees above -				
School Name	Santa Barbara City College		From - To (MM/YY - MM/YY)	08/97 - 05/98	
Address	721 Cliff Dr.	City	Santa Barbara	State	CA 93109
Diploma/Degree obtained, if any	N/A - Coursework towards degrees above -				
School Name	University of California Santa Barbara		From - To (MM/YY - MM/YY)	08/96 - 06/97	
Address	5221 Cheadle Hall	City	Santa Barbara	State	CA 93106
Diploma/Degree obtained, if any	N/A - Coursework towards degrees above				
School Name	Half Moon Bay High School		From - To (MM/YY - MM/YY)	08/92 - 05/96	
Address	1 Lewis Foster Dr	City	Half Moon Bay	State	CA 94109
Diploma/Degree obtained, if any	High School diploma				

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY - MM/YY)	Address	City	State	Zip
07/20 - Current	[Redacted]	Arlington	TX	[Redacted]
07/09 - 06/20	[Redacted]	Arlington	TX	[Redacted]
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip

N/A

Applicant's initials MC

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>Mark Cuban Cost Plus Drugs</i>		From - To (MM/YY - MM/YY) <i>01/24 - current</i>	
Business Address <i>2909 Taylor St Suite B</i>	City <i>Dallas</i>	State <i>TX</i>	Zip <i>75226</i>
Phone <i>(214) 216 1367</i>	Title <i>Site Quality Head</i>	Number of Employed Hours <i>~1500</i>	

Description of Duties
 • Manufacture, test, release of drug products, for distribution (QA oversight)
 • Purchase drug products as a virtual wholesaler (QA oversight)

Business Name <i>Alcon Labs</i>		From - To (MM/YY - MM/YY) <i>07/18 - 12/23</i>	
Business Address <i>6201 South Freeway</i>	City <i>FORT WORTH</i>	State <i>TX</i>	Zip <i>76134</i>
Phone <i>(817) 293-0450</i>	Title <i>Site Quality Head / QA Director</i>	Number of Employed Hours <i>~9000</i>	

Description of Duties
 • Manufacture, test, release of drug products for distribution (QA oversight)
 • Purchase drug products from 3rd parties for subsequent distribution (QA oversight)

Business Name		From - To (MM/YY - MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	

Description of Duties

Business Name		From - To (MM/YY - MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	

Description 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 *ME* 4

Business Name		From - To (MM/YY – MM/YY)	
Business Address		City	State Zip
Phone	Title		Number of Employed Hours
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address		City	State Zip
Phone	Title		Number of Employed Hours
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address		City	State Zip
Phone	Title		Number of Employed Hours
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address		City	State Zip
Phone	Title		Number of Employed Hours
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address		City	State Zip
Phone	Title		Number of Employed Hours
Description 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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Applicant's initials ML 5

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✓
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Applicant's initials MS

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)

23 SEP 2024

Date

Applicant's initials ME

Matthew Callesen
I, _____, certify that as the designated representative for
Mark Cuban Cost Plus Wholesale 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

Matthew Callesen

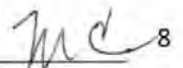
Print Name (First, Last)



Original Signature (electronic, copies or stamps not accepted)

23SEP2024

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.

Matthew Callesen

Print Name (First, Last)

Matthew Callesen
Original Signature (electronic, copies or stamps not accepted)

23SEP2024
Date

Please have this section completed in the presence of a Notary Public.

State of Texas, ss. County of Dallas

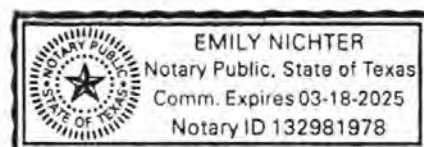
I, Matt Callesen, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation 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 Callesen
Original Signature

23SEP2024
Date

Subscribed and Sworn to before me this 23 day of SEPTEMBER

Emily Nichter
Notary Public Signature



(Seal)

Applicant's initials MC

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 Mark Cuban Cost Plus Wholesale LLC
Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable) _____
Physical Address 2909 Taylor St., Suite B
City Dallas State TX Zip 75226
Mailing Address (if different from physical address) _____
City _____ State _____ Zip _____
Telephone (682) 291-9694 Website _____
Licensing Company Email licensing@costplusdrugs.com

Section 2: Personal Information

First Alexander Middle Roman Last Oshmyansky
Alias(es, nicknames, name changes, etc.) _____
Date of Birth [REDACTED] SSN or ITIN [REDACTED] Sex ☒ M ☐ F ☐ X
Mailing Address [REDACTED]
City McKinney State TX Zip [REDACTED]
Telephone [REDACTED] Email licensing@costplusdrugs.com
Are you a citizen of the United States? ☒ Yes ☐ No

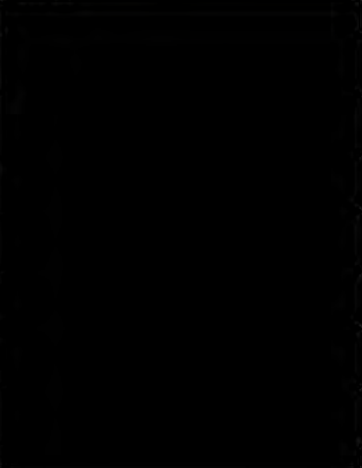
Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 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 Johns Hopkins Hospital		From - To (MM/YY - MM/YY) 07/2010-06/2015	
Address	City Baltimore	State MD	Zip
Diploma/Degree obtained, if any Diagnostic Radiology Residency, Pediatric Radiology Fellowship			
School Name Harvard Medical School Brigham and Women's Hospital		From - To (MM/YY - MM/YY) 07/2019-06/2010	
Address 3 Blackfan Circle	City Boston	State MA	Zip 02115
Diploma/Degree obtained, if any General Surgery Intern			
School Name University of Oxford		From - To (MM/YY - MM/YY) 10/2005-10/2013	
Address Wellington Square, Oxford OXI 2JD	City	State	Zip
Diploma/Degree obtained, if any PhD in mathematics			
School Name Duke University School of Medicine		From - To (MM/YY - MM/YY) 08/2002-05/2003	
Address 125 Davison Bldg	City Durham	State NC	Zip 27710
Diploma/Degree obtained, if any MD			
School Name University of Colorado at Boulder		From - To (MM/YY - MM/YY) 08/2002-05/2003	
Address 914 Broadway	City Boulder	State CO	Zip 80302
Diploma/Degree obtained, if any BA, Biochemistry			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY - MM/YY)	Address	City	State	Zip
7/2022- Present		McKinney	TX	
10/2021-07/2022		Dallas	TX	
10/2019-10/2021		Dallas	TX	
01/2019-10/2019		Littleton	CO	
08/2017-01/2019		Papaikou	HI	
07/2016-08/2017		San Diego	CA	
07/2015-07/2016		Palmyra	PA	
07/2012-07/2015		Baltimore	MD	

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 Mark Cuban Cost Plus Drug Company, PBC		From - To (MM/YY - MM/YY) 06/18-Present	
Business Address 320 S. Walton St.	City Dallas	State TX	Zip 75226
Phone (682) 428-8081	Title CEO/Owner		
Description of Duties Created PBC to manufacture and sell affordable medicines. Drastically reducing the cost of hundreds of drugs. Built sterile fill-finish pharmacy. Established DTC mail order pharmacy.			
Business Name Akibimi Productions		From - To (MM/YY - MM/YY) 07/2015-01/2019	
Business Address 806 N. Calvert St., Apt 2	City Baltimore	State MD	Zip 21202
Phone (972) 349-1016	Title Managing Partner, Founder		
Description of Duties Produced, directed and wrote world's first feature length virtual reality film.			
Business Name Altitude Medical, Inc.		From - To (MM/YY - MM/YY) 06/2007-01/2015	
Business Address 10181 Hobby Horse Lane	City Mentor	State OH	Zip 44060
Phone	Title Founding CEO, Part-time CFO		
Description of Duties Founded, invented products, recruited initial team, raised \$7 million in financing, brought products to market.			
Business Name		From - To (MM/YY - MM/YY)	
Business Address	City	State	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 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.

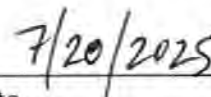
This is in response to Question # _____. Provide all the following where applicable:

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 certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Alexander Oshmyansky

Print Name (First, Last)
[Signature]

Original Signature (electronic, copies or stamps not accepted)

7/20/2025

Date

Please have this section completed in the presence of a Notary Public.

State of TEXAS, ss. County of DALLAS

I, ALEXANDER OSHMYANSKY, 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

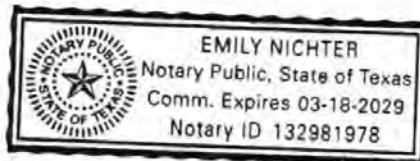
7/20/2025

Date

Subscribed and Sworn to before me this 20 day of JULY 2025.

[Signature]

Notary Public Signature



(Seal)



Mark Cuban Cost Plus Wholesale LLC

2909 Taylor St., Suite B

Dallas, Texas 75226

(682) 291-9694

<https://markcubancostplusdrugcompany.com>

**MARK CUBAN COST PLUS WHOLESALE LLC
EMPLOYEE LIST**

Mark Cuban Cost Plus Wholesale LLC contracts Matthew Callesen, our Designated Representative, through Mark Cuban Cost Plus Drug Company, PBC.

Upon additional operations, Mark Cuban Cost Plus Wholesale LLC will employ individuals as needed.

4VV

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: Veterinary Service, Inc

Physical Address: 3700 Western Way NE

City: Albany State: OR Zip: 97321

Mailing Address (if different from physical address): Same

City: _____ State: _____ Zip: _____

Telephone: _____ Website: www.vsi.cc

Name of Designated Representative (DR): _____

Licensing Company Email: michelle.garcia@vsi.cc DR Email: _____

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: OTC, Veterinary Drugs	☐ Manufacturer ☐ Repacker ☐ Reverse Distributor ☐ Warehouse ☒ Retail pharmacy wholesale distributor ☒ 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)?		✓
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: Durvet, Inc
Address: PO Box 801190 City: Kansas City State: MO Zip: 64180
Name: Zoetis US LLC
Address: PO Box 419022 City: Boston State: MA Zip: 02241
Name: Boehringer Ingelheim Animal Health US
Address: PO Box 22748 City: New York State: NY Zip: 10087
Name: Elanco US Inc
Address: PO Box 735197 City: Dallas State: TX Zip: 75373

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: 3700 Western Way NE
City: Albany State: OR Zip: 97321
Telephone: _____ 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:		✓
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/Fingerprint%20Submission%20Instructions%20-%20Effective%2001.01.2024.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)

4/24/2025

Date

Board Use Only

Date Received:

4/30/25

Amount:

\$10000

VETERINARY SERVICE, INC								
Corporate Officers Duties and Qualifications								
2022-04-01		Branch Location	Duties	% of Ownership	DOB	DLN	Telephone	SS#
President	Bradley A Gohr							
		Albany, OR	CEO	0%				
Secretary/Treasure	Loyal R Burns III							
		Albany, OR	COO	0%				
Executive Chairman	John D. Harkey Jr							
		Texas	Sole Owner	100%				

State of Oregon

OFFICE OF THE SECRETARY OF STATE
Corporation Division

Certificate of Existence 5733274

I, TOBIAS READ, SECRETARY OF STATE and Custodian of the Seal of said State, do hereby certify:

VETERINARY SERVICE, INC.

is

Authorized to Transact Business

under the laws of The State of Oregon

and is active on the records of the Corporation Division as of the date of this certificate.



In Testimony Whereof, I have hereunto
set my hand and affixed hereto the
Seal of the State of Oregon.

A handwritten signature in black ink, appearing to read "Tobias Read".

TOBIAS READ, SECRETARY OF STATE

Issued Date: 8/5/2025



Come visit us on the internet at: <https://sos.oregon.gov/business>
or use the QR code to check their current status.

Licensee Details

Demographic Information

Name: VETERINARY SERVICE

Address Information

Line 1: 3700 WESTERN WAY NE

Line 2:

Line 3:

Line 4: ALBANY OR 97321

License Information

Type: Wholesaler with Prescription

Lic #: W1-0001520

Status: Active

Issued:

Expiration Date: 9/30/2026

Last Renewed: 9/25/2025

Small Business?

Prerequisite Information

Relationship/Name	Dates	License Details
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Specialty Information

No Specialty Information

Discipline Information

No Discipline Information

Board Orders

No Available Board Orders

RIDER

To be attached to and form a part of Bond No. 0722488 in the amount
of \$ 100,000.00 issued by HARCO NATIONAL INSURANCE COMPANY on

behalf of Veterinary Service, Inc.

in favor of State of Nevada

Effective date of Rider March 26, 2025

Add Service Location address:

3700 Western Way, NE. Albany OR 97321

It is further expressly understood and agreed that the aggregate liability
of HARCO NATIONAL INSURANCE COMPANY 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 3rd day of April 20 25.

HARCO NATIONAL INSURANCE COMPANY

By: 

Doreen A. Green

Attorney-in-Fact

POWER OF ATTORNEY

Bond # 0722488

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

DOREEN A. GREEN, SHAWNDRAE N. JOHNSTON, MICHAEL J. COLZANI

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, 2024



STATE OF NEW JERSEY
County of Essex

Michael F. Zurcher

Executive Vice President, Harco National Insurance Company
and International Fidelity Insurance Company

STATE OF ILLINOIS
County of Cook



On this 31st day of December, 2024, 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, 2029

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, April 03, 2025

A00457

Irene Martins, Assistant Secretary 2109

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 Veterinary Service, Inc.
Pharmacy/Wholesaler License # (if applicable) _____
Physical Address 3700 Western Way NE
City Albany State OR Zip 97321
Mailing Address (if different from physical address) _____
City _____ State _____ Zip _____
Telephone 800-354-8874 Website Vsi.cc
Licensing Company Email _____

Section 2: Personal Information

First Loyal Middle Russell Last Burns
Alias(es, nicknames, name changes, etc.) _____
Date of Birth [REDACTED] SSN or ITIN [REDACTED] Sex ☒ M ☐ F ☐ X
Mailing Address 3700 Western Way NE
City Albany State OR Zip 97321
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 Oregon State University		From - To (MM/YY - MM/YY) 09/92 - 12/94	
Address 1500 SW Jefferson Way	City Corvallis	State OR	Zip 97331
Diploma/Degree obtained, if any Bachelor Degree Agriculture Buisness			
School Name Linn Benton Community College		From - To (MM/YY - MM/YY) 09/89 - 06/92	
Address 6500 Pacific Blvd SW	City Albany	State OR	Zip 97321
Diploma/Degree obtained, if any Associate Degree General Studies			
School Name Lebanon High School		From - To (MM/YY - MM/YY) 09/85 - 06/89	
Address 1700 South 5th Street	City Lebanon	State OR	Zip 97355
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) 12/06 - Current	Address [REDACTED]	City Lebanon	State OR	Zip [REDACTED]
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	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) 12/94 - Current	
Business Address 3700 Western Way NE		City Albany	State OR
Phone 800-350-8874	Title COO	Number of Employed Hours 62,400	
Description of Duties Manage Operation of the Company			
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.			
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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)

3-28-2025
Date

I, Loyal Burns, 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. LB I am at least 21 years of age;
3. LB 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. LB I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. LB I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. LB 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. LB I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Loyal Burns

Print Name (First, Last)



Original Signature (electronic, copies or stamps not accepted)

3-28-2025

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.

Loyal Burns

Print Name (First, Last)

Loyal Burns
Original Signature (electronic, copies or stamps not accepted)

3-28-2025
Date

Please have this section completed in the presence of a Notary Public.

State of Oregon, ss. County of Linn

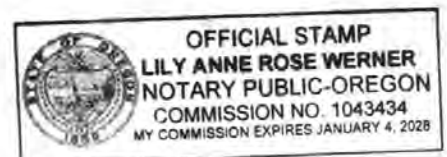
I, Loyal Burns, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation 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.

Loyal Burns
Original Signature

3-28-2025
Date

Subscribed and Sworn to before me this 28th day of March 2025.

Lily Anne Rose Werner
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 Veterinary Service, Inc

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable) _____

Physical Address 3700 Western Way NE

City Albany State OR Zip 97321

Mailing Address (if different from physical address) Same

City _____ State _____ Zip _____

Telephone _____ 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 State TX Zip [REDACTED]

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 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 [REDACTED]
From - To (MM/YY - MM/YY) 2004-2018	Address [REDACTED]	City Dallas	State TX	Zip [REDACTED]
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	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 JDH Investment Management, LLC		From - To (MM/YY - MM/YY) 2007-present	
Business Address 12200 N. Stemmons Fwy, Ste 100		City Dallas	State TX
Phone 972-888-8199		Title CEO	
Description of Duties Chief Executive Officer of Private Investment Company			

Business Name Consolidated Restaurant Operations, Inc		From - To (MM/YY - MM/YY) 1998-present	
Business Address 12200 N. Stemmons Fwy, Ste 100		City Dallas	State TX
Phone 972-888-8199		Title CEO	
Description of Duties Chief Executive Officer			

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			

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?		✓

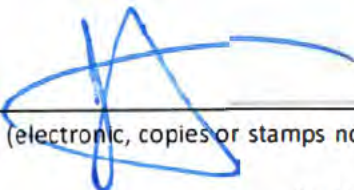
Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement 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:

Explanation for Nos. 4 and 5. For purposes of completeness, I note that from time to time in connection with my service as a member of the board of directors of various public companies, I have been named alongside other directors in various M&A and similar strike suits, details can be found in the public domain.



Original Signature (electronic, copies or stamps not accepted)

3.28.2025

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)

[Signature]
Original Signature (electronic, copies or stamps not accepted)

3-28-2025
Date

Please have this section completed in the presence of a Notary Public.

State of Texas, ss. County of Dallas

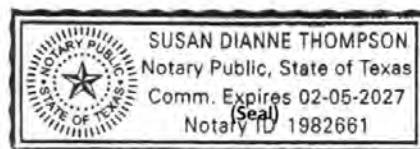
I, John D. Harkey, Jr., being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that 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.

[Signature]
Original Signature

3-28-25
Date

Subscribed and Sworn to before me this 28th day of March 2025

Susan Dianne Thompson
Notary Public Signature



4WW

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 (6/11/2024)

Y

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>PH01455</u>	☒ Retail/Community ☐ Hospital (# beds _____) ☐ Internet ☐ Nuclear ☐ Other:	☒ Retail/Community ☒ Dangerous drugs ☒ Controlled substances DEA #: <u>FW1891325</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	☒ 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: GOLDEN HEALTH PHARMACY

Physical Address: 1993 ERRECART BLVD

City: ELKO State: NV Zip: 89801

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: (888)940-1049 Toll Free # (NAC 639.708, NRS 639.23286): (888)940-1049

Fax: (775)753-4794 Contact Email: rxm.13809@store.walgreens.com

Website: https://www.walgreens.com

Nevada Business License # (if applicable) NV19951143510

Supervising/Managing Pharmacist Name (NRS 639.220): MINH TRAN

Supervising/Managing Pharmacist NV Pharmacist Registration # (if applicable): 15683

Section 2: List the name(s) of at least one NEVADA 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>MINH TRAN</u>	NV Pharmacist Registration #: <u>15683</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: _____		
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: <u>Delaware</u>		
Parent Company (if any): <u>Walgreens Boots Alliance, Inc.</u>		
Corporation/Organization Name: <u>Walgreen Co.</u>		
Mailing Address: <u>108 Wilmot Rd</u>		
City: <u>Deerfield</u>	State: <u>IL</u>	Zip: <u>60015</u>
Telephone: <u>847-224-1348</u>	Email: <u>licenseadministration@walgreens.com</u>	
Contact Person Name: <u>Kayla Lechner</u>		
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: _____	

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Richard Gates

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

Richard Gates

Original signature of Authorized Person (copies or stamps not accepted)

08 / 26 / 2025

Date

Board Use Only

Date Received: 9/18/25

Amount: \$500-CH JPO3-3000111129

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: MINH TRAN Pharmacist Registration #: 15683

Pharmacy Name: GOLDEN HEALTH PHARMACY

Initial each statement below to indicate you have read and agree with the following:

M.T.

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.

M.T.

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.

M.T.

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.

M.T.

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)).

M.T.

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.

MINH TRAN

Original signature of Managing Pharmacist (copies or stamps not accepted)

08 / 08 / 2025

Date

Pharmacy Application 7 of 10

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

FINDINGS OF FACT,
CONCLUSIONS OF LAW,
AND ORDER

PHILLIP W. BUSH, R.Ph.,
Certificate of Registration No. 13623,

Case No. 02-082-RPH-N

GOLDEN HEALTH PHARMACY,
Certificate of Registration No. PH01455,

Case No. 02-082-PH-N

Respondents.

THIS MATTER was heard by the Nevada State Board of Pharmacy (hereinafter Board) at its regular meeting on September 11, 2002, in Reno, Nevada. The Board was represented by Louis Ling, General Counsel for the Board. Respondent Phillip W. Bush appeared and represented himself, and Respondent Golden Health Pharmacy appeared through its representative Renee Meldrum. Board staff presented the testimony of Lora Vance. Based on the presentations of the parties, the admissions of the Respondents, and the public records in the possession and control of the Board, the Board issues the following Findings of Fact, Conclusions of Law, and Order:

FINDINGS OF FACT

1. On January 22, 2002, Ms. Vance's physician prescribed two medications for her. Both of the prescriptions were called in to Golden Health and were for Vivelle 0.05 mg. with three refills and Prometrium 100 mg. #90 with three refills.
2. Mr. Bush was the pharmacist at Golden Health who filled Ms. Vance's prescriptions. By the time of the hearing, Mr. Bush was no longer employed at Golden Health.
3. Ms. Vance testified that she had taken Prometrium before, so she had noticed that the tablets in the Prometrium vial dispensed by Mr. Bush and Golden Health were a different shape and color than the ones she had previously taken. Ms.

Vance explained that the Vivelle prescription had been changed to a generic, so she assumed that the Prometrium prescription had similarly been switched to a generic by her insurance. Ms. Vance testified that she took the medication out of the Prometrium vial for 40 days. During this period of time, Ms. Vance experienced weight gain, menstrual cycles, cramping, spotting, and noticeable, negative mood changes. Ms. Vance initially attributed the symptoms to the change in her Vivelle prescription, but she eventually concluded that the symptoms were attributable to the medications in the Prometrium vial.

4. On April 19, 2002, Ms. Vance telephone Golden Health to check on the difference between the pills she had previously taken and the new tablets she was given in the Prometrium prescription. During this conversation, Ms. Vance discovered that she had been given and had been taking Prometrium 200 mg. tablets, twice the strength of the Prometrium 100 mg. tablets ordered for her by her physician.

5. At hearing, Mr. Bush confirmed that the pharmacy's records showed that he was the pharmacist responsible for filling Ms. Vance's Prometrium prescription. Ms. Meldrum explained to the Board the policies and operational procedures in place at Golden Health that were intended to assure the accuracy of prescriptions filled by Golden Health. Under questioning, both Mr. Bush and Ms. Vance explained that Golden Health was adequately staffed for the considerable prescription volume filled by Golden Health.

CONCLUSIONS OF LAW

1. The Nevada State Board of Pharmacy has jurisdiction over this matter because Respondent Bush is a pharmacist licensed by the Board and Golden Health is a pharmacy licensed by the Board.

2. In filling and dispensing Ms. Vance's Prometrium 100 mg. prescription with Prometrium 200 mg. tablets, Mr. Bush violated NRS 639.210(4) and NAC 639.945(1)(b), (d), and (i).

3. In owning and operating the pharmacy in which Mr. Bush committed the error regarding Ms. Vance's Prometrium prescription, Golden Health violated NRS 639.210(4) and NAC 639.945(1)(b), (d), and (i) and (2).

ORDER

Based upon the foregoing, the Board hereby orders the following:

1. Mr. Bush shall pay a fine of \$500.00 by cashier's 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 within 60 days of the effective date of this Order. Also, Mr. Bush shall pay \$125.00, which is one-half the Board's administrative fee of \$250.00 by cashier's or certified check or money order made payable to "Nevada State Board of Pharmacy" to be received by the Board's Reno office within 60 days of the effective date of this Order.

2. Golden Health shall pay a fine of \$500.00 by cashier's 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 within 60 days of the effective date of this Order. Also, Golden Health shall pay \$125.00, which is one-half the Board's administrative fee of \$250.00 by cashier's or certified check or money order made payable to "Nevada State Board of Pharmacy" to be received by the Board's Reno office within 60 days of the effective date of this Order.

3. The failure by Mr. Bush to comply with any term in this order shall result in the immediate suspension of his license and will also result in further discipline, up to and including revocation of the his license. The failure by Golden Health to comply with any term in this order shall result in a fine of \$1,000 per day to a maximum of \$30,000 for

every day until the term is fully complied with and will also result in further discipline, up to and including revocation of its license.

Signed and effective this 25th day of September, 2002.


Larry L. Pinson, President
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

**NOTICE OF INTENDED ACTION
AND ACCUSATION**

**PHILLIP W. BUSH, R.Ph.
Certificate of Registration No. 13623**

Case Number 02-082-RPH-N

**GOLDEN HEALTH PHARMACY
Certificate of Registration No: PH01455**

Case Number 02-082-PH-N

Respondents.

_____/

COMES NOW Keith W. Macdonald, in his official capacity as Executive Secretary of the Nevada State board of Pharmacy, and makes the following that will serve as both a notice of intended action under Nevada Revised Statutes (NRS) 233B.127(3) and as an accusation under NRS 639.241.

I.

The Nevada State Board of Pharmacy has jurisdiction over this matter because Respondent Phillip W. Bush is a pharmacist licensed by the Board and Respondent Golden Health Pharmacy is a pharmacy licensed by the Board, located at 247 Bluffs Avenue, Building #1, Elko, Nevada.

II.

On or about January 22, 2002, Patient V's physician prescribed two medications for her. Both of the prescriptions were called to the pharmacy by Patient V's physician or his staff. The prescriptions were for a three month supply 0.05 mg. of Vivelle with

three refills and 100 mg. of Prometrium #90 with three refills.

III.

Mr. Bush filled Patient V's prescriptions. Patient V had taken Prometrium before and noticed the contents of the prescription vial were a different shape and color than the ones she had previously taken, but assumed the prescription was filled with a generic or another product required by her insurance. Patient V noted that the prescription bottle was labeled correctly. Patient V was not counseled when she picked up the prescriptions, but Patient V had had these drugs dispensed by Golden Health Pharmacy to her before.

IV.

Patient V took the medication for 40 days. During this time Patient V experienced weight gain, three or four menstrual cycles, cramping, spotting, breast tenderness and her family noticed mood change, describing her as "crabby". On or about April 19, 2002, Patient V telephoned Golden Health Pharmacy to check on the difference between the pills she had taken previously and the new pills she was given in January. It was discovered that Patient V was given 200 mg. Prometrium tablets rather than the 100 mg. tablets her physician had prescribed.

FIRST CAUSE OF ACTION

V.

By filling and dispensing Patient V's prescription for 100 mg. Prometrium tablets incorrectly by dispensing Prometrium 200 mg. tablets, Mr. Bush violated NRS 639.210(4) and Nevada Administrative Code (NAC) 639.945 (1)(b), (d) and (i).

SECOND CAUSE OF ACTION

VI.

In owning and operating the pharmacy in which the error took place, Golden Health Pharmacy violated NRS 639.210(4) and NAC 639.945(1)(b), (d) and (l) and (2).

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the licenses or registrations of the Respondents.

Signed this 7th day of August, 2002.



Keith W. Macdonald, 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 regarding your certificate of registration. To do so, you must mail to the Board within 10 days of your receipt of this Notice of Intended Action and Accusation a written statement showing your compliance.

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.94S)

Statement of Responsibility

1. I am the Vice President (title) for Walgreen Co. (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 pharmacy located inside the State of Nevada employ only pharmacists, intern pharmacists, pharmaceutical technicians, and technicians in training that are licensed by the Nevada State Board of Pharmacy. (NRS 639.100).
6. I further understand and acknowledge that Nevada law requires that each pharmacy located outside the State of Nevada engaged in providing pharmacy services into Nevada employs at least one pharmacist licensed by the Nevada State Board of Pharmacy who will be responsible for any prescription 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).

Richard Gates

Print Name of Authorized Person

Richard Gates

Original signature of Authorized Person (copies or stamps not accepted)

08 / 26 / 2025

Date

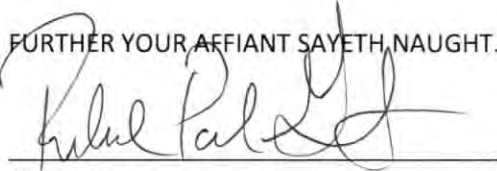
Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, Richard Gates hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

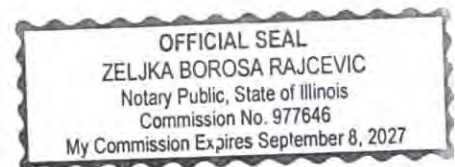
1. I am the Vice President (title) for Walgreen Co. (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that 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 August, 2025

Zeljka Borosa-Rajcevic
Notary Public



Ownership Information

Ownership & Leadership of Applicant Entity

Applicant: Walgreen Co.

108 Wilmot Rd., Deerfield, IL 60015

Ownership: The Applicant entity is wholly owned (100%) by Walgreens Boots Alliance, Inc.

Officers of Walgreen Co.

Michael Motz - CEO

Richard Gates - Senior Vice President, Chief Pharmacy Officer

Cherita Thomas - Secretary

Matthew Spina - CFO

Michael Handal - Licensing and Provider Enrollment Officer

Ownership & Leadership of Walgreens Boots Alliance, Inc.

Ownership: Walgreens Boots Alliance, Inc. is wholly owned (100%) by Blazing Star Parent, LLC

Officers of Walgreens Boots Alliance, Inc.

Temporarily vacant - CEO

Mark Weisz - Sr VP, Global Tax

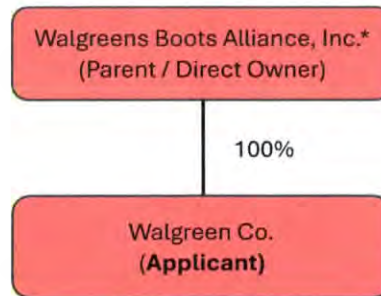
Manmohan Mahajan - Sr VP, Global Controller, CFO

Lanesha Minnix - Corporate Secretary

Please see the attached pre- and post-closing Corporate Organization chart for reference.

Proprietary and Confidential
Not a public record pursuant to
Section 7927.605 of the CPRA and
45 CFR Section 5.31

Walgreen Co.
Pre-Close Organizational Chart



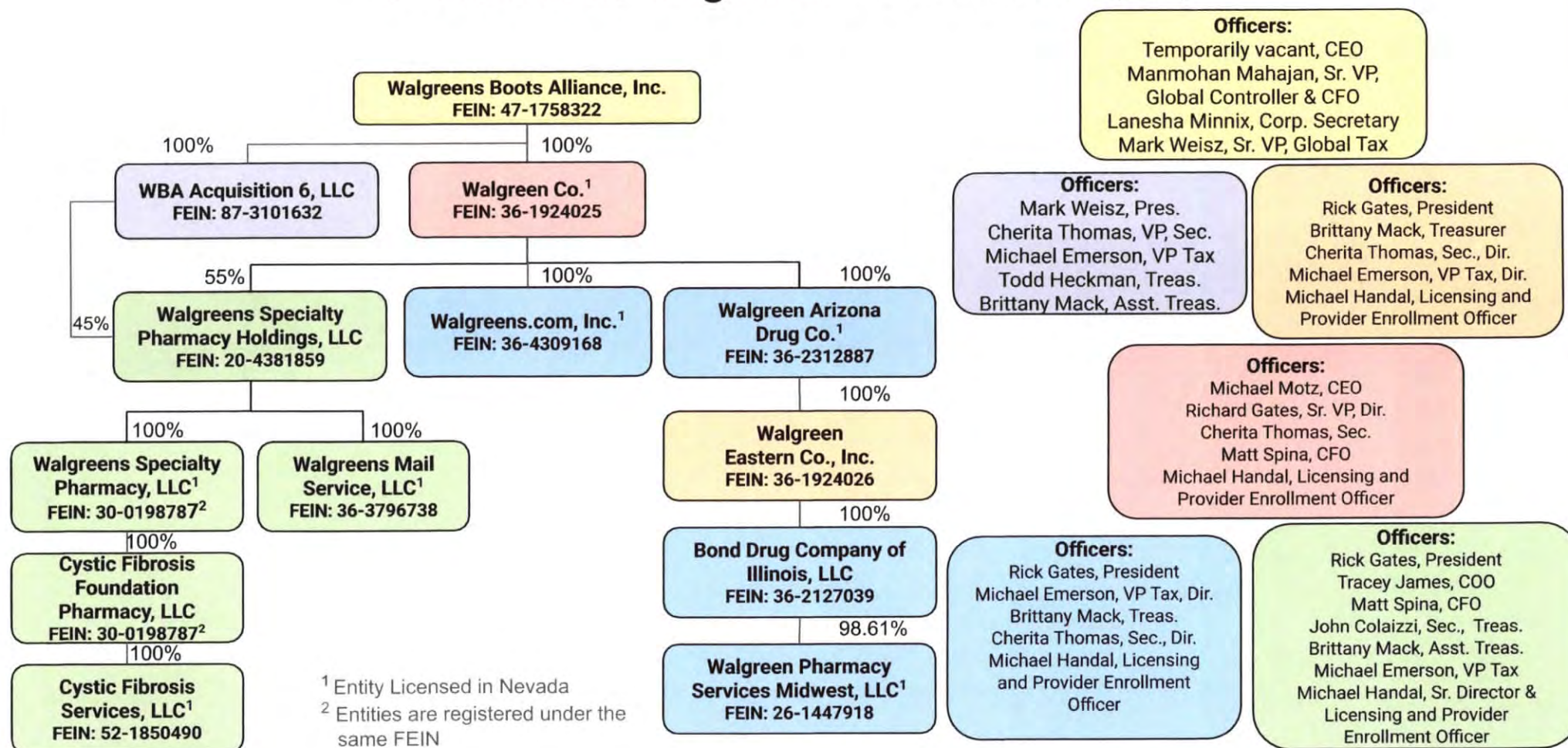
Publicly Traded on Nasdaq Stock Market (WBA)

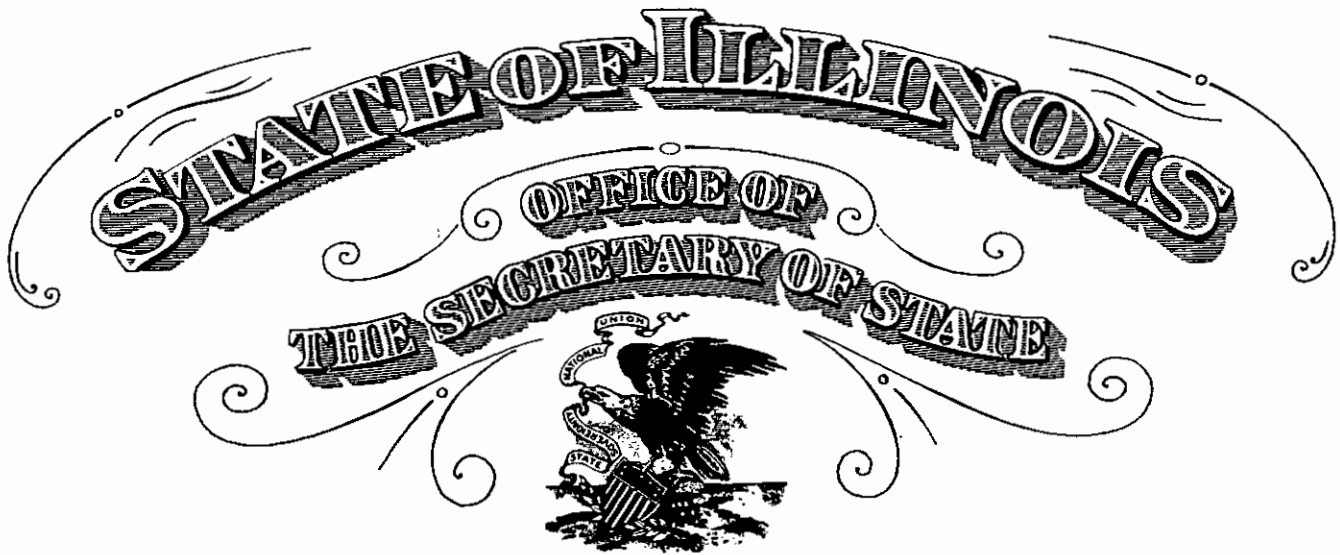
Not a public record pursuant to
Section 7927.605 of the CPRA and
45 CFR Section 5.31

Walgreen Co.



Walgreen Co. Post-Close Organizational Chart (cont.)





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

WALGREEN CO., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON FEBRUARY 15, 1909, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 15TH day of MAY A.D. 2025 .

Authentication #: 2513501622 verifiable until 05/15/2026

Authenticate at: <https://www.ilsos.gov>

Alexi Giannoulas

SECRETARY OF STATE

4XX

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 (6/11/2024)

Y

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>PH01306</u>	☒ Retail/Community ☐ Hospital (# beds _____) ☐ Internet ☐ Nuclear ☐ Other:	☒ Retail/Community ☒ Dangerous drugs ☒ Controlled substances DEA #: <u>BW6103838</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	☒ 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: WALGREENS #04788

Physical Address: 1465 E WILLIAM ST

City: CARSON CITY State: NV Zip: 89701-3278

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: (775)841-2790 Toll Free # (NAC 639.708, NRS 639.23286): N/A

Fax: (775)841-2796 Contact Email: rxm.04788@store.walgreens.com

Website: https://www.walgreens.com

Nevada Business License # (if applicable) NV19951143510

Supervising/Managing Pharmacist Name (NRS 639.220): TANYA DEMICHELE

Supervising/Managing Pharmacist NV Pharmacist Registration # (if applicable): 16291

Section 2: List the name(s) of at least one NEVADA 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>TANYA DEMICHELE</u>	NV Pharmacist Registration #: <u>16291</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: _____	%: _____

- 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: <u>Delaware</u>		
Parent Company (if any): <u>Walgreens Boots Alliance, Inc.</u>		
Corporation/Organization Name: <u>Walgreen Co.</u>		
Mailing Address: <u>108 Wilmot Rd</u>		
City: <u>Deerfield</u>	State: <u>IL</u>	Zip: <u>60015</u>
Telephone: <u>847-224-1348</u>	Email: <u>licenseadministration@walgreens.com</u>	
Contact Person Name: <u>Kayla Lechner</u>		
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: _____	

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Richard Gates

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

Richard Gates

Original signature of Authorized Person (copies or stamps not accepted)

08 / 26 / 2025

Date

Board Use Only

Date Received:

9/22/25

Amount:

\$500-00 JP05 300011129

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: TANYA DEMICHELE Pharmacist Registration #: 16291

Pharmacy Name: WALGREENS #04788

Initial each statement below to indicate you have read and agree with the following:

- tuud 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.
- tuud 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.
- tuud 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.
- tuud 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)).
- tuud 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:	
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.

TANYA DEMICHELE

Original signature of Managing Pharmacist (copies or stamps not accepted)

08 / 03 / 2025

Date

Pharmacy Application 7 of 10

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

RUSSELL E. SMITH, RPH
Certificate of Registration No. 16233

WALGREENS #04788
Certificate of Registration No. PH01306

Respondents.

CASE NOS. 13-001-RPH-N
13-001-PH-N

STIPULATION AND PROPOSED
ORDER

S. Paul Edwards, General Counsel for Petitioner the Nevada State Board of Pharmacy (Board), and Respondents Russell E. Smith, RPH (Mr. Smith) and Walgreens #04788 (collectively Respondents), by and through their counsel, William J. Stilling, of the law firm Parsons Behle & Latimer,

HEREBY STIPULATE AND AGREE AS FOLLOWS:

1. Respondents Mr. Smith and Walgreens #04788 admit to the factual allegations made in the Notice of Intended Action and Accusation on file in the above captioned matter and to the alleged violations set forth in the First and Third Causes of Action therein. They do not, however, admit to the Second Cause of Action, or to any violation of NRS 639.210(16).

2. In light of the Respondents' admissions, Respondents and Board Staff will recommend that the Board impose discipline on Mr. Smith for the First Cause of Action, and that the Board impose the following in association with that discipline:

a. Mr. Smith will step down as the pharmacist in charge (PIC) at Walgreens #04788 as soon as a suitable replacement PIC is found, but in any event, no later than June 7, 2013. Mr. Smith will not work as the PIC in any pharmacy licensed by the Board until after the probation under which he is working is lifted.

b. Mr. Smith will successfully complete the Your Success Program, and provide evidence of the completion of that program to Board Staff.

c. Mr. Smith's registration shall remain on probation until September 14, 2013, the date on which his current probationary period is scheduled to end.

3. Respondents and Board Staff will further recommend that the Board impose discipline against Walgreens #04788 for the Third Cause of Action, and that Walgreens #04788 pay a fine of \$500.00 in association with that discipline.

4. Board Counsel will present this Stipulation/Agreement to the Nevada State Board of Pharmacy at its meeting on April 17, 2013.

5. Respondents will appear at the April 17, 2013 meeting to answer questions, if any, put to them by the Board. The Board may discuss and deliberate, and at its sole discretion, may enter a Decision and Order accepting this Stipulation/Agreement and imposing discipline as recommended by the parties, but it is not obligated to do so.

6. If the Board adopts the recommendations set forth above, the fine(s) set forth herein shall be paid by cashier's check or certified check or money order made payable to "State of Nevada, Office of the Treasurer" to be received by the Board's Reno office located at 431 W. Plumib Lane, Reno, NV 89509, within 90 days of the effective date of the Board's Order.

7. If the Board adopts the recommendations set forth above, the Board and Respondents Mr. Smith and Walgreens #04788 each agree to release the others from any and all 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 the Board's Order in this matter.

8. If the Board rejects any part or all of this Stipulation/Agreement, and an alternative agreement cannot be reached, the parties agree that a full hearing on the merits of this matter

may be heard by the Board, and that the hearing shall occur at the Board's June 12, 2013 meeting.

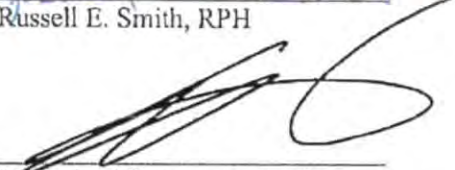
9. The terms and admissions in this stipulation may not be used or referred to in a full hearing on the merits of this matter.

Signed this 17th day of April, 2013


S. Paul Edwards, General Counsel
Nevada State Board of Pharmacy

Signed this 17th day of April, 2013


Russell E. Smith, RPH

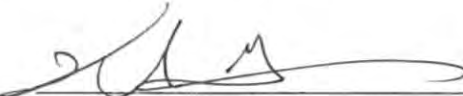

Authorized Representative for
Walgreens #04788

Eleanor Wong
District Pharmacy Supervisor

DECISION AND ORDER

The Nevada State Board of Pharmacy hereby adopts the foregoing Stipulation in the matter of the Board versus Russell E. Smith, RPH and Walgreens #04788, Case Nos. 13-001-RPH-N and 13-001-PH-N as its decision, and hereby orders that the foregoing Stipulation be made effective. This decision and order shall be effective upon execution.

4/17/2013
DATED


Kam Gandhi, President

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

**RUSSELL E. SMITH, RPH
Certificate of Registration No. 16233**

**WALGREENS #04788
Certificate of Registration No. PH01306**

Respondents

**CASE NOS. 13-001-RPH-N
13-001-PH-N**

**NOTICE OF INTENDED ACTION
AND ACCUSATION**

Larry L. Pinson, 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 Nevada Revised Statutes (NRS) 233B.127(3) and as an accusation under NRS 639.241.

I.

The Nevada State Board of Pharmacy (Board) has jurisdiction over this matter and these Respondents because Respondent Russell E. Smith is a pharmacist licensed by the Board. Respondent Walgreens #04788 is a pharmacy licensed by the Board, located at 1465 East Williams Street, Carson City, Nevada.

II.

On or about September 4, 2012, Patient BT was seen by Pamela Hassler, Physician's Assistant-Certified (PAC), and prescribed methadone 5 mg. tablets, to take one tablet by mouth every eight hours as needed. The prescription had a "Do Not Fill Until" date of October 2, 2012. On September 6, 2012, Patient BT presented the prescription to Walgreens #04788, at which time it was date-stamped and placed on hold. On October 2, 2012, Patient BT returned to the pharmacy and had the prescription filled.

III.

During a routine follow-up with PAC Hassler on October 31, 2012, Patient BT reported that the strength of the methadone dispensed to him was 10 mg. tablets, not

the 5 mg. strength prescribed. On or about October 29, 2012, he discarded the bottle after taking the last dose. Patient BT ingested ninety of the methadone 10 mg. tablets before the error was discovered. No ill effects were claimed or reported. PAC Hassler generated Patient BT's profile from the Prescription Monitoring Program (PMP) and verified that Walgreens had dispensed methadone 10 mg. tablets and not the 5 mg. strength which was prescribed.

IV.

During the investigation of this matter, the Board's Investigator learned that a pharmaceutical technician entered the original prescription into the pharmacy computer system. When entering the prescription data, the pharmaceutical technician selected methadone 10 mg., instead of methadone 5 mg. tablets as prescribed. The data was entered and sent to the pharmacist for Product Data Review. During Product Data Review, pharmacist Russell Smith failed to note the error in the strength. Pharmacist Smith filled, labeled, and verified the prescription and staged it for customer pick up. Pharmacist Smith failed to note the error in strength throughout the production sequence of the prescription, and he did not identify the error during patient counseling. In his written statement, Pharmacist Smith indicated that in reviewing the prescription, the image on the pharmacy computer screen was difficult to read and he verified the medication as methadone 10 mg.

V.

At its regularly scheduled Board meeting on June 4, 2008, in Reno, Nevada, the Board heard another matter (Case No. 08-017A-RPH-N) which involved Mr. Smith. Mr. Smith did not contest that he was responsible for verifying a prescription for Ortho-Cyclen that was filled with Ortho-Tri-Cyclen. The patient ingested the wrong medication for twenty-eight days. The error was discovered when the prescription was refilled.

VI.

At its regularly scheduled Board meeting on September 14, 2011, in Reno, Nevada, the Board heard another matter (Case No. 11-060-RPH-N) which involved Mr. Smith. Mr. Smith did not contest that he was responsible for not requiring positive identification from the person picking up a controlled substance prescription which resulted in the releasing of that medication to the wrong person. Walgreens' computer

system showed that the person who was dispensed the medication was counseled, but counseling did not transpire as Mr. Smith had overridden the computer system to allow the purchase. Mr. Smith was placed on probation for two years effective September 14, 2011.

FIRST CAUSE OF ACTION

VII.

By filling and dispensing Patient BT's prescription for methadone 5 mg. tablets with methadone 10 mg. tablets, Respondent Smith violated NRS 639.210(4) and/or NAC 639.945(1)(d) and/or (i).

SECOND CAUSE OF ACTION

VIII.

In being repeatedly negligent in Case 08-017A-RPH-N and in Case 11-060-RPH-N, Mr. Smith violated NRS 639.210(4) and/or (12) and/or (16) and/or NAC 639.945(1)(i) and/or (l).

THIRD CAUSE OF ACTION

IX.

In owning and operating the pharmacy in which Mr. Smith committed the above violations, Walgreens #04788 violated NRS 639.210(4) and/or (12) and/or (16) and NAC 639.945(1)(i) and (2).

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificate of registration of the Respondent.

Signed this 24th day of February, 2013.


Larry L. Pinson, Pharm.D., Executive Secretary
Nevada State Board of Pharmacy

healing process. Patient B's mother, Ms. G, took the prescription to Walgreens #4788 on or about September 7, 2004 to be filled.

3. Patient B's father picked up the medication at the drive-through window at Walgreens #4788. Mr. G was not counseled for this new prescription. Ms. G began administering the medication to Patient B as directed on the label. Patient B took the first dose at approximately 5:30 p.m. and a second dose at approximately 10:45 p.m. At that time, Patient B told his mother that the medication burned his throat, made him feel sick, and numbed his mouth.

4. The next morning, Ms. G telephoned the pharmacy and questioned why the medication she received from Walgreens #4788 the previous day was pink and not clear as it had been in the past. Ms. G also telephoned Patient B's physician and was advised to take Patient B to the emergency room to determine what Patient B had ingested. The emergency room report indicated that Patient B had, in all probability, received Prednisolone 15 mg./5 ml. liquid. Board Staff subsequently tested the medication Patient B had taken, and it was determined that Patient B had received Prednisolone 15 mg./5 ml. liquid rather than the prescribed Prednisolone 5 mg./5 ml. liquid.

5. At hearing, Mr. Bergan testified that he was the pharmacist who was the "verifying" pharmacist on duty at the time that Patient B's prescription was filled. Being the "verifying" pharmacist meant that Mr. Bergan was responsible for the final verification of all prescriptions that were filled by other pharmacists and pharmaceutical technicians on duty at the time. Mr. Bergan stated that there were three pharmacists on duty at the time that Patient B's prescription was filled. Mr. Bergan explained that he

usually performs a "sniff test" on liquids to verify the correctness of the liquid, but he did not perform a "sniff test" regarding Patient B's prescription.

6. Mr. Bergan explained that Walgreens #4788 did not have any type of bar code scanning software or hardware: rather, verification of prescriptions at Walgreens #4788 was done by manual and visual means by double-checking the NDC code on the stock bottle with the NDC code on the prescription label. Mr. Bergan explained that it appeared from Patient B's prescription that he had, in fact, done the NDC code comparison, but that still did not reveal to him that the stock bottle and the prescription label did not match. Mr. Bergan could not explain why he did not catch the difference between the two NDC numbers when he verified Patient B's prescription.

7. Mr. Bergan explained that had Walgreens #4788 had the latest version of Walgreens' hardware and software system, the prescription could not have been "rung up" on the cash register until the prescription had been scanned, so the error regarding Patient B's prescription would have been discovered at the time of verification because the bar code scans of the stock bottle and the prescription label would not have matched.

8. Mr. Bergan testified that counseling was the responsibility for all pharmacists on duty when a new prescription is picked up. Mr. Bergan explained that the pharmacy's pharmaceutical technicians and clerks are trained to examine a filled prescription to determine whether it is new or a refill, and when it is new, the staff member is supposed to call a pharmacist for counseling before the prescription is dispensed. Mr. Bergan stated that he did not know which pharmacist would have been the one responsible for counseling Mr. G regarding Patient B's prescription, so he could

not state which pharmacist specifically was responsible for failing to counsel Mr. G. The pharmacy's counseling log contained no entry regarding Patient B's prescription, and the prescription should have been counseled because it was a new prescription.

CONCLUSIONS OF LAW

1. The Board has jurisdiction over this matter because Mr. Bergan is a pharmacist licensed by the Board and Walgreens #4788 is a pharmacy licensed with the Board.

2. In failing to strictly follow the prescription written for Patient B by filling his Prednisolone 5 mg./5 ml. prescription with Prednisolone 15 mg./5ml., Mr. Bergan violated NRS 639.210(4) and NAC 639.945(1)(d) and (i).

3. In owning and operating the pharmacy in which Mr. Bergan's misfilling of Patient B's prescription occurred and in which Patient B's father was not counseled regarding Patient B's prescription, Walgreens #4788 violated NRS 639.210(4) and NAC 639.707 and 639.945(1)(d) and (i) and (2).

4. The Second Cause of Action against Mr. Bergan is dismissed.

ORDER

Based upon the foregoing, the Board hereby orders the following:

1. Mr. Bergan shall pay a fine of \$150.00 by cashier's 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 within 60 days of the effective date of this Order.

2. Mr. Bergan shall successfully complete three hours of ACPE-approved continuing education regarding prescription errors and their prevention. Evidence of

the completion of the continuing education must be presented to the Board's office within 60 days of the effective date of this Order. The three hours of continuing education ordered in this paragraph shall be in addition to the 30 hours required of Mr. Bergan for the renewal of his license.

3. Walgreens #4788 shall pay a fine of \$900.00 (\$150.00 for the misfill and \$750.00 for the failure to counsel) by cashier's 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 within 60 days of the effective date of this Order.

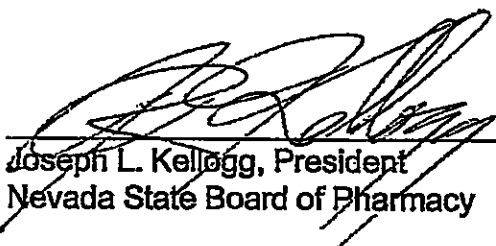
4. Walgreens #4788 shall pay the costs incurred in the investigation and prosecution of this matter of \$1,751.80 plus the Board's administrative fee of \$250.00, for a total of \$2,001.80 by cashier's or certified check or money order made payable to "Nevada State Board of Pharmacy" to be received by the Board's Reno office within 60 days of the effective date of this Order.

5. Walgreens #4788 and other Walgreens personnel shall present to the Board at its regularly scheduled meeting on January 12 and 13, 2005 a plan by which it will implement in all of its pharmacies statewide an enhancement to its computer system by which a pharmacy's cash register will be unable to process a prescription transaction until a pharmacist has made an indication on the pharmacy's signature pad or in the pharmacy's computer at the counseling area that the pharmacist has counseled the patient or that the patient has declined to be counseled. The Board and personnel from Walgreens shall discuss the plan proposed by Walgreens #4788 and other Walgreens personnel at the meeting on January 12 and 13, 2005 to assure that the plan proposed

by Walgreens adequately addresses the Board's concerns raised at the hearing of this matter and that the time period proposed for implementation is reasonable.

6. The failure by Mr. Bergan to comply with any term in this order shall result in the immediate suspension of his license and will also result in further discipline, up to and including revocation of the license. The failure by Walgreens #4788 to comply with any term in this order shall result in a fine of \$1,000 per day for every day that Walgreens #4788 has failed to comply with the Order until the Order is fully complied with, up to a total fine not to exceed \$30,000, and will also result in further discipline, up to and including revocation of the its license.

Signed and effective this 21st day of December, 2004 


Joseph L. Kellogg, President
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

**NOTICE OF INTENDED ACTION
AND ACCUSATION**

v.

**ZACHARY W. BERGAN, R.PH
Certificate of Registration No. 15889**

Case No. 04-063-RPH-N

**WALGREENS #4788
Certificate of Registration No. PH01306
Respondents.**

Case No. 04-063-PH-N

_____/

COMES NOW Keith W. Macdonald, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, and makes the following that will serve as both a notice of intended action under Nevada Revised Statutes (NRS) 233B.127(3) and as an accusation under NRS 639.241.

I.

The Nevada State Board of Pharmacy has jurisdiction over this matter and these Respondents because Respondent Zachary W. Bergan, R.Ph, (Certificate Number 15889) is a registered pharmacist with the Board and Respondent Walgreens #4788 is a pharmacy licensed by the Board, located at 1465 East Williams Street, Carson City, Nevada.

II.

Patient B is a twelve-year-old male who had a tonsillectomy. Patient B's physician prescribed Prednisolone 5 mg./5ml. liquid for him to help with the healing process. Patient B's mother, Ms. G, took the prescription to Walgreen's #4788 on or about September 7, 2004 to be filled.

III.

Patient B's father picked up the medication at the drive through window. Mr. G was not counseled for this new prescription. Ms. G began administering it to Patient B.

Patient B took the first dose at approximately 5:30 p.m. and a second dose at approximately 10:45 p.m. At that time Patient B told his mother that the medication burned his throat, made him feel sick, and numbed his mouth.

IV.

The following morning, Ms. G telephoned the pharmacy and questioned why the medication she received from Walgreens #4788 the previous day was pink and not clear as it had been in the past. Ms. G also telephoned Patient B's physician and was advised to take Patient B to the emergency room to determine what Patient B had ingested. The emergency room report indicated that Patient B had, in all probability, received Prednisolone 15 mg./5 ml. The medication was tested and it was determined that Patient B received Prednisolone 15 mg./5 ml. rather than the prescribed Prednisolone 5 mg./5 ml.

FIRST CAUSE OF ACTION

V.

In failing to strictly follow the prescription written for Patient B by filling his Prednisolone 5 mg./5 ml. prescription with Prednisolone 15 mg./5 ml, Mr. Bergan violated Nevada Revised Statutes (NRS) 639.210(4) and Nevada Administrative Code (NAC) 639.945(1)(d) and (i).

SECOND CAUSE OF ACTION

VI.

In failing to counsel Patient B's father on his new prescription, even though Patient B had taken Prednisolone before, Mr. Bergan violated NRS 639.210(4) and 639.266(1) and NAC 639.707 and 639.945(1)(i).

THIRD CAUSE OF ACTION

VII.

In owning and operating the pharmacy in which Mr. Bergan committed the above violations, in particular in which Patient B's prescription was misfilled and in which Patient B's parents were not counseled regarding Patient B's prescription, Walgreens #4788 violated NRS 639.210(4) and NAC 639.707 and 639.945(1)(d) and (i) and (2).

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificate of registration of the Respondent.

Signed this 26th day of October, 2004.

A handwritten signature in cursive script, reading "Keith W. Macdonald", is written over a horizontal line.

Keith W. Macdonald, 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 regarding your certificate of registration. To do so, you must mail to the Board within 15 days of your receipt of this Notice of Intended Action and Accusation a written statement showing your compliance.

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

JENAE JEPPSON SCHRODER, RPH

Certificate of Registration No. 18541,

BELINDA E. HUBKEY, RPH

Certificate of Registration No. 15310, and

WALGREENS PHARMACY #04788

Certificate of Registration No. PH01306,

Respondents.

CASE NO. 14-061-RPH-A-N

CASE NO. 14-061-RPH-B-N

CASE NO. 14-061-PH-N

STIPULATION AND ORDER

(Hubkey and Walgreens #4788)

FILED

JUN 10 2015

NEVADA STATE BOARD
OF PHARMACY

S. Paul Edwards, General Counsel for Petitioner the NEVADA STATE BOARD OF PHARMACY (Board), and Respondents BELINDA E. HUBKEY, RPH., Certificate of Registration No. 15310 and WALGREENS PHARMACY #4877, Certificate of Registration No. PH01306 ("Walgreens Pharmacy #4788") (collectively "Respondents"), represented by William J. Stilling of Parsons Behle & Latimer,

HEREBY STIPULATE AND AGREE THAT:

1. The Board has jurisdiction over these matters.
2. The Board served a Notice of Intended Action and Accusation (Accusation) on each of the Respondents on or about April 23, 2015.
3. Respondents filed their Answer and Notice of Defense (Answer) on or about May 28, 2015.

4. Respondents, and each of them, are fully aware of their right to seek the advice of counsel in this matter, and obtained the advice of counsel prior to entering into this Stipulation.

5. Respondents, and each of them, are fully aware of their right to a hearing on the matters alleged in the Accusation, their right to reconsideration, their right to appeal, and any and all other rights which may be accorded to them pursuant to the Nevada Administrative Procedure Act and the Nevada Pharmacy Act.

6. Conditioned on the Board's acceptance of this Stipulation, and with the exception of the right to challenge any determination that Respondents have failed to comply with the provisions of this Stipulation, Respondents, and each of them, hereby freely and voluntarily waive their rights to a hearing, reconsideration, appeal, and any and all other rights that may be accorded to them by the Nevada Administrative Procedure Act and the Nevada Pharmacy Act.

7. Respondents, and each of them, admit that evidence exists, and that such evidence could be presented at a hearing, to establish a factual basis for the violations alleged in the Accusation, *to wit*, that:

a. By failing to detect during counseling that the dosing instructions for the prescription for Focalin XR 10 mg. capsules was incorrectly labeled with instructions to take *four (4)* capsules by mouth daily, rather than *one (1)* capsule by mouth daily as prescribed, Ms. Hubkey provided inadequate counseling in violation of NRS 639.266(1) and NAC 639.707(1) and (2), as well as NAC 639.945(1)(i), which are grounds for discipline pursuant to Nevada Revised Statutes NRS 639.255.

b. As the owner of the pharmacy in which the foregoing violation(s), or any one of them, occurred, Respondent Walgreens #4788 is statutorily responsible for the actions of

its employees, and is therefore subject to discipline pursuant to NAC 639.945(2) and NRS 639.255.¹

8. The foregoing admissions are for the purposes of this proceeding only, and shall have no force or effect in any other case or proceeding before the Board.

9. Based upon the Accusation and the foregoing admissions, Respondents, and each of them, stipulate to the following penalties, which will become binding and enforceable upon approval of this agreement by the Board:

a. Belinda E. Hubkey, R.Ph.: Related to the violation alleged in the Third Cause of Action, Ms. Hubkey shall: (i) pay a fine of \$750.00, and (ii) complete two one-hour CE units on the topics of proper prescription verification techniques (1 CE) and elements of effective counseling (1 CE). These CE units are in addition to the CE units Ms. Hubkey is ordinarily required to complete to maintain her pharmacist license.

b. Walgreens #4788: Related to the allegations in the Fourth Cause of Action, Walgreens' Pharmacy #4788 will (i) review with and re-train each pharmacist in Walgreen #4788's district on Walgreens' policies and procedures regarding drug utilization review and counseling, and certify to Board Staff within sixty (60) days in a writing, signed by each pharmacist, that such training has been completed, and (ii) pay an administrative fee of \$495.00.

10. Board Counsel will present this Stipulation to the Board for approval at its meeting on June 10, 2015, in Reno, Nevada. Respondents, and each of them, will appear at that meeting to answer questions put to them by members of the Board and Board Staff. The Board

¹ Walgreens Pharmacy #4788 does not stipulate to have acted negligently in this matter.

may discuss and deliberate regarding the Stipulation even if one or more Respondent is absent. The Board has discretion to approve this Stipulation, but it has no obligation to do so.

11. If the Board adopts the recommendations set forth above, Respondents and the Board each agree to release the other from any and all claims arising from the facts set forth in the Accusation, whether known or unknown, which might otherwise have existed on or before the effective date of the Board's Order in this matter.

12. If the Board rejects any part or all of this Stipulation, the parties agree that a full hearing on the merits of this matter may be heard by the Board, and that the hearing shall occur at the Board's September 2-3, 2015 meeting in Reno, Nevada. The terms and admissions herein may not be used or referred to in a full hearing on the merits of this matter.

13. Respondents shall pay the *finest* agreed to herein by *cashier's check* or *certified check* or *money order* made payable to "State of Nevada, Office of the Treasurer" to be received by the Board's Reno office located at 431 W. Plumb Lane, Reno, NV 89509, within 90 days of the effective date of the Board's Order.

14. Respondents shall pay the *administrative fees* agreed to herein by *cashier's check*, *certified check* or *money order* made payable to the "Nevada State Board of Pharmacy" to be received by the Board's Reno office located at 431 W. Plumb Lane, Reno, NV 89509, within ninety (90) days of the effective date of the Board's Order.

15. Any failure by any Respondent to satisfy the obligations stated herein may result in additional discipline, up to and including suspension or revocation of each Respondent's respective registration/license, until all terms have been satisfied.

Signed this 10 day of June, 2015


S. PAUL EDWARDS, Esq.
General Counsel
Nevada State Board of Pharmacy

Signed this 10 day of June, 2015


BELINDA E. HUBKEY, RPH
Certificate of Registration No. 15310

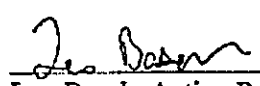
Signed this 10 day of June, 2015


Authorized Representative
WALGREENS PHARMACY #4788
Certificate of Registration No. PHC02513

DECISION AND ORDER

The Nevada State Board of Pharmacy hereby adopts the foregoing Stipulation as its decision as to Respondents BELINDA E. HUBKEY, RPH, Certificate of Registration No. 15310, and WALGREENS PHARMACY #4788, Certificate of Registration No. PH01306, in case numbers 14-061-RPH-B-N, and 14-061-PH-N, respectively, and hereby orders that the terms of the foregoing Stipulation be made effective upon execution.

Signed this 10 day of June, 2015


Leo Bosch, Acting President
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

JENAE JEPPSON SCHRODER, RPH

Certificate of Registration No. 18541,

BELINDA E. HUBKEY, RPH

Certificate of Registration No. 15310, and

WALGREENS PHARMACY #04788

Certificate of Registration No. PH01306,

Respondents.

CASE NO. 14-061-RPH-A-N

CASE NO. 14-061-RPH-B-N

CASE NO. 14-061-PH-N

NOTICE OF INTENDED

ACTION AND ACCUSATION



Larry L. Pinson, 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 Nevada Revised Statutes (NRS) 233B.127(3), and as an accusation under NRS 639.241.

I.

The Nevada State Board of Pharmacy (Board) has jurisdiction over this matter because, at the time of the events alleged herein, Respondent Jenae Jeppson Schroder (Ms. Schroder), Certificate of Registration No. 18541, and Respondent Belinda E. Hubkey (Ms. Hubkey), Certificate of Registration No. 15310, were pharmacists registered with the Board, and Respondent Walgreens Pharmacy #04788 (Walgreens), Certificate of Registration No. PH01306, was a pharmacy registered with the Board.

II.

On or about August 29, 2014, Jacob Vernon (Mr. Vernon) filed a complaint with the Board on behalf of his stepchild, thirteen-year-old S.G. In the complaint, Mr. Vernon alleged that Walgreens filled and dispensed a prescription for S.G. with the incorrect dosing instructions.

III.

On July 2, 2014, S.G. saw her physician who prescribed a quantity of thirty (30) Focalin XR 10 mg. capsules with instructions to take one capsule by mouth every day.

IV.

The prescription was tendered to Walgreens later that day. The following day, July 3, 2014, Walgreens filled the prescription and dispensed the medication to S.G.'s mother.

V.

During the subsequent administration of the Focalin XR to their daughter, the parents felt that the frequency of administration stated on the prescription label (one capsule four times per day) was excessive. They therefore modified the administration to one capsule two times daily.

VI.

S.G. ingested twenty-four (24) Focalin XR 10 mg. capsules over a fourteen (14) day period. Within days of the initial administration of the Focalin XR, SG became withdrawn and emotionally distraught.

VII.

On July 17, 2014, S.G.'s parents contacted the prescriber and learned that the dosing instructions on the prescription label generated by Walgreens were incorrect.

VIII.

According to pharmacy records, pharmaceutical technician Katherine Urrutia (Ms. Urrutia) scanned S.G.'s Focalin XR prescription (prescription number 1206263) into the pharmacy computer system on July 2, 2014, and sent it to a production queue for processing the next day.

IX.

On July 3, 2014, Ms. Urrutia retrieved the Focalin XR prescription from the production queue. During data entry, Ms. Urrutia inadvertently entered "QID" (four times per day) in the patient instructions rather than "QD" (once per day) as written by the prescriber.

X.

Ms. Urrutia sent the prescription data into the data entry verification queue for approval by the pharmacist prior to filling the medication.

XI.

Pharmacist Schroder performed data verification and filled the prescription. She approved the data entry, prescription label and contents of the bottle as accurate, and staged the final product for a pharmacist's final review. Ms. Schroder failed to detect the error in the patient dosing instructions throughout the entire filling and verification process.

XII.

Ms. Schroder performed the final product verification. At the final verification, a drug utilization review (DUR) alert displayed on the computer screen indicating that the dosage entered exceeds the recommended pediatric dosage. Ms. Schroder entered an override for the DUR within (1) second after performing data verification, and approved the final product as accurate and complete. Again, Ms. Schroder failed to identify the error in the patient dosing instructions.

XIII.

On July 3, 2014, S.G.'s mother picked up the prescription from Walgreens. Pharmacist Hubkey provided counseling to S.G.'s mother. Ms. Hubkey did not detect the error in the patient dosing instructions during counseling.

FIRST CAUSE OF ACTION

XIV.

In failing to strictly follow the instructions of S.G.'s physician by verifying and dispensing a prescription for Focalin XR 10 mg. capsules with instructions to take four (4) capsules by mouth daily rather than take one (1) capsule by mouth daily as prescribed by S.G.'s physician, Ms. Schroder violated NAC 639.945(1)(d) and/or (i), which violations are grounds for action pursuant to NRS 639.210(4), (11), and/or (12), and NRS 639.255.

SECOND CAUSE OF ACTION

XV.

By failing to act upon the DUR alert displayed on the computer screen indicating that the

dosage entered exceeds the recommended pediatric dosage, Ms. Schroder violated NRS 639.210(4) and/or NAC 639.945(1)(i), which is grounds for action under NRS 639.255.

THIRD CAUSE OF ACTION

XVI.

By failing to detect during counseling that the dosing instructions for the prescription for Focalin XR 10 mg. capsules was incorrectly labeled with instructions to take four (4) capsules by mouth daily rather than to take one (1) capsule by mouth daily as prescribed, Ms. Hubkey provided inadequate counseling in violation of NRS 639.266(1) and NAC 639.707(1) and (2), as well as NAC 639.945(1)(i), which violations are grounds for action pursuant to NRS 639.210(4), (11) and/or (12), and under NRS 639.255.

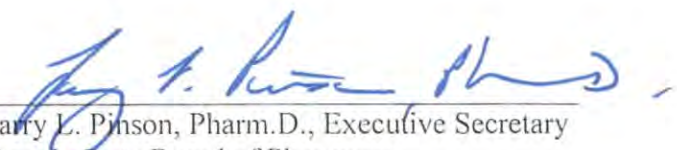
FOURTH CAUSE OF ACTION

XVII.

As the pharmacy in which the violations alleged above occurred, Walgreens is statutorily responsible for the actions of respondents Jenae Jeppson Schroder and Belinda E. Hubkey, as alleged herein, pursuant to NAC 639.945(2), which is grounds for discipline pursuant to NRS 639.210(4), (11) and/or (12), and NRS 639.255.

Wherefore, it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificates of registration of these respondents.

Signed this 22 day of April, 2015.


Larry L. Pinson, Pharm.D., 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 regarding your certificate of registration. To do so, you must mail to the Board within 15 days of your receipt of this Notice of Intended Action and Accusation a written statement showing your compliance.

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

**WALGREENS PHARMACY #04788
Certificate of Registration No. PH01306,**

Respondent.

)
) **CASE NO. 14-061-PH-N**
)
) **STATEMENT TO THE**
) **RESPONDENT NOTICE**
) **OF INTENDED ACTION**
) **AND ACCUSATION**
) **RIGHT TO HEARING**
)
)

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

I.

Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B, a Notice of Intended Action and Accusation has been filed with the Board by the Petitioner, Larry L. Pinson, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you, as is more fully explained and set forth in the Notice of Intended Action and Accusation served herewith and hereby incorporated reference herein.

II.

You have the right to a hearing before the Nevada State Board of Pharmacy to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. It is required that you complete two copies of the Answer and Notice of Defense documents served herewith and file said copies with the Nevada State Board of Pharmacy within fifteen (15) days of receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within.

III.

The Board has reserved Wednesday, June 10, 2015, as the date for a hearing on this matter at the Hyatt Place, 1790 East Plumb Lane, Reno, Nevada. The hour of the hearing will be set by letter to follow.

IV.

Failure to complete and file your Notice of Defense with the Board and thereby request a hearing within the time allowed shall constitute a waiver of your right to a hearing in this matter and give cause for the entering of your default to the Notice of Intended Action and Accusation filed herein, unless the Board, in its sole discretion, elects to grant or hold a hearing nonetheless.

DATED this 22nd day of April, 2015.


Larry L. Pinson, Pharm.D., Executive Secretary
Nevada State Board of Pharmacy

2178

2. That, in answer to the Notice of Intended Action and Accusation, he 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 _____, 2015.

Authorized Representative for
WALGREENS PHARMACY #04788

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639:945).

Statement of Responsibility

1. I am the Vice President (title) for Walgreen Co. (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 pharmacy located inside the State of Nevada employ only pharmacists, intern pharmacists, pharmaceutical technicians, and technicians in training that are licensed by the Nevada State Board of Pharmacy. (NRS 639.100).
6. I further understand and acknowledge that Nevada law requires that each pharmacy located outside the State of Nevada engaged in providing pharmacy services into Nevada employs at least one pharmacist licensed by the Nevada State Board of Pharmacy who will be responsible for any prescription 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).

Richard Gates

Print Name of Authorized Person

Richard Gates

Original signature of Authorized Person (copies or stamps not accepted)

08 / 26 / 2025

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, Richard Gates 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 Walgreen Co. (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]
Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 20th day of August, 2025

Zeljka Borosa-Rajcevic
Notary Public



Ownership Information

Ownership & Leadership of Applicant Entity

Applicant: Walgreen Co.
108 Wilmot Rd., Deerfield, IL 60015

Ownership: The Applicant entity is wholly owned (100%) by Walgreens Boots Alliance, Inc.

Officers of Walgreen Co.

Michael Motz - CEO
Richard Gates - Senior Vice President, Chief Pharmacy Officer
Cherita Thomas - Secretary
Matthew Spina - CFO
Michael Handal - Licensing and Provider Enrollment Officer

Ownership & Leadership of Walgreens Boots Alliance, Inc.

Ownership: Walgreens Boots Alliance, Inc. is wholly owned (100%) by Blazing Star Parent, LLC

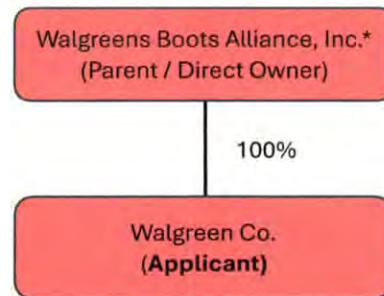
Officers of Walgreens Boots Alliance, Inc.

Temporarily vacant - CEO
Mark Weisz - Sr VP, Global Tax
Manmohan Mahajan - Sr VP, Global Controller, CFO
Lanesha Minnix - Corporate Secretary

Please see the attached pre- and post-closing Corporate Organization chart for reference.

Proprietary and Confidential
Not a public record pursuant to
Section 7927.605 of the CPRA and
45 CFR Section 5.31

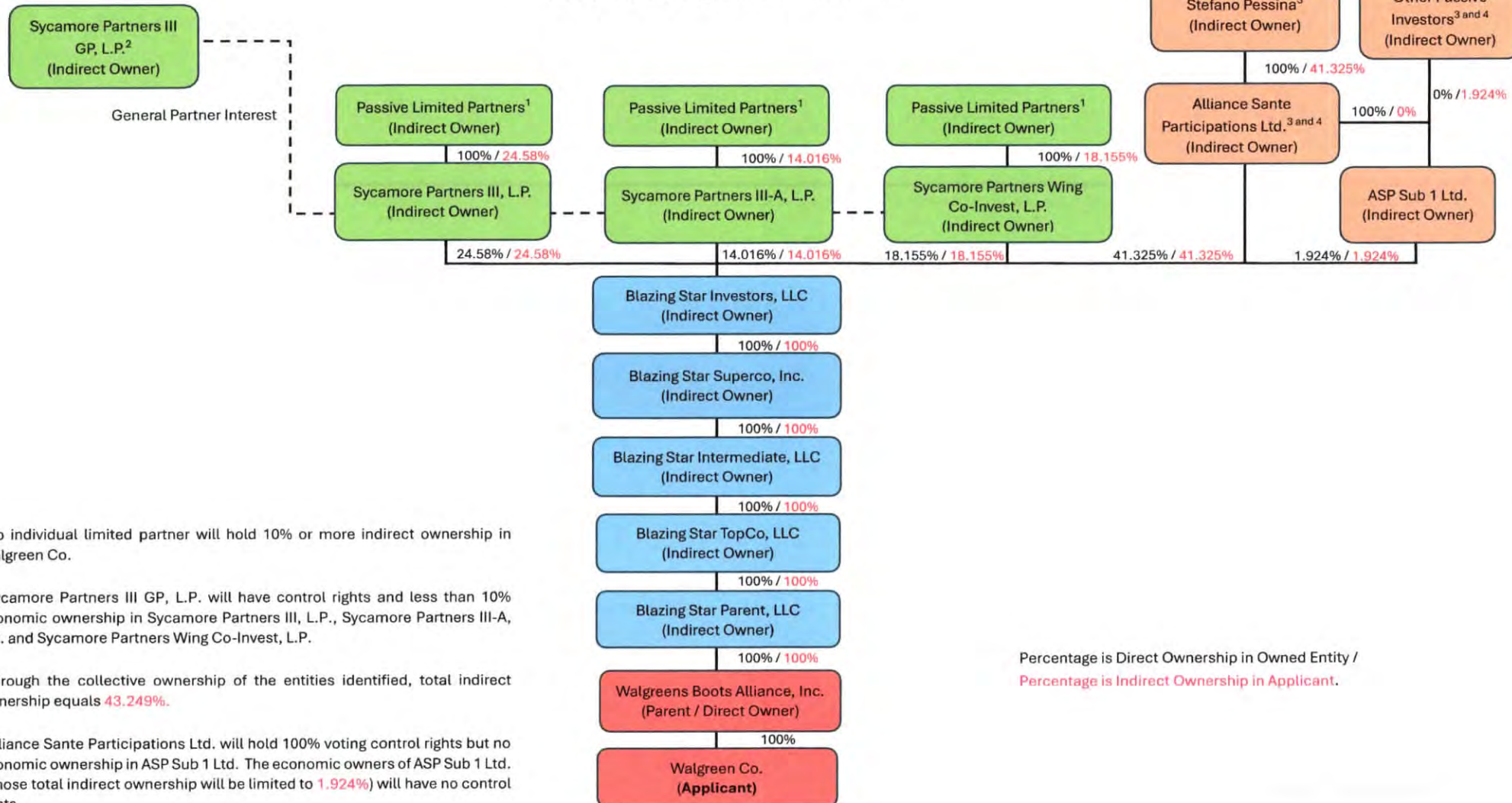
Walgreen Co.
Pre-Close Organizational Chart



Publicly Traded on Nasdaq Stock Market (WBA)

Not a public record pursuant to
Section 7927.605 of the CPRA and
45 CFR Section 5.31

Walgreen Co.

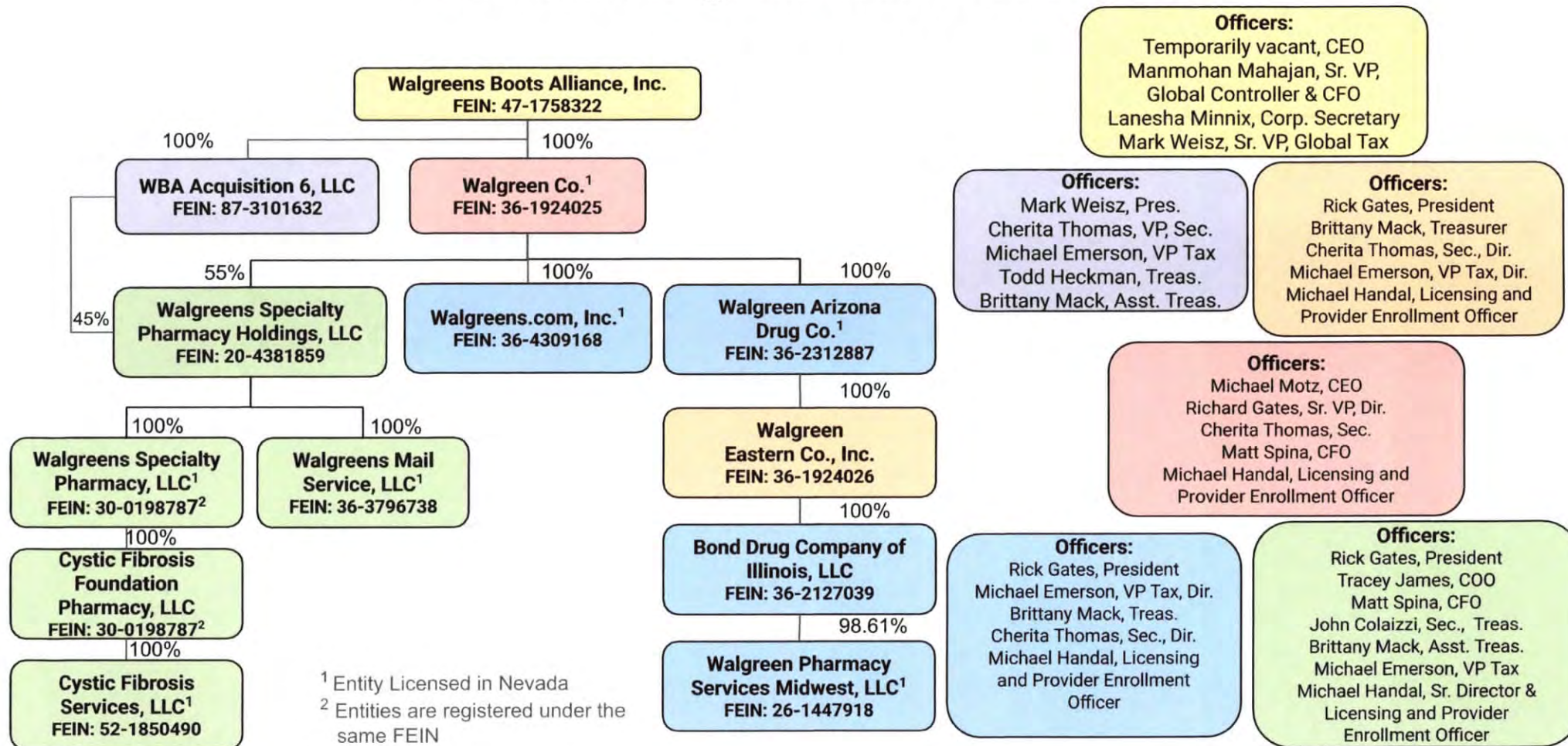


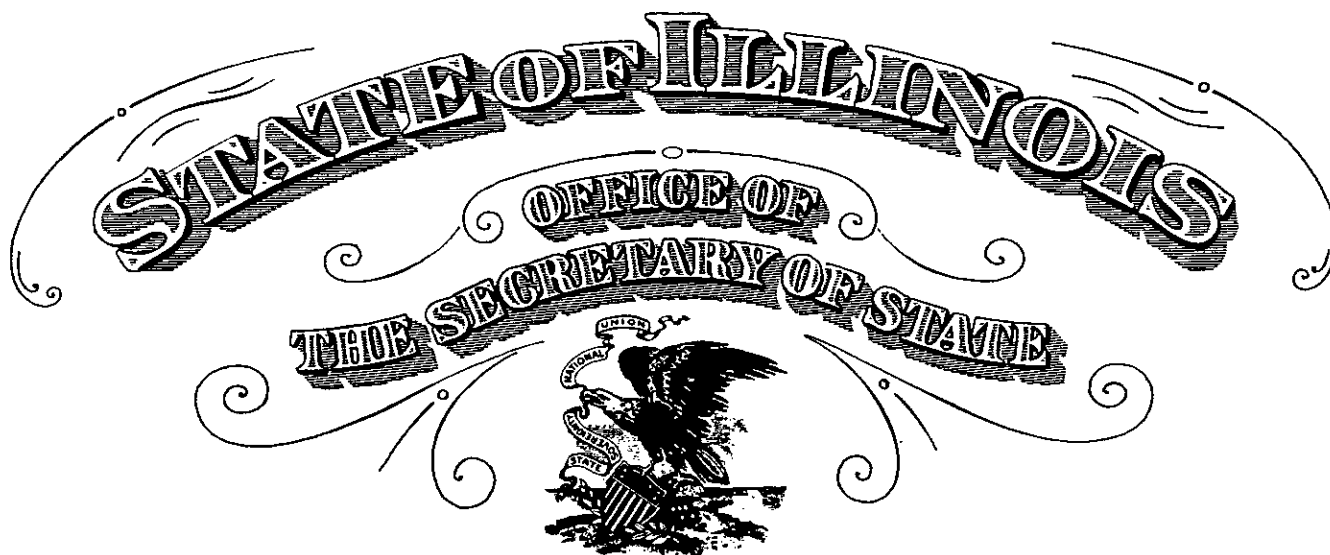
²Sycamore Partners III GP, L.P. will have control rights and less than 10% economic ownership in Sycamore Partners III, L.P., Sycamore Partners III-A, L.P. and Sycamore Partners Wing Co-Invest, L.P.

⁴Alliance Sante Participations Ltd. will hold 100% voting control rights but no economic ownership in ASP Sub 1 Ltd. The economic owners of ASP Sub 1 Ltd. (whose total indirect ownership will be limited to 1.924%) will have no control rights.

Percentage is Direct Ownership in Owned Entity /
Percentage is Indirect Ownership in Applicant.

Walgreen Co. Post-Close Organizational Chart (cont.)





To all to whom these Presents Shall Come, Greeting:

I, Alexi Giannoulis, 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

WALGREEN CO., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON FEBRUARY 15, 1909, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 15TH day of MAY A.D. 2025 .

Authentication #: 2513501622 verifiable until 05/15/2026

Authenticate at: <https://www.ilsos.gov>

Alexi Giannoulis

SECRETARY OF STATE

4YY

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 (6/11/2024)

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>PH02118</u>	☒ Retail/Community ☐ Hospital (# beds _____) ☐ Internet ☐ Nuclear ☐ Other:	☒ Retail/Community ☒ Dangerous drugs ☒ Controlled substances DEA #: <u>BW9704277</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	☒ 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: WALGREENS #09581

Physical Address: 2020 RENO HWY

City: Fallon State: NV Zip: 89406

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: (775)428-6409 Toll Free # (NAC 639.708, NRS 639.23286): N/A

Fax: (775)428-2826 Contact Email: rxm.09581@store.walgreens.com

Website: https://www.walgreens.com

Nevada Business License # (if applicable) NV19951143510

Supervising/Managing Pharmacist Name (NRS 639.220): JAMES GALINDO

Supervising/Managing Pharmacist NV Pharmacist Registration # (if applicable): 10317

Section 2: List the name(s) of at least one NEVADA 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>JAMES GALINDO</u>	NV Pharmacist Registration #: <u>10317</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: _____

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: Delaware

Parent Company (if any): Walgreens Boots Alliance, Inc.

Corporation/Organization Name: Walgreen Co.

Mailing Address: 108 Wilmot Rd

City: Deerfield State: IL Zip: 60015

Telephone: 847-224-1348 Email: licenseadministration@walgreens.com

Contact Person Name: Kayla Lechner

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: _____

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Richard Gates

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

Richard Gates

Original signature of Authorized Person (copies or stamps not accepted)

08 / 26 / 2025

Date

Board Use Only	Date Received: 9/18/25	Amount: \$5000.00 JPOS-3000111129
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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 GALINDO Pharmacist Registration #: 10317

Pharmacy Name: WALGREENS #09581

Initial each statement below to indicate you have read and agree with the following:

J.G.

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.

J.G.

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.

J.G.

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.

J.G.

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)).

J.G.

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.

James Galindo

Original signature of Managing Pharmacist (copies or stamps not accepted)

08 / 08 / 2025

Date

Pharmacy Application 7 of 10

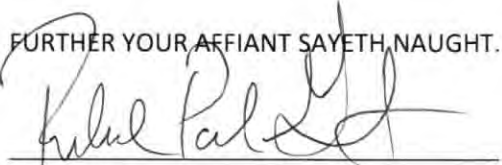
Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, Richard Gates hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

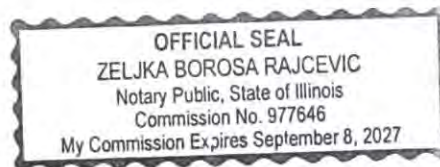
1. I am the Vice President (title) for Walgreen Co. (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that 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 August, 20 25

Zeljka Borosa-Rajcevic
Notary Public



Ownership Information

Ownership & Leadership of Applicant Entity

Applicant: Walgreen Co.

108 Wilmot Rd., Deerfield, IL 60015

Ownership: The Applicant entity is wholly owned (100%) by Walgreens Boots Alliance, Inc.

Officers of Walgreen Co.

Michael Motz - CEO

Richard Gates - Senior Vice President, Chief Pharmacy Officer

Cherita Thomas - Secretary

Matthew Spina - CFO

Michael Handal - Licensing and Provider Enrollment Officer

Ownership & Leadership of Walgreens Boots Alliance, Inc.

Ownership: Walgreens Boots Alliance, Inc. is wholly owned (100%) by Blazing Star Parent, LLC

Officers of Walgreens Boots Alliance, Inc.

Temporarily vacant - CEO

Mark Weisz - Sr VP, Global Tax

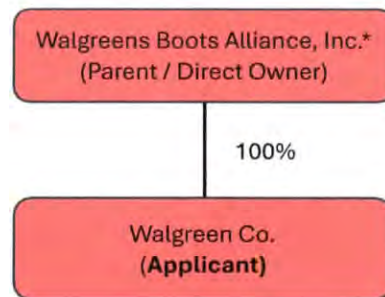
Manmohan Mahajan - Sr VP, Global Controller, CFO

Lanesha Minnix - Corporate Secretary

Please see the attached pre- and post-closing Corporate Organization chart for reference.

Proprietary and Confidential
Not a public record pursuant to
Section 7927.605 of the CPRA and
45 CFR Section 5.31

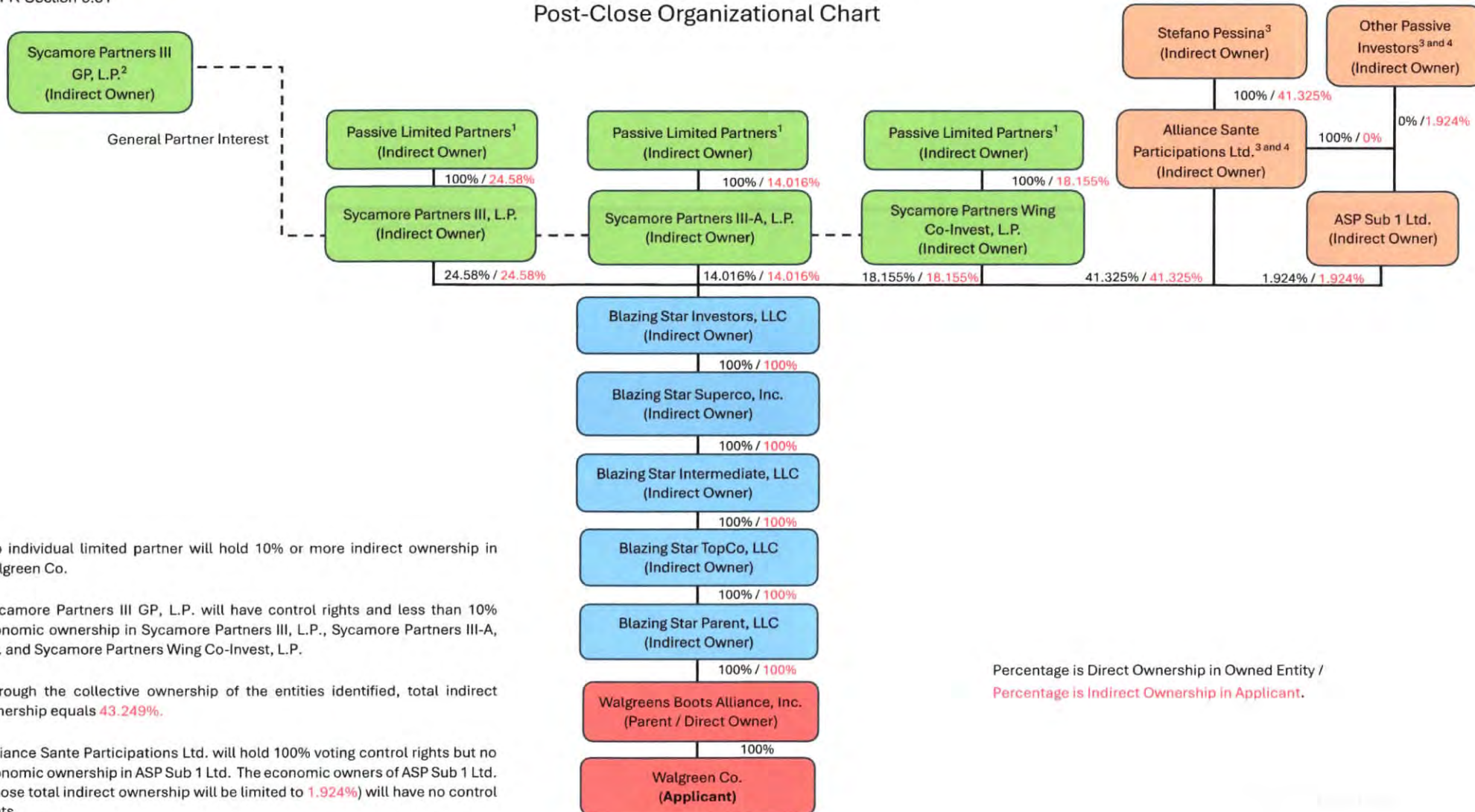
Walgreen Co.
Pre-Close Organizational Chart



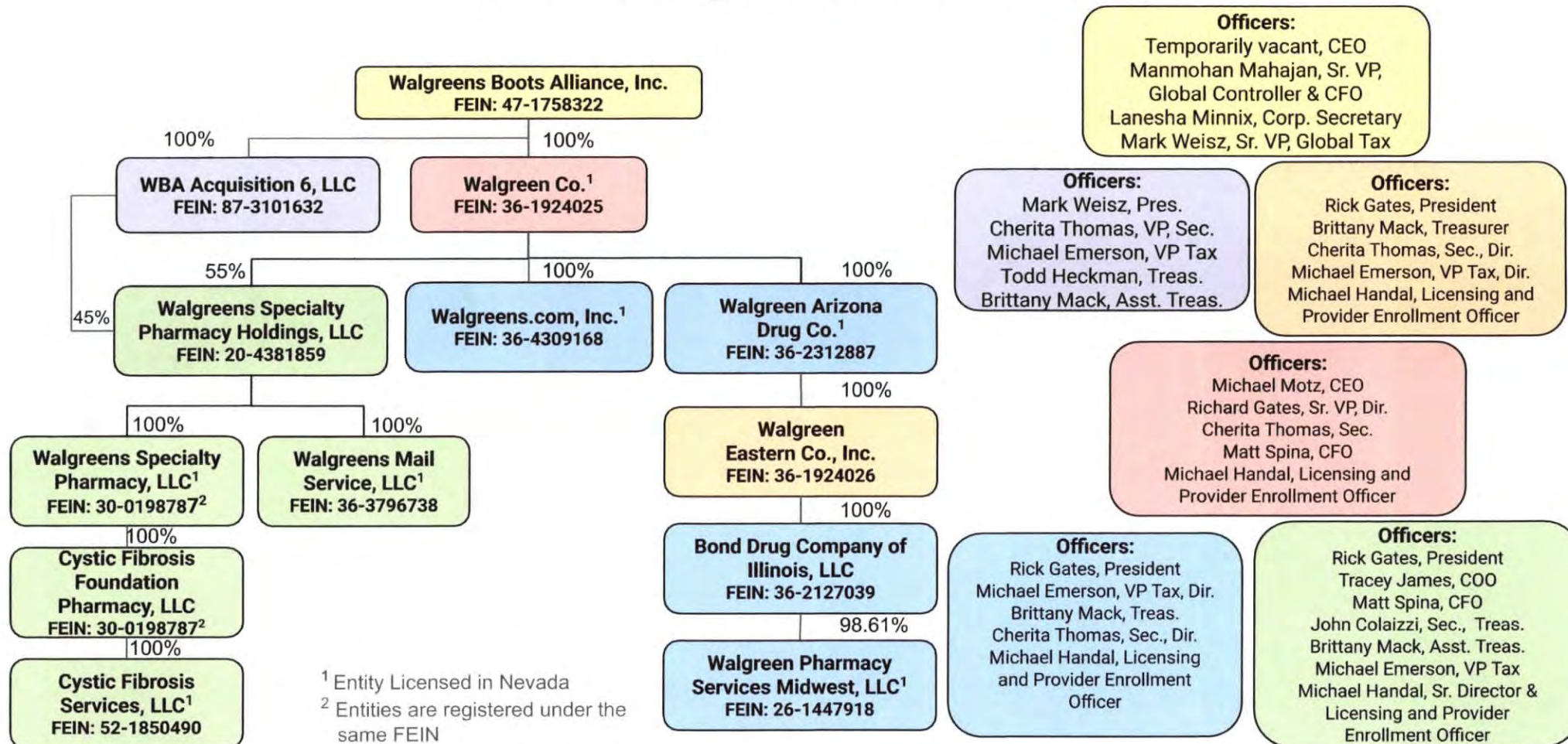
Publicly Traded on Nasdaq Stock Market (WBA)

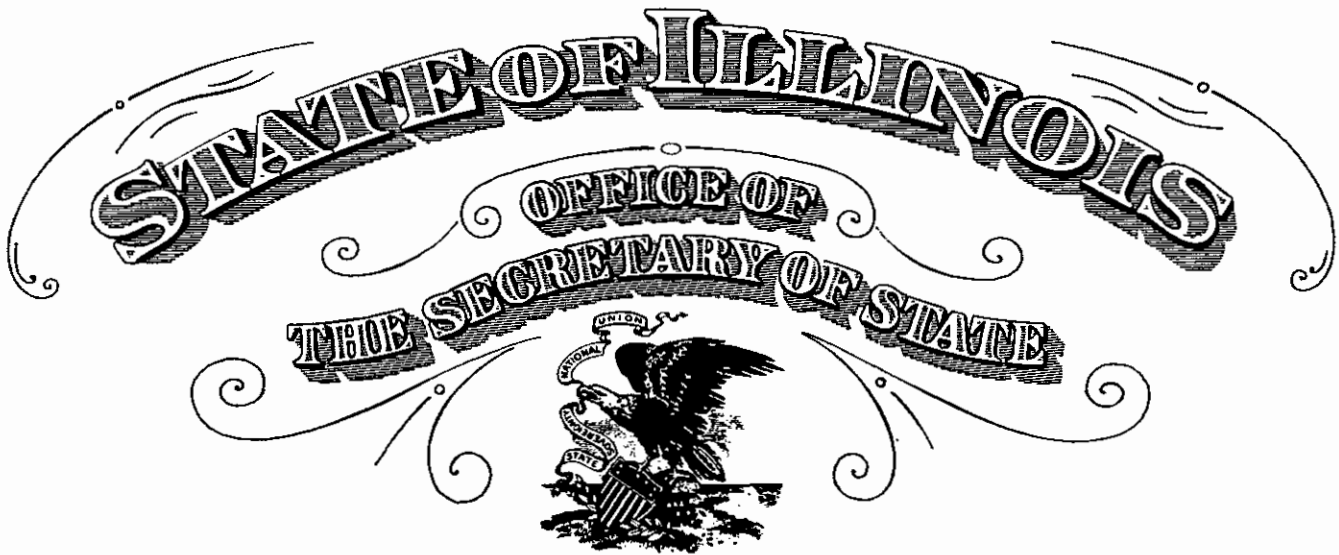
Proprietary and Confidential
Not a public record pursuant to
Section 7927.605 of the CPRA and
45 CFR Section 5.31

Walgreen Co.
Post-Close Organizational Chart



Walgreen Co. Post-Close Organizational Chart (cont.)





To all to whom these Presents Shall Come, Greeting:

I, Alexi Giannoulis, 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

WALGREEN CO., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON FEBRUARY 15, 1909, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



***In Testimony Whereof, I hereto set
my hand and cause to be affixed the Great Seal of
the State of Illinois, this 15TH
day of MAY A.D. 2025 .***

Authentication #: 2513501622 verifiable until 05/15/2026

Authenticate at: <https://www.ilsos.gov>

Alexi Giannoulis
SECRETARY OF STATE

4ZZ

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 (6/11/2024)

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>PH02741</u>	☒ Retail/Community ☐ Hospital (# beds _____) ☐ Internet ☐ Nuclear ☐ Other:	☒ Retail/Community ☒ Dangerous drugs ☒ Controlled substances DEA #: <u>FW2926484</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	☒ 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: WALGREENS #12488

Physical Address: 1280 US Highway 95A N

City: Fernley State: NV Zip: 89408

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: (775)835-6427 Toll Free # (NAC 639.708, NRS 639.23286): N/A

Fax: (775)835-6158 Contact Email: rxm.12488@store.walgreens.com

Website: https://www.walgreens.com

Nevada Business License # (if applicable) NV19951143510

Supervising/Managing Pharmacist Name (NRS 639.220): LOUIS PICKETT

Supervising/Managing Pharmacist NV Pharmacist Registration # (if applicable): 16346

Section 2: List the name(s) of at least one NEVADA 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>LOUIS PICKETT</u>	NV Pharmacist Registration #: <u>16346</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: _____		
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: <u>Delaware</u>		
Parent Company (if any): <u>Walgreens Boots Alliance, Inc.</u>		
Corporation/Organization Name: <u>Walgreen Co.</u>		
Mailing Address: <u>108 Wilmot Rd</u>		
City: <u>Deerfield</u>	State: <u>IL</u>	Zip: <u>60015</u>
Telephone: <u>847-224-1348</u>	Email: <u>licenseadministration@walgreens.com</u>	
Contact Person Name: <u>Kayla Lechner</u>		
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: _____	

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to 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 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

Richard Gates

08 / 29 / 2025

Original signature of Authorized Person (copies or stamps not accepted)

Date

Board Use Only

Date Received: 9/19/25

Amount: \$500 - CH. 0003 - 300011129

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: LOUIS PICKETT Pharmacist Registration #: 16346

Pharmacy Name: WALGREENS #12488

Initial each statement below to indicate you have read and agree with the following:

L.P.

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.

L.P.

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.

L.P.

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.

L.P.

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)).

L.P.

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:	
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.

LOUIS PICKETT

Original signature of Managing Pharmacist (copies or stamps not accepted)

08 / 07 / 2025

Date

Pharmacy Application 7 of 10

2204

3

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, Petitioner, v. MOSTAQUL HUQ, RPH Certificate of Registration No. 18974, and WALGREENS PHARMACY #12488 Certificate of Registration No. PH02741, Respondents.	CASE NO. 16-041-RPH-N 16-041-PH-N STIPULATION
---	---

S. PAUL EDWARDS, General Counsel for Petitioner, the Nevada State Board of Pharmacy ("Board"), and Respondents Mostaqul Huq ("Mr. Huq"), Certificate of Registration No. 18974, and Walgreens Pharmacy #12488 ("Walgreens #12488"), Certificate of Registration No. PH02741 (collectively "Respondents"), represented by William J. Stilling of Parsons Behle & Latimer,

HEREBY STIPULATE AND AGREE THAT:

1. The Board has jurisdiction over these matters.
2. The Board served a Notice of Intended Action and Accusation ("Notice") on each of the Respondents on or about January 20, 2017, which each Respondent received.
3. Respondents' and Board's counsel agreed to attempt negotiating a resolution in lieu of a written Answer and Notice of Defense, and this Stipulation embodies their agreement for resolving this case.
4. Respondents, and each of them, are fully aware of their right to seek the advice of counsel in this matter and obtained the advice of counsel prior to entering into this Stipulation.

5. Respondents, and each of them, are aware of their right to a hearing on the matters alleged in the Notice, their right to a rehearing, their right to appeal, and any and all other rights that may be accorded to them pursuant to the Nevada Administrative Procedure Act and the Nevada Pharmacy Act.

6. Conditioned on the acceptance of this Stipulation by the Board, and with the exception of the right to challenge any determination that any one, or all, of them have failed to comply with the provisions of Paragraph 8 below, Respondents hereby freely and voluntarily waive their right to a hearing, rehearing, appeal and any and all other rights related to this action that may be accorded to them by the Nevada Administrative Procedure Act and the Nevada Pharmacy Act.

7. Respondents admit, to the best of their knowledge and belief, that the following factual allegations are true and accurate.

- a. Walgreens #12488 is a pharmacy licensed by the Board.
- b. Mr. Huq is a pharmacist licensed by the Board.
- c. Mr. Huq has been a practicing pharmacist in Nevada and other states since 2008 and has never had any actions or complaints related to his pharmacist license.
- d. On April 16, 2016, a prescription for Patient W. R. ("W. R.") was presented to Walgreens #12488 for sixty (60) niacinamide 500 mg. tablets with instructions to take one tablet by mouth twice a day.
- e. That same day, Mr. Huq, a pharmacist who worked at Walgreens #12488 filled and dispensed niacin 500 mg. instead of niacinamide.

f. Mr. Huq dispensed niacin because niacinamide was not in stock at the pharmacy and because he believed niacin to be the pharmacological equivalent of niacinamide and entered niacin in the data field.

g. Mr. Huq's belief was based on the following facts among others:

- i. Niacin and niacinamide are both forms of vitamin B3.
- ii. Niacin and niacinamide are both available without a prescription in 500 mg. dosages.
- iii. Niacin is readily converted to niacinamide in the body.
- iv. Niacinamide and niacin have similar side effects and niacinamide can produce, among other effects, headaches, nausea, cardiovascular changes, and muscle cramps.

8. Mr. Huq counseled W. R.'s friend, R. C., who picked up the prescription and explained that niacin and niacinamide are available without a prescription, he was dispensing niacin, and in the future a written prescription would not be needed to purchase either product.

9. Respondents, and each of them, admit that evidence exists, and that such evidence could be presented at a hearing, to establish a factual basis for the violations alleged in the Notice, *to wit*, that:

a. By filling and dispensing a prescription for niacin on April 16, 2016, rather than niacinamide, Mr. Huq violated Nevada Administrative Code (NAC) 639.945(1) (d), which violation is a ground for action pursuant to Nevada Revised Statute NRS 639.255.

b. As the owner of the pharmacy in which the foregoing violation occurred, Walgreens Pharmacy #12488 is responsible for the actions of its employees, and therefore subject to discipline pursuant to NAC 639.945(2), which is a ground for action pursuant to NRS 639.255.

10. Based on Respondents' admissions, cause for disciplinary action against Mr. Huq exists under the statutes and regulations cited above in paragraph 9.a.

11. Based on Respondents' admissions, Walgreens Pharmacy #12488 is responsible for the acts of its employees under NAC 639.945(2).¹

12. Said responsibility as owner of the pharmacy is a ground for discipline pursuant to Nevada Revised Statutes NRS 639.255.

13. The contents of the foregoing paragraphs are for the purposes of this proceeding only and shall have no force or effect in any other case or proceeding before the Board or otherwise.

14. Based upon the Notice and the foregoing admissions, Respondents, and each of them, stipulate to the following penalties, which will become binding and enforceable upon approval of this Stipulation by the Board:

a. Related to the violation alleged in the First Cause of Action, Mr. Huq shall: (i) pay a fine of \$500 (five hundred dollars), and (ii), complete a 1 hour continuing education course on the topic of Nevada law, in addition to the continuing education hours he must otherwise complete to maintain his licensure.

b. Related to the allegations in the Third Cause of Action, Walgreens' Pharmacy #12488 will pay an administrative fee of \$495.

15. Board Counsel will present this stipulation to the Board for approval at its meeting on March 1, 2017 in Reno, Nevada. Respondents, and each of them, will appear at that meeting to answer questions put to them by members of the Board and Board Staff. The Board may discuss

¹ The Board has not alleged and Walgreens Pharmacy #12488 does not stipulate that Walgreens #12488 acted negligently in this matter.

and deliberate regarding the stipulation even if a Respondent or both of them are absent. The Board has discretion to approve this Stipulation, but it has no obligation to do so.

16. If the Board adopts the recommendations set forth above, Respondents and the Board each agree to release the other from any and all claims arising from the facts set forth in the Notice, whether known or unknown, that might otherwise have existed on or before the effective date of the Board's Order in this matter.

17. If the Board rejects any part or all of this Stipulation and Order, the parties agree that a full hearing on the merits of this matter may be heard by the Board, and that the hearing will occur at the Board's May 31, 2017 meeting in Reno, Nevada. The terms and admissions herein may not be used or referred to in a full hearing on the merits of this matter.

18. Mr. Huq shall pay the fines agreed to herein by *cashier's check* or *certified check* or *money order* made payable to "State of Nevada, Office of the Treasurer" to be received by the Board's Reno office located at 431 W. Plumb Lane, Reno, NV 89509, within 90 days of the effective date of the Board's Order.

19. Walgreens Pharmacy #12488 shall pay the administrative fees agreed to herein by *cashier's check*, *certified check* or *money order* made payable to the "Nevada State Board of Pharmacy" to be received by the Board's Reno office located at 431 W. Plumb Lane, Reno, NV 89509, within thirty (30) days of the effective date of the Board's Order.

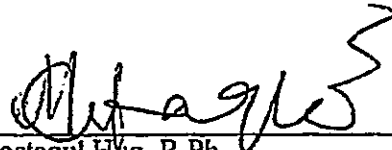
20. Any failure by any Respondent to satisfy the obligations stated herein may result in additional discipline, up to and including suspension or revocation of each Respondent's respective registration/license, until all terms have been satisfied.

Signed this 1st day of March, 2017



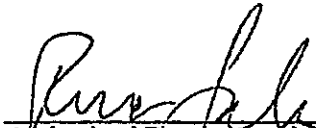
S. Paul Edwards,
General Counsel
Nevada State Board of Pharmacy

Signed this ___ day of March, 2017



Mostaqul Huq, R.Ph.
Certificate of Registration No. 18974

Signed this 4th day of March, 2017



Authorized Representative
Walgreens Pharmacy #12488

DECISION AND ORDER

The Nevada State Board of Pharmacy hereby adopts the foregoing Stipulation as its decision as to Respondent Mostaqul Huq, R.Ph., Certificate of Registration No. 18974 and Walgreens Pharmacy #12488, Certificate of Registration No. PH02741, in case numbers 16-041-RPH-N and 16-041-PH-N, and hereby orders that the terms of the foregoing Stipulation be made effective. This decision and order shall be effective upon execution.

3/1/17
DATED



Leo Basch, President
Nevada State Board of Pharmacy

JAN 20 2017

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD
OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,	)	CASE NO. 16-041-RPH-N
	)	16-041-PH-N
Petitioner,	)	
v.	)	
	)	
MOSTAQL HUQ, RPH	)	NOTICE OF INTENDED ACTION
Certificate of Registration No. 18974	)	AND ACCUSATION
	)	
WALGREENS PHARMACY #12488	)	
Certificate of Registration No. PH02741	)	
	)	
Respondents.	/	

Larry L. Pinson, 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 Nevada Revised Statutes (NRS) 233B.127(3), and as an accusation under NRS 639.241.

JURISDICTION

I.

The Nevada State Board of Pharmacy (Board) has jurisdiction over this matter and these respondents because at the time of the alleged events, Respondent Mostaqul Huq (Mr. Huq) was a pharmacist licensed by the Board, and Respondent Walgreens Pharmacy #12488 (Walgreens) was a pharmacy licensed by the Board.

FACTUAL ALLEGATIONS

II.

Patient W.R. filed a complaint with the Board Office alleging that on or about April 16 2016, Walgreens filled and dispensed niacin 500 mg. tablets instead of the niacinamide 500 mg. tablets prescribed by his physician.

III.

On April 11, 2016, W.R. saw his physician for the treatment of recurring skin cancers, and subsequently prescribed sixty (60) niacinamide 500 mg. tablets with instructions to take one tablet by mouth twice a day.

IV.

W.R. presented the prescription to Walgreens on April 16, 2016, which filled and dispensed it that same day. A pharmaceutical technician scanned the prescription into the pharmacy's computer system in preparation for data entry.

V.

Mr. Huq retrieved the scanned prescription and began the data entry process. During data entry, Mr. Huq discovered that the niacinamide tablets prescribed were not in stock.

VI.

Mr. Huq assumed the niacinamide was prescribed as a vitamin supplement. He was not aware that the doctor prescribed it to reduce the incidence of nonmelanoma skin cancers.

VII.

Mr. Huq believed that niacin is the pharmacological equivalent of niacinamide and entered niacin in the data field.

VIII.

Mr. Huq approved the data entry and forwarded it to the fill queue. Mr. Huq did not contact the prescriber regarding the change to niacin.

IX.

Pharmaceutical technician Meghan Tolley retrieved the prescription and filled it with #60 500 mg. niacin tablets. She staged the prescription for product verification.

X.

Mr. Huq performed the final product verification and staged the prescription for customer pick-up.

XI.

At 4:55 p.m., W.R.'s friend R.C. arrived at the pharmacy to pick up the prescription. During counseling, Mr. Huq advised R.C. that in the future, a written prescription is not needed

to purchase over-the-counter drugs.¹ He did not inform R.C. that he dispensed niacin instead of niacinimide as prescribed.

XII.

On June 13, 2016, W.R. had a follow-up examination with his physician. W.C. reported that he was experiencing headaches, nausea, elevated blood pressure and muscle cramps.

XIII.

During that examination, the physician discovered that the pharmacy misfilled W.R.'s niacinimide prescription with niacin.

XIV.

At the time the error was discovered, W.C. had ingested fifty-six (56) of the wrong medication.

FIRST CAUSE OF ACTION

XV.

NAC 639.945(1)(d) defines unprofessional conduct to include the failure by a licensee to follow strictly the instructions of a prescriber when filling, labeling and dispensing a prescription. Unprofessional conduct also includes performing duties in an "incompetent, unskillful or negligent manner" See NAC 639.945(1)(i). Mr. Mostaqul Huq violated NAC 639.945(1)(d) and/or (i) by verifying, labeling and dispensing niacin 500 mg. tablets to W.R., when his prescriber prescribed niacinamide 500 mg. tablets.

SECOND CAUSE OF ACTION

XVI.

NRS 639.266 requires a pharmacist, on receipt of a prescription and after review of the patient's record, to communicate with the patient, or a person caring for the patient, matters that will enhance the patient's therapy through drugs. NAC 639.707(1) and (2) require that discussion to include, among other things, the name of the drug, dosage and administration instructions, the intended use of the drug, common side effects, and other information that is

¹ Niacin and/or niacinimide are available as over-the-counter products that do not require a prescription.

necessary for the safe and effective use of the drug. Further, NAC 639.945(1)(i) defines unprofessional conduct to include performing duties in an "incompetent, unskillful or negligent manner" See NAC 639.945(1)(i).

Here, Mr. Mostaqul Huq violated NRS 639.266, NAC 639.707(1) and (2), and NAC 639.945(1)(i), when he failed to adequately counsel by not informing W.R.'s friend R.C. at the time R.C. picked up the medication, that he dispensed niacin instead of niacinimide as prescribed.

THIRD CAUSE OF ACTION

XVII.

NAC 639.945(2) states that "[t]he 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". Repondent Mr. Mostaqul Huq is Walgreens's employee. As such, Walgreens is responsible for each of the violations alleged herein.

XVIII.

The violations alleged above, including in each cause of action, are grounds for discipline against the licenses of Mostaqul Huq and/or Walgreens #3680 pursuant to NRS 639.210(4), (11) and/or (12), as well as NRS 639.255.

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificates of registration of these respondents.

Signed this 19th day of January, 2017.


Larry L. Pinson, Pharm.D., Executive Secretary
Nevada State Board of Pharmacy

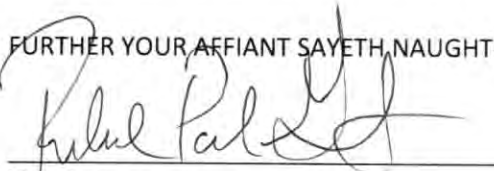
Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, Richard Gates 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 Walgreen Co. (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 August, 2025

Zeljka Borosa-Rajcevic
Notary Public



Ownership Information

Ownership & Leadership of Applicant Entity

Applicant: Walgreen Co.
108 Wilmot Rd., Deerfield, IL 60015

Ownership: The Applicant entity is wholly owned (100%) by Walgreens Boots Alliance, Inc.

Officers of Walgreen Co.

Michael Motz - CEO
Richard Gates - Senior Vice President, Chief Pharmacy Officer
Cherita Thomas - Secretary
Matthew Spina - CFO
Michael Handal - Licensing and Provider Enrollment Officer

Ownership & Leadership of Walgreens Boots Alliance, Inc.

Ownership: Walgreens Boots Alliance, Inc. is wholly owned (100%) by Blazing Star Parent, LLC

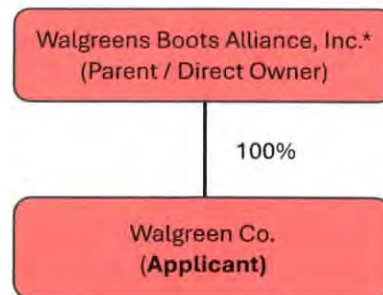
Officers of Walgreens Boots Alliance, Inc.

Temporarily vacant - CEO
Mark Weisz - Sr VP, Global Tax
Manmohan Mahajan - Sr VP, Global Controller, CFO
Lanesha Minnix - Corporate Secretary

Please see the attached pre- and post-closing Corporate Organization chart for reference.

Proprietary and Confidential
Not a public record pursuant to
Section 7927.605 of the CPRA and
45 CFR Section 5.31

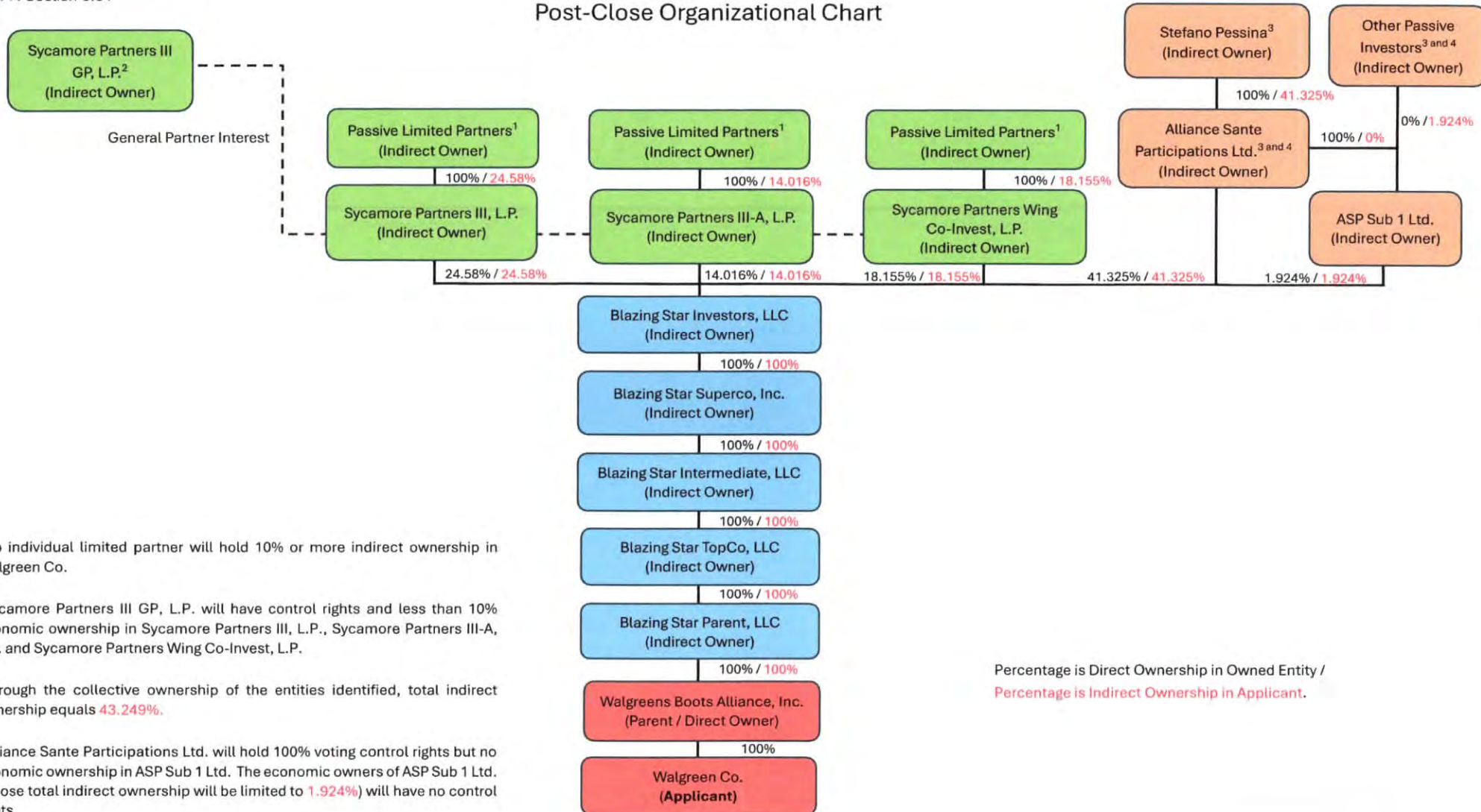
Walgreen Co.
Pre-Close Organizational Chart



Publicly Traded on Nasdaq Stock Market (WBA)

Proprietary and Confidential
 Not a public record pursuant to
 Section 7927.605 of the CPRA and
 45 CFR Section 5.31

Walgreen Co. Post-Close Organizational Chart



¹No individual limited partner will hold 10% or more indirect ownership in Walgreen Co.

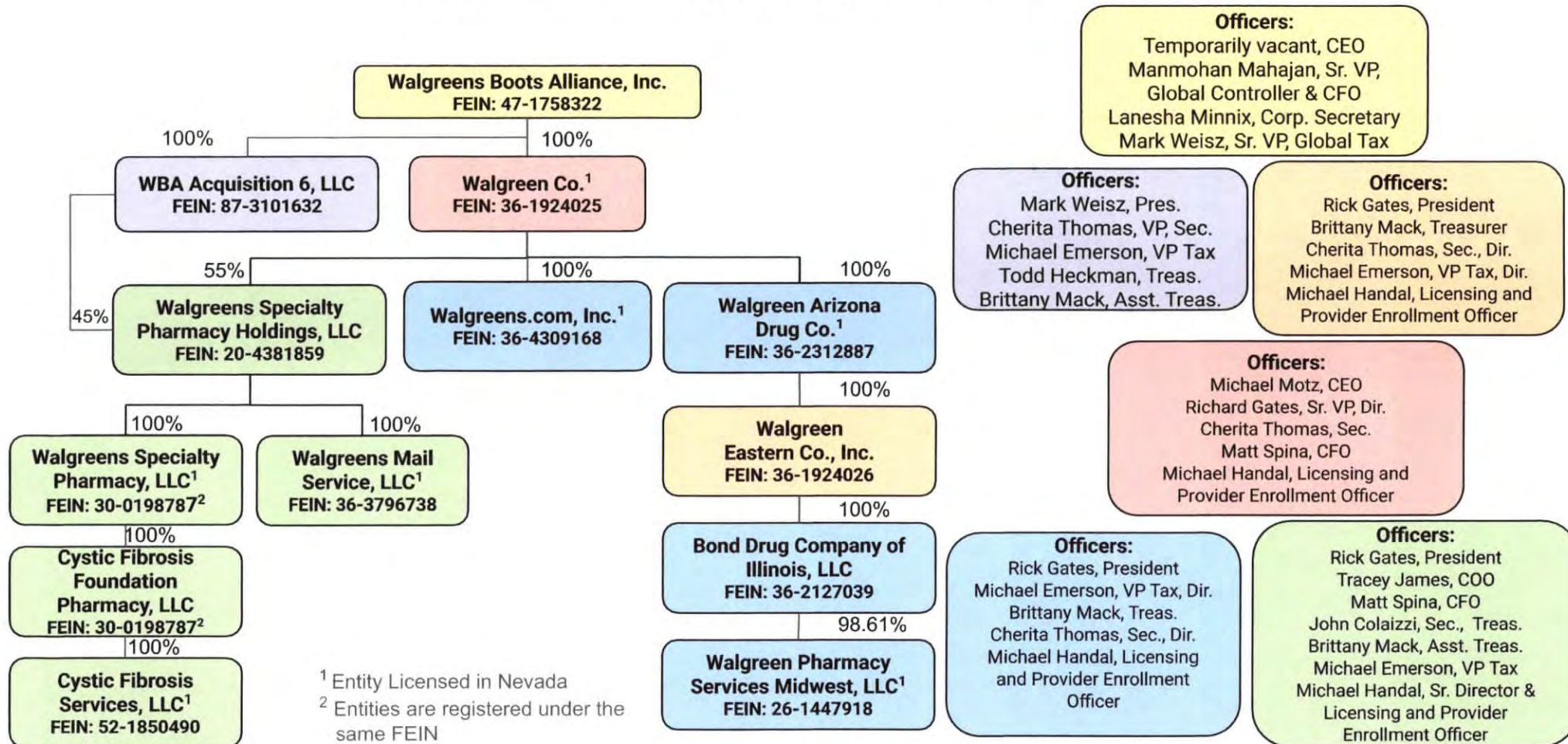
²Sycamore Partners III GP, L.P. will have control rights and less than 10% economic ownership in Sycamore Partners III, L.P., Sycamore Partners III-A, L.P. and Sycamore Partners Wing Co-Invest, L.P.

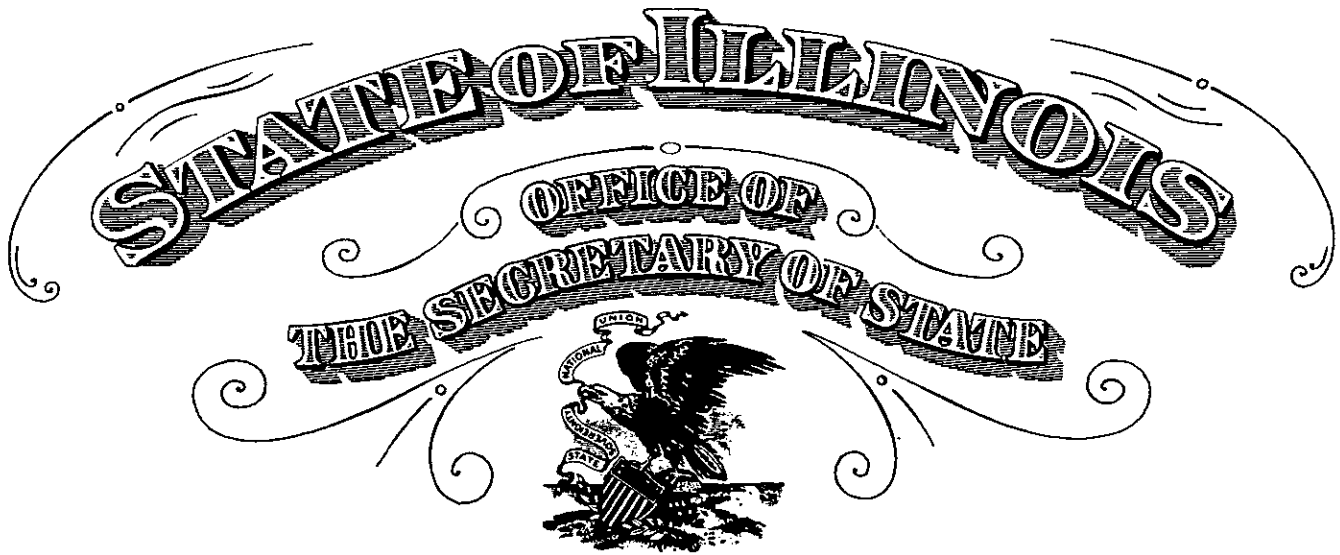
³Through the collective ownership of the entities identified, total indirect ownership equals 43.249%.

⁴Alliance Sante Participations Ltd. will hold 100% voting control rights but no economic ownership in ASP Sub 1 Ltd. The economic owners of ASP Sub 1 Ltd. (whose total indirect ownership will be limited to 1.924%) will have no control rights.

Percentage is Direct Ownership in Owned Entity /
 Percentage is Indirect Ownership in Applicant.

Walgreen Co. Post-Close Organizational Chart (cont.)





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

WALGREEN CO., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON FEBRUARY 15, 1909, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 15TH day of MAY A.D. 2025 .

Authentication #: 2513501622 verifiable until 05/15/2026

Authenticate at: <https://www.ilsos.gov>

Alexi Giannoulas

SECRETARY OF STATE

4AAA

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 (6/11/2024)

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>PH02244</u>	☒ Retail/Community ☐ Hospital (# beds _____) ☐ Internet ☐ Nuclear ☐ Other:	☒ Retail/Community ☒ Dangerous drugs ☒ Controlled substances DEA #: <u>FW0195215</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	☒ 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: WALGREENS #09864
 Physical Address: 1342 US HWY 395 N
 City: Gardnerville State: NV Zip: 89410
 Mailing Address (if different from physical address): _____
 City: _____ State: _____ Zip: _____
 Telephone: (775)782-0537 Toll Free # (NAC 639.708, NRS 639.23286): N/A
 Fax: (775)783-1973 Contact Email: rxm.09864@store.walgreens.com
 Website: https://www.walgreens.com
 Nevada Business License # (if applicable) NV19951143510
 Supervising/Managing Pharmacist Name (NRS 639.220): ALEXIS MERKLEY
 Supervising/Managing Pharmacist NV Pharmacist Registration # (if applicable): 19330

Section 2: List the name(s) of at least one NEVADA 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>ALEXIS MERKLEY</u>	NV Pharmacist Registration #: <u>19330</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: _____		
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: <u>Delaware</u>		
Parent Company (if any): <u>Walgreens Boots Alliance, Inc.</u>		
Corporation/Organization Name: <u>Walgreen Co.</u>		
Mailing Address: <u>108 Wilmot Rd</u>		
City: <u>Deerfield</u>	State: <u>IL</u>	Zip: <u>60015</u>
Telephone: <u>847-224-1348</u>	Email: <u>licenseadministration@walgreens.com</u>	
Contact Person Name: <u>Kayla Lechner</u>		
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: _____	

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Richard Gates

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

Richard Gates

Original signature of Authorized Person (copies or stamps not accepted)

08 / 26 / 2025

Date

Board Use Only

Date Received: 9/18/25

Amount: \$500.00 JP03-3000111129

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: ALEXIS MERKLEY Pharmacist Registration #: 19330

Pharmacy Name: WALGREENS #09864

Initial each statement below to indicate you have read and agree with the following:

A.S.M.

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.

A.S.M.

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.

A.S.M.

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.

A.S.M.

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)).

A.S.M.

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.

ALEXIS MERKLEY

Original signature of Managing Pharmacist (copies or stamps not accepted)

08 / 04 / 2025

Date

Pharmacy Application 7 of 10

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, Richard Gates hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

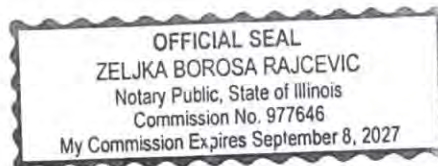
1. I am the Vice President (title) for Walgreen Co. (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that 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.
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FURTHER YOUR AFFIANT SAYETH, NAUGHT.

[Signature]
Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 20th day of August, 20 25

Zeljka Borosa-Rajcevic
Notary Public



Ownership Information

Ownership & Leadership of Applicant Entity

Applicant: Walgreen Co.

108 Wilmot Rd., Deerfield, IL 60015

Ownership: The Applicant entity is wholly owned (100%) by Walgreens Boots Alliance, Inc.

Officers of Walgreen Co.

Michael Motz - CEO

Richard Gates - Senior Vice President, Chief Pharmacy Officer

Cherita Thomas - Secretary

Matthew Spina - CFO

Michael Handal - Licensing and Provider Enrollment Officer

Ownership & Leadership of Walgreens Boots Alliance, Inc.

Ownership: Walgreens Boots Alliance, Inc. is wholly owned (100%) by Blazing Star Parent, LLC

Officers of Walgreens Boots Alliance, Inc.

Temporarily vacant - CEO

Mark Weisz - Sr VP, Global Tax

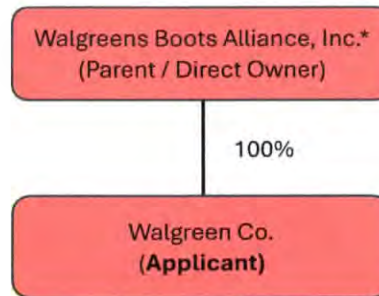
Manmohan Mahajan - Sr VP, Global Controller, CFO

Lanesha Minnix - Corporate Secretary

Please see the attached pre- and post-closing Corporate Organization chart for reference.

Proprietary and Confidential
Not a public record pursuant to
Section 7927.605 of the CPRA and
45 CFR Section 5.31

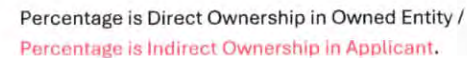
Walgreen Co.
Pre-Close Organizational Chart



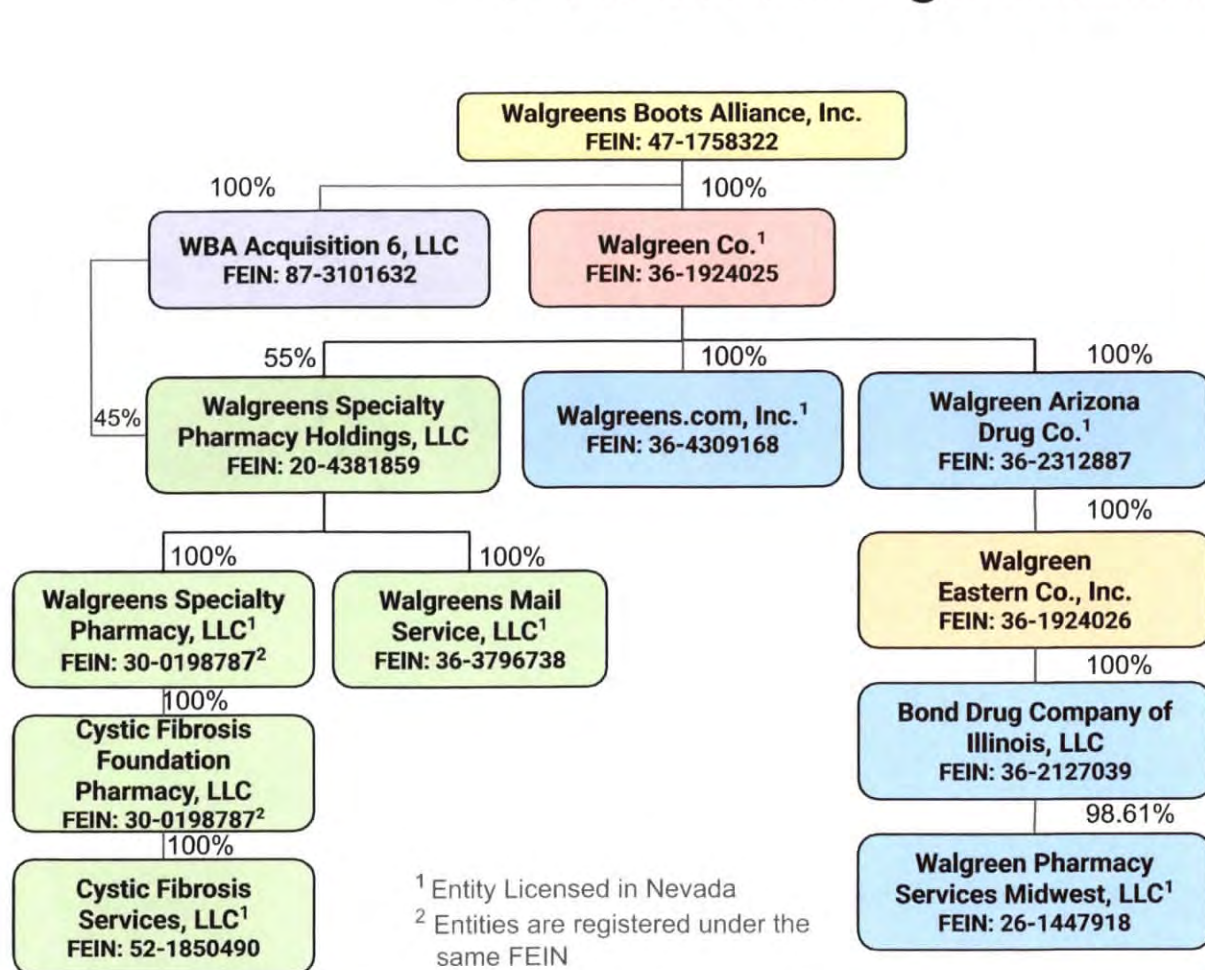
Publicly Traded on Nasdaq Stock Market (WBA)

Not a public record pursuant to
Section 7927.605 of the CPRA and
45 CFR Section 5.31

Walgreen Co.



Walgreen Co. Post-Close Organizational Chart (cont.)



Officers:
 Temporarily vacant, CEO
 Manmohan Mahajan, Sr. VP,
 Global Controller & CFO
 Lanesha Minnix, Corp. Secretary
 Mark Weisz, Sr. VP, Global Tax

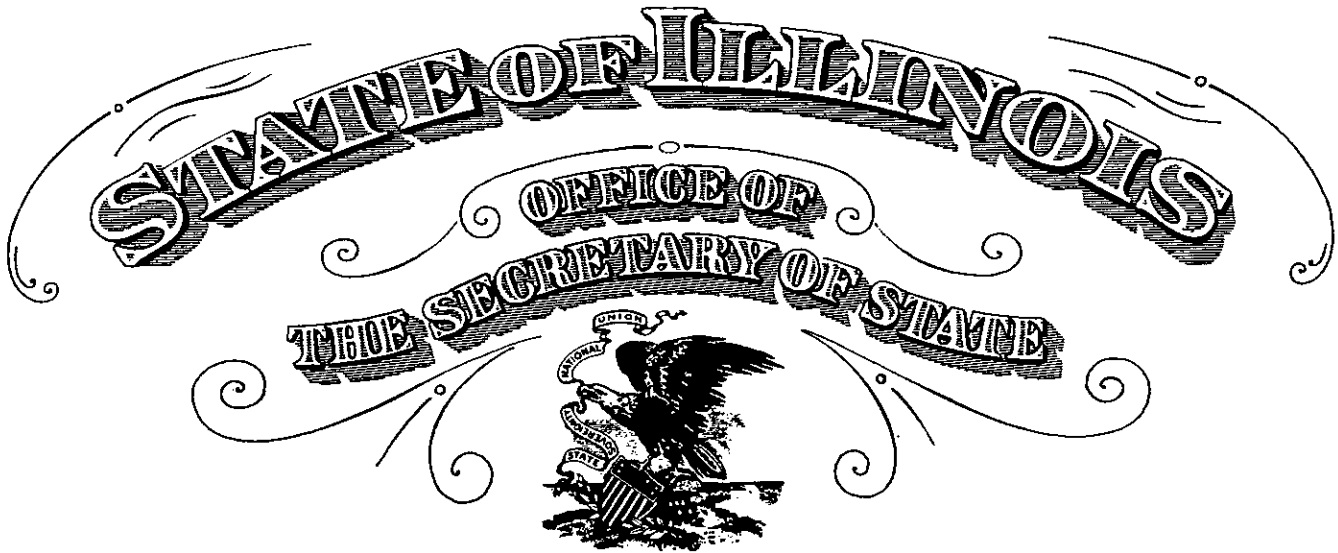
Officers:
 Mark Weisz, Pres.
 Cherita Thomas, VP, Sec.
 Michael Emerson, VP Tax
 Todd Heckman, Treas.
 Brittany Mack, Asst. Treas.

Officers:
 Rick Gates, President
 Brittany Mack, Treasurer
 Cherita Thomas, Sec., Dir.
 Michael Emerson, VP Tax, Dir.
 Michael Handal, Licensing and
 Provider Enrollment Officer

Officers:
 Michael Motz, CEO
 Richard Gates, Sr. VP, Dir.
 Cherita Thomas, Sec.
 Matt Spina, CFO
 Michael Handal, Licensing and
 Provider Enrollment Officer

Officers:
 Rick Gates, President
 Michael Emerson, VP Tax, Dir.
 Brittany Mack, Treas.
 Cherita Thomas, Sec., Dir.
 Michael Handal, Licensing
 and Provider Enrollment
 Officer

Officers:
 Rick Gates, President
 Tracey James, COO
 Matt Spina, CFO
 John Colaizzi, Sec., Treas.
 Brittany Mack, Asst. Treas.
 Michael Emerson, VP Tax
 Michael Handal, Sr. Director &
 Licensing and Provider
 Enrollment Officer



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

WALGREEN CO., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON FEBRUARY 15, 1909, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 15TH day of MAY A.D. 2025 .

Authentication #: 2513501622 verifiable until 05/15/2026

Authenticate at: <https://www.ilos.gov>

Alexi Giannoulas

SECRETARY OF STATE

4BBB

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 (6/11/2024)

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>PH01080</u>	☒ Retail/Community ☐ Hospital (# beds _____) ☐ Internet ☐ Nuclear ☐ Other:	☒ Retail/Community ☒ Dangerous drugs ☒ Controlled substances DEA #: <u>BW5089277</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	☒ 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: WALGREENS #03871

Physical Address: 1701 N GREEN VALLEY PKWY STE 14

City: HENDERSON State: NV Zip: 89074-5885

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: (702)897-5884 Toll Free # (NAC 639.708, NRS 639.23286): N/A

Fax: (702)897-4797 Contact Email: rxm.03871@store.walgreens.com

Website: https://www.walgreens.com

Nevada Business License # (if applicable) NV19951143510

Supervising/Managing Pharmacist Name (NRS 639.220): BEHSHAD VU

Supervising/Managing Pharmacist NV Pharmacist Registration # (if applicable): 16947

Section 2: List the name(s) of at least one NEVADA 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>BEHSHAD VU</u>	NV Pharmacist Registration #: <u>16947</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: _____
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): Walgreens Boots Alliance, Inc.
Corporation/Organization Name: Walgreen Co.
Mailing Address: 108 Wilmot Rd
City: Deerfield State: IL Zip: 60015
Telephone: 847-224-1348 Email: licenseadministration@walgreens.com
Contact Person Name: Kayla Lechner
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: _____

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Richard Gates

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

Richard Gates

Original signature of Authorized Person (copies or stamps not accepted)

08 / 26 / 2025

Date

Board Use Only

Date Received: 9/22/25

Amount: \$800-CHOPB-300011129

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: BEHSHAD VU Pharmacist Registration #: 16947

Pharmacy Name: WALGREENS #03871

Initial each statement below to indicate you have read and agree with the following:

BV

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.

BV

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.

BV

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.

BV

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)).

BV

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:	
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.

BEHSHAD VU

Original signature of Managing Pharmacist (copies or stamps not accepted)

08 / 02 / 2025

Date

Pharmacy Application 7 of 10

2238

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the Vice President (title) for Walgreen Co. (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 pharmacy located inside the State of Nevada employ only pharmacists, intern pharmacists, pharmaceutical technicians, and technicians in training that are licensed by the Nevada State Board of Pharmacy. (NRS 639.100).
6. I further understand and acknowledge that Nevada law requires that each pharmacy located outside the State of Nevada engaged in providing pharmacy services into Nevada employs at least one pharmacist licensed by the Nevada State Board of Pharmacy who will be responsible for any prescription 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).

Richard Gates

Print Name of Authorized Person

Richard Gates

Original signature of Authorized Person (copies or stamps not accepted)

08 / 26 / 2025

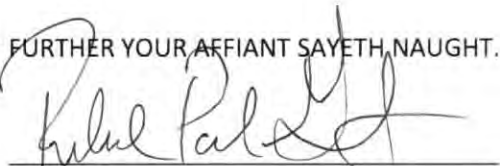
Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

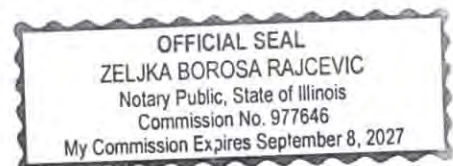
I, Richard Gates hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the Vice President (title) for Walgreen Co. (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 August, 2025

Zeljka Borosa-Rajcevic
Notary Public



Ownership Information

Ownership & Leadership of Applicant Entity

Applicant: Walgreen Co.

108 Wilmot Rd., Deerfield, IL 60015

Ownership: The Applicant entity is wholly owned (100%) by Walgreens Boots Alliance, Inc.

Officers of Walgreen Co.

Michael Motz - CEO

Richard Gates - Senior Vice President, Chief Pharmacy Officer

Cherita Thomas - Secretary

Matthew Spina - CFO

Michael Handal - Licensing and Provider Enrollment Officer

Ownership & Leadership of Walgreens Boots Alliance, Inc.

Ownership: Walgreens Boots Alliance, Inc. is wholly owned (100%) by Blazing Star Parent, LLC

Officers of Walgreens Boots Alliance, Inc.

Temporarily vacant - CEO

Mark Weisz - Sr VP, Global Tax

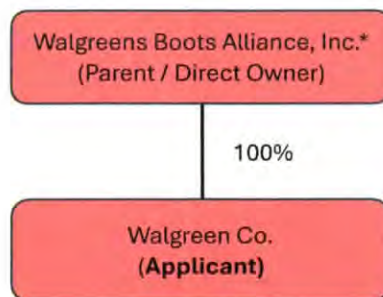
Manmohan Mahajan - Sr VP, Global Controller, CFO

Lanesha Minnix - Corporate Secretary

Please see the attached pre- and post-closing Corporate Organization chart for reference.

Proprietary and Confidential
Not a public record pursuant to
Section 7927.605 of the CPRA and
45 CFR Section 5.31

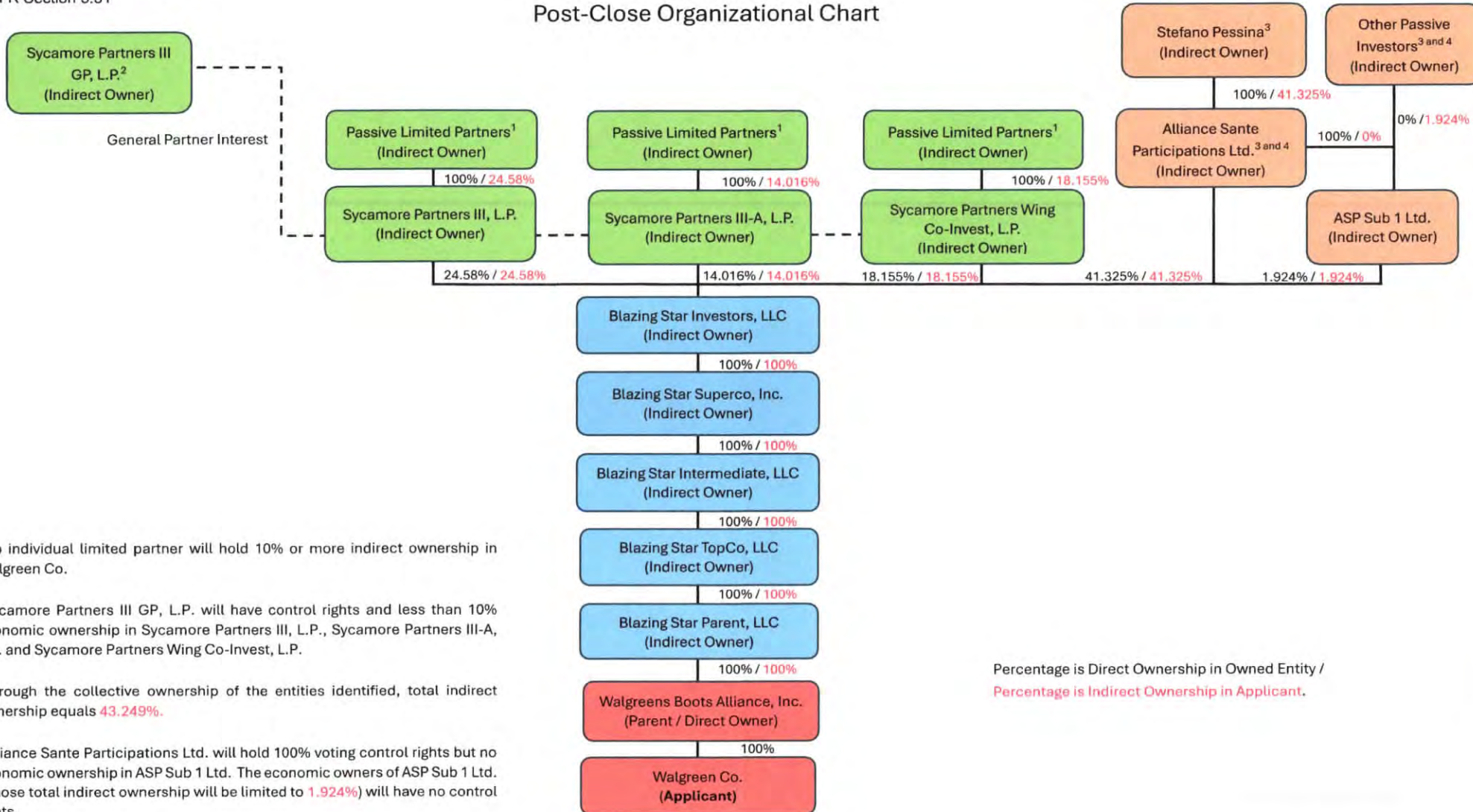
Walgreen Co.
Pre-Close Organizational Chart



Publicly Traded on Nasdaq Stock Market (WBA)

Proprietary and Confidential
Not a public record pursuant to
Section 7927.605 of the CPRA and
45 CFR Section 5.31

Walgreen Co. Post-Close Organizational Chart



¹No individual limited partner will hold 10% or more indirect ownership in Walgreen Co.

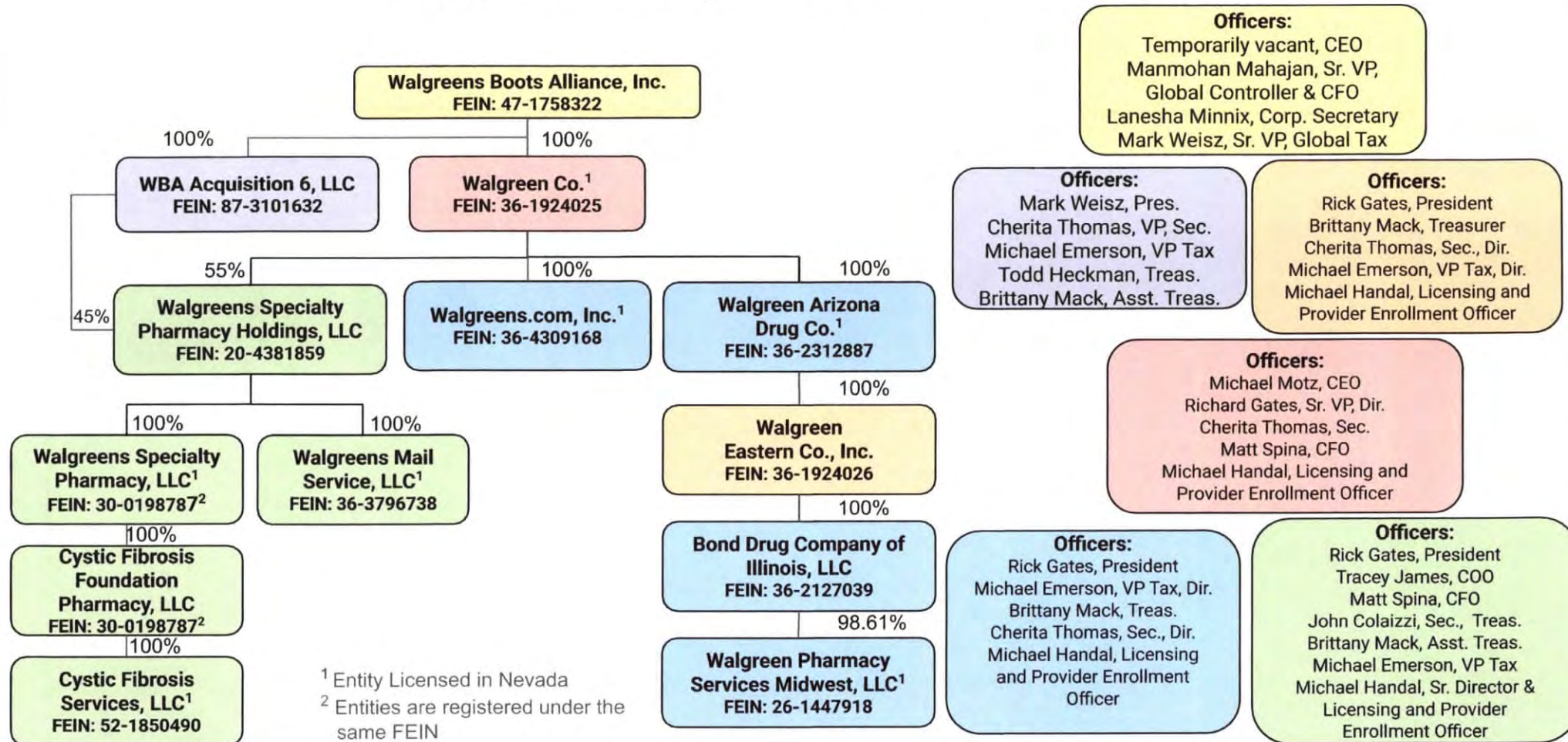
²Sycamore Partners III GP, L.P. will have control rights and less than 10% economic ownership in Sycamore Partners III, L.P., Sycamore Partners III-A, L.P. and Sycamore Partners Wing Co-Invest, L.P.

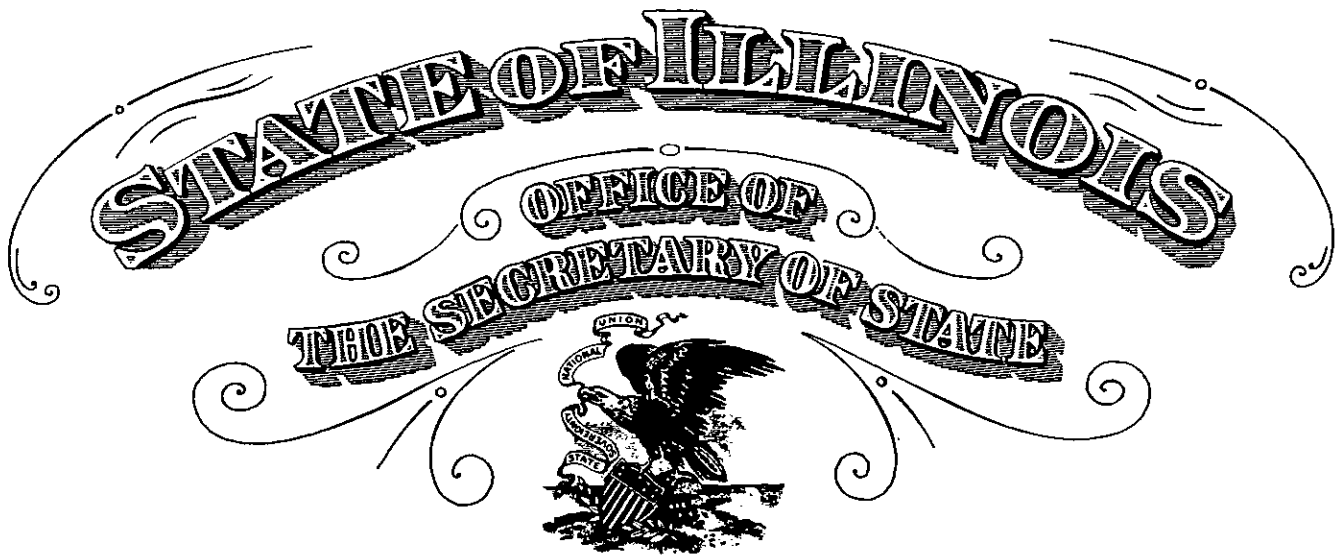
³Through the collective ownership of the entities identified, total indirect ownership equals 43.249%.

⁴Alliance Sante Participations Ltd. will hold 100% voting control rights but no economic ownership in ASP Sub 1 Ltd. The economic owners of ASP Sub 1 Ltd. (whose total indirect ownership will be limited to 1.924%) will have no control rights.

Percentage is Direct Ownership in Owned Entity /
Percentage is Indirect Ownership in Applicant.

Walgreen Co. Post-Close Organizational Chart (cont.)





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

WALGREEN CO., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON FEBRUARY 15, 1909, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 15TH day of MAY A.D. 2025 .

Authentication #: 2513501622 verifiable until 05/15/2026

Authenticate at: <https://www.ilso.gov>

Alexi Giannoulas

SECRETARY OF STATE

4CCC

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 (6/11/2024)

Y

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>PH01485</u>	☒ Retail/Community ☐ Hospital (# beds _____) ☐ Internet ☐ Nuclear ☐ Other:	☒ Retail/Community ☒ Dangerous drugs ☒ Controlled substances DEA #: <u>BW6678809</u> ☐ Non-sterile Compounding ☐ Sterile Compounding ☐ Mail-Order Service ☐ Off-site Cognitive Services ☐ Long Term Care ☐ Hospital ☐ Other:
Days of Operation ☒ Monday ☒ Tuesday ☒ Wednesday ☒ Thursday ☒ Friday ☒ Saturday ☒ Sunday ☐ Holidays		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: WALGREENS #05369
 Physical Address: 1500 S BOULDER HWY
 City: HENDERSON State: NV Zip: 89015-8506
 Mailing Address (if different from physical address): _____
 City: _____ State: _____ Zip: _____
 Telephone: (702)567-5454 Toll Free # (NAC 639.708, NRS 639.23286): N/A
 Fax: (702)567-5409 Contact Email: rxm.05369@store.walgreens.com
 Website: https://www.walgreens.com
 Nevada Business License # (if applicable) NV19951143510
 Supervising/Managing Pharmacist Name (NRS 639.220): ESTELLE OLSON
 Supervising/Managing Pharmacist NV Pharmacist Registration # (if applicable): 20241

Section 2: List the name(s) of at least one NEVADA 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>ESTELLE OLSON</u>	NV Pharmacist Registration #: <u>20241</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: _____	%: _____

- 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: Delaware
Parent Company (if any): Walgreens Boots Alliance, Inc.
Corporation/Organization Name: Walgreen Co.
Mailing Address: 108 Wilmot Rd
City: Deerfield State: IL Zip: 60015
Telephone: 847-224-1348 Email: licenseadministration@walgreens.com
Contact Person Name: Kayla Lechner
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: _____

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Richard Gates

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

Richard Gates

Original signature of Authorized Person (copies or stamps not accepted)

08 / 26 / 2025

Date

Board Use Only

Date Received: 01/22/25

Amount: \$50.00 JP03-3000111129

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: ESTELLE OLSON Pharmacist Registration #: 20241

Pharmacy Name: WALGREENS #05369

Initial each statement below to indicate you have read and agree with the following:

- E.S. 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.
- E.S. 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.
- E.S. 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.
- E.S. 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)).
- E.S. 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.

ESTELLE OLSON

Original signature of Managing Pharmacist (copies or stamps not accepted)

08 / 04 / 2025

Date

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

STIPULATION AND ORDER

v.

**HEIDI WICKHAM, R.Ph.,
Certificate of Registration #16474,**

Case No. 11-030-RPH-S

**WALGREENS #05369
Certificate of Registration PH01485**

Case No. 11-030-PH-S

Respondents.

Carolyn J. Cramer, General Counsel for the Nevada State Board of Pharmacy,
and Respondent, Heidi Wickham and Walgreens #05369 and Rob Graham, Esq. of Rob
Graham & Associates, stipulate and agree as follows:

1. Respondent Walgreens #05369 admits the factual allegations made in the
Second Cause of Action in the Notice of Intended Action and Accusation.
2. Respondent Wickham shall be dismissed ~~missed~~ from the First Cause of
Action in the Notice of Intended Action and Accusation.
3. The Board Staff concluded after investigation that the error in this case was
made because a Walgreen's employee returned to stock a bottle that was labeled
metaxalone but was originally misfiled with Metformin but was placed on the shelf
behind the metaxalone and was used to fill [REDACTED] metaxalone prescription.
Preventive measures need to be implemented to ensure this does not happen again.
4. Respondent Walgreens #05369 fully recognizes the error that was made and
understands that it must take corrective action to avoid such an error in the future.

5. The parties shall present this Stipulation and Agreement to the Board at its meeting on October 12, 2011. The parties agree that the Board may ask questions of the parties' counsel, may discuss and deliberate regarding the presentations, and shall enter an Order that may impose discipline as recommended by the parties.

6. Board Staff and Respondent Walgreens #05369 will recommend that the Board impose discipline for the Second Cause of Action by requiring Walgreens #05369 to successfully complete the Your Success Rx program to be paid for by Respondent Walgreens #05369 with the managing pharmacist Heidi Wickham participating in the review on behalf of Respondent Walgreens #05369. The Your Success Rx program will emphasize the return to stock of medications that were not dispensed to patients and a review of any policies or procedures that could be implemented to prevent a return to stock error in the future. Additionally the program will include the following:

a. That Respondent Walgreens #05369 shall cooperate fully and genuinely with the needs, demands, and requirements of the program and contact the program within 10 days of the acceptance of the Stipulation and Order by the Board.

b. When Respondent Walgreens #05369 has completed the program, the program shall submit to Board Staff a final report regarding Respondent Walgreens #05369 participation in the program. Board Staff will set a meeting with Respondent Walgreens #05369 managing pharmacist, Heidi Wickham and Respondent Walgreens #05369 district manager and the program administrator to review and to discuss the report and whether any policies or changes could be adopted to address return to stock issues by Respondent Walgreens #05369.

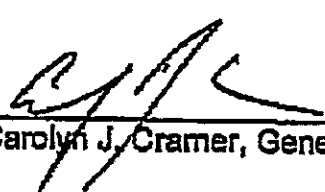
7. Board Staff and Respondent Walgreens #05369 will recommend that the Board impose discipline for the Second Cause of Action by imposing a fine in the amount of \$1,000.00, by cashier's or certified check or money order made payable to "State of Nevada, Office of the Treasurer" to be received by the Board's Reno office within 90 days of the effective date of this Order.

8. If the Board rejects any part or all of this stipulation, the parties agree that a full hearing on the merits of this matter may be heard by the Board and that the Board would hear this matter at its meeting on January 18, 2012. The terms and admissions in this stipulation may not be used or referred to in the full hearing on the merits of this matter.

9. The Board and the Respondent shall each agree to release the other from any and all claims, whether known or unknown, that might otherwise have existed on or before the effective date of the Board's Order in this matter.

Signed this 12th day of October, 2011.

OFFICE OF THE GENERAL COUNSEL
Nevada State Board of Pharmacy


Carolyn J. Cramer, General Counsel


Rob Graham, Esq.

DECISION AND ORDER

The Nevada State Board of Pharmacy hereby adopts the foregoing Stipulation as its decision and hereby orders that the foregoing Stipulation be made effective. This decision and order shall be effective on the 12th day of October, 2011.

10/12/2011
DATED

Beth Foster, RPh
Beth Foster, President
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

**NOTICE OF INTENDED ACTION
AND ACCUSATION**

**HEIDI WICKHAM, R.Ph.,
Certificate of Registration #16474,**

Case No. 11-030-RPH-S

**WALGREENS #05369
Certificate of Registration PH01485**

Case No. 11-030-PH-S

Respondents.

COMES NOW Larry L. Pinson, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, and makes the following that will serve as both a notice of intended action under Nevada Revised Statutes (NRS) 233B.127(3) and as an accusation under NRS 639.241.

I.

The Nevada State Board of Pharmacy has jurisdiction over this matter because Respondent Heidi Wickham is a pharmacist licensed by the Board and Respondent Walgreens #05369 is licensed by the Board, located at 1500 South Boulder Highway, Henderson, Nevada.

II.

On or about March 16, 2011, [REDACTED] had a prescription filled for metaxalone 800 mg. tablets. Ms. [REDACTED]'s husband picked up the prescription that evening. When he arrived home and gave his wife the medication that was dispensed to him, Ms. [REDACTED] noticed that there were two different pink tablets in the bottle. Mr. [REDACTED] returned

to the pharmacy and spoke with Heidi Wickham regarding the two different tablets in the prescription bottle. Ms. Wickham checked the Clinical Pharmacology program in the pharmacy's computer and could not identify the second tablets. Ms. Wickham then went to the shelf where metaxalone is stocked to see if there were different manufacturers. The only bottle present at the time was a previously deleted patient's bottle labeled metaxalone. Ms. Wickham checked the contents of the bottle and found the same pink tablets in question that she could not identify and presumed it was a different manufacturer and advised Mr. [REDACTED] that it was safe for his wife to take.

III.

Ms. [REDACTED] began taking the tablets that she was familiar with first for several days. Ms. [REDACTED] began taking the tablets that she was not familiar with and she became light headed, nauseous, had diarrhea and a headache for three days. On or about March 22, 2011 Mr. [REDACTED] received a telephone call from Heidi Wickham asking to speak with Ms. [REDACTED]. Ms. [REDACTED] was not available to come to the telephone and Ms. Wickham told Mr. [REDACTED] that the pink tablets in question in Ms. [REDACTED]'s prescription bottle were not metaxalone as previously thought, and that they were Metformin, a prescription medication used to treat diabetes. Ms. Wickham advised Mr. [REDACTED] to have Ms. [REDACTED] stop taking the medication dispensed to him and return it to the pharmacy for replacement.

IV.

During the investigation of this matter, it was learned that the prescription bottle that was returned to stock and was labeled metaxalone was originally misfilled with

Metformin but was placed on the shelf behind the metaxalone and was used to fill Ms. [REDACTED]'s prescription.

FIRST CAUSE OF ACTION

V.

In verifying and dispensing a combination of 800 mg. metaxalone tablets and Metformin tablets to Ms. [REDACTED] instead of only metaxalone tablets as prescribed, Ms. Wickham violated Nevada Revised Statutes (NRS) 639.210(4) and/or Nevada Administrative Code (NAC) 639.945(1)(d) and/or (i).

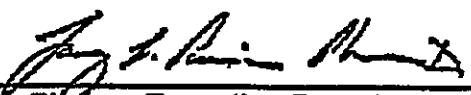
SECOND CAUSE OF ACTION

VI.

In owning and operating the pharmacy in which an unidentified employee misshelved the mislabeled returned to stock bottle of Metformin directly behind the metaxalone stock bottle and where Ms. Wickham misfiled Ms. [REDACTED]'s prescription with a combination of metaxalone tablets and Metformin tablets, Walgreens #05369 violated NRS 639.210(4) and/or NAC 639.945(1)(d) and/or (i) and/or (2).

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificates of registration of the Respondents.

Signed this 8th day of September, 2011.



Larry L. Pinson, Executive Secretary
Nevada State Board of Pharmacy

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the Vice President (title) for Walgreen Co. (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 pharmacy located inside the State of Nevada employ only pharmacists, intern pharmacists, pharmaceutical technicians, and technicians in training that are licensed by the Nevada State Board of Pharmacy. (NRS 639.100).
6. I further understand and acknowledge that Nevada law requires that each pharmacy located outside the State of Nevada engaged in providing pharmacy services into Nevada employs at least one pharmacist licensed by the Nevada State Board of Pharmacy who will be responsible for any prescription 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).

Richard Gates

Print Name of Authorized Person

Richard Gates

Original signature of Authorized Person (copies or stamps not accepted)

08 / 26 / 2025

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, Richard Gates hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

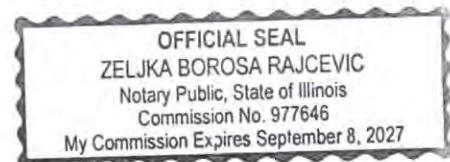
1. I am the Vice President (title) for Walgreen Co. (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that 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]
Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 20th day of August, 2025

Zeljka Borosa-Rajcevic
Notary Public



Ownership Information

Ownership & Leadership of Applicant Entity

Applicant: Walgreen Co.

108 Wilmot Rd., Deerfield, IL 60015

Ownership: The Applicant entity is wholly owned (100%) by Walgreens Boots Alliance, Inc.

Officers of Walgreen Co.

Michael Motz - CEO

Richard Gates - Senior Vice President, Chief Pharmacy Officer

Cherita Thomas - Secretary

Matthew Spina - CFO

Michael Handal - Licensing and Provider Enrollment Officer

Ownership & Leadership of Walgreens Boots Alliance, Inc.

Ownership: Walgreens Boots Alliance, Inc. is wholly owned (100%) by Blazing Star Parent, LLC

Officers of Walgreens Boots Alliance, Inc.

Temporarily vacant - CEO

Mark Weisz - Sr VP, Global Tax

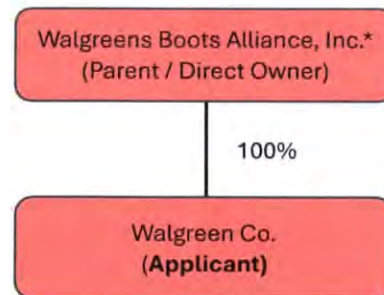
Manmohan Mahajan - Sr VP, Global Controller, CFO

Lanesha Minnix - Corporate Secretary

Please see the attached pre- and post-closing Corporate Organization chart for reference.

Proprietary and Confidential
Not a public record pursuant to
Section 7927.605 of the CPRA and
45 CFR Section 5.31

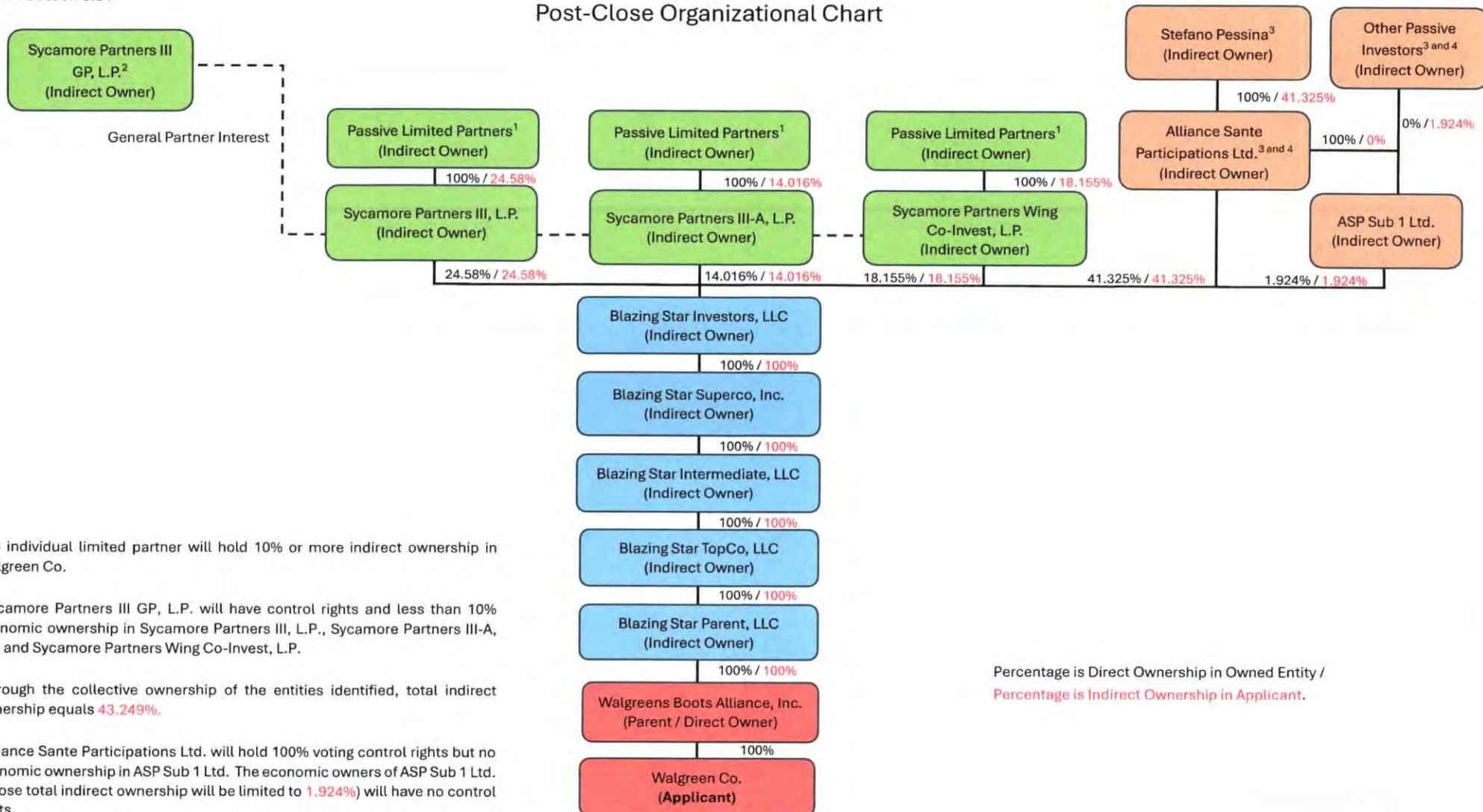
Walgreen Co.
Pre-Close Organizational Chart



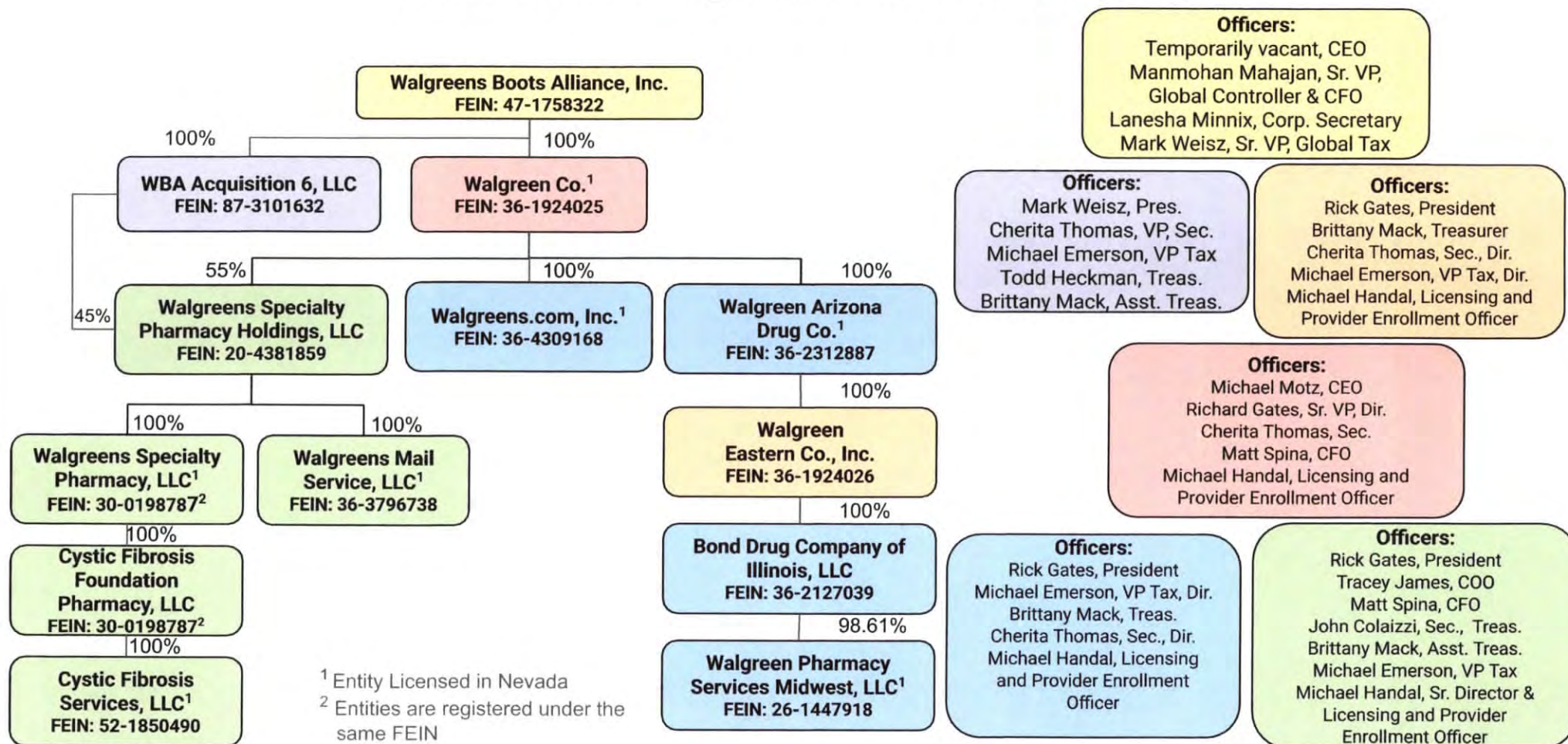
Publicly Traded on Nasdaq Stock Market (WBA)

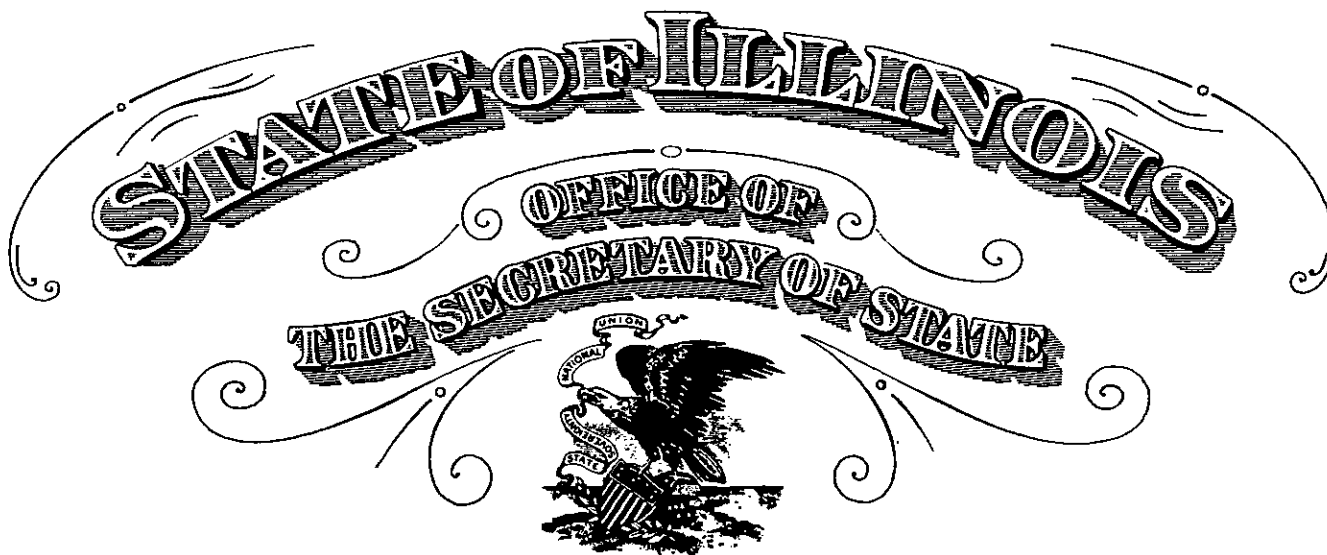
Not a public record pursuant to
Section 7927.605 of the CPRA and
45 CFR Section 5.31

Walgreen Co.



Walgreen Co. Post-Close Organizational Chart (cont.)





To all to whom these Presents Shall Come, Greeting:

I, Alexi Giannoulis, 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

WALGREEN CO., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON FEBRUARY 15, 1909, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 15TH day of MAY A.D. 2025 .

Authentication #: 2513501622 verifiable until 05/15/2026

Authenticate at: <https://www.ilsos.gov>

Alexi Giannoulis

SECRETARY OF STATE

4DDD

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 (6/11/2024)

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>PH01560</u>	☒ Retail/Community ☐ Hospital (# beds _____) ☐ Internet ☐ Nuclear ☐ Other:	☒ Retail/Community ☒ Dangerous drugs ☒ Controlled substances DEA #: <u>BW7552789</u> ☐ Non-sterile Compounding ☐ Sterile Compounding ☐ Mail-Order Service ☐ Off-site Cognitive Services ☐ Long Term Care ☐ Hospital ☐ Other:
Days of Operation ☒ Monday ☒ Tuesday ☒ Wednesday ☒ Thursday ☒ Friday ☒ Saturday ☒ Sunday ☐ Holidays		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: WALGREENS #05862
 Physical Address: 401 N ARROYO GRANDE BLVD
 City: HENDERSON State: NV Zip: 89014-3974
 Mailing Address (if different from physical address): _____
 City: _____ State: _____ Zip: _____
 Telephone: (702)436-7106 Toll Free # (NAC 639.708, NRS 639.23286): N/A
 Fax: (702)436-7698 Contact Email: rxm.05862@store.walgreens.com
 Website: https://www.walgreens.com
 Nevada Business License # (if applicable) NV19951143510
 Supervising/Managing Pharmacist Name (NRS 639.220): JENNIFER JOHNSON
 Supervising/Managing Pharmacist NV Pharmacist Registration # (if applicable): 18830

Section 2: List the name(s) of at least one NEVADA 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>JENNIFER JOHNSON</u>	NV Pharmacist Registration #: <u>18830</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: _____	%: _____

- 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: <u>Delaware</u>		
Parent Company (if any): <u>Walgreens Boots Alliance, Inc.</u>		
Corporation/Organization Name: <u>Walgreen Co.</u>		
Mailing Address: <u>108 Wilmot Rd</u>		
City: <u>Deerfield</u>	State: <u>IL</u>	Zip: <u>60015</u>
Telephone: <u>847-224-1348</u>	Email: <u>licenseadministration@walgreens.com</u>	
Contact Person Name: <u>Kayla Lechner</u>		
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: _____	

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Richard Gates

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

Richard Gates

Original signature of Authorized Person (copies or stamps not accepted)

08 / 26 / 2025

Date

Board Use Only	Date Received: 9/22/25	Amount: \$5000 JP03-300011129
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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: JENNIFER JOHNSON Pharmacist Registration #: 18830

Pharmacy Name: WALGREENS #05862

Initial each statement below to indicate you have read and agree with the following:

J.J

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.

J.J

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.

J.J

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.

J.J

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)).

J.J

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.

JENNIFER JOHNSON

Original signature of Managing Pharmacist (copies or stamps not accepted)

08 / 02 / 2025

Date

Pharmacy Application 7 of 10

Amoxicillin prescription. Though Patient MSG's penicillin allergy was contained in Walgreens #05862's computer system, Ms. Greeley failed to notice or act upon Patient MSG's penicillin allergy. At hearing, Ms. Greeley admitted that Walgreens #05862's computer system contained the penicillin allergy and would have alerted her to the allergy, she could not explain how or why she did not notice or act upon Ms. Greeley's penicillin allergy.

3. Patient MSG's boyfriend picked up the prescription on August 11, 2005 and took it to Patient MSG's house where she began taking the Amoxicillin as directed. Patient MSG ingested one capsule and thereafter broke out in a rash. Patient MSG contacted Dr. DeBelen in the afternoon of August 11, 2005, and Dr. DeBelen told her to come to his office the following Monday (August 15). Patient MSG's rash became worse, and she went to the emergency room at St. Rose where it was determined that she had been given Amoxicillin even though she had an allergy to penicillin. Patient MSG attributes her rash to taking one dosage unit of Amoxicillin.

4. At hearing, Ms. Greeley testified that she did not remember any specific facts regarding the incident involving Patient MSG. She testified that generally she counsels all new prescriptions, which Patient MSG's prescription was, and that she always reviews with the patient the name of the medication, what it is used for, how to take it, and possible side effects.

CONCLUSIONS OF LAW

1. The Nevada State Board of Pharmacy has jurisdiction over this matter because Respondent Greeley is a pharmacist licensed by the Board and Walgreens #05862 is a pharmacy licensed by the Board.

2. In dispensing a prescription to Patient MSG for Amoxicillin where Walgreens #05862's computer system contained Patient MSG's allergy to penicillin and in counseling inadequately regarding the allergy, Ms. Greeley violated NRS 639.210(4) and NAC 639.707(4)(d)(3) and 639.945(1)(i).

3. In owning and operating the pharmacy in which Ms. Greeley's violations occurred, Walgreens #05862 violated NRS 639.210(4) and NAC 639.945(1)(i) and (2).

ORDER

Based upon the foregoing, the Board hereby orders the following:

1. Ms. Greeley shall pay a fine of \$250.00 by cashier's 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 within 90 days of the effective date of this Order.

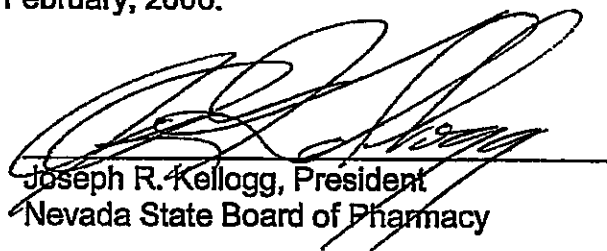
2. Ms. Greeley shall pay one-half of the Board's costs and attorney's fees of \$270.00 and the Board's administrative fee of \$250.00, for a total of \$260.00 ($\$270.00 + \$250.00 / 2 = \$260.00$) by cashier's or certified check or money order made payable to "Nevada State Board of Pharmacy" to be received by the Board's Reno office within 90 days of the effective date of this Order.

3. Walgreens #05862 shall pay a fine of \$250.00 by cashier's 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 within 90 days of the effective date of this Order.

4. Walgreens #05862 shall pay one-half of the Board's costs and attorney's fees of \$270.00 and the Board's administrative fee of \$250.00, for a total of \$260.00 ($\$270.00 + \$250.00 / 2 = \$260.00$) by cashier's or certified check or money order made payable to "Nevada State Board of Pharmacy" to be received by the Board's Reno office within 90 days of the effective date of this Order.

5. The failure by Ms. Greeley to comply with any term in this order shall result in the immediate suspension of her license and will also result in further discipline, up to and including revocation of the her license. The failure by Walgreens #05862 to comply with any term in this order shall result in a fine of \$1,000 per day for every day that it has failed to comply with the Order until the Order is fully complied with, up to a total fine not to exceed \$30,000, and will also result in further discipline, up to and including revocation of the its license.

Signed this 8th day of February, 2006.


Joseph R. Kellogg, President
Nevada State Board of Pharmacy

#05862's computer system, Ms. Greeley failed to notice or act upon Patient MSG's penicillin allergy.

III.

Patient MSG's boyfriend picked up the prescription on August 11, 2005 and took it to Patient MSG's house where she began her medication therapy. Patient MSG ingested one capsule and broke out in a rash. Patient MSG contacted her doctor the afternoon of Thursday, August 11, 2005, and Dr. DeBelen told Patient MSG to come to his office the following Monday. Patient MSG's rash became worse and she went to the emergency room at St. Rose where it was determined that she had been given Amoxicillin even though she had an allergy to penicillin. Patient MSG attributes her rash to taking one dosage unit of Amoxicillin.

IV.

Ms. Greeley admits that she filled Patient MSG's prescription, however she does not recall seeing an allergy warning on her computer. Ms. Greeley stated that she would have called the prescribing physician had she seen the warning for confirmation and clarification.

V.

Ms. Greeley does not specifically remember counseling Patient MSG's boyfriend, however the counseling log indicates that she did counsel because her initials are on the counseling log. Ms. Greeley stated that during counseling on a new prescription she always reviews the name of the medication, what it is used for, how to take the medication, and possible side effects. Patient MSG's boyfriend does not recall being counseled.

FIRST CAUSE OF ACTION

VI.

In dispensing a prescription to Patient MSG for amoxicillin where Walgreens #05862's computer system contained Patient MSG's allergy to penicillin and in counseling inadequately, Ms. Greeley violated NRS 639.210(4) and NAC 639.707(4)(d)(3) and 639.945(1)(i).

SECOND CAUSE OF ACTION

VII.

In owning and operating the pharmacy in which Ms. Greeley's violation occurred, Walgreens #05862 violated NRS 639.210(4) and NAC 639.945(1)(i) and (2).

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificates of registration of the Respondents.

Signed this 30th day of November, 2005.



Larry L. Pinson, Executive Secretary
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

STIPULATION AND ORDER

v.

**WALGREENS #05862
Certificate of Registration No. PH01560**

Case No. 03-040-PH-S

Respondent.

The Nevada State Board of Pharmacy and Respondent Walgreens #05862,
hereby stipulate as follows:

1. That Notice of Intended Action and Accusation was sent to Respondent and that Respondent received said Notice.

2. That Respondent is fully aware of his right to be served with an Accusation and have a hearing on the matters alleged in the Notice of Intended Action, his right to reconsideration, his right to appeal, and any and all other rights which may be accorded to him pursuant to the Nevada Administrative Procedure Act and the Nevada Pharmacy Act.

3. That Respondent hereby freely and voluntarily waives his rights to a hearing, reconsideration, appeal, and any and all other rights that may be accorded to him by the Nevada Administrative Procedure Act and the Nevada Pharmacy Act.

4. That Respondent admits the truth of the matters alleged in the Notice of Intended Action and Accusation.

5. That cause for disciplinary action against the Respondent exists pursuant to the provisions of Nevada Revised Statutes (NRS) 639.210(4), Nevada Administrative Code (NAC) 639.945(1) (d) and (i) and (2).

6. That the admissions made herein are for the purpose of this proceeding only and shall have no force or effect in any other case or proceeding.

7. That based upon the Notice of Intended Action and Accusation and the foregoing admissions, it is stipulated that the following penalty is imposed:

Respondent shall pay to the State of Nevada a fine of \$250.00 certified check, or money order made payable to "State of Nevada, Office of the Treasurer". All moneys shall be mailed to and received by the Board office no later than fifteen days from the receipt of the Board's decision and order in this matter.

Respondent's failure to timely comply with the above-listed conditions shall result in a fine of \$1000 per day for every day the term is not complied with, up to a maximum of \$30,000, and will result in further discipline, up to and including revocation of the Respondent's license.

8. If this Stipulation is not accepted in its entirety by the Nevada State Board of Pharmacy, it shall have no effect whatsoever.

I have fully considered the charges and allegations contained in the Notice of Intended Action. I understand my right to a hearing, as well as my right to reconsideration, appeal, and any and all other rights accorded me pursuant to the Nevada Administrative Procedure Act and the Nevada Pharmacy Practice Act, including my right to be represented by counsel at my own expense. I hereby freely and voluntarily waive all these rights and agree to the terms of this Stipulation.

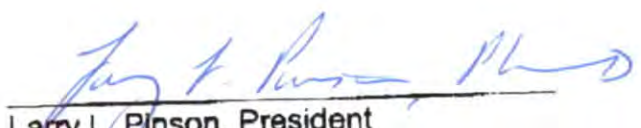
3.12.04
DATED

DENNIS O'JELL
type or print name

 Dennis O'Jell, VICE PRESIDENT
for Walgreens #05862

DECISION AND ORDER

The Nevada State Board of Pharmacy hereby adopts the foregoing Stipulation as its decision and hereby orders that the foregoing Stipulation be made effective. This decision and order shall be effective on the 13th day of ^{MAY} April, 2004.

5/13/04
DATED
Larry L. Pinson, President
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

**GEOFFREY S. SHEININ, R.Ph.,
Certificate of Registration #13689,**

**NOTICE OF INTENDED ACTION
AND ACCUSATION**

Case No. 03-040-RPH-S

WALGREENS #05862

Certificate of Registration No. PH01560

Case No. 03-040-PH-S

Respondents.

COMES NOW Keith W. Macdonald, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, and makes the following that will serve as both a notice of intended action under Nevada Revised Statutes (NRS) 233B.127(3) and as an accusation under NRS 639.241.

I.

The Nevada State Board of Pharmacy has jurisdiction over this matter because Respondent Geoffrey S. Sheinin is a pharmacist licensed by the Board and Walgreens #05862 is a pharmacy licensed by the Board, located at 401 North Arroyo Grande, Henderson, Nevada.

II.

Patient H was being treated for glaucoma by her physician and had been taking methazolamide 50 mg. tablets. Patient H had her prescription for methazolamide tablets filled on or about June 25, 2003. Patient H received the medication from Walgreens #05862 and mentioned to her husband that they looked different and he told her that medications change all the time. Patient H ingested 19 or 20 tablets and

noticed that her eyes were irritated and had begun burning and tearing.

III.

Patient H contacted Walgreens #05862 and was asked to describe the tablets she had been taking. At that time it was discovered that Patient H had been dispensed methimazole 5 mg. tablets that were for the treatment of a thyroid condition. It was also determined that Mr. Sheinin was the pharmacist that filled the prescription. Fortunately, Patient H suffered no harm beyond her discomfort previously described.

FIRST CAUSE OF ACTION

IV.

In failing to follow the order of Patient H's physician, namely by filling Patient H's prescription with methimazole 50 mg. tablets rather than methazolamide 50 mg. tablets that had been ordered, Mr. Sheinin violated NRS 639.210(4) and NAC 639.945(1)(d) and (i).

SECOND CAUSE OF ACTION

V.

In owning and operating the pharmacy in which Mr. Sheinin's violation occurred and from which Patient H's prescription was dispensed incorrectly, Walgreens #05862 violated NRS 639.210(4) and NAC 639.945(1)(d) and (i) and (2).

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificates of registration of the Respondents.

Signed this 3rd day of March, 2004.



Keith W. Macdonald, 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 regarding your certificate of registration. To do so, you must mail to the Board within 15 days of your receipt of this Notice of Intended Action and Accusation a written statement showing your compliance.

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

Case No. 06-020-RPH-S

v.

FINDINGS OF FACT,
CONCLUSIONS OF
LAW, AND ORDER

TRAC T. NGUYEN, R.Ph.,
Certificate of Registration No. 16159,

WALGREENS #05862,
Certificate of Registration No. PH01560,

Respondents.

THIS MATTER was heard by the Nevada State Board of Pharmacy (hereinafter Board) at its regular meeting on October 25, 2006, in Las Vegas, Nevada. The Board was represented by Louis Ling, General Counsel to the Board, and Respondents Trac T. Nguyen and Walgreens #05862 were represented by Rob Graham of Rob Graham & Associates. Based on the presentations of the parties and the public records in the possession and control of the Board, the Board issues the following Findings of Fact, Conclusions of Law, and Order:

FINDINGS OF FACT

1. At hearing, the parties agreed that the facts as plead in the Notice of Intended Action and Accusation were true and correct. Consequently, Board Staff presented no evidence or testimony. Mr. Nguyen appeared and testified on his behalf. Based upon the presentation of Board Staff, the Board finds the following to be the facts of this matter.

2. On March 27, 2006, James M. took a prescription for HalfLyte to Walgreens #5862 to be filled. Mr. Nguyen called "James" to the counter when Mr. Nguyen believed the prescription to be filled. Mr. M went to the counter, purchased the prescription, and went home. Approximately five hours later, Mr. M. decided to begin

taking the medication he had been provided by Mr. Nguyen and Walgreens #05862. When Mr. M. examined the prescription, he discovered that it was for a drug called NuLYTELY and that the patient's name on the prescription was James H., not James M.

3. Mr. M. telephoned Walgreens #05862 and advised the pharmacy of the mistake. Mr. M. traveled back to the pharmacy and obtained the correct prescription and returned Mr. H.'s prescription. Mr. M. was told that the pharmacy had tried to reach him to advise him of the mistake, but the attempted contact was by means of paging him on the store intercom to return to the pharmacy after Mr. M. had already left.

4. At hearing, Mr. Nguyen explained that he had discovered the error approximately an hour after Mr. M. had picked up Mr. H.'s prescription when Mr. H. called to check on his prescription and Mr. Nguyen discovered that Mr. H.'s prescription had already been sold. Because Mr. Nguyen could not locate the pertinent information regarding Mr. M., he could not call him to inform him of the error, so he did all he could, which was to page Mr. M. in the hope that Mr. M. had not yet left the store.

5. Mr. Nguyen admitted that when he dispensed Mr. H.'s prescription to Mr. M., he did not ask Mr. M. for his last name. Mr. Nguyen explained to the Board that he has changed his practice at time of counseling so that he now always ascertains the patients full name when he commences counseling. Mr. Nguyen also stated that he would accept the Board's recommendations that he also get a birth date or address from the patient as an additional check to assure that he was providing the proper prescription to the proper patient.

6. At hearing, Mr. Nguyen admitted that he had failed to notify the Board when he had moved to Nevada to begin working as a pharmacist. He explained that he has now properly notified the Board of his present address in Nevada.

CONCLUSIONS OF LAW

1. The Board has jurisdiction over this matter because Mr. Nguyen is a pharmacist licensed by the Board and because Walgreens #05862 is a pharmacy licensed by the Board.
2. In dispensing Mr. H.'s prescription to Mr. M. so that Mr. M. received a drug not prescribed for him, Mr. Nguyen violated NRS 639.210(4) and NAC 639.945(1)(i).
3. In failing to adequately counsel Mr. M. regarding his new prescription by failing to ascertain Mr. M.'s identity and thereby dispensing to Mr. M. a prescription for another patient with the same first name of James, Mr. Nguyen violated NRS 639.210(4) and NAC 639.707(1) and 639.945(1)(i).
4. In failing to notify the Board's office of his change of address when he moved and began working in Nevada, Mr. Nguyen violated NRS 639.210(4) and NAC 639.225 and 639.945(1)(i).
5. In owning and operating the pharmacy in which Mr. Nguyen's violations occurred, Walgreens #05862 violated NRS 639.210(4) and NAC 639.945(1)(i) and (2).

ORDER

Based upon the foregoing, the Board hereby orders the following:

1. Mr. Nguyen shall pay a fine of \$500.00 by certified or cashier's check or money order made payable to "State of Nevada, Office of Treasurer" to be received by the Board's Reno office within 60 days from the effective date of this Order.
2. Mr. Nguyen shall pay the Board's administrative fee of \$295.00 by certified or cashier's check or money order made payable to "Nevada State Board of Pharmacy" to be received by the Board's Reno office within 60 days of the effective date of this Order.
3. Mr. Nguyen shall obtain one hour of continuing education in Nevada jurisprudence within 60 days of the effective date of this Order. The additional hour of continuing education in Nevada jurisprudence shall be in addition to and may not be

counted towards the mandatory continuing education hours needed by Mr. Nguyen to renew his license in 2007.

4. Walgreens #05862 shall be on probation for a period of two years from the effective date of this Order. During the period of probation, Walgreens #05862 shall comply with all laws related to the practice and operation of a pharmacy, whether state or federal and whether statutory or regulatory.

5. The failure by Mr. Nguyen to comply with any term in this order shall result in the immediate suspension of his license and will also result in further discipline, up to and including revocation of the license. The failure by Walgreens #05862 to comply with any term in this order shall result in a fine of \$1,000 per day for every day that Walgreens #05862 has failed to comply with the Order until the Order is fully complied with, up to a total fine not to exceed \$30,000, and will also result in further discipline, up to and including revocation of the its license.

Signed and effective this 21 day of November, 2006.



David Wuest, President
Nevada State Board of Pharmacy

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the Vice President (title) for Walgreen Co. (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 pharmacy located inside the State of Nevada employ only pharmacists, intern pharmacists, pharmaceutical technicians, and technicians in training that are licensed by the Nevada State Board of Pharmacy. (NRS 639.100).
6. I further understand and acknowledge that Nevada law requires that each pharmacy located outside the State of Nevada engaged in providing pharmacy services into Nevada employs at least one pharmacist licensed by the Nevada State Board of Pharmacy who will be responsible for any prescription 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).

Richard Gates

Print Name of Authorized Person

Richard Gates

Original signature of Authorized Person (copies or stamps not accepted)

08 / 26 / 2025

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, Richard Gates hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

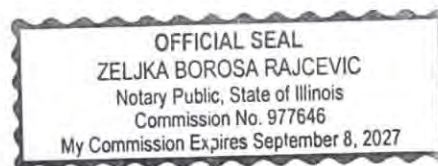
1. I am the Vice President (title) for Walgreen Co. (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that 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.

Richard Gates
Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 20th day of August, 2025

Zeljka Borosa-Rajcevic
Notary Public



Ownership Information

Ownership & Leadership of Applicant Entity

Applicant: Walgreen Co.

108 Wilmot Rd., Deerfield, IL 60015

Ownership: The Applicant entity is wholly owned (100%) by Walgreens Boots Alliance, Inc.

Officers of Walgreen Co.

Michael Motz - CEO

Richard Gates - Senior Vice President, Chief Pharmacy Officer

Cherita Thomas - Secretary

Matthew Spina - CFO

Michael Handal - Licensing and Provider Enrollment Officer

Ownership & Leadership of Walgreens Boots Alliance, Inc.

Ownership: Walgreens Boots Alliance, Inc. is wholly owned (100%) by Blazing Star Parent, LLC

Officers of Walgreens Boots Alliance, Inc.

Temporarily vacant - CEO

Mark Weisz - Sr VP, Global Tax

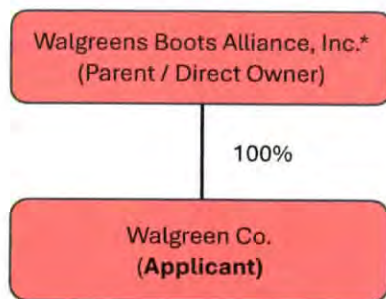
Manmohan Mahajan - Sr VP, Global Controller, CFO

Lanesha Minnix - Corporate Secretary

Please see the attached pre- and post-closing Corporate Organization chart for reference.

Proprietary and Confidential
Not a public record pursuant to
Section 7927.605 of the CPRA and
45 CFR Section 5.31

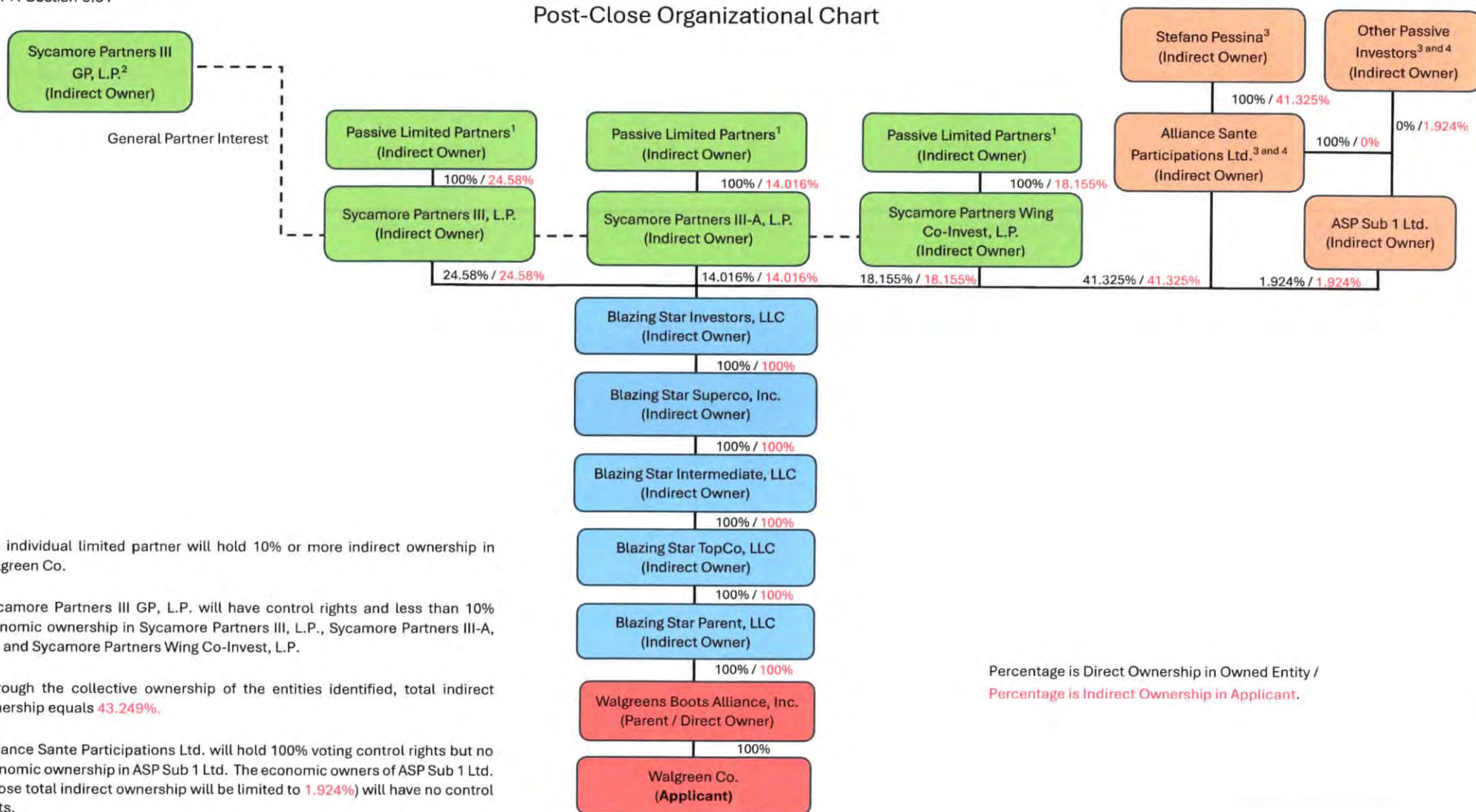
Walgreen Co.
Pre-Close Organizational Chart



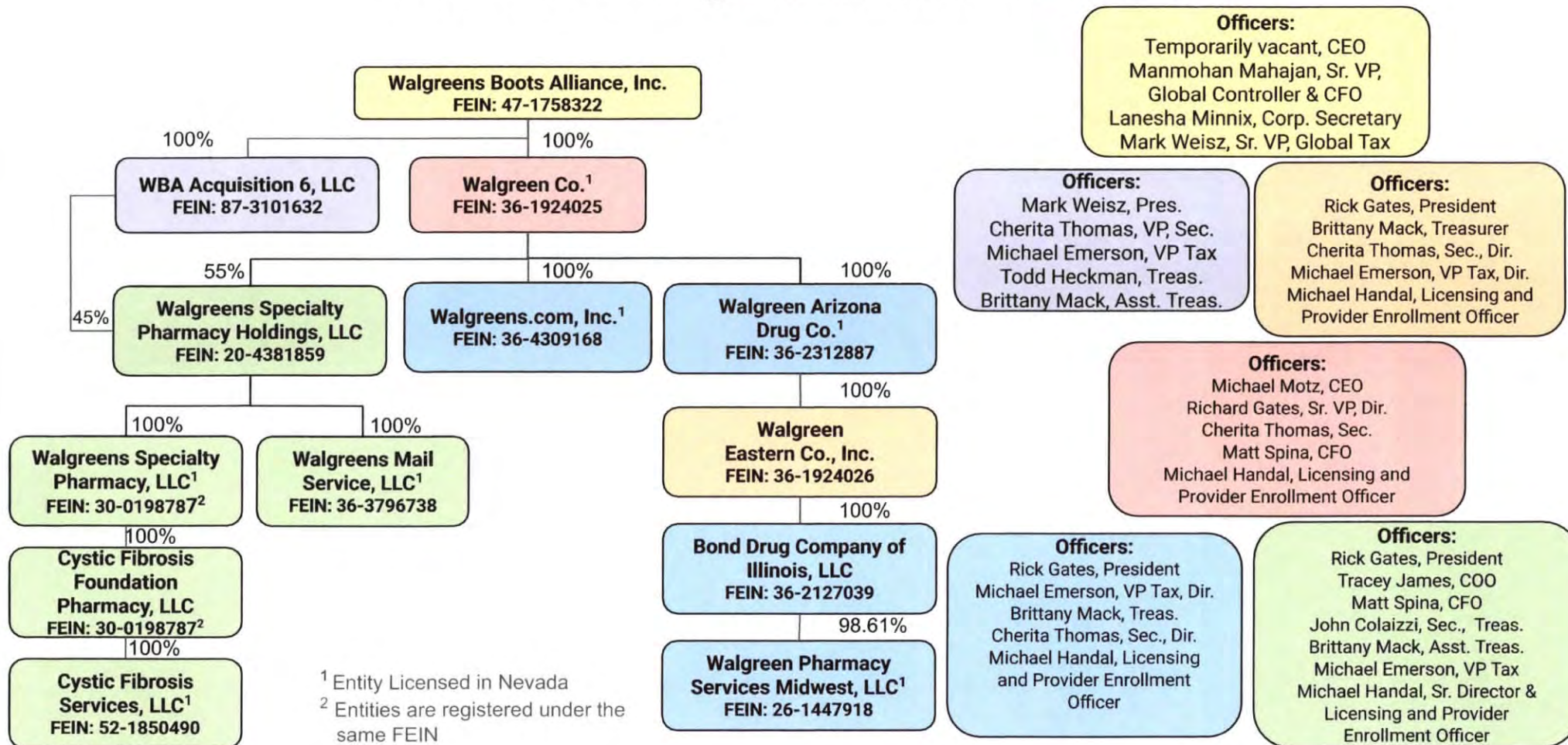
Publicly Traded on Nasdaq Stock Market (WBA)

Not a public record pursuant to
Section 7927.605 of the CPRA and
45 CFR Section 5.31

Walgreen Co.



Walgreen Co. Post-Close Organizational Chart (cont.)





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

WALGREEN CO., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON FEBRUARY 15, 1909, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 15TH day of MAY A.D. 2025 .

Authentication #: 2513501622 verifiable until 05/15/2026

Authenticate at: <https://www.ilsos.gov>

Alexi Giannoulas
SECRETARY OF STATE

4EEE

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 (6/11/2024)

Y

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>PH01628</u>	☒ Retail/Community ☐ Hospital (# beds _____) ☐ Internet ☐ Nuclear ☐ Other:	☒ Retail/Community ☒ Dangerous drugs ☒ Controlled substances DEA #: <u>BW7446431</u> ☐ Non-sterile Compounding ☐ Sterile Compounding ☐ Mail-Order Service ☐ Off-site Cognitive Services ☐ Long Term Care ☐ Hospital ☐ Other:
Days of Operation ☒ Monday ☒ Tuesday ☒ Wednesday ☒ Thursday ☒ Friday ☒ Saturday ☒ Sunday ☐ Holidays		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: WALGREENS #06424
 Physical Address: 1360 W HORIZON RIDGE PKWY
 City: HENDERSON State: NV Zip: 89012-2462
 Mailing Address (if different from physical address): _____
 City: _____ State: _____ Zip: _____
 Telephone: (702)568-9459 Toll Free # (NAC 639.708, NRS 639.23286): N/A
 Fax: (702)568-9729 Contact Email: rxm.06424@store.walgreens.com
 Website: https://www.walgreens.com
 Nevada Business License # (if applicable) NV19951143510
 Supervising/Managing Pharmacist Name (NRS 639.220): JACOB NEWBY
 Supervising/Managing Pharmacist NV Pharmacist Registration # (if applicable): 23210

Section 2: List the name(s) of at least one NEVADA 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>JACOB NEWBY</u>	NV Pharmacist Registration #: <u>23210</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 <u>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.</u>			

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: _____
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): Walgreens Boots Alliance, Inc.
Corporation/Organization Name: Walgreen Co.
Mailing Address: 108 Wilmot Rd
City: Deerfield State: IL Zip: 60015
Telephone: 847-224-1348 Email: licenseadministration@walgreens.com
Contact Person Name: Kayla Lechner
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: _____

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Richard Gates

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

Richard Gates

Original signature of Authorized Person (copies or stamps not accepted)

08 / 26 / 2025

Date

Board Use Only

Date Received:

9/27/25

Amount:

\$5000.00 JPD3-3000111129

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: JACOB NEWBY Pharmacist Registration #: 23210

Pharmacy Name: WALGREENS #06424

Initial each statement below to indicate you have read and agree with the following:

J.N.

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.

J.N.

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.

J.N.

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.

J.N.

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)).

J.N.

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.

JACOB NEWBY

Original signature of Managing Pharmacist (copies or stamps not accepted)

08 / 01 / 2025

Date

Pharmacy Application 7 of 10



BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

WALGREENS PHARMACY #06424,
Pharmacy License No. PH01628,

and,

SANETTE SEVERANCE, RPH,
Certificate of Registration No. 20772,

Respondents.

Case No. 23-310-PH-S
23-310-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 the Board's Senior General Counsel, Gregory L. Zunino, Esq., and Respondents Walgreens Pharmacy #06424 ("Respondent Walgreens") and Sanette Severance, RPH ("Respondent Severance"), by and through counsel, William J. Stilling, Esq., hereby stipulate and agree as follows:

1. The Board has jurisdiction over Respondent Walgreens and Respondent Severance (together "Respondents"), and this matter.

2. The Board's staff properly served each of 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 Board and Respondents agreed to delay the date for submitting a Notice of Answer and Defense as the parties pursued settlement negotiations.

4. Respondents acknowledge that they understand the terms of this Stipulation and Proposed Order ("Stipulation"), and they have executed it knowingly and voluntarily.

5. Respondents 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 to 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 either of Respondents has failed to comply with the provisions of this Stipulation, Respondents hereby freely and voluntarily waive their rights to a hearing, reconsideration, appeal, and other rights related to this action as identified above.

7. Respondent Severance admits that evidence exists, and that the Board staff prosecuting this case could present such evidence at an administrative hearing, to establish a factual basis for the violation alleged in Count One of the Accusation. In the interest of compromise, the parties agree that as it relates to Respondent Severance, Count Two of the Accusation shall be dismissed with prejudice upon approval of this Stipulation by the Board.

8. Respondent Walgreens admits that evidence exists, and that Board staff prosecuting this case could present such evidence at an administrative hearing, to establish a factual basis for the violation alleged in Count One of the Accusation. In the interest of compromise, the parties agree that as it relates to Respondent Walgreens, Count Two of the Accusation shall be dismissed with prejudice upon approval of this Stipulation by the Board.

9. To resolve this matter without incurring any further costs or the expenses associated with a hearing, the Board and Respondent Severance agree to the imposition of the following penalties:

A. For the violation alleged in Count One of the Accusation, Respondent Severance shall pay an administrative fine of Seven Hundred Fifty and No/100 Dollars (\$750.00). This sum shall be payable by *cashier's check, certified check, Walgreens company check, or money order* written to the "State of Nevada, Office of the Treasurer." Respondent Severance shall remit payment in full to the Board's Reno office, located at 985 Damonte Ranch Parkway, Suite 206, Reno, Nevada 89521, on or before November 30, 2024.

B. Respondent Severance shall pay the sum of Five Hundred and 00/100 Dollars (\$500.00) to partially reimburse the Board for recoverable attorney's fees and costs incurred in

investigating and prosecuting this matter. This sum shall be payable by *cashier's check, certified check, Walgreens company check, or money order* written to the "Nevada State Board of Pharmacy." Respondent Severance shall remit payment in full to the Board's Reno office, located at 985 Damonte Ranch Parkway, Suite 206, Reno, Nevada 89521, on or before November 30, 2024.

10. To resolve this matter without incurring any further costs or the expenses associated with a hearing, the Board and Respondent Walgreens agree to the imposition of the following penalties:

A. For the violation alleged in Count One of the Accusation, Respondent Walgreens shall pay an administrative fine of Seven Hundred Fifty and No/100 Dollars (\$750.00). This sum shall be payable by *cashier's check, certified check, Walgreens company check, or money order* written to the "State of Nevada, Office of the Treasurer." Respondent Walgreens shall remit payment in full to the Board's Reno office, located at 985 Damonte Ranch Parkway, Suite 206, Reno, Nevada 89521, on or before November 30, 2024.

B. Respondent Walgreens shall pay the sum of Five Hundred and 00/100 Dollars (\$500.00) to partially reimburse the Board for recoverable attorney's fees and costs incurred in investigating and prosecuting this matter. This sum shall be payable by *cashier's check, certified check, Walgreens company check, or money order* written to the "Nevada State Board of Pharmacy." Respondent Walgreens shall remit payment in full to the Board's Reno office, located at 985 Damonte Ranch Parkway, Suite 206, Reno, Nevada 89521, on or before November 30, 2024.

11. This Stipulation constitutes a full and final resolution of the Accusation in Case No. 23-310-RPH-S as to Respondent Severance, and a full and final resolution of the Accusation in Case No. 22-310-PH-S as to Respondent Walgreens. However, failure by either 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 the noncompliant Respondent to appear before the Board at the next regularly scheduled meeting for a show cause hearing. If such a hearing results in a finding of a

violation by that Respondent, the Board may impose additional discipline not inconsistent with the provisions of NRS Chapter 639.

12. 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 September 4, 2024, in Las Vegas, Nevada. The Board Members and Staff may discuss and deliberate regarding this Stipulation, even if Respondents fails to appear for the meeting.

13. 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.

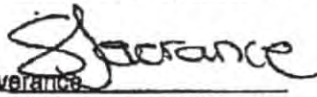
14. If the Board rejects any part or all this Stipulation, and unless the parties reach an alternative agreement on the record during the hearing, the parties agree that the Board may hear a full contested hearing on the merits of all alleged violations as stated in the Accusation. The terms and admissions herein may not be used, relied upon, or referred to by any party during any such hearing.

15. Subject to the approval of this Stipulation by the Board, the Board and Respondents agree to release each other from any or all additional claims arising from the facts set forth in the Accusation on file herein, whether known or unknown that might otherwise have been asserted by the Board on or before the effective date of this Order.

Respondents 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 01 day of October 2024.


 Sanette Severance
 SANETTE SEVERANCE, RPH
 Certificate of Registration No. 20772

Signed this 1st day of Oct 2024.

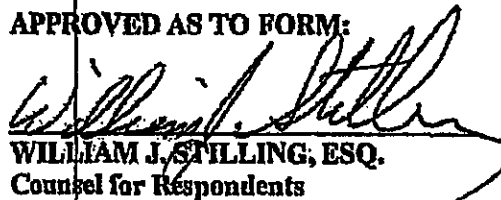

 GREGORY L. ZUNINO
 Senior General Counsel

Signed this ____ day of _____ 2024

WALGREENS PHARMACY # 06424

By: _____
Name: _____
Title: _____

APPROVED AS TO FORM:

 10/1/24
WILLIAM J. STILLING, ESQ.
Counsel for Respondents

DECISION AND ORDER

As to Respondent Sanetta Severance and Respondent Walgreens Pharmacy #06424, in Case No. 23-310-RPH-S and Case No. 23-310-PH-S, respectively, the Nevada State Board of Pharmacy hereby adopts the foregoing Stipulation as its final decision in the matter and hereby orders that the terms of the foregoing Stipulation be made effective upon the date of entry set forth below.

IT IS SO ORDERED.

Entered this 16th day of October 2024.


Helen Park, President
Nevada State Board of Pharmacy

Signed this 4th day of October 2024

WALGREENS PHARMACY # 06424

By: 

Name: John L. Colaizzi

Title: VP, Pharmacy Practice

APPROVED AS TO FORM:

WILLIAM J. STILLING, ESQ.
Counsel for Respondents

DECISION AND ORDER

As to Respondent Sanette Severance and Respondent Walgreens Pharmacy #06424, in Case No. 23-310-RPH-S and Case No. 23-310-PH-S, respectively, the Nevada State Board of Pharmacy hereby adopts the foregoing Stipulation as its final decision in the matter and hereby orders that the terms of the foregoing Stipulation be made effective upon the date of entry set forth below.

IT IS SO ORDERED.

Entered this 16th day of October 2024.


Helen Park, President
Nevada State Board of Pharmacy



BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

**WALGREENS PHARMACY #06424,
Pharmacy License No. PH01628, and**

**SANETTE SEVERANCE, RPH,
Certificate of Registration No. 20772,**

Respondents.

**Case Nos. 23-310-PH-S
23-310-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 Pharmacist Sanette Severance (RPH Severance) because RPH Severance is registered by the Board to practice pharmacy in Nevada. RPH Severance has held Certificate of Registration No. 20772 since January 20, 2021. RPH Severance has not previously been disciplined by the Board.

2. The Board has personal jurisdiction over Walgreens Pharmacy #06424 (Walgreens), because Walgreens holds Pharmacy License No. PH01628, issued by the Board pursuant to NRS 639.230. Walgreens has held Pharmacy License No. PH01628 since August 21, 2001. On March 12, 2024, the Board issued a citation to Walgreens concerning a dispensing error committed by a pharmacist other than RPH Severance. Walgreens paid the applicable \$500 fine.

3. The Board has jurisdiction over the subject matter of this accusation because the alleged violations involve the dispensing of dangerous drugs and the regulation of the practice of pharmacy. NRS 639.070.

FACTUAL ALLEGATIONS

4. Walgreens operates a pharmacy on West Horizon Ridge Parkway in Henderson, Nevada. In August 2023, Walgreens employed RPH Severance as a staff pharmacist at that pharmacy location.

5. On or about August 8, 2023, patient G.J. arrived at the pharmacy before his prescription was ready for pick-up. RPH Severance filled the prescription for patient G.J. while he waited.

6. Patient G.J.'s health care provider had prescribed cough syrup with codeine, specifically codeine-guaifenesin. This was a new prescription for patient G.J., such that it required patient G.J. to be counseled by a pharmacist before the sale.

7. As she began to fill the prescription, RPH Severance noted that the prescription called for 560ml of cough syrup. This was too large of a quantity to be dispensed in a single store bottle.

8. To save time while patient G.J. waited for his prescription, RPH Severance dispensed a portion of the codeine syrup in the manufacturer's stock bottle and poured the balance of the prescription into a store bottle.

9. RPH Severance affixed a label with instructions to each of the bottles. The stock bottle was also labeled with the manufacturer's instructions for use. The two bottles were enclosed in a bag before being delivered to patient G.J.

10. Before delivering the bag to patient G.J., RPH Severance asked patient G.J. whether he had any questions about his new prescription. Patient G.J. stated that he had no questions, and he left the pharmacy with the bag containing two bottles of codeine cough syrup.

11. Aside from asking whether patient G.J. had any questions, RPH Severance communicated no information to patient G.J. concerning his prescription for codeine-guaifenesin, its use, possible side effects, drug interactions, or contraindications.

12. After patient G.J. left the pharmacy, RPH Severance made an entry in pharmacy records indicating that she had counseled patient G.J. concerning his prescription for codeine-guaifenesin.

13. When, at home, patient G.J. opened his prescription bag and discovered two bottles of medication, he mistakenly concluded that he had received two different kinds of medication. Patient G.J. found it confusing that one of the bottles was labeled with two sets of instructions.

14. Concerned by an apparent lack of professionalism by Walgreens and/or RPH Severance, patient G.J.'s spouse made a complaint to the Board.

APPLICABLE LAW

15. The Board may discipline the holder of a license or registration issued by the Board if the holder engages in unprofessional conduct or conduct contrary to the public interest. NRS 639.210(4).

16. Unprofessional conduct includes performing one's duties as the holder of a certificate or registration issued by the Board in an "incompetent, unskillful or negligent manner." NAC 639.945(1)(i).

17. A pharmacist is required to communicate with the patient or a person caring for the patient all matters that will enhance therapy through drugs. NRS 639.266(1). The communication must include appropriate elements of counseling for the patient, as established by the Board. NRS 639.266(1).

18. A pharmacist has a duty to counsel patients and supply all information required by the Board pursuant to NAC 639.707. The information may include, among other things, the name and a description of the drug, the form of dosage, dose, route of administration and duration of drug therapy, the intended use of the drug or device and expected responses from that use, and any common severe side effects, interactions and contraindications that may occur, and recommendations to avoid these side effects, interactions or contraindications, and the action required if they occur. *Id.*

19. A pharmacist has a duty to keep accurate records of whether counseling was given to or refused by a patient. See NAC 639.707(6).

20. The owner of any business or facility licensed, certified or registered by the Board is responsible for the acts of its employees. NRS 639.230(5), NAC 639.702 and NAC 639.945(3).

COUNT ONE

**Failure by Pharmacist to Counsel
(RPH Severance and Walgreens)**

21. Although RPH Severance asked patient G.J. if he had any questions about his medication, RPH Severance failed to communicate matters which would enhance therapy through drugs. Nevada law requires a pharmacist to affirmatively counsel a patient by communicating all matters which will enhance therapy through drugs. Nevada law explicitly lists many of the subjects that a pharmacist should address when counseling a patient. See NRS 639.266(1) and NAC 639.707(2). RPH Severance did not discuss a single relevant topic with patient G.J.

22. Having neglected to counsel patient G.J. in a manner that enhances drug therapy, RPH Severance performed her duties in an incompetent, unskillful or negligent manner. This constitutes unprofessional conduct for which RPH Severance may be disciplined. NRS 639.210(4); NAC 639.945(1)(i).

23. As the pharmacy/pharmacy owner at which the violations of law alleged herein occurred, Walgreens is responsible for those violations, including all errors and omissions of RPH Severance. NRS 639.230(5), NAC 639.702, and NAC 639.945(2).

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COUNT TWO
Failure to Make an Accurate Record of Counseling
(RPH Severance and Walgreens)

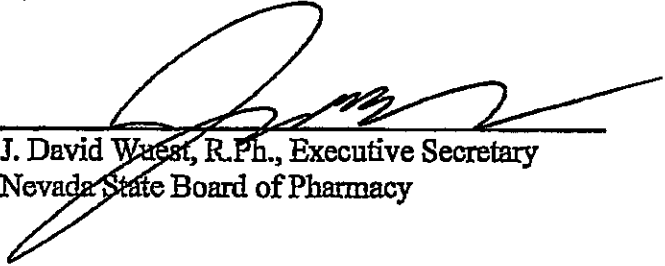
24. RPH Severance made an entry in pharmacy records indicating that patient G.J. had been counseled even though she did not properly counsel him. Counseling records should only indicate that a patient has been counseled if the patient was counseled properly. See NAC 639.707(6). In this case, patient G.J. was not properly counseled.

25. Having made a false, misleading, or incomplete record of counseling, RPH Severance performed her duties in an incompetent, unskillful or negligent manner. This constitutes unprofessional conduct for which RPH Severance may be disciplined. NRS 639.210(4); NAC 639.945(1)(i).

26. As the pharmacy/pharmacy owner at which the violations of law alleged herein occurred, Walgreens is responsible for those violations, including all errors and omissions of RPH Severance. NRS 639.230(5), NAC 639.702, and 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 Respondent Sanette Severance and the pharmacy license of Respondent Walgreens Pharmacy #06424.

DATED this 24th day of JULY 2024.



J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the Vice President (title) for Walgreen Co. (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 pharmacy located inside the State of Nevada employ only pharmacists, intern pharmacists, pharmaceutical technicians, and technicians in training that are licensed by the Nevada State Board of Pharmacy. (NRS 639.100).
6. I further understand and acknowledge that Nevada law requires that each pharmacy located outside the State of Nevada engaged in providing pharmacy services into Nevada employs at least one pharmacist licensed by the Nevada State Board of Pharmacy who will be responsible for any prescription 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).

Richard Gates

Print Name of Authorized Person

Richard Gates

Original signature of Authorized Person (copies or stamps not accepted)

08 / 26 / 2025

Date

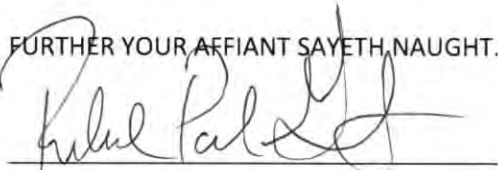
Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

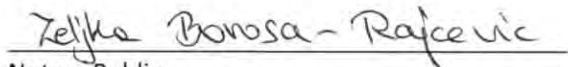
I, Richard Gates hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

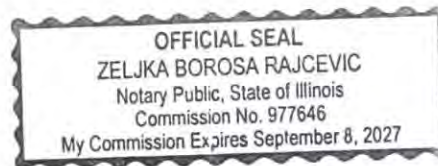
1. I am the Vice President (title) for Walgreen Co. (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that 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 August, 2025


Notary Public



Ownership Information

Ownership & Leadership of Applicant Entity

Applicant: Walgreen Co.

108 Wilmot Rd., Deerfield, IL 60015

Ownership: The Applicant entity is wholly owned (100%) by Walgreens Boots Alliance, Inc.

Officers of Walgreen Co.

Michael Motz - CEO

Richard Gates - Senior Vice President, Chief Pharmacy Officer

Cherita Thomas - Secretary

Matthew Spina - CFO

Michael Handal - Licensing and Provider Enrollment Officer

Ownership & Leadership of Walgreens Boots Alliance, Inc.

Ownership: Walgreens Boots Alliance, Inc. is wholly owned (100%) by Blazing Star Parent, LLC

Officers of Walgreens Boots Alliance, Inc.

Temporarily vacant - CEO

Mark Weisz - Sr VP, Global Tax

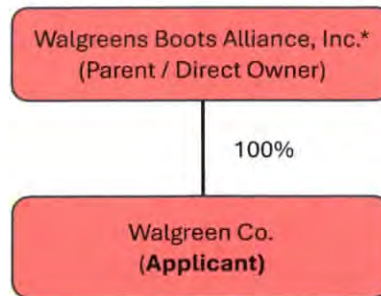
Manmohan Mahajan - Sr VP, Global Controller, CFO

Lanesha Minnix - Corporate Secretary

Please see the attached pre- and post-closing Corporate Organization chart for reference.

Proprietary and Confidential
Not a public record pursuant to
Section 7927.605 of the CPRA and
45 CFR Section 5.31

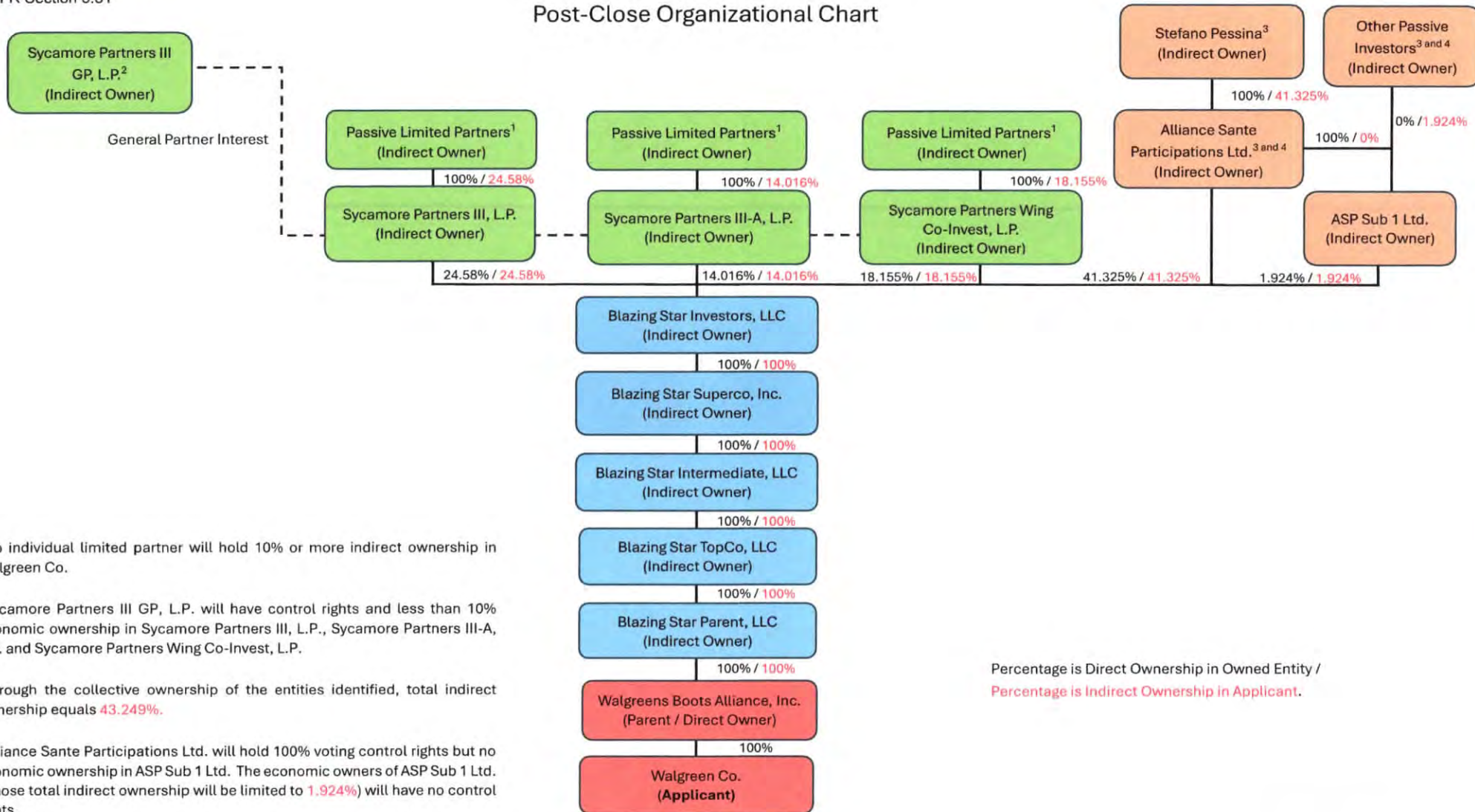
Walgreen Co.
Pre-Close Organizational Chart



Publicly Traded on Nasdaq Stock Market (WBA)

Proprietary and Confidential
Not a public record pursuant to
Section 7927.605 of the CPRA and
45 CFR Section 5.31

Walgreen Co. Post-Close Organizational Chart



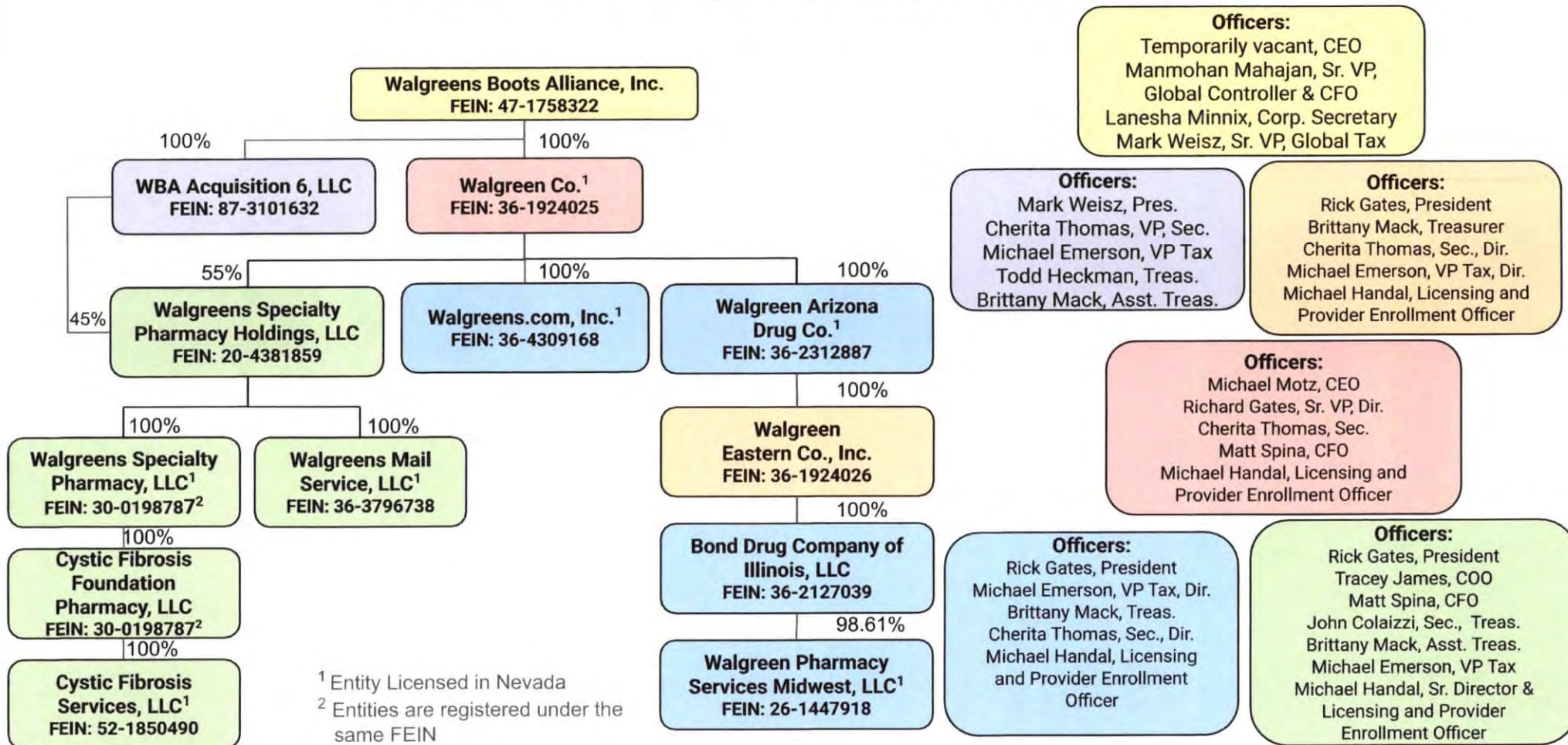
¹No individual limited partner will hold 10% or more indirect ownership in Walgreen Co.

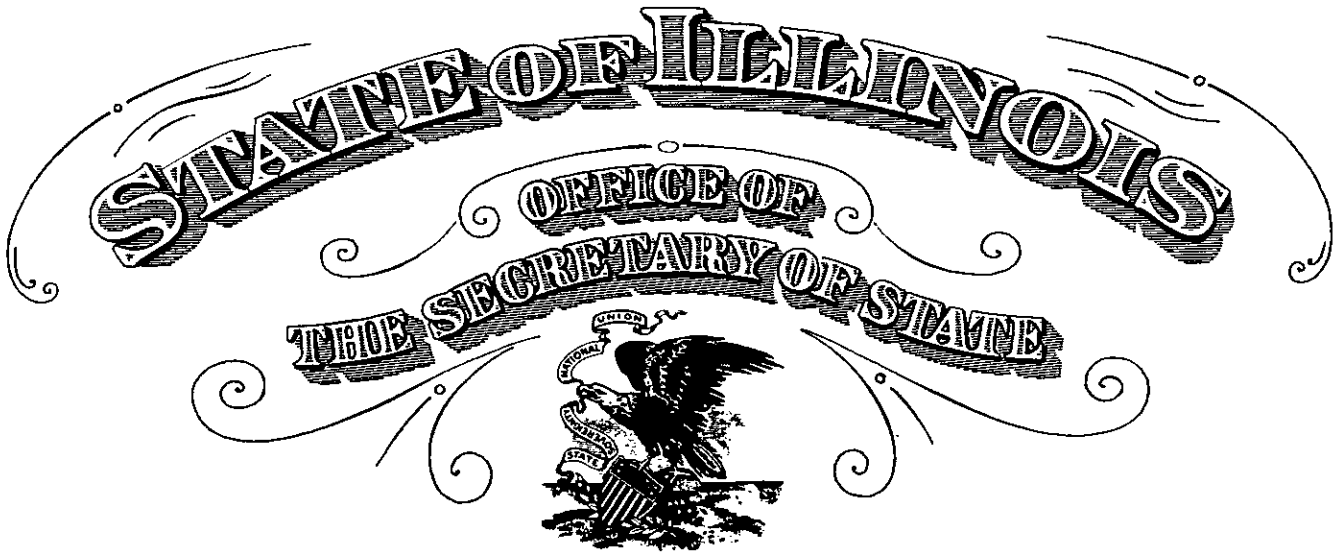
²Sycamore Partners III GP, L.P. will have control rights and less than 10% economic ownership in Sycamore Partners III, L.P., Sycamore Partners III-A, L.P. and Sycamore Partners Wing Co-Invest, L.P.

³Through the collective ownership of the entities identified, total indirect ownership equals **43.249%**.

⁴Alliance Sante Participations Ltd. will hold 100% voting control rights but no economic ownership in ASP Sub 1 Ltd. The economic owners of ASP Sub 1 Ltd. (whose total indirect ownership will be limited to **1.924%**) will have no control rights.

Walgreen Co. Post-Close Organizational Chart (cont.)





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

WALGREEN CO., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON FEBRUARY 15, 1909, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 15TH day of MAY A.D. 2025 .

Authentication #: 2513501622 verifiable until 05/15/2026

Authenticate at: <https://www.ilsos.gov>

Alexi Giannoulas

SECRETARY OF STATE

4FFF

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 (6/11/2024)

Y

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>PH01627</u>	☒ Retail/Community ☐ Hospital (# beds _____) ☐ Internet ☐ Nuclear ☐ Other:	☒ Retail/Community ☒ Dangerous drugs ☒ Controlled substances DEA #: <u>BW7460645</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	☒ 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: WALGREENS #06545

Physical Address: 11001 S EASTERN AVE

City: HENDERSON State: NV Zip: 89052-2954

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: (702)948-8355 Toll Free # (NAC 639.708, NRS 639.23286): N/A

Fax: (702)948-8352 Contact Email: rxm.06545@store.walgreens.com

Website: https://www.walgreens.com

Nevada Business License # (if applicable) NV19951143510

Supervising/Managing Pharmacist Name (NRS 639.220): ANONGLACK DOUANGMALA

Supervising/Managing Pharmacist NV Pharmacist Registration # (if applicable): 24310

Section 2: List the name(s) of at least one NEVADA 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>ANONGLACK DOUANGMALA</u>	NV Pharmacist Registration #: <u>24310</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: _____
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): Walgreens Boots Alliance, Inc.
Corporation/Organization Name: Walgreen Co.
Mailing Address: 108 Wilmot Rd
City: Deerfield State: IL Zip: 60015
Telephone: 847-224-1348 Email: licenseadministration@walgreens.com
Contact Person Name: Kayla Lechner
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: _____

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Richard Gates

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

Richard Gates

Original signature of Authorized Person (copies or stamps not accepted)

08 / 26 / 2025

Date

Board Use Only	Date Received: 9/22/25	Amount: \$5000.00 POS-3000111201
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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: ANONGLACK DOUANGMALA Pharmacist Registration #: 24310

Pharmacy Name: WALGREENS #06545

Initial each statement below to indicate you have read and agree with the following:

A.D.

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.

A.D.

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.

A.D.

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.

A.D.

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)).

A.D.

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.

Anouglack Douangmalala

Original signature of Managing Pharmacist (copies or stamps not accepted)

08 / 11 / 2025

Date

Pharmacy Application 7 of 10

2. On May 17, 2005, Patient O had her prescription for hydromorphone 2 mg./ml. injectable, 20 ml. qty. #32 vials filled at Walgreens #6545. Ms. Parikh filled the prescription. Patient O picked up the prescription and took it home. When Patient O arrived home, she received a telephone call from Ms. Parikh advising Patient O that Ms. Parikh had mislabeled her prescription with the wrong directions for use. Ms. Parikh indicated to Patient O that Patient O's physician had written the wrong directions for use on the prescription. Patient O examined the prescription she had received from Walgreens #6545 and discovered that the directions for use on the label were, "Use 2-6 vials every 2-4 hours as needed as directed."

3. Patient O was a nurse and was, therefore, medically knowledgeable, so she did not inject any of the hydromorphone according to the incorrect directions for use.

4. At hearing, Ms. Parikh explained that she bypassed a high dosage warning that was created by Walgreens #6545's computer system. Ms. Parikh offered as an explanation for bypassing the warning that Patient O had been taking hydromorphone for some time and that she believed that such a high dose (2-6 vials), even though very high, might be correct.

5. At hearing, Ms. Parikh testified that she spoke with Patient O for 30-40 minutes when Patient O picked up the hydromorphone prescription at issue. Though the records maintained by Walgreens #6545 showed that Ms. Parikh generally kept good records regarding her counseling of patients, in this matter of Patient O's hydromorphone prescription Ms. Parikh made no record of having counseled Patient O. Mr. Forster testified that new technological advances in Walgreens' computer systems would have required and captured all counseling transactions, including the transaction

with Patient O, so that in the near future a failure to counsel as occurred in this matter would not occur again.

CONCLUSIONS OF LAW

1. The Nevada State Board of Pharmacy has jurisdiction over this matter because Respondent Parikh is a pharmacist licensed by the Board and Walgreens #06545 is a pharmacy licensed by the Board.

2. By filling and dispensing Patient O's prescription for hydromorphone injectable with incorrect directions for use, Ms. Parikh violated NRS 649.210(4) and NAC 639.945(1)(d) and (i).

3. In failing to make or provide any record regarding the prescription for Patient O in the pharmacy's counseling log, Ms. Parikh violated NRS 639.210(4) and NAC 639.707(6) and 639.945(1)(i).

4. In failing to have any record regarding the prescription for Patient O in the pharmacy's counseling log, Walgreens #6545 violated NRS 639.210(4) and NAC 639.707(6) and 639.945(1)(i) and (2).

5. In owning and operating pharmacies that are repeatedly negligent as evidenced by the Board's orders in Case Nos. 04-006-S, 04-029-S, and 05-020-S by repeatedly failing to document patient counseling, Walgreens Co. violated NRS 639.210(4) and (16) and 639.266(1) and NAC 639.707 and 639.945(1)(i) and (2).

6. The Fourth Cause of Action is dismissed.

ORDER

Based upon the foregoing, the Board hereby orders the following:

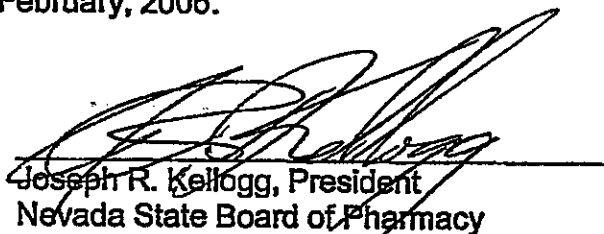
1. Ms. Parikh shall receive a letter of admonition.

2. Walgreens #06545 shall pay the Board's costs and attorney's fees of \$360.00 and the Board's administrative fee of \$250.00, for a total of \$610.00 by cashier's or certified check or money order made payable to "Nevada State Board of Pharmacy" to be received by the Board's Reno office within 90 days of the effective date of this Order.

3. The Fourth Cause of Action is dismissed.

4. The failure by Walgreens #06545 to comply with any term in this order shall result in a fine of \$1,000 per day for every day that it has failed to comply with the Order until the Order is fully complied with, up to a total fine not to exceed \$30,000, and will also result in further discipline, up to and including revocation of the its license.

Signed this 8th day of February, 2006.


Joseph R. Kellogg, President
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,
v.
POORVA M. PARIKH, RPH
Certificate of Registration No. 13182

NOTICE OF INTENDED ACTION
AND ACCUSATION

Case No. 05-037-RPH-S

WALGREENS #06545
Certificate of Registration No. PH01627,

Case No. 05-037-PH-S

WALGREEN CO.
An Illinois Corporation

Case No. 05-037-PH-S

Respondents.

COMES NOW Larry L. Pinson, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, and makes the following that will serve as both a notice of intended action under Nevada Revised Statutes (NRS) 233B.127(3) and as an accusation under NRS 639.241.

I.

The Nevada State Board of Pharmacy has jurisdiction over this matter because Respondent Poorva M. Parikh is a pharmacist licensed by the Board, Walgreens #06545 is a pharmacy licensed by the Board, located at 11001 South Eastern Avenue, Henderson, Nevada.

II.

On or about May 17, 2005, Patient O had her prescription for hydromorphone 2 mg./ml. injectable, 20 ml. qty. #32 vials from filled at Walgreens #6545. Walgreens #6545 and Ms. Parikh filled the prescription, and Patient O picked up her prescription

and took it home. When she arrived home, Patient O received a telephone call from Ms. Parikh advising Patient O that she had mislabeled her prescription with the wrong directions for use. Ms. Parikh indicated to Patient O that Patient O's physician had written the wrong directions for use on the prescription. Patient O examined the medication she had been given at Walgreens #6545 and discovered the directions for use on the label was "Use 2-6 vials every 2-4 hours as needed as directed."

III.

Patient O contacted Mike Eastman, the physician's assistant who had written the prescription and advised him that the prescription she had received for her Dilaudid injectable was written with incorrect directions. PA Eastman obtained a copy of the prescription from Walgreens #6545 and found the directions for use were written correctly. PA Eastman told the pharmacist he spoke with at Walgreens #6545 that had Patient O followed the directions on the prescription label by injecting 2-6 vials rather than ml., Patient O could have been severely harmed or that a dosage that high could possibly have caused death. It was determined that Ms. Parikh had not followed the directions of the physician's assistant and had mislabeled Patient O's prescription.

IV.

Ms. Parikh admitted in a written statement that she bypassed a high dosage warning so she could complete the processing of the prescription. Ms. Parikh also stated that she had spoken with Patient O for approximately 30 to 40 minutes regarding her health, her prescription use, her weight gain issues, and had even reviewed her patient profile to discuss her medication usage. It was found during the investigation of

this matter that Ms. Parikh had failed to enter the prescription for Patient O on the counseling log.

FIRST CAUSE OF ACTION

V.

By filling and dispensing Patient O's prescription for Dilaudid injectable with incorrect directions for use, Respondent Parikh violated NRS 639.210(4) and NAC 639.945(1)(d) and (i).

SECOND CAUSE OF ACTION

VI.

In failing to make or provide any record regarding the prescription for Patient O in the pharmacy's counseling log, Respondent Parikh violated NRS 639.210(4) and NAC 639.707(6) and 639.945(1)(i).

THIRD CAUSE OF ACTION

VII.

In failing to have any record regarding the prescription for Patient O in the pharmacy's counseling log, Walgreens #6545 violated NRS 639.210(4) and NAC 639.707(6) and 639.945(1)(i) and (2).

FOURTH CAUSE OF ACTION

VIII.

On July 21, 2004, Board President Larry L. Pinson accepted and signed a stipulated agreement that was offered and accepted by Walgreens #4755 (*Nevada State Board of Pharmacy v. Walgreens #4755*, Case No. 04-006-S). Walgreens #4755 was charged in case number 04-006-PH-S with failing to counsel on a new prescription

for Mexiletine and failing to have any record regarding the prescription in the pharmacy's counseling log.

X.

On February 3, 2005, the Board entered Findings of Fact, Conclusions of Law, and Order in a case entitled *Nevada State Board of Pharmacy v. Walgreens #03845 and Walgreen Co.* (Case No. 04-029-PH-S). The facts of that case were that Ms. Griego lacerated her index finger while working. Ms. Griego was directed to Walgreens #03845 to handle her industrial accident prescription needs. Ms. Griego was allergic to penicillin. The physician's assistant that treated her for her cut finger wrote a prescription for a product written as "Amox." Walgreen's #03845 did not take any information from Ms. Griego nor was she asked if she had allergies. The prescription was filled and dispensed at the drive-up window and Ms. Griego did not receive any counseling from a pharmacist, nor was there any record or entry on Walgreens #03845's counseling log regarding Ms. Griego's prescription. The Board found that Walgreens #03845 had failed to counsel the patient and had failed to document the counseling. The Board placed Walgreens #03845 on probation for a period of one year while Walgreens studied how to improve its counseling at its Nevada pharmacies.

XI.

On August 18, 2005, the Board entered Findings of Fact, Conclusions of Law, and Order in a case entitled *Nevada State Board of Pharmacy v. Walgreens #03845 and Walgreen Co.* (Case No. 05-020-PH-S). Ms. Mensah appeared at hearing and described the spontaneous fainting episodes she experienced after receiving a prescription for Diltiazem HCL 90 mg. tablets that was not prescribed for her. She

ingested Diltiazem HCL 90 mg. tablets for approximately two months before it was discovered that she had been taking this medication in error. The prescription was filled and dispensed to Ms. Mensah at Walgreens #03845. The Board found that Walgreens #03845 had failed to counsel Ms. Mensah and had failed to document the counseling.

XII.

In being repeatedly negligent as evidenced by the Board's Orders in Case No. 04-006-S, Case No. 04-029-PH-S and Case No. 05-020-PH-S by failing to provide counseling and to document counseling, Walgreens #6545 violated NRS 639.210(4) and (16) and 639.266(1) and NAC 639.707 and 639.945(1)(i) and (2).

FIFTH CAUSE OF ACTION

XIII.

In owning pharmacies that are repeatedly negligent as evidenced by the Board's Orders in Case No. 04-006-S, Case No. 04-029-PH-S and Case No. 05-020-PH-S by failing to document patient counseling, Walgreens Co. violated NRS 639.210(4) and (16) and 639.266(1) and NAC 639.707 and 639.945(1)(i) and (2).

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificates of registration of the Respondents.

Signed this 14th day of October, 2005.



Larry L. Pinson, Executive Secretary
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY**NEVADA STATE BOARD OF PHARMACY,****Petitioner,****STIPULATION AND ORDER****v.****WALGREENS PHARMACY #06545
Certificate of Registration No. PH01627****Case No. 02-102-PH-S****Respondent.**

The Nevada State Board of Pharmacy and Respondent Walgreens Pharmacy
#06545, hereby stipulate as follows:

1. That Notice of Intended Action and Accusation was sent to Respondent and that Respondent received said Notice.

2. That Respondent is fully aware of his right to be served with an Accusation and have a hearing on the matters alleged in the Notice of Intended Action, his right to reconsideration, his right to appeal, and any and all other rights which may be accorded to him pursuant to the Nevada Administrative Procedure Act and the Nevada Pharmacy Act.

3. Information provided subsequent to the investigation and filing of the Accusation in this matter showed that Mr. Rogers did not work a regular shift before he worked on October 14, 2002. Consequently, the statements in averment V and VI are modified by this stipulation to indicate that Mr. Rogers worked only from 9:45 a.m. to 4:00 p.m. on October 14, 2002.

4. That Respondent hereby freely and voluntarily waives his rights to a hearing, reconsideration, appeal, and any and all other rights that may be accorded to him by the Nevada Administrative Procedure Act and the Nevada Pharmacy Act.

5. That Respondent admits the truth of the matters alleged in the Notice of Intended Action and Accusation.

6. That cause for disciplinary action against the Respondent exists pursuant to the provisions of Nevada Revised Statutes (NRS) 639.210(4), Nevada Administrative Code (NAC) 639.945(1)-(d) and (i) and (2).

7. That the admissions made herein are for the purpose of this proceeding only and shall have no force or effect in any other case or proceeding.

8. That based upon the Notice of Intended Action and Accusation and the foregoing admissions, it is stipulated that the following penalty is imposed:

Respondent shall pay to the State of Nevada a fine of \$100.00 certified check, or money order made payable to "State of Nevada, Office of the Treasurer," and an administrative fee of \$250.00 certified check, or money order made payable to "Nevada State Board of Pharmacy." All moneys shall be mailed to and received by the Board office no later than fifteen days from the receipt of the Board's decision and order in this matter.

Respondent's failure to timely comply with the above-listed conditions shall result in a fine of \$1000 per day for every day the term is not complied with, up to a maximum of \$30,000, and will result in further discipline, up to and including revocation of the Respondent's license.

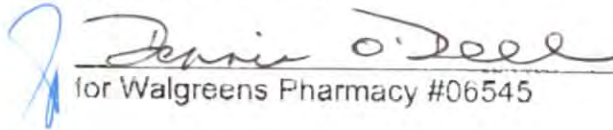
9. If this Stipulation is not accepted in its entirety by the Nevada State Board of Pharmacy, it shall have no effect whatsoever.

I have fully considered the charges and allegations contained in the Notice of Intended Action. I understand my right to a hearing, as well as my right to

reconsideration, appeal, and any and all other rights accorded me pursuant to the Nevada Administrative Procedure Act and the Nevada Pharmacy Practice Act, including my right to be represented by counsel at my own expense. I **hereby freely and voluntarily waive all these rights and agree to the terms of this Stipulation.**

4-17-03
DATED

DENNIS O'DELL, VICE PRESIDENT
type or print name


for Walgreens Pharmacy #06545

DECISION AND ORDER

The Nevada State Board of Pharmacy hereby adopts the foregoing Stipulation as its decision and hereby orders that the foregoing Stipulation be made effective. This decision and order shall be effective on the 23rd day of April, 2003.

4/23/03
DATEDLarry L. Pinson, President

Nevada State Board of Pharmacy

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the Vice President (title) for Walgreen Co. (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 pharmacy located inside the State of Nevada employ only pharmacists, intern pharmacists, pharmaceutical technicians, and technicians in training that are licensed by the Nevada State Board of Pharmacy. (NRS 639.100).
6. I further understand and acknowledge that Nevada law requires that each pharmacy located outside the State of Nevada engaged in providing pharmacy services into Nevada employs at least one pharmacist licensed by the Nevada State Board of Pharmacy who will be responsible for any prescription 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).

Richard Gates

Print Name of Authorized Person

Richard Gates

Original signature of Authorized Person (copies or stamps not accepted)

08 / 26 / 2025

Date

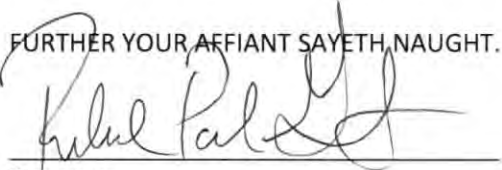
Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

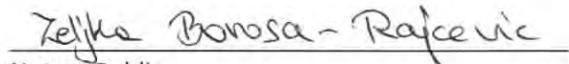
I, Richard Gates hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

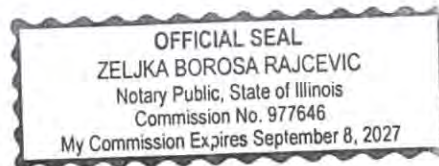
1. I am the Vice President (title) for Walgreen Co. (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that 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 August, 2025


Notary Public



Ownership Information

Ownership & Leadership of Applicant Entity

Applicant: Walgreen Co.

108 Wilmot Rd., Deerfield, IL 60015

Ownership: The Applicant entity is wholly owned (100%) by Walgreens Boots Alliance, Inc.

Officers of Walgreen Co.

Michael Motz - CEO

Richard Gates - Senior Vice President, Chief Pharmacy Officer

Cherita Thomas - Secretary

Matthew Spina - CFO

Michael Handal - Licensing and Provider Enrollment Officer

Ownership & Leadership of Walgreens Boots Alliance, Inc.

Ownership: Walgreens Boots Alliance, Inc. is wholly owned (100%) by Blazing Star Parent, LLC

Officers of Walgreens Boots Alliance, Inc.

Temporarily vacant - CEO

Mark Weisz - Sr VP, Global Tax

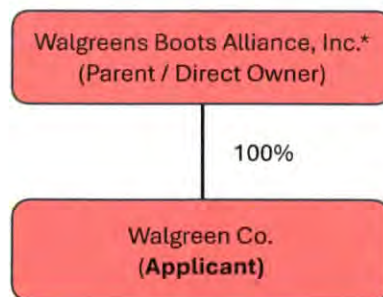
Manmohan Mahajan - Sr VP, Global Controller, CFO

Lanesha Minnix - Corporate Secretary

Please see the attached pre- and post-closing Corporate Organization chart for reference.

Proprietary and Confidential
Not a public record pursuant to
Section 7927.605 of the CPRA and
45 CFR Section 5.31

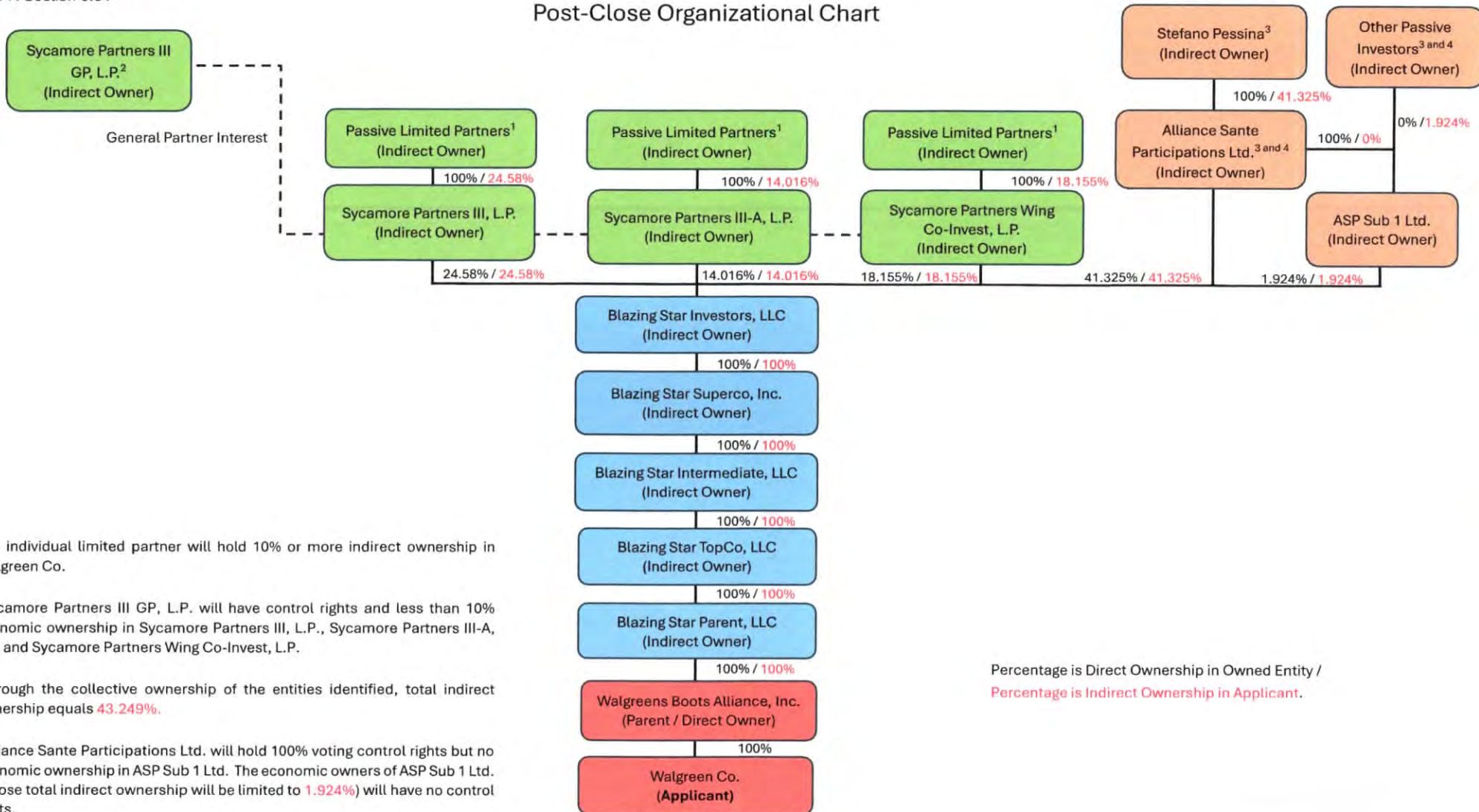
Walgreen Co.
Pre-Close Organizational Chart



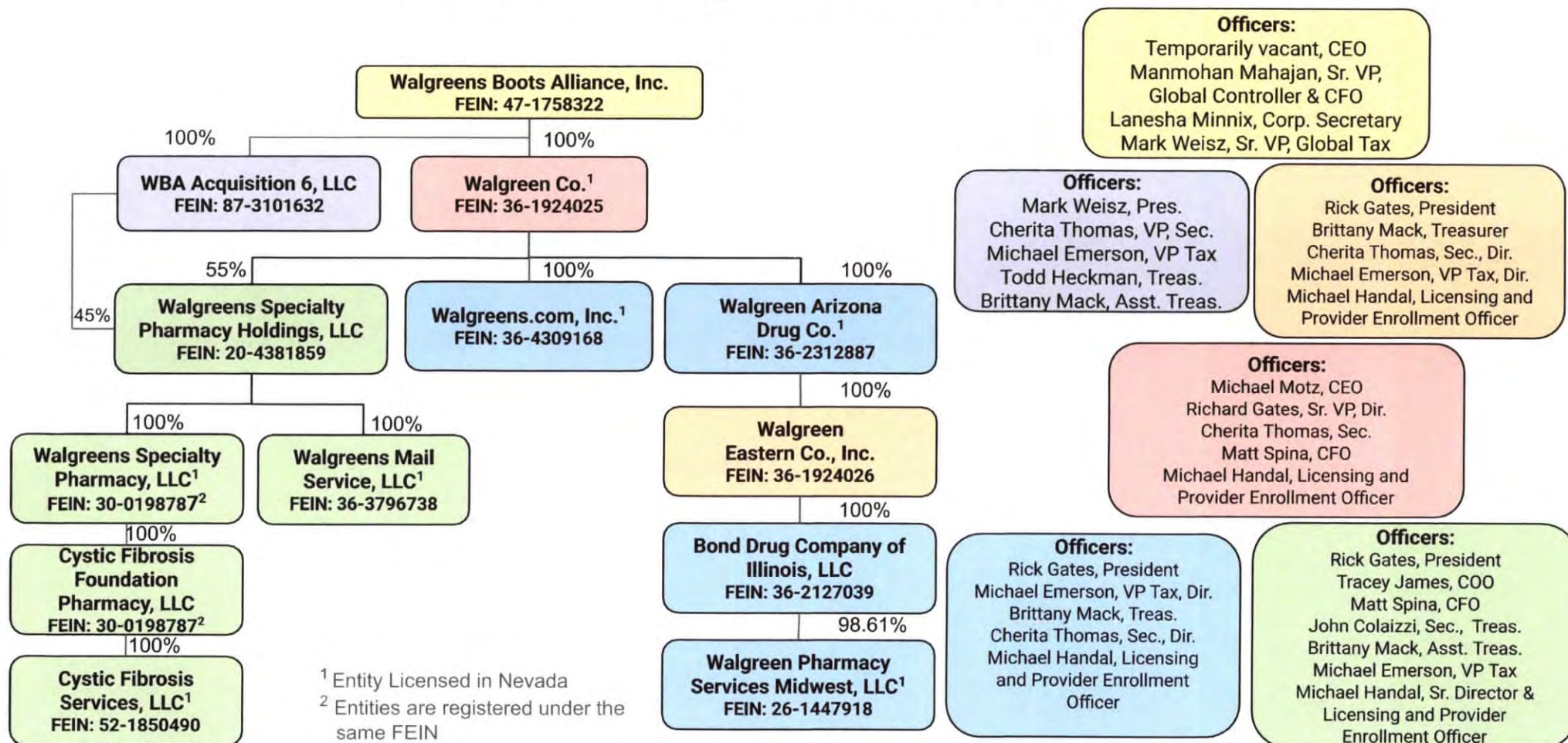
Publicly Traded on Nasdaq Stock Market (WBA)

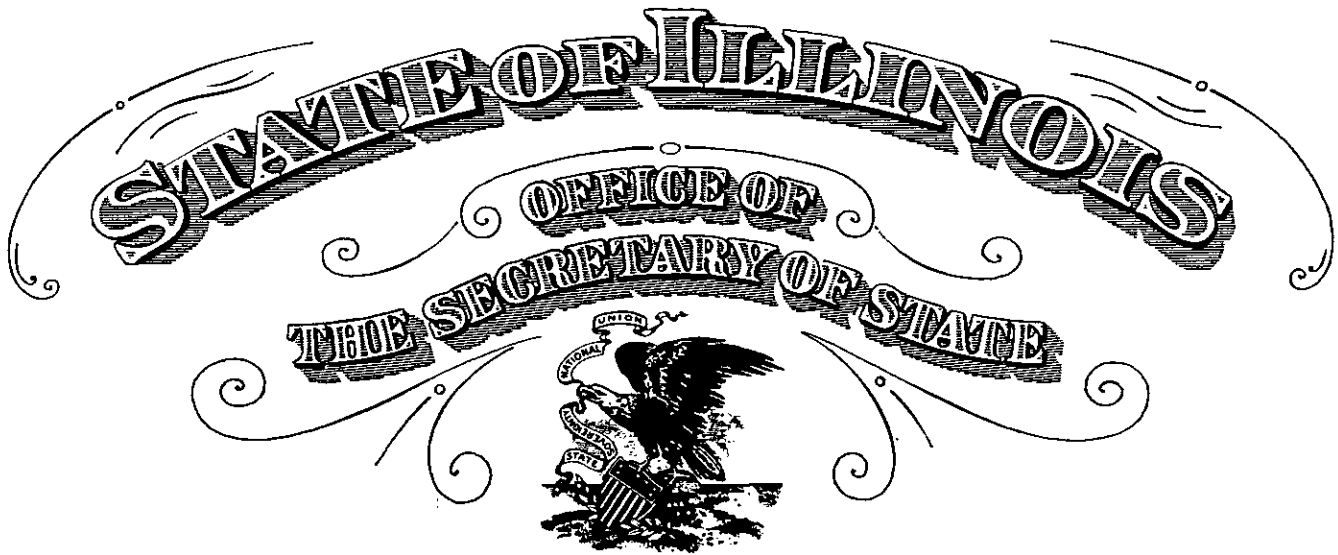
Proprietary and Confidential
Not a public record pursuant to
Section 7927.605 of the CPRA and
45 CFR Section 5.31

Walgreen Co.
Post-Close Organizational Chart



Walgreen Co. Post-Close Organizational Chart (cont.)





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

WALGREEN CO., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON FEBRUARY 15, 1909, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 15TH day of MAY A.D. 2025 .

Authentication #: 2513501622 verifiable until 05/15/2026

Authenticate at: <https://www.ilsos.gov>

Alexi Giannoulas

SECRETARY OF STATE

4GGG

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 (6/11/2024)

Y

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>PH01643</u>	☒ Retail/Community ☐ Hospital (# beds _____) ☐ Internet ☐ Nuclear ☐ Other:	☒ Retail/Community ☒ Dangerous drugs ☒ Controlled substances DEA #: <u>BW8002761</u> ☐ Non-sterile Compounding ☐ Sterile Compounding ☐ Mail-Order Service ☐ Off-site Cognitive Services ☐ Long Term Care ☐ Hospital ☐ Other:
Days of Operation ☒ Monday ☒ Tuesday ☒ Wednesday ☒ Thursday ☒ Friday ☒ Saturday ☒ Sunday ☐ Holidays		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: WALGREENS #06615

Physical Address: 601 S GREEN VALLEY PKWY

City: HENDERSON State: NV Zip: 89052-0404

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: (702)896-2956 Toll Free # (NAC 639.708, NRS 639.23286): N/A

Fax: (702)896-5783 Contact Email: rxm.06615@store.walgreens.com

Website: https://www.walgreens.com

Nevada Business License # (if applicable) NV19951143510

Supervising/Managing Pharmacist Name (NRS 639.220): JIANNE GANCHERO

Supervising/Managing Pharmacist NV Pharmacist Registration # (if applicable): 20607

Section 2: List the name(s) of at least one NEVADA 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>JIANNE GANCHERO</u>	NV Pharmacist Registration #: <u>20607</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: _____	%: _____

- 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: <u>Delaware</u>		
Parent Company (if any): <u>Walgreens Boots Alliance, Inc.</u>		
Corporation/Organization Name: <u>Walgreen Co.</u>		
Mailing Address: <u>108 Wilmot Rd</u>		
City: <u>Deerfield</u>	State: <u>IL</u>	Zip: <u>60015</u>
Telephone: <u>847-224-1348</u>	Email: <u>licenseadministration@walgreens.com</u>	
Contact Person Name: <u>Kayla Lechner</u>		
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: _____	

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Richard Gates

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

Richard Gates

Original signature of Authorized Person (copies or stamps not accepted)

08 / 26 / 2025

Date

Board Use Only

Date Received: 9/22/25

Amount: \$500 - 06-0803-3000000000

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: JIANNE GANCHERO Pharmacist Registration #: 20607

Pharmacy Name: WALGREENS #06615

Initial each statement below to indicate you have read and agree with the following:

JCG

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.

JCG

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.

JCG

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.

JCG

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)).

JCG

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.

JIANNE GANCHERO

Original signature of Managing Pharmacist (copies or stamps not accepted)

08 / 01 / 2025

Date

Pharmacy Application 7 of 10

BEFORE THE NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

vs.

NANCY QUACH, R.PH.

Certificate of Registration No. 16345,

WALGREENS PHARMACY #06615

Certificate of Registration No. PH01643,

Respondents.

**CASE NOS. 15-001-RPH-S
15-001-PH-S**

STIPULATION



S. Paul Edwards, General Counsel for Petitioner the Nevada State Board of Pharmacy ("Board Counsel"), and Respondents Nancy Quach, R.Ph., Certificate of Registration No. 16345 ("Ms. Quach") and Walgreens Pharmacy #06615, Certificate of Registration No. PH001165 ("Walgreens Pharmacy #06615") (collectively "Respondents"), represented by William J. Stilling of Parsons Behle & Latimer,

HEREBY STIPULATE AND AGREE THAT:

1. The Board has jurisdiction over these matters.
2. The Board served a Notice of Intended Action and Accusation (Accusation) on each of the Respondents on or about March 11, 2015.
3. Respondents and Board's counsel agreed to a Stipulation in lieu of a written Answer and Notice of Defense and this Stipulation embodies their agreement for resolving this case.

4. Respondents, and each of them, were fully aware of their right to seek the advice of counsel in this matter, and obtained the advice of counsel prior to entering into this Stipulation.

5. Respondents (Ms. Quach, R.Ph., and Walgreens Pharmacy #06615), and each of them, are fully aware of their right to a hearing on the matters alleged in the Accusation, their right to reconsideration, their right to appeal, and any and all other rights which may be accorded to them pursuant to the Nevada Administrative Procedure Act and the Nevada Pharmacy Act.

6. Conditioned on the Board's acceptance of this Stipulation, and with the exception of the right to challenge any determination that Respondents have failed to comply with the provisions of this Stipulation, Respondents, and each of them, hereby freely and voluntarily waive their rights to a hearing, reconsideration, appeal, and any and all other rights that may be accorded to them by the Nevada Administrative Procedure Act and the Nevada Pharmacy Act.

7. Respondents, and each of them, admit that evidence exists, and that such evidence could be presented at a hearing, to establish a factual basis for the violations alleged in the Accusation, *to wit*, that:

(a) By filling and dispensing a prescription for oxycodone-acetaminophen 10-325 on ~~August 27, 2014~~ ^{July 29, 2014} ^{APL}, rather than prescribed oxycodone-acetaminophen 7.5-325, Ms. Quach violated Nevada Administrative Code (NAC) 639.945(1) (d), and/or (i), which violations are grounds for action pursuant to Nevada Revised Statute NRS 639.255.

(b) By filling and dispensing a prescription for hydrocodone-acetaminophen-acetaminophen 7.5-325, on December 22, 2014 rather than prescribed oxycodone-acetaminophen 7.5-325 Ms. Quach violated Nevada Administrative Code (NAC) 639.945(1)(d), and/or (i), which violations are grounds for action pursuant to Nevada Revised Statute NRS 639.255.

(c) As the owner of the pharmacy in which the foregoing violations, or any one of them, occurred, Walgreens Pharmacy #06615 is responsible for the actions of its employees, and therefore subject to discipline pursuant to NAC 639.945(2), which is grounds for action pursuant to NRS 639.255.

8. Based on Respondents' admissions, cause for disciplinary action against Ms. Quach exists under the statutes and regulations cited above.

9. Based on Respondents' admissions, Walgreens Pharmacy #06615 is responsible for the acts of its employees under NAC 639.945(2).¹

10. Said violations are grounds for discipline pursuant to Nevada Revised Statutes NRS 639.255.

11. The contents of the foregoing paragraphs are for the purposes of this proceeding only and shall have no force or effect in any other case or proceeding before the Board or otherwise.

12. Based upon the Accusation and the foregoing admissions, Respondents, and each of them, stipulate to the following penalties, which will become binding and enforceable upon approval of this Stipulation by the Board:

a. Related to the violation alleged in the First Cause of Action, Ms. Quach shall: (i) pay a fine of \$500 (five hundred dollars); (ii) pay an administrative fee of \$49 dollars to cover the costs of fingerprinting as required by Nevada law; and (iii) complete a two extra CE hours on the topic of error prevention.

¹ The Board has not alleged and Walgreens Pharmacy #06615 does not stipulate that Walgreens #06615 acted negligently in this matter.

b. Related to the violation(s) alleged in the Second Cause of Action, Ms. Quach shall: (i) pay a fine of \$1,000 (one thousand dollars) and (ii) complete a two extra CE hours on the topic of error prevention.

c. Related to the allegations in the Third Cause of Action, Walgreens' Pharmacy #06615 will pay two administrative fees of \$495 each for a total of \$990 (nine hundred ninety dollars).

13. Board Counsel will present this stipulation to the Board for approval at its meeting on April 15, 2015 in Las Vegas, Nevada. Respondents, and each of them, will appear at that meeting to answer questions put to them by members of the Board and Board Staff. The Board may discuss and deliberate regarding the stipulation even if a Respondent or both of them are absent. The Board has discretion to approve this Stipulation, but it has no obligation to do so.

14. If the Board adopts the recommendations set forth above, Respondents and the Board each agree to release the other from any and all claims arising from the facts set forth in the Accusation, whether known or unknown, that might otherwise have existed on or before the effective date of the Board's Order in this matter.

15. If the Board rejects any part or all of this Stipulation and Order, the parties agree that a full hearing on the merits of this matter may be heard by the Board, and that the hearing will occur at the Board's July 22, 2015 meeting in Las Vegas, Nevada. The terms and admissions herein may not be used or referred to in a full hearing on the merits of this matter.

1. Ms. Quach shall pay the fines agreed to herein by *cashier's check* or *certified check* or *money order* made payable to "State of Nevada, Office of the Treasurer" to be received

by the Board's Reno office located at 431 W. Plumb Lane, Reno, NV 89509, within 90 days of the effective date of the Board's Order.

16. Walgreens Pharmacy #06615 shall pay the administrative fees agreed to herein by *cashier's check, certified check or money order* made payable to the "Nevada State Board of Pharmacy" to be received by the Board's Reno office located at 431 W. Plumb Lane, Reno, NV 89509, within thirty (30) days of the effective date of the Board's Order.

17. Any failure by any Respondent to satisfy the obligations stated herein may result in additional discipline, up to and including suspension or revocation of each Respondent's respective registration/license, until all terms have been satisfied.

Signed this 15 day of April, 2015

Signed this ____ day of April, 2015

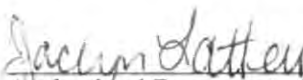


S. Paul Edwards,
General Counsel
Nevada State Board of Pharmacy

Signed this ____ day of April, 2015



Nancy Quach, R.Ph.
Certificate of Registration No. 16345



Authorized Representative
Walgreens Pharmacy #06615

DECISION AND ORDER

The Nevada State Board of Pharmacy hereby adopts the foregoing Stipulation as its decision as to Respondent Nancy Quach, R.Ph., Certificate of Registration No. 16345 and Walgreens Pharmacy #06615, Certificate of Registration No. PH016435, in case numbers 15-

001-RPH-S and 15-001-PH-S, and hereby orders that the terms of the foregoing Stipulation be made effective. This decision and order shall be effective upon execution.

4/15/15
DATED


Kamlesh Gandhi, President
Nevada State Board of Pharmacy

1. **PRESCRIPTION NO. 580970 – OXYCODONE-ACETAMINOPHEN 7.5-325 MG. TABLETS**

III.

On July 29, 2014, J.H. saw Dr. Goldman, who prescribed a quantity of ninety (90) oxycodone acetaminophen 7.5-325 mg. oral tablets with instructions to take one tablet twice to three times daily.

IV.

Walgreens accepted the prescription and dispensed J.H.'s medication later that day.

V.

On August 27, 2014, J.H. returned to Walgreens to pick up a subsequent prescription for oxycodone-acetaminophen 7.5-325 mg. tablets. At that time, pharmacy staff discovered that Walgreens filled and dispensed J.H.'s July 29, 2014 prescription incorrectly. Rather than dispensing the oxycodone-acetaminophen 7.5-325 mg. tablets J.H.'s doctor prescribed, it dispensed oxycodone-acetaminophen 10-325 mg. tablets.

VI.

J.H. ingested ninety (90) of the erred medication with no reported adverse effects.

VII.

Pharmacist Ms. Quach performed the data entry of prescription number 580970. During data entry, Ms. Quach inadvertently selected oxycodone-acetaminophen 10-325 mg. tablets, rather than the oxycodone-acetaminophen 7.5-325 mg. tablets as prescribed.

VIII.

Ms. Quach performed data entry verification by reviewing the pharmacy computer screens to validate patient, prescriber and drug/product information at 09:10:53 a.m.

IX.

During data input, five Drug Utilization Review (DUR) warnings appeared on the computer screen. Two DUR warnings related to the patient's insurance plan. The other three DUR warnings identified potential drug related problems, including; caution in elderly use, therapeutic duplication

and drugs that interact or are affected by previously dispensed medications. Those warnings were indicated as follows:

- DUR Type: DRUG/HLTH COND
DUR Description: ELDERLY INDICATES USING CAUTION WITH OXYCODONE/ACETAMINOPHEN 10-325MG TB
- DUR Type: DUPLICATE THERAPY
DUR Description: SIGNIFICANCE: ABUSE/DEPENDENCY POTENTIAL
DUPLICATION ALLOWANCE: 0
OXYCODONE/ACETAMINOPHEN 10-325MG TB AND OXYCODONE/ACETAMINOPHEN 7.5-325MG TB ARE MEMBERS OF THE SHORT ACTING NARCOTIC ANALGESICS CLASS AND MAY REPRESENT DUPLICATE THERAPY
- DUR Type: DRUG DOSAGE CONDITION ENCOUNTERED
DUR Description: 181 DAYS OF OXYCODONE/ACETAMINOPHEN 10-325MG TB AND PREVIOUS PRESCRIPTIONS FOR THIS GENERIC ENTITY(IES) MAY EXCEED THE RECOMMENDED GERIATRIC DURATION: 1-30 DAYS

X.

Per Walgreens' records, Ms. Quach overrode all five DUR warnings at 09:10:54 a.m., one second after performing data verification. During the investigation, Jaclyn Latteri, Walgreens District Pharmacy Supervisor, explained to the Board Investigator that the pharmacist has the option of overriding each DUR warning individually or to override multiple DUR warnings simultaneously.

XI.

Ms. Quach failed to detect the error in the strength of the oxycodone-acetaminophen tablets throughout the data entry and data verification process.

XII.

Ms. Quach was the verifying and dispensing pharmacist for J.H.'s prescription. Ms. Quach failed to detect the error when verifying the final product.

XIII.

Ms. Quach explained to the Board Investigator that when she performs the final product review, she does not always view the scanned image of the hard-copy of the prescription. That process is performed at data entry. Ms. Quach indicated that at the final verification, she validates the color, shape and markings on the drug against the image of the drug on the computer screen.

XIV.

Prescription No. 580970 was a new prescription. Pharmacy records indicate that counseling was declined as J.H. had received the same medication in the past.

2. **PRESCRIPTION NO. 603948 – OXYCODONE-ACETAMINOPHEN 7.5-325 MG. TABLETS**

XV.

On December 22, 2014, J.H. again saw Dr. Goldman, who prescribed a quantity of ninety (90) oxycodone-acetaminophen 7.5-325 mg. oral tablets, with instructions to take one tablet twice to three times daily.

XVI.

Walgreens accepted the prescription and dispensed the medication the same day.

XVII.

After ingesting eighteen (18) doses of the dispensed medication, J.H. contacted Dr. Goldman indicating that the medication was not working. During that call, J.H. identified the medication dispensed by Walgreens as hydrocodone-acetaminophen 7.5-325 mg. tablets, rather than the oxycodone-acetaminophen 7.5-325 mg. tablets the doctor prescribed.

XVIII.

Pharmaceutical technician Lena Roybal (Ms. Roybal) performed the data entry of prescription number 603948. During data entry, Ms. Roybal inadvertently selected hydrocodone-acetaminophen 7.5-325 mg. tablets.

XIX.

Ms. Quach performed data entry verification by reviewing three pharmacy computer screens to validate patient, prescriber and drug/product information. Ms. Quach failed to identify the error during data entry verification.

XX.

Pharmacy records indicate that Ms. Quach did not sufficiently review the screens as the documented time of review for each individual screen was 02:59:47 p.m. There was no time lapse between the screens reviewed. During data input, a DUR alert displayed on the computer screen as

follows: DUR Type: DRUG/HLTH COND
 DUR Description: ELDERLY INDICATES USING CAUTION WITH
 HYDRODCODONE/ACETAMINOPHEN 7.5-325 T

XXI.

According to pharmacy records, Ms. Quach entered an override for the DUR warnings at 02:59:48 p.m., a one second time lapse between data entry verification and the DUR override.

XXII.

Ms. Quach was the pharmacist who filled, verified and dispensed J.H.'s prescription. She failed to detect the error during the entire filling and verification process.

XXIII.

Ms. Quach stated during the investigation that she recalls focusing on the strength of the medication (7.5-325 mg.) because of the past error that she made on a prescription for the same patient. In doing so, she glanced at the drug name on the prescription and saw "acetaminophen" and thought she was dispensing the correct medication.

XXIV.

During the final product review, Ms. Quach does not always view the scanned image of the hard-copy of the prescription.

XXV.

Prescription number 603948 was a new prescription. Pharmacy records indicate that counseling was declined, as J.H. had received the same medication previously.

FIRST CAUSE OF ACTION

(Prescription No. 580970 – Oxycodone-Acetaminophen 7.5-325 Mg. Tablets)

XXVI.

In failing to strictly follow the instructions of J.H.'s physician by verifying and dispensing oxycodone-acetaminophen 10-325 mg. tablets, rather than the oxycodone-acetaminophen 7.5-325 mg. tablets that were prescribed, Ms. Quach violated Nevada Administrative Code (NAC) 639.945(1)(d) and/or (i), which violations are grounds for action pursuant to NRS 639.210(4), (11), and/or (12), and NRS 639.255.

SECOND CAUSE OF ACTION

(Prescription No. 603948 – Oxycodone-Acetaminophen 7.5-325 mg. Tablets)

XXVII.

In failing to strictly follow the instructions of J.H.'s physician by verifying and dispensing hydrocodone-acetaminophen 7.5-325 mg. tablets, rather than the oxycodone-acetaminophen 7.5-325 mg. tablets Dr. Goldman prescribed, Ms. Quach violated NAC 639.945(1)(d) and/or (i), which violations are grounds for action pursuant to NRS 639.210(4), (11), and/or (12), and NRS 639.255.

THIRD CAUSE OF ACTION

(Prescription Nos. 580970 and 603948 – Oxycodone-Acetaminophen 7.5-325 Mg. Tablets)

XXVIII.

As the pharmacy in which the violations alleged above occurred, Walgreens is statutorily responsible for the actions of respondent Nancy Quach, as alleged herein, pursuant to NAC 639.945(2), which is grounds for discipline pursuant to NRS 639.210(4), (11) and/or (12), and NRS 639.255.

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificates of registration of these respondents.

Signed this 10th day of March, 2015.


Larry L. Pinson, Pharm.D., 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 regarding your certificate of registration. To do so, you must mail to the Board within 15 days of your receipt of this Notice of Intended Action and Accusation a written statement showing your compliance.

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the Vice President (title) for Walgreen Co. (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 pharmacy located inside the State of Nevada employ only pharmacists, intern pharmacists, pharmaceutical technicians, and technicians in training that are licensed by the Nevada State Board of Pharmacy. (NRS 639.100).
6. I further understand and acknowledge that Nevada law requires that each pharmacy located outside the State of Nevada engaged in providing pharmacy services into Nevada employs at least one pharmacist licensed by the Nevada State Board of Pharmacy who will be responsible for any prescription 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).

Richard Gates

Print Name of Authorized Person

Richard Gates

Original signature of Authorized Person (copies or stamps not accepted)

08 / 26 / 2025

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, Richard Gates 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 Walgreen Co. (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]

Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 20th day of August, 2025

Zeljka Borosa-Rajcevic
Notary Public



Ownership Information

Ownership & Leadership of Applicant Entity

Applicant: Walgreen Co.

108 Wilmot Rd., Deerfield, IL 60015

Ownership: The Applicant entity is wholly owned (100%) by Walgreens Boots Alliance, Inc.

Officers of Walgreen Co.

Michael Motz - CEO

Richard Gates - Senior Vice President, Chief Pharmacy Officer

Cherita Thomas - Secretary

Matthew Spina - CFO

Michael Handal - Licensing and Provider Enrollment Officer

Ownership & Leadership of Walgreens Boots Alliance, Inc.

Ownership: Walgreens Boots Alliance, Inc. is wholly owned (100%) by Blazing Star Parent, LLC

Officers of Walgreens Boots Alliance, Inc.

Temporarily vacant - CEO

Mark Weisz - Sr VP, Global Tax

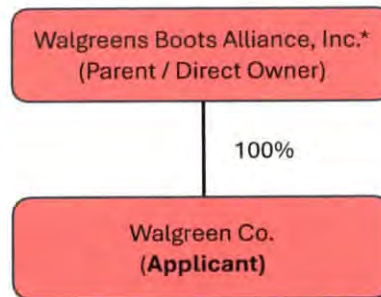
Manmohan Mahajan - Sr VP, Global Controller, CFO

Lanesha Minnix - Corporate Secretary

Please see the attached pre- and post-closing Corporate Organization chart for reference.

Proprietary and Confidential
Not a public record pursuant to
Section 7927.605 of the CPRA and
45 CFR Section 5.31

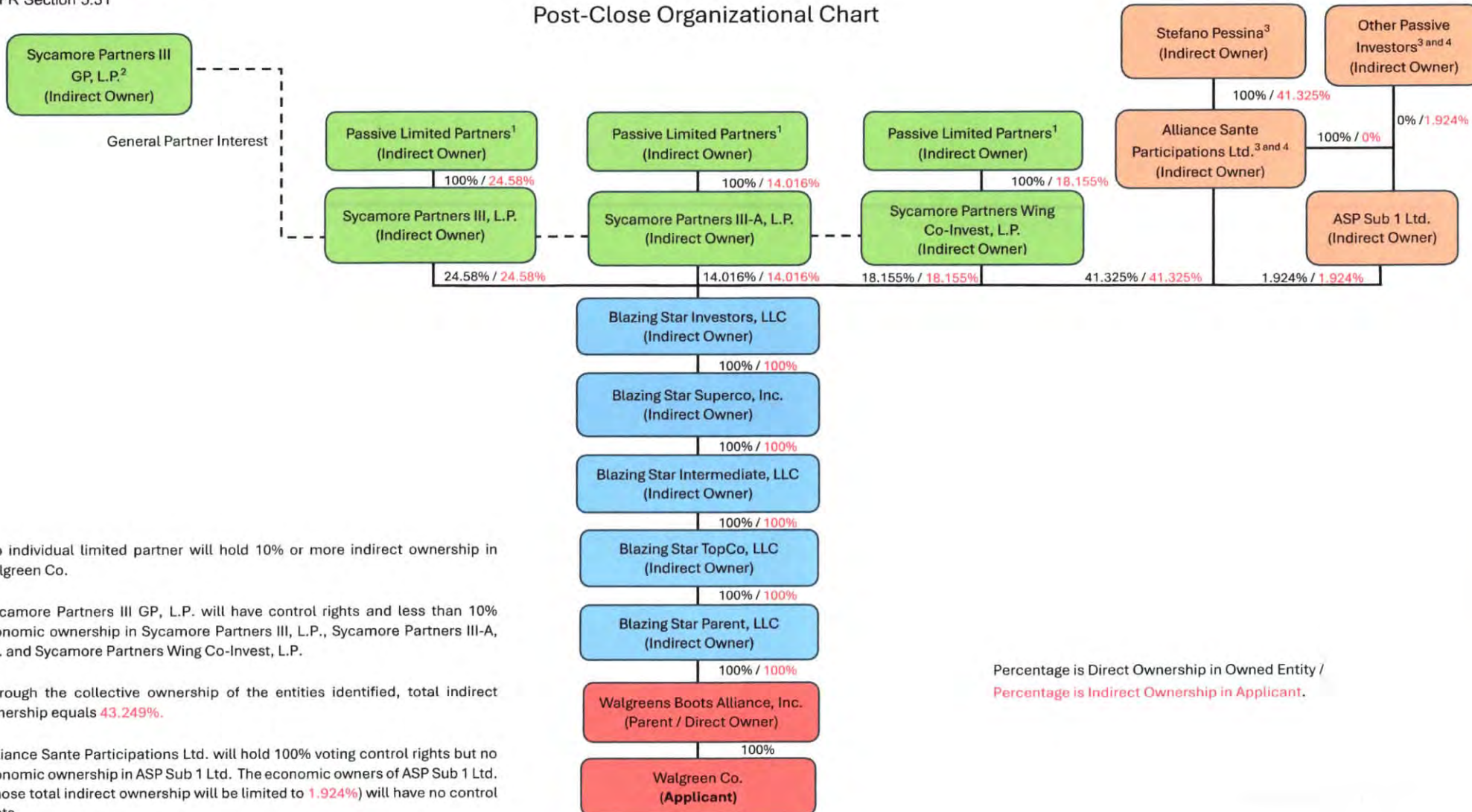
Walgreen Co.
Pre-Close Organizational Chart



Publicly Traded on Nasdaq Stock Market (WBA)

Proprietary and Confidential
Not a public record pursuant to
Section 7927.605 of the CPRA and
45 CFR Section 5.31

Walgreen Co. Post-Close Organizational Chart



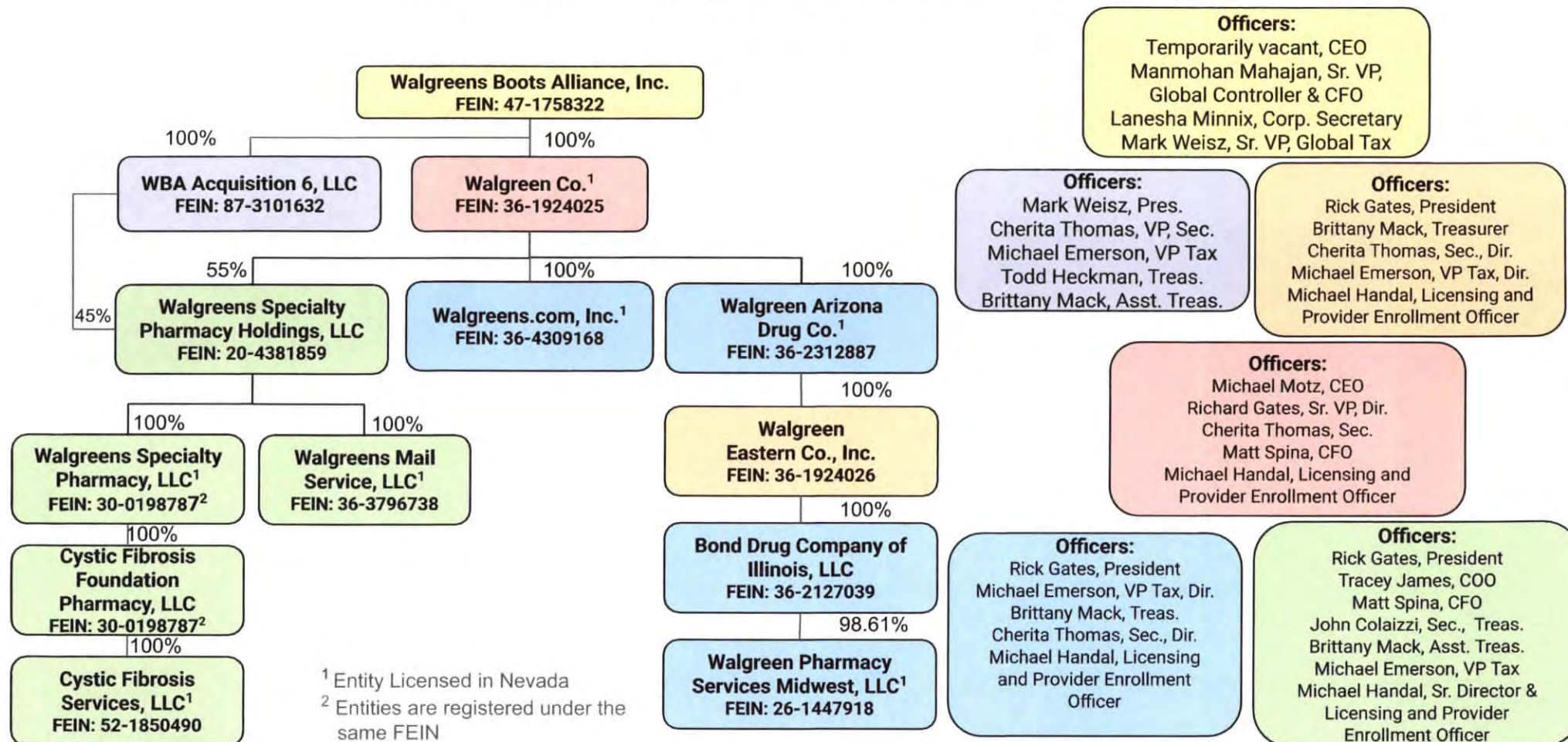
¹No individual limited partner will hold 10% or more indirect ownership in Walgreen Co.

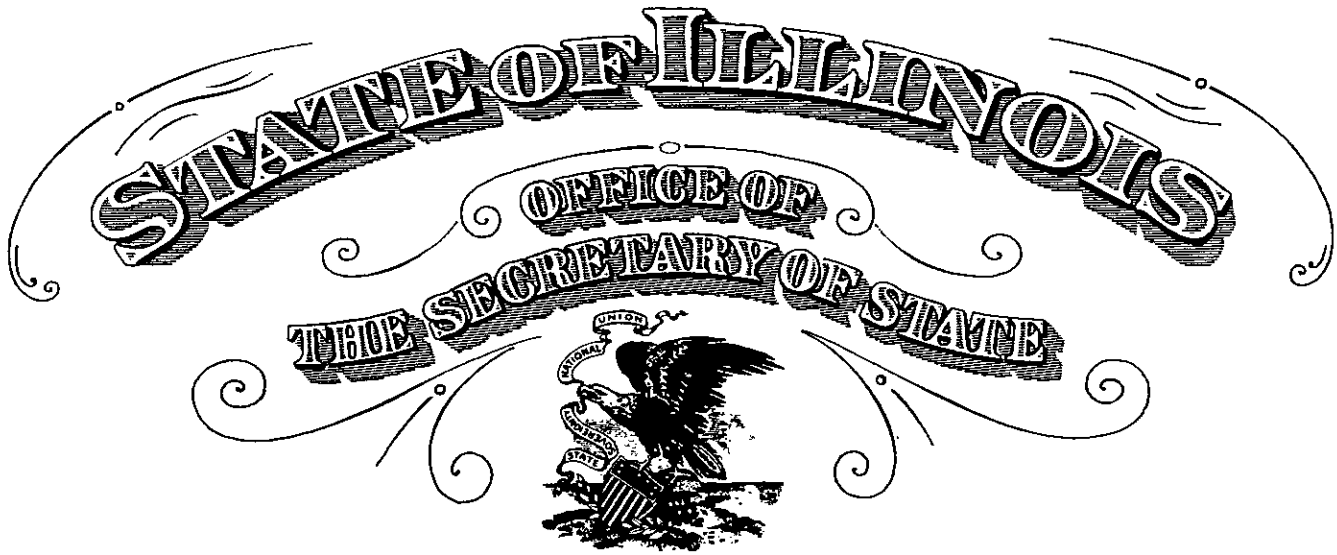
²Sycamore Partners III GP, L.P. will have control rights and less than 10% economic ownership in Sycamore Partners III, L.P., Sycamore Partners III-A, L.P. and Sycamore Partners Wing Co-Invest, L.P.

³Through the collective ownership of the entities identified, total indirect ownership equals 43.249%.

⁴Alliance Sante Participations Ltd. will hold 100% voting control rights but no economic ownership in ASP Sub 1 Ltd. The economic owners of ASP Sub 1 Ltd. (whose total indirect ownership will be limited to 1.924%) will have no control rights.

Walgreen Co. Post-Close Organizational Chart (cont.)





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

WALGREEN CO., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON FEBRUARY 15, 1909, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



***In Testimony Whereof, I hereto set
my hand and cause to be affixed the Great Seal of
the State of Illinois, this 15TH
day of MAY A.D. 2025 .***

Authentication #: 2513501622 verifiable until 05/15/2026

Authenticate at: <https://www.ilsos.gov>

Alexi Giannoulas
SECRETARY OF STATE